

## Governing Body Meeting (Part I) Agenda

**Date:** Thursday 5<sup>th</sup> November 2020, 13:00hrs to 15:15hrs

**Venue:** Virtual Meeting: Teams

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.

**13:00 hrs** Formal meeting of the Governing Body (Part I) 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

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
<b>For Information</b>					<b>13:00hrs</b>
GB20/142	Sean's Place	Debbie Rogers	Verbal	Receive	20 mins
<b>General</b>					<b>13:20hrs</b>
GB20/143	Apologies for Absence	Chair	Verbal	Receive	20 mins
GB20/144	Declarations of Interest	Chair	Verbal	Receive	
GB20/145	Minutes of previous meeting – 3 <sup>rd</sup> September 2020	Chair	Report	Approve	
GB20/146	Action Points from previous meeting – 3 <sup>rd</sup> September 2020	Chair	Report	Approve	
GB20/147	Business Update	Chair	Verbal	Receive	
GB20/148	Chief Officer Report	FLT	Report	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
<b>Finance and Quality Performance</b>					<b>13:40hrs</b>
GB20/149	Integrated Performance Report 149.1: NHS Constitution Quality 149.2: Financial Position - Month 6 2020/21	JLu MMcD	Report	Receive	30 mins
<b>Governance</b>					<b>14:10hrs</b>
GB20/150	Updated Equality Briefing	Jo Roberts	Report	Receive	10 mins
GB20/151	Emergency Preparedness Resilience and Response (EPRR) Assurance 2020	Debbie Fairclough	Report	Approve	10 mins
GB20/152	Governing Body Assurance Framework, Corporate Risk Register and Heat Map: Q2 2020/21	AC Chair	Report	Approve	10 mins
<b>Quality</b>					<b>14:40hrs</b>
GB20/153	Children and Young Peoples Delivery Plan 2020 – 2025	Jane Lunt / Peter Wong / Jo Herndlhofer	Report	Receive	10 mins
GB20/154	SEND Improvement Plan and Business Continuity Arrangements	Kerrie France	Report	Receive	10 mins
<b>For Information</b>					<b>15:00hrs</b>
GB20/155	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	10 mins
GB20/156	Approved Minutes: a) Finance & Resource Committee b) Joint Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI	Chair	Report	Receive	
<b>Closing Business</b>					<b>15:10hrs</b>
GB20/157	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB20/158	Date of Next Meeting  <b>Thursday 4<sup>th</sup> February 2021, 13:00hrs. format to be confirmed.</b>  <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:  4 <sup>th</sup> February 2021 1 <sup>st</sup> April 2021				

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
	All PTI public meetings will commence 13:00hrs.				
	Estimated meeting close				<b>15:15hrs</b>

**Motion to Exclude the Public:**

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

## Governing Body Meeting in Public Draft Minutes

**Date:** Thursday 3<sup>rd</sup> September 2020, 13:00hrs to 15:15hrs

**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
Jane Lunt	Interim Chief Nurse	JLu
Martin McDowell	Chief Finance Officer	MMcD
Dr Sunil Sapre	GP Clinical Director	SS
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 ( <i>Item 20/107</i> )	HA
----------------	--	----

### In Attendance

Kerrie France	Associate Chief Nurse	KR
Angela Price	Primary Care Programme Lead ( <i>Item 20/118</i> )	AP
Terry Stapley	<i>Minute Taker</i>	

### Apologies

Dr. Gina Halstead	GP Clinical Director	GH
Jeff Simmonds	Secondary Care Doctor	JS

Name	Governing Body Membership	Nov 19	Feb 20	Apr 20	June20	Sept 20
Dr Craig Gillespie	Chair & GP Clinical Director	✓	✓	✓	✓	✓
Alan Sharples	Deputy Chair & Lay Member - Governance	✓	✓	✓	✓	✓
Director or Deputy	Director of Public Health, Sefton MBC ( <i>co-opted member</i> )	A	✓	✓	✓	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	✓	✓	✓	✓	✓
Gina Halstead	GP Clinical Director	✓	✓	✓	✓	A
Maureen Kelly	Chair, HealthWatch ( <i>co-opted Member</i> )	✓	A	✓	✓	A
Jane Lunt	Interim Chief Nurse	A	✓	✓	✓	✓
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓
Dr Sunil Sapre	GP Clinical Director	✓	A	✓	✓	✓

Name	Governing Body Membership	Nov 19	Feb 20	Apr 20	June20	Sept 20
Dr Jeff Simmonds	Secondary Care Doctor	✓	✓	✓	✓	A
Fiona Taylor	Chief Officer	✓	✓	✓	✓	✓
*Dr John Wray	GP Clinical Director	A	A	✓	✓	✓

\*Standing meeting clash

**Quorum: Majority of voting members.**

No	Item	Action
GB20/107	<p><b>The Direct and Indirect Impacts of COVID-19 on the Health and Wellbeing of our Local Population</b></p> <p>The members were presented with a report on The Direct and Indirect Impacts of COVID-19 on the Health and Wellbeing of our Local Population. The report was produced following a rapid evidence review undertaken by Liverpool John Moores University and the Champs Public Health Collaborative and highlighted the current evidence relating to the direct and indirect impact of COVID-19 on health and wellbeing. The members were asked in particular to note:</p> <p>The health inequalities which already existed in the community before the pandemic and how COVID-19 has impacted disproportionately on the most vulnerable communities, potentially widening the gap in health and wellbeing measures between some groups and the rest of the population within Sefton..</p> <p>The members were advised that the recommendations within the report are not legal recommendations but observations on how aspects of the review can be mitigated and offers a platform to shape how the information within the report could be applied locally.</p> <p>The members thanked HA for the detailed report and agreed they had found the content very useful.</p> <p><b>Resolution:</b> The members received the report.</p>	
GB20/108	<p><b>Apologies for Absence</b></p> <p>Apologies were received from Dr Jeff Simmonds and Dr Gina Halstead.</p> <p>The Chair informed members that the information on the governing body meetings had been updated on the CCG website to provide the public with an opportunity to continue to present questions to the members.</p>	
	<p><b>Questions from the public</b></p> <p><i>What are the Public Consultation plans for these potential CCG mergers? or do you think the public are being kept out of the process?- AND with the area to be covered by these bodies -whether 4 or 9 current CCG areas, how will future governing body meetings be able to deal with the necessary scrutiny and oversight for an area with such diverse and possibly conflicting needs.</i></p> <p>FLT advised those present that in terms of service change the CCG is not a</p>	

No	Item	Action
	<p>provider of service. The document <i>Planning, assuring and delivering service change for patients (1 March 2018)</i> describes the need for consultation in relation to service change for patients. In the event of a CCG merger a statutory engagement exercise is not required but the CCG would embark on an extensive engagement exercise following principles set out in a statutory programme so that the views of public and stakeholders would help inform any proposals. The public could expect to see surveys and advertisements of Big Chat events for example and we would welcome their views and involvement</p> <p>FLT advised that the structure of the future organisation plus impact on local arrangements will start to be developed.</p> <p>FLT noted none of this detailed work has begun, but during the extensive engagement with the public and stakeholders the members will ensure the local voice is heard.</p>	
GB20/109	<p><b>Declarations of Interest</b></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 &amp; 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>Dr Peter Chamberlain's declared the details relating to an ongoing 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 <a href="http://www.southseftonccg.nhs.uk/about-us/our-constitution/">http://www.southseftonccg.nhs.uk/about-us/our-constitution/</a></p>	
GB20/110	<p><b>Minutes of Previous Meeting</b></p> <p>The minutes of the meeting from 4<sup>th</sup> June 2020 were confirmed as a true and accurate record.</p>	
GB20/111	<p><b>Action Points from Previous Meeting</b></p> <p><b><u>GB20/72: Key Issues Reports: GP for Safeguarding Adults</u></b></p> <p>d) <u>Primary Care Commissioning Committee PTI</u></p> <p>Lack of named GP for Safeguarding Adults. JLu to look into advertising options.</p> <p><b>Resolution:</b> JLu confirmed that the job description has been approved and the post has been advertised with interviews scheduled for later this month.</p> <p><u>Update:</u> Completed</p>	Close

No	Item	Action
	<p><b><u>20/73: Business Update</u></b></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> <p><i>Update:</i> Completed</p> <p><b><u>20/74: Chief Officer Report</u></b></p> <p>COVID 19 Governance structure to be re-circulated to members as a PowerPoint and displayed on the CCG website.</p> <p><i>Update:</i> Completed</p> <p><b><u>20/77: COVID-19</u></b></p> <ul style="list-style-type: none"> <li>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 along with PC, had raised this issue numerous times and will raise again at a regional meeting being held 5<sup>th</sup> June.</li> </ul> <p><b>Resolution:</b> CG confirmed slow progress has been made but there is still the ongoing issue of not being able to have access to the data to enable the mapping of cases. PC noted that he has been given access to NHS Digital dashboards and noted that this data is available to the public rather than the detailed data required.</p> <p>The Chair with PC will continue to raise the issue with NHS Digital.</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><i>Update:</i> Completed</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>Resolution:</b> No update provided</p> <p><b><u>GB20/79: Joint QIPP and Financial Recovery Committee: proposed changes to governance and reporting requirements</u></b></p> <ul style="list-style-type: none"> <li>The need for increased clinical input was discussed. It was suggested that alternative meeting arrangements might assist this and the clinical</li> </ul>	<p>Close</p> <p>Close</p> <p>FLT</p> <p>Close</p> <p>HA</p>

No	Item	Action
	<p>governing body members be canvassed for suggestions and availability.</p> <p><b>Resolution:</b> CG confirmed this has occurred.</p> <p><u>Update:</u> Completed</p> <ul style="list-style-type: none"> <li>QIPP proposals need to be in synch with the timetable for commissioning and contracting. A discussion will be held at a development session to review and consider options and priorities.</li> </ul> <p><b>Resolution:</b> FLT confirmed this is in progress</p> <p><u>Update:</u> Completed</p> <p><b><u>GB20/83: Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map: Q4 2019/20</u></b></p> <p>An update was given regarding a discussion at a meeting of the Audit Committee Chairs regarding as to whether or not to merge the COVID risks into the normal CRR. It was agreed that a further discussion would be held at the next development session.</p> <p><b>Resolution:</b> Judy Graves confirmed COVID and CRR risks are now merged and being presented to the Audit Committee. The risk contact for each committee has been asked to review the joint document and to determine actions for committee to review. E-mails will also be sent to the respective committee leads.</p> <p><u>Update:</u> Completed</p>	<p>Close</p> <p>Close</p> <p>Close</p>
GB20/112	<p><b>Business Update</b></p> <p>The Chair confirmed there were no specific business items in addition to the items on the agenda but noted that for members of the Governing Body it is time to start completing Personal Development Reviews (PDR).</p> <p><b>Resolution:</b> The members received the update.</p>	
GB20/113	<p><b>Chief Officer Report</b></p> <p>The governing body were presented with the Chief Officer report which focussed on those items not covered on today's agenda. (Use SFCCG notes where applicable)</p> <p>The members were updated on the NHS People Plan. <b>We are the NHS: People Plan for 2020/21 action for us all</b> sets out what our NHS people can expect from leaders and each other. FLT noted that Tracy Jeffes is working with the teams within the CCG to ensure the Organisational Development plan lines up to the ambitions within the new People Plan.</p> <p>The members were made aware that Alder Hey has had a successful CQC inspection which was reported in July 2020. 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.</p> <p>Reference was made to section four as the CCG has stepped down the</p>	



No	Item	Action
	<p>intensity of incident management team but is still operating under our EPRR duties. FLT also commended the ongoing work in relation to testing which DFair has been working on through the pandemic within Sefton.</p> <p>Reference was made to the HR section of the report as discussions are ongoing at Leadership team in exploring ways in which a new operating model for the way in which the CCG conducts business going forward including estates, building and increased agile working for staff.</p> <p>FLT discussed the staff survey results which in the main responses were positive, with many staff providing positive feedback to working from home.</p> <p>Due to COVID-19, work on implementing Sefton2gether and the refreshed Health &amp; 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.</p> <p>The members were asked to approve 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.</p> <p><b>Resolution:</b> The members approved the amendment to the Continuous Glucose Monitoring policy.</p> <p><b>Resolution:</b> The members received the report.</p> <p>The governing body noted that the £30k funding for the Merseyside Violence Reduction Partnership (VRP) has provisionally allocated NHS South Sefton and NHS Southport and Formby CCGs to support local prevention and intervention programmes to reduce the incident and impact of violence on children and young people (CYP).</p> <p>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 Mental Health Support Teams (MHSTs) in Sefton as part of the national wave 4 roll out, scheduled to be operational by end of December 2021</p> <p>Reference was made to section 12 and confirmation that the CCG has undertaken a procurement exercise to secure Improving Access to Psychological Therapies (IAPT) services, with the successful provider being Mental Health Matters.</p> <p>Members were briefed on the potential merger update following the CCG receiving 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 "<i>...one CCG per Integrated Care System, enabling strategic commissioning and the devolution of more functions to the system level.</i>"</p>	

No	Item	Action
	<p><b>Resolution:</b> The members received the report.</p> <p><b>Resolution (Item 8):</b> The members approved the amendment to the Continuous Glucose Monitoring policy.</p>	
GB20/114	<p><b>Integrated Performance Report</b></p> <p><b><u>114.1: NHS Constitution and Quality</u></b></p> <p><b>(Use SF notes where applicable)</b></p> <p>The report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group</p> <p>The information included in the report was collated during the outbreak of COVID-19 and as previously anticipated, the effects of COVID-19 are noticed in performance levels during the first part of the year, across a number of areas. In addition, this will mean there will be limited capacity to work on planned improvement trajectories with providers.</p> <p>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.</p> <p>The CCG failed the less than 1% target for Diagnostics in June 2020, recording 53.45%, an improvement on last month's performance (66.9%) with the initial decline due to the impact of COVID-19 and reductions in activity. The 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, which is also an improvement.</p> <p>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.</p> <p>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.</p> <p>AS asked whether it would be possible to have the dashboards completed with a rolling 12 months of data. MMcD advised he would see if this would be possible to include in future reports</p> <p>FLT confirmed that Trusts within the footprint are working together to reduce diagnostics and waiting times through mutual aid arrangements</p> <p>Page 40 shows South Sefton CCG are achieving 3 of the 9 cancer measures for year to date, whilst LUHFT are achieving 2 out of the 9 measures.</p> <p>The chair asked to include narrative within future IPR reports to illustrate how South Sefton CCG compares to other CCGs nationally in relation to</p>	<p>MMcD</p> <p>MMcD</p>

No	Item	Action
	<p>performance.</p> <p>Although improvements had been seen in A&amp;E due to a reduction in the number of patients, analysis has established that A&amp;E activity has now largely returned to expected levels.</p> <p>Page 44 of the Board pack provides information on the key performance standards as per constitutional requirements and statutory responsibilities.</p> <p>It was highlighted that IAPT access is an area which the CCG need to monitor closely due to the level of capacity going forward, this will be picked up with the new provider.</p> <p>Page 59 (figure 5) provides information on Planned Care Activity for the CCGs 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% in terms of its elective care plan</p> <p>GB asked what the CCG is doing to assist providers in getting back to where they need to be post Covid-19. JLu advised there is a great deal of work in relation to the Phase 3 letter which is currently ongoing. JLu described the work which the Trusts need to carry out to follow IPC guidelines, Cheshire and Mersey are working to support consistently to apply the national IPC guidance.</p> <p>PC wanted to ensure that following the procurement of the new IAPT provider that KPIs in relation to waiting times are reviewed. MMcD advised that this would form part of the service transfer</p> <p>FLT suggested to members that a discussion at a future Development Session takes place with Sue Gough (Clinical Lead for Mental Health) prior to the service transfer to the new provider for members to raise any concerns.</p> <p><b><u>Quality</u></b></p> <p>As part of the recovery phase the CCG is reviewing the impact of the changes in services from a patient experience and patient safety perspective and is exploring the clinical prioritisation processes in managing RTT waiting lists with the Trust. The CCG is also working with the CM Cancer Alliance around to ensure that patient safety is maintained and assurance will be sought through the CCG and Trust quality meetings.</p> <p>The GB Members' were asked to note the IPC rules (Infection, Prevention and Control) and how the system may need to work differently to manage this. Trusts and CCGs are working collectively in their approach to ensure the national guidance is consistently being applied and managed locally. Although it is important to note that this means throughput is still reduced to keep in line with the guidance.</p> <p>The Community Collaborative Commissioning Forum (CCF) for Liverpool and Sefton is now a joint meeting and the first CQPG for the Community element of the contract is planned for September.</p>	<p>DFair</p>

No	Item	Action
	<p>FLT brought the members attention to the Cheshire and Mersey Quality and Surveillance Group (CQG) which has been meeting bi-monthly which provides another element of assurance to the system.</p> <p>JLu reported that the Quality team are working closely with the Trust to gain assurance that measures are being met.</p> <p><b><u>114.2: Finance</u></b></p> <p>MMcD presented the Governing Body with an overview of the Month 4 financial position for NHS South Sefton Clinical Commissioning Group as at 30<sup>th</sup> June 2020, noting the key issues listed below,</p> <p><b>Resolution:</b> The Governing Body received the report and noted:</p> <ul style="list-style-type: none"> <li>• The draft financial plan for South Sefton CCG was a surplus of £1.800m for 2020/21.</li> <li>• Temporary arrangements have been implemented for the financial year to date. The revised control total for the period is breakeven.</li> <li>• 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.</li> <li>• 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.</li> <li>• The CCG received additional allocations in Month 4 of £2.066m to support COVID related costs and other cost pressures up to Month 3.</li> <li>• 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.</li> <li>• The QIPP efficiency requirement to deliver the agreed financial plan was £14.863m.</li> </ul>	
GB20/115	<p><b>Annual Audit letter 2019/20</b></p> <p>The members received the CCG’s Annual Audit Letter which summarises the key findings of the external audit of NHS South Sefton CCG for 2019/20. The Annual Audit Letter is available to view on the CCG website.</p> <p>MMCD referred to 109 and page 110 which provides an Executive Summary of the report, with the following highlights.</p> <p>The auditors were satisfied that the CCG put in place proper arrangements to ensure economy, efficiency and effectiveness in its use of resources except for in relation to the under delivery of QIPPs. On this basis, the auditors provided a qualified “except for” opinion of the CCG’s value for money arrangements.</p> <p>The report also advised that the CCG have been referred to the Secretary of State under section 20 of the Local Audit and Accountability Act 2014, due to</p>	

No	Item	Action
	<p>a deficit of £8.9million in its draft financial statements for the year ending 31 March 2020. FLT queried whether there are any consequences of being referred to the Secretary of State.</p> <p>AS advised that he felt the report was very fair and brought the members attention to the sentence on page 117 <i>“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”</i>. This demonstrated to the auditors that the CCG took on the risk with good intentions and to support the overall health economy position.</p> <p>The chair thanked the finance team and other members of the CCG for their contribution in producing the report.</p> <p><b>Resolution:</b> The members received the report.</p>	
GB20/116	<p><b>Information Governance Management Framework / Information Governance Data Security and Protection Policy</b></p> <p>Martin McDowell presented the Information Governance Management Framework / Information Governance Data Security and Protection Policy for approval by the Governing Body.</p> <p>The Information Governance Data Security and Protection Policy has been reviewed and the report notes that no changes have been made to the policy other than the inclusion of Appendix A (Information Governance Management Framework).</p> <p>MMcD noted the change required to page 127, which should state the electronic version will be posted on the South Sefton CCG internet site.</p> <p><b>Resolution:</b> The members approved the policy.</p>	
GB20/117	<p><b>SEND Improvement Plan and Business Continuity Arrangements</b></p> <p>The members were presented with a report which provided an update on the SEND Improvement plan and performance dashboard. 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.</p> <p>The content of the report was discussed with the following areas highlighted:</p> <p>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-19 and a series of mitigating actions have been put in place to address any areas for improvement.</p> <p>Action 5.2 (item 3.7.2) An assessment and diagnosis pathway relating to Autism Spectrum Disorder and Attention deficit Hyperactivity Disorder (ASD/ADHD) has been commissioned by the CCGs and was implemented on 1st April 2020 for new referrals.</p> <p>The CCG, Alder Hey and Sefton MBC are responding to feedback from the</p>	

No	Item	Action
	<p>local SENDIASS team to review current provision and are 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 completed with the proposed options available for consideration during 2020</p> <p>As with other services 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.</p> <p>As with other services 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 HealthWatch and any learning will be shared across the partnership and inform joint commissioning plans.</p> <p>JLu thanked Kerrie France for the detailed report and the work undertaken, noting since the writing of the report Emma Powell Designated Clinical Officer for SEND has been successful in being appointed to a new role the recruitment process has begun to replace Emma as the Designated Clinical Officer for SEND.</p> <p>FLT acknowledged that JLu is back as the lead director for SEND as the Chief nurse for the CCG. She also noted Kerrie France has been successful at gaining the position of Deputy Chief Nurse at Liverpool CCG and offered her congratulations to Kerrie on this achievement.</p> <p>JLu advised members that there is a possibility that there will be a re-inspection by CQC later this year, and that the CCG have already started preparing for this and documenting the progress that has been made.</p> <p>FLT thanked Kerrie France for the inclusion of the Appendix 3 SEND Health Performance Dashboard, but asked that those which relate to health are pulled out for ease of reference.</p> <p><b>Resolution:</b> The Governing Body received the report and noted:</p> <ul style="list-style-type: none"> <li>• Assurance on current position on restoration of health services for 0-25 with SEND.</li> <li>• Progress made to progress actions 1, 2, 3 and 4 of the improvement plan.</li> <li>• The challenges outlined due to impact of Covid 19 on waiting times for health services as per action 5 of improvement plan.</li> <li>• The mitigating actions being put in place to address any areas for improvement.</li> <li>•</li> </ul>	
GB20/118	<p><b>GP Patient Survey 2020</b></p> <p>This report provides summary following the GP Patient Survey (GPPS) which is an England-wide survey which providing practice-level data about patients' experiences of their GP practices. The members were asked to note to:</p> <p>In South Sefton CCG 11,530 questionnaires were sent out, and 3,252 were</p>	

No	Item	Action
	<p>returned completed. This represents a response rate of 28%.</p> <p>The 2020 overall performance for South Sefton CCG score is 82.6% and means they are the 4th highest performing CCG (out of 9) compared to our local area team neighbours.</p> <p>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 South Sefton CCG are ranked just above the England average at 56th out of the 135 CCGs that completed the GP Patient Survey (GPPS).</p> <p>The survey was undertaken between January 2020– March 2020 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.</p> <p>The members were asked to note pages 227-229, of the report which demonstrated the key areas in which South Sefton CCG had performed particularly well.</p> <p>FLT suggested taking the information contained within the survey into the PCNs to see if there is anything the CCG can support practices.</p> <p>AP advised that she would re-circulate the full survey to all Practice Managers and PCN directors to help create any an action plan following the survey.</p> <p>FLT suggested that a discussion with the LMC and GP practices would be useful to determine what questions could be asked in next year's survey following COVID-19.</p> <p><b>Resolution:</b> The members received the report</p>	<p>Angela Price</p> <p>Angela Price</p>
GB20/119	<p><b>Key Issues Reports:</b></p> <ul style="list-style-type: none"> <li>a) Finance &amp; Resource Committee</li> <li>b) Quality &amp; Performance Committee</li> <li>c) Audit Committee</li> <li>d) Primary Care Commissioning Committee PTI</li> <li>e) Localities : None</li> </ul> <p><b>Resolution:</b> The governing body received the key issues reports</p>	
GB20/120	<p><b>Approved Minutes:</b></p> <ul style="list-style-type: none"> <li>a) Finance &amp; Resource Committee</li> <li>b) Joint Quality &amp; Performance Committee</li> <li>c) Audit Committee</li> <li>d) Primary Care Commissioning Committee PTI</li> </ul> <p><b>Resolution:</b> The governing body received the approved minutes.</p>	
GB20/121	<p><b>Any Other Business</b></p>	

No	Item	Action
	None.	
GB20/122	<p><b>Date of Next Meeting</b></p> <p>Thursday 5<sup>th</sup> November 2020, 13:00 hrs, virtual meeting (details to be advised).</p> <p><u>Future Meetings:</u>                      The Governing Body meetings are held bi-monthly, on the first Thursday of the month. Future meeting dates:                      4<sup>th</sup> February 2021                      1<sup>st</sup> April 2021</p> <p>All PTI public meetings will commence 13:00hrs , format to be advised.</p>	
	<p><b>Meeting concluded</b></p> <p>PTI meeting concluded using the Zoom platform. The PTII Private section of the meeting is to be held using the Skype platform.</p>	<b>15:15hrs</b>
	<p><b>Motion to exclude the public:</b></p> <p>Due to the format of the meeting the motion to exclude the public was not required.</p>	





Item	Item and action	Lead	Update
GB20/114	<p><b>Integrated Performance Report</b></p> <ul style="list-style-type: none"> <li>AS asked whether it would be possible to have the dashboards completed with a rolling 12 months of data. MMcD advised he would see if this would be possible to include in future reports</li> <li>The chair asked to include narrative within future IPR reports to illustrate how South Sefton CCG compares to other CCGs nationally in relation to performance.</li> <li>FLT suggested to members that a discussion at a future Development Session takes place with Sue Gough (Clinical Lead for Mental Health) prior to the handover to the new provider for members to raise any concerns.</li> </ul>	<p>MMcD</p> <p>MMcD</p> <p>DFair</p>	
GB20/118	<p><b>GP Patient Survey 2020</b></p> <ul style="list-style-type: none"> <li>AP advised that she would re-circulate the full survey to all Practice Managers and PCN directors to help create any an action plan following the survey.</li> <li>FLT suggested that a discussion with the LMC and GP practices would be useful to determine what questions could be asked in next year's survey following COVID-19.</li> </ul>	<p>Angela Price</p> <p>Angela Price</p>	<p>Communications are re-circulating the survey results in the GP bulletin 29 October (originally went out in the bulletin on the 9th July)</p> <p>AP to add as an item on the LMC agenda re GP survey questions (LMC meeting taking place on 5th November).</p>

## MEETING OF THE GOVERNING BODY November 2020

<b>Agenda Item:</b> GB20/148	<b>Author of the Paper:</b> Fiona Taylor Chief Officer <a href="mailto:fiona.taylor@southsefton.ccg.nhs.uk">fiona.taylor@southsefton.ccg.nhs.uk</a> 0151 247 7069	<b>Clinical Lead:</b> N/A						
<b>Report date:</b> November 2020								
<b>Title:</b> Chief Officer Report								
<b>Summary/Key Issues:</b>  This paper presents the Governing Body with the Chief Officer's monthly update.								
<b>Recommendation</b>  The Governing Body is asked to <ul style="list-style-type: none"> <li>• <i>Receive the update</i></li> </ul> <i>Delegate responsibility for overseeing delivery of the CCG's People Plan to the Finance and Resources Committee</i>		<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 30px;">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.
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 November 2020

### COVID19 update

#### 1. Emergency Preparedness Resilience and Response (EPRR) duties

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

As a consequence of the increases in infection rates locally and nationally the CCG has stepped up the IMT that is now meeting three times a week to ensure that the CCG is able to effectively respond to the outbreak. The Incident Management Team reports to the Leadership Team through the Interim Programme Lead – Corporate Services.

As reported to the Governing Body earlier this year, the Merseyside Resilience Forum is the lead multi agency forum for managing the response to COVID19 across the area, and the route for escalation of issues and challenges. The two core cells of “In-hospital” and “out of hospital” have continue to operate and the CCG’s Chief Officer is now a member of the Out of Hospital Cell.

The CCG has continued to operate the Southport system call that comprises representation from all relevant organisations from health and social care so that there was a comprehensive system approach to the implementation of emergency measures. The system calls take place each Wednesday and will continue to function until the system is stabilised.

The CCG’s EPRR lead continues to work closely with Sefton Borough Council colleagues so that there is a collaborative approach to planning in terms of management of increased outbreaks.

Sefton Council has now established its Outbreak Management Board and have invited the CCG’s EPRR lead and a clinical representative to participate in those discussions.

In line with the Government’s requirements and guidance, Sefton Council has worked with its partners to develop a COVID-19 Outbreak Management Plan<sup>1</sup>.

Local authorities have a significant role to play in the identification and management of COVID-19 outbreaks. The plan contains the measures needed to identify and contain any coronavirus outbreaks and protect the health of people who live and work in Sefton, in a way that is safe, protects our health and care systems, and supports the recovery of our economy. The Plan also supports the nationwide Test and Trace process.

<sup>1</sup>Extract from Sefton Borough Council website available at: <https://www.sefton.gov.uk/outbreakplan>

Key aims of the plan include:

- using local knowledge, experience and expertise to prevent, manage and eliminate the virus over time as part of the national Test and Trace programme.
- setting out an approach to prevent Covid-19 outbreaks developing;
- protecting public health by identifying the source should there be a COVID-19 outbreak and implementing necessary measures to prevent any further spread;
- outlining clear roles and responsibilities, response pathways and procedures should an outbreak occurs in Sefton;
- making the most up to date and accurate information and advice available to local people.
- learning lessons and sharing best practice to prevent and control future COVID-outbreaks.

A copy of the plan is available at: <https://www.sefton.gov.uk/media/1770372/20200909-COVID19-Outbreak-Management-Plan-Working-Final-v13.pdf>

## 2. Reactivation of the NHS Nightingale Hospital North West

On 26<sup>th</sup> October Professor Michael McCourt, Chief Executive of NHS Nightingale Hospital North West wrote to NHS leaders advising that as the prevalence of Covid-19 in the North of England is increasing, the NHS Nightingale Hospital North West in Manchester is being reactivated to provide additional capacity for the region's health and care system.

The Nightingale will support acute hospitals in the North West by providing intermediate care for patients who do not have Covid-19 and who need further support or assessment before they can be discharged home, or to their usual place of residence. This will create additional capacity in acute hospitals for sicker patients who need their care and facilities.

Initially the Nightingale will provide care for patients from Manchester and Trafford hospitals, whilst systems and processes are tested and evaluation undertaken, then capacity will be scaled up swiftly and made available to support acute hospitals throughout the North West. The model of care will be under continuous review, depending on the impact of Covid-19 on the NHS.

The Nightingale is aiming to admit the first patients during week commencing 26 October 2020.

## 3. COVID-19 antigen and antibody 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 across the borough of Sefton. There are now walk-through testing facilities at Bootle Town Hall, Southport Town Hall, Crosby Library and Netherton Activity Centre.

The Southport and Formby GP Federation has also now established a testing offer for staff within primary care staff, social care and domiciliary care which has created additional local testing capacity for our key workers.

Throughout October a number of GP practices participated in the DHSC antibody testing which enabled social care staff including those working in care homes, to have an antibody test. Whilst it is widely understood that the antibody test is not evidence of any immunity to COVID19, the results will help Public Health England and the DHSC better understand the prevalence of the virus.

#### 4. 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.

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.

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.

#### General local and national updates

#### 5. EU Exit

On 16<sup>th</sup> September **Professor Keith Willett**, Strategic Incident Director for COVID-19 National Director for Emergency Planning and Incident Response for NHSE wrote to NHS organisations regarding the preparations for EU Exit.

The UK exited the EU on 31 Jan 2020 and is now in a transition period until 31 December 2020. The government has recently confirmed that the transition period will cease as planned on 31 December 2020 and there will be no extension<sup>2</sup>.

Professor Willet has now resumed the role as EU Exit Senior Responsible Officer (SRO) (along with Strategic Incident Director for COVID-19) which will be managed alongside the ongoing COVID-19 response and restoration of services.

This will be managed through the established national and regional incident coordination centres.

NHSE/I will continue to work with the incident teams that were set up for COVID-19 to ensure that the NHS is working to a single, shared operational readiness and response structure across those areas to avoid conflict and to reduce burden on the system.

#### 6. NHS People Plan and Our NHS Promise

**We are the NHS:** action for us all from NHS England and NHS Improvement (NHSEI) and Health Education England (HEE) sets out what our NHS people can expect from their leaders and each other. It focuses on how we must look after each other and foster a culture of inclusion and belonging, as well as action to grow and train our workforce, and work together differently to deliver patient care<sup>3</sup>.

The plan is focused primarily on the immediate term (2020-21) with an intention for the principles to create longer lasting change.

There are funding commitments made within the plan, however some of the workforce growth aspirations outlined in the interim plan and the government's manifesto, require further discussion and are therefore outside of the scope of this plan.

<sup>2</sup> Further information available at: <https://www.gov.uk/government/news/government-accelerates-border-planning-for-the-end-of-the-transition-period>

<sup>3</sup> Extract from NHS Employers, Briefing for board members; **NHS People Plan**, *We are the NHS: action for us all*

The plan sets out practical actions that employers and systems should take, as well as the actions that NHSEI and HEE will take. It focuses on:

- Looking after our people – with quality health and wellbeing support for everyone.
- Belonging in the NHS – with a particular focus on the discrimination that some staff face.
- New ways of working – capturing innovation, much of it led by our NHS people.
- Growing for the future – how we recruit, train and keep our people, and welcome back colleagues who want to return.

Each system is asked to develop a local People Plan in response to the national plan, to be reviewed by regional and system level People Boards.

Our NHS People Promise is central to the plan both in the next nine months and in the longer term. It has been developed to help embed a consistent and enduring offer to all staff in the NHS. From 2021 the annual NHS Staff Survey will be redesigned to align with Our People Promise:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

Staff within the CCG are now working through the requirements of the plan and are creating an implementation plan comprising over 80 tasks that are being delivered between September 2020 and March 2021.

The CCG's are currently recruiting to the post of Director of Strategic Partnerships that will be key role within the leadership team. To ensure alignment of our workforce and culture to truly integrated and partnership working within the borough of Sefton, there is a requirement of that role to lead on the implementation of the local Peoples Plan.

It is recommended that the oversight of the delivery of that plan is formally delegated to the CCG's Finance and Resources Committee that will provide onward assurances to the governing body on the progress that is being made.

**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. Shaping Care Together

In conjunction with West Lancashire CCG, Southport & Formby CCG is working with Southport & Ormskirk Hospitals Trust on an engagement programme with staff, partners and the local public. This is looking at understanding the various pressures on the health and care system within the Southport & Ormskirk area; how best to meet the health needs of the local population; and consider how best to develop solutions to the problems that we identify. Services will continue as they do now taking into account the COVID-19 challenges whilst considering the longer term planning approach and it is important to note that this is a listening exercise, not a formal consultation at this early stage and no



decisions have been made. The programme will inform a pre-consultation business case which will be subject to NHS England and NHS Improvement approval before we move to formal consultation on any options for change.

A Joint Committee between the two CCGs has been established to oversee this work. Further information will be provided at future Governing Body meetings.

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

## 8. Haemato-Oncology – The Clatterbridge Cancer Centre Liverpool

On 18<sup>th</sup> September, the Interim Director of Operations at the Clatterbridge Cancer Centre Liverpool wrote to the CCG advising that the Haemato-Oncology (blood cancer) inpatient wards were now open in the new Clatterbridge Cancer Centre – Liverpool. We opened the wards on Tuesday 15<sup>th</sup> September with the current inpatients moving across from wards in the Royal Liverpool University Hospital. It is reported that the move went well and the patients and staff have settled in well into their new surroundings.

The success of the move is testament to an immense amount of hard work by teams in The Clatterbridge Cancer Centre and colleagues at Liverpool University Hospitals NHS Foundation Trust, working together in close partnership along with NWAS, NHS Blood and Transplant and others.

## 9. NHS Phase 3

On 20<sup>th</sup> October 2020, Bill McCarthy, Executive Regional Director North West wrote to NHS colleagues setting out the key priority areas of focus for the coming months, which includes but is not limited to:

- Nosocomial infection rates remain high across the North West and there is a requirement for every board and governing body to be sighted and satisfied with the detailed plans and compliance measures in place.
- Sustained risks assessments of all staff at risk with particular focus on our BAME workforce.
- Ongoing support to care homes
- Supporting people with learning disabilities and/or autism
- Continuing to support the NHS to recover

## 10. 2019 staff survey and COVID-19 staff survey 2020

Over recent months the CCG has been using the results of the 2019 national NHS staff survey and a CCG specific COVID-19 staff survey to ensure that staff feedback drives our development. The overall results from the national survey remain positive and broadly comparable with previous years with the CCG performing at or above the average on most of the main themes when compared with other CCGs.

Analysis of this year's results have led the Leadership Team to explore ways that colleagues can be supported, especially where there is pressure on workload and as a result a number of additional roles have been created, in different teams, to address identified capacity issues.

In June, an additional internal survey was carried out to assess the impact of COVID-19 on our staff and ways of working.

The survey helped us gain insight into how our teams are coping with the new working practices and how the CCG could support them both professionally and with any health and wellbeing issues. A task and finish group has been set up and is working closely with our lead for Corporate Services to identify key points from the survey, which can be used to inform our working practices now in the future.

## 11. Data Security and Protection (DSP) Toolkit

The CCG has submitted its DSP Toolkit to NHS Digital ahead of the revised deadline of 30<sup>th</sup> September 2020. The process was overseen by the CFO and the chair of the Audit Committee. The CCG has further work to ensure that all its personal identifiable data is securely managed and overseen by an Information Asset Owner / Administrator. Training updates have been delivered for CCG team members undertaking these roles and further work will continue over the next 2 months to ensure that processes are embedded in the CCG's business as usual operations.

**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. CCG Financial Allocations

The CCG's financial allocations have been confirmed as part of the new financial framework issued by NHSE/I for the remainder of the 2020/21 financial year. There are four components to the commissioning allocation. The CCG's original recurrent allocation for 2020/21 forms the basis of the main allocation and the same principle has been applied to primary care allocations.

The CCG has been allocated a share of the system-wide "top-up" funding in the form of a deficit control total. There is flexibility to change this control total within the overall level of resources allocated across Cheshire and Merseyside. The CCG has also been allocated a share of additional resource to cover forecast COVID expenditure during the period as well as a smaller element of funding relating to overall growth.

The CCG has been working alongside its local partner organisations and the wider Cheshire Merseyside area to forecast likely expenditure patterns during this unpredictable period and the Governing Body will continue to receive regular updates and reports relating to the CCG's progress and financial position.

There is a further report and update from the Deputy Chief Officer/Chief Finance Officer on the agenda today.

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

### 13. Improving language services in Sefton GP practices

We have joined a Liverpool CCG exercise aiming to ensure more consistent provision of language services used in GP practices - including interpreters, translated materials and alternative format information. Currently each organisation is responsible for commissioning their own language services but sometimes this has led to variations in the quality and consistency of service provided to patients. This process will introduce a single, more consistent approach to contracting arrangements across practices in the borough. To help inform the contracting process, Liverpool CCG has been asking for views of service users, health professionals, community groups, and interpreters/translators in the area from September through to November.

### 14. Update on Out of Hours Procurement

The Primary Care Out of Hours Contract went to procurement earlier in the year. The contract was awarded to PC24 however the contract start date was delaying due to the COVID pandemic. Mobilisation of the main contract components for the 1<sup>st</sup> April 21 commencement is now proceeding at pace. PC24 are working with existing providers to progress plans and we do not anticipate any delays.

**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. Borough based working

A senior leader development session was held with Mike Farrar in September to discuss how planning and delivery across Sefton can be accelerated. This resulted in widespread agreement that partners need to reaffirm a joint vision for Sefton together with a set of principles that underpin how they will work together.

The Sefton operating model is based on the interconnections between four key programmes of work: Primary Care Networks, the Provider Alliance, Integrated Commissioning and Shaping Care Together (acute services redesign programme in Southport & Formby). The session highlighted that we need to strengthen these interconnections through partnership working and create a governance structure that strengthens and enables delivery. Work to support this approach is on-going.

Consideration is being given to the role of various boards that support the partnership work. Related to this, the Integrated Commissioning Group is starting to consider its priorities for 2020/21, which aligns with the CCGs developing their commissioning intentions.

The priorities will follow a "golden-thread" approach to ensure they support delivery of Living Well in Sefton and Sefton2gether, as well as supporting delivery of the CCGs QIPP plans where appropriate.

## 16. Provider Alliance

At the Sefton Provider Alliance meeting in October, the Alliance reflected on the progress made in 2020 so far which includes:-

- Investment in delivery via a system-level PMO
- Agreement of a vision, objectives and a clear programme of work across partners
- Agreement a model of care – Community First
- Agreement of a framework for delivery of its objectives
- Continued support to delivery of ICTs
- Mobilised a further 8 work streams aligned to agreed delivery framework
- Strengthening connection with the VCF sector
- Agreed delivery mechanism for Sefton Strategic plans (HWB strategy and Sefton2gether)
- Agreement that the Alliance is the emerging integrated care partnership in Sefton
- Agreement of a model for phased delivery of an ICP.

The Alliance has also agreed the following as its programme of work over the next 6 months:

- Collaborative development of a 'Roadmap to ICP' for sign off early 2021
- Simultaneous development of draft MOU by 31 March 2021.

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

## 17. Changing commissioning landscape

Work is now underway to develop a roadmap that establishes the mechanism for joint decision making for CCG commissioning across the Cheshire & Merseyside Health Care Partnership (HCP). This work responds to the NHSE direction to develop one CCG per ICS.

The Chair and Chief Officer are actively involved in the working group of Cheshire & Mersey CCGs alongside the Chief Officer Jackie Bene at the (HCP) to co design the potential options to achieve the changes by April 2022.

## 18. Recommendation

The Governing Body is asked to

- *Receive this report.*
- *Delegate responsibility for overseeing delivery of the CCG's People Plan to the Finance and Resources Committee*

On a final and very sad note, I would like to pay tribute to our former CCG colleague Roger Pontefract, who recently passed away. Roger was a very well respected colleague not only for Southport and Formby CCG but also in his prior non-executive director role at Sefton PCT and was a real champion for the local people. Our sincere condolences are with his family at this incredibly difficult time.

**Fiona Taylor**  
**Chief Officer**  
**November 2020**

## MEETING OF THE GOVERNING BODY NOVEMBER 2020

<b>Agenda Item:</b> GB20/149.1	<b>Author of the Paper:</b> Martin McDowell Deputy Chief Officer <a href="mailto:Martin.McDowell@southseftonccg.nhs.uk">Martin.McDowell@southseftonccg.nhs.uk</a> 0151 317 8350	<b>Clinical Lead:</b> N/A						
<b>Report date:</b> November 2020								
<b>Title:</b> South Sefton Clinical Commissioning Group Integrated Performance Report								
<p><b>Summary/Key Issues:</b> This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group.</p> <p>Please note the effects of COVID-19 are noticed in month 5 across a number of performance areas.</p>								
<b>Recommendation</b>	The Governing Body is asked to receive this report.	<table style="border-collapse: collapse;"> <tr><td style="padding: 2px;">Receive</td><td style="text-align: center; border: 1px solid black; width: 20px;">x</td></tr> <tr><td style="padding: 2px;">Approve</td><td style="text-align: center; border: 1px solid black; width: 20px;"></td></tr> <tr><td style="padding: 2px;">Ratify</td><td style="text-align: center; border: 1px solid black; width: 20px;"></td></tr> </table>	Receive	x	Approve		Ratify	
Receive	x							
Approve								
Ratify								

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

	To support the implementation of Sefton2gether and 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

## Contents

1. Executive Summary .....	11
2. Planned Care .....	15
2.1 Referrals by source .....	15
2.2 NHS E-Referral Services (e-RS) .....	17
2.3 Diagnostic Test Waiting Times .....	18
2.4 Referral to Treatment Performance (RTT).....	19
2.4.1 Referral to Treatment Incomplete pathway - 52+ Week Waiters.....	20
2.4.2 Provider assurance for long waiters .....	22
2.5 Cancer Indicators Performance.....	23
2.5.1 104+ Day Breaches .....	24
2.5.2 Faster Diagnosis Standard (FDS) .....	25
2.6 Planned Care Activity & Finance, All Providers .....	25
2.6.1 Aintree Hospital.....	27
3. Unplanned Care.....	28
3.1 Accident & Emergency Performance.....	28
3.1.1 A&E 4 Hour Performance.....	28
3.2 Urgent Care Dashboard .....	29
3.3 Ambulance Performance Indicators .....	31
3.4 Ambulance Handovers.....	32
3.5 Unplanned Care Quality Indicators.....	33
3.5.1 Stroke and TIA Performance.....	33
3.5.2 Healthcare associated infections (HCAI): MRSA .....	34
3.5.3 Healthcare associated infections (HCAI): C Difficile .....	35
3.5.4 Healthcare associated infections (HCAI): E Coli.....	36
3.5.5 Hospital Mortality (LUHFT).....	37
3.6 Unplanned Care Activity & Finance, All Providers .....	38
3.6.1 All Providers.....	38
3.6.2 Aintree Hospital.....	39
4. Mental Health .....	40
4.1.1 Eating Disorder Service Waiting Times .....	40
4.2 Cheshire & Wirral Partnership (Adult).....	41
4.2.1 Improving Access to Psychological Therapies: Access .....	41
4.2.2 Improving Access to Psychological Therapies: Recovery.....	42
4.3 Dementia .....	43
5. Community Health.....	44
5.1 Adult Community (Mersey Care FT).....	44
5.1.1 Quality.....	44
5.1.2 Mersey Care Adult Community Services: SALT .....	45
5.1.3 Mersey Care Adult Community Services: Physiotherapy.....	46
5.2 Any Qualified Provider (AQP) – Audiology .....	46



6.	Children's Services .....	47
6.1	Alder Hey NHS FT Children's Mental Health Services .....	47
6.1.1	Improve Access to Children & Young People's Mental Health Services (CYPMH) .....	47
6.1.2	Waiting times for Routine/Urgent Referrals to Children & Young People's Eating Disorder Services.....	47
6.1.3	Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 12 and 30 weeks	48
6.1.4	Children & Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 12 and 30 weeks .....	49
6.2	Child and Adolescent Mental Health Services (CAMHS) .....	50
6.2.1	% Referral to Choice within 6 weeks .....	50
6.2.2	% Referral to Partnership within 18 weeks .....	51
6.3	Children's Community (Alder Hey) .....	52
6.3.1	Paediatric Speech & Language Therapies (SALT) .....	52
6.3.2	Paediatric Dietetics .....	52
6.4	Alder Hey Activity & Performance Charts .....	53
7.	Appendices .....	54
7.1.1	Incomplete Pathway Waiting Times .....	54
7.1.2	Long Waiters analysis: Top Providers .....	54
7.1.3	Long Waiters Analysis: Top Provider split by Specialty .....	55

## Summary Performance Dashboard

Metric	Reporting Level		2020-21												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b>E-Referrals</b>																
<a href="#">NHS e-Referral Service (e-RS) Utilisation Coverage</a> Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	Not available	Not available								R	
		Actual	52.3%	39.1%	28.5%											40%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Diagnostics &amp; Referral to Treatment (RTT)</b>																
<a href="#">% of patients waiting 6 weeks or more for a diagnostic test</a> The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	R								R	
		Actual	65.46%	66.85%	53.45%	38.95%	39.38%									
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
<a href="#">% of all Incomplete RTT pathways within 18 weeks</a> Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R								R	
		Actual	70.35%	59.72%	49.96%	47.24%	53.57%									
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
<a href="#">Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</a> The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R	R	R								R	
		Actual	8	46	106	171	198									529
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Cancelled Operations</b>																
<b>Cancelled Operations for non clinical reasons who are treated within 28 days</b> 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	R								R	
		Actual	35	0	0	4	9									48
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Urgent Operations cancelled for a 2nd time</b> Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Liverpool University Foundation Hospital Trust	RAG														
		Actual	Not available	Not available	Not available	Not available	Not available									
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times																
<p><b><u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u></b> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer</p>	South Sefton CCG	RAG	G	G	G	G	G								G	
		Actual	93.51%	99.72%	98.11%	96.45%	93.58%									96.30%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<p><b><u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u></b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer</p>	South Sefton CCG	RAG	G	G	G	G	G								G	
		Actual	93.33%	100%	100%	96.55%	95.24%									97.27%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<p><b><u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u></b> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer</p>	South Sefton CCG	RAG	R	R	G	G	G								G	
		Actual	94.92%	90.48%	98.36%	97.78%	98.25%									96.21%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<p><b><u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u></b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)</p>	South Sefton CCG	RAG	R	G	R	R	G								R	
		Actual	90.91%	100%	87.50%	80%	100%									89.06%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<p><b><u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u></b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)</p>	South Sefton CCG	RAG	G	R	R	G	R								R	
		Actual	100%	93.33%	93.75%	100%	96.30%									96.81%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<p><b><u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u></b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)</p>	South Sefton CCG	RAG	G	G	R	G	G								G	
		Actual	100%	100%	85.71%	100%	94.12%									96.52%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<p><b><u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u></b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer</p>	South Sefton CCG	RAG	R	R	R	G	R								R	
		Actual	79.31%	73.91%	83.87%	85.71%	69.70%									78.10%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<p><b><u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u></b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.</p>	South Sefton CCG	RAG	R	R		R	R								R	
		Actual	50%	66.67%	No patients	50%	0%									44.44%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<p><b><u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u></b> % 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.</p>	South Sefton CCG (local target 85%)	RAG				G	G									
		Actual	80%	0%	75%	90.91%	100%									82.86%
		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	
<b>Accident &amp; Emergency</b>															
<b>4-Hour A&amp;E Waiting Time Target</b> % of patients who spent less than four hours in A&E	South Sefton CCG	RAG	R	G	R	R	R								R
Actual		93.19%	96.37%	94.80%	93.33%	93.99%									94.28%
Target		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
<b>MSA</b>															
<b>Mixed sex accommodation breaches - All Providers</b> 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	Not available	Not available									
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Mixed Sex Accommodation - MSA Breach Rate</b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG													
Actual		Not available	Not available	Not available	Not available	Not available									
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>HCAI</b>															
<b>Number of MRSA Bacteraemias</b> Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	G	G								G
YTD		0	0	0	0	0									0
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Number of C.Difficile infections</b> Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	G	G								G
YTD		4	6	7	9	11									11
Target		6	11	15	20	24	28	34	40	46	51	55	60	60	60
<b>Number of E.Coli</b> Incidence of E.Coli (Commissioner) cumulative	South Sefton CCG	RAG	G	R	R	G	R								R
YTD		9	23	35	39	56									56
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	
<b>Mental Health</b>															
<b>Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</b> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G												G
		Actual	97.3%												97.3%
		Target	95%			95%			95%			95%			95%
<b>Episode of Psychosis</b>															
<b>First episode of psychosis within two weeks of referral</b> 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%			
<b>IAPT (Improving Access to Psychological Therapies)</b>															
<b><u>IAPT Recovery Rate (Improving Access to Psychological Therapies)</u></b> The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R	R	R	R								R
		Actual	39.8%	33.8%	44.3%	44.5%	48.4%								42.76%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
<b><u>IAPT Access</u></b> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R	R	R	R								R
		Actual	0.74%	0.46%	0.67%	0.77%	0.81%								3.74%
		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%	
<b>IAPT Waiting Times - 6 Week Waiters</b> The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G	G	G	G								G
		Actual	100%	95.71%	98.50%	98.6%	98.5%								98.1%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
<b>IAPT Waiting Times - 18 Week Waiters</b> The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G	G	G	G								G
		Actual	100%	98.57%	100%	100%	100%								99%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
<b>Dementia</b>															
<b><u>Estimated diagnosis rate for people with dementia</u></b> Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R								R
		Actual	60.40%	59.42%	59.36%	59.53%	58.3%								59.40%
		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											YTD	
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb		Mar
<b>Learning Disability Health checks</b>															
<a href="#">No of people who have had their Annual LD Health Check</a>	South Sefton CCG	RAG	No new update as at Q1												
		Actual													
		Target													
<b>Severe Mental Illness - Physical Health Check</b>															
<a href="#">People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%)</a> 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.	South Sefton CCG	RAG	R											R	
		Actual	19%											19%	
		Target	50%			50%			50%			50%			50%
<b>Children &amp; Young People Mental Health Services (CYPMH)</b>															
<a href="#">Improve access rate to Children and Young People's Mental Health Services (CYPMH)</a> Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	South Sefton CCG	RAG	G											G	
		Actual	14.6%											14.6%	
		Target	8.75%			8.75%			8.75%			8.75%			YTD 35%
<b>Children and Young People with Eating Disorders</b>															
<a href="#">The number of completed CYP ED routine referrals within four weeks</a> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG	To be updated in month 6 report												
		Actual													
		Target	95.00%			95.00%			95.00%			95.00%			95.00%
<a href="#">The number of completed CYP ED urgent referrals within one week</a> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	To be updated in month 6 report												
		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 5 of 2020/21 (note: time periods of data are different for each source).

Constitutional Performance for August and Quarter 1 2020/21	CCG	LUHFT
Diagnostics (National Target <1%)	39.38%	41.41%
Referral to Treatment (RTT) (92% Target)	53.57%	48.01%
No of incomplete pathways waiting over 52 weeks	198	691
Cancer 62 Day Standard (Nat Target 85%)	69.70%	74.32%
A&E 4 Hour All Types (National Target 95%)	93.99%	89.49%
A&E 12 Hour Breaches (Zero Tolerance)	-	0
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	69
Ambulance Handovers 60+ mins (Zero Tolerance)	-	2
Stroke (Target 80%)	-	72.70%
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)	0.81%	-
IAPT Recovery (Target 50%)	48.4%	-
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, 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 to the end of December 2020.

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 and some routine elective activity is being delivered. A greater proportion of activity is being delivered via virtual systems (i.e. attend anywhere) in line with phase 3 requirements. 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.

Trends show that total secondary care referrals have decreased by -12% from the previous month in August, after 3 consecutive months of increases. GP referrals are reporting a year to date -53% decrease when comparing to 2019/20. Some of the decrease during August is likely a result of reduced working days when compared to July (23 compared to 20 in 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 39.38% in August, a slight decline from last month when 39.95% was reported. Liverpool University Hospital Foundation Trust (LUHFT) performance was 41.41% in August, showing a slight improvement.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in August was 53.57%. LUHFT reported 48.01%. This shows a small improvement in performance for the both CCG and Trust.

In August, the CCG reported 198 patients waiting over 52 weeks for treatment. LUHFT reported 691 breaches in August failing the target for the whole of 2020/21. As anticipated, a significant increase in breaches.

The CCG are achieving 4 of the 9 cancer measures year to date. LUHFT are achieving 3 out of the 9 measures.

Month 5 of the financial year 2020/21 continues to show significant reductions in contracted performance levels across the all providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS first phase 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. Although some recovery of activity has been apparent following the first phase of the NHS response, activity levels remain well below historical averages. However, a further increase in elective capacity is anticipated as part of the phase three NHS response to the pandemic.

### **Unplanned Care**

In relation to A&E 4-Hour waits (all types); the CCG and Trust have failed the 95% target in August, reporting 93.99% and 85.17% respectively. The improvements seen a couple of months ago were largely due to the COVID-19 pandemic and a reduction in the numbers of patients attending A&E.

The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 has not been met and was severely adversely impacted upon by COVID-19 which began to hit them in Q4 and then all the way through Q1 and continuing into Q2. The CCGs have jointly commissioned Operational Research in Health (ORH) to carry out a re-modelling exercise to review the previous activity and performance assumptions and staffing implications (including the rota review impact), using a full twelve months of ARP data to inform the future capacity that NWAS needs to meet demand and the targets, including the ratio of Double Crewed Ambulance (DCA) v Rapid Response Vehicle (RRV) and staffing. This review will take circa 15 weeks and is scheduled to report at the end of September, beginning of October. The review re-modelling will give both parties an independent assessment of the likely future ARP performance and the resourcing and service changes needed to sustain performance going forwards. CCG commissioners have been provided with a briefing that was presented to the July meeting of the Cheshire & Mersey UEC Network Board that provides a broader review of NWAS through the pandemic to date outlining key impacts and lessons learned to inform the future service model.

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



For *C difficile*, the CCG reported 2 cases of *C difficile* cases in August (11 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 and are achieving.

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 August there were 17 cases (56 YTD) against a target of 53 so are now failing the target. There are no targets set for Trusts at present.

Month 5 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'. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain below historical averages. However, further increases in activity levels are anticipated as part of the phase three NHS response to the pandemic.

### **Mental Health**

For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership performance was 0.81% so failed to achieve the target standard of 1.59%. The percentage of people moved to recovery was 48.4% in month 5 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%.

Demand for Autistic Spectrum Disorder (ASD) assessment and diagnosis (270 approx. per year in Sefton) is far in excess of assessment capacity and the Commissioners received an investment case in September detailing options for investment. This is currently being reviewed and Sefton CCGs have also requested a proposal for a waiting list initiative which potentially could be put in place prior to any agreed recurrent investment/new service model.

For outpatient follow up appointments against a plan of 18%, Mersey Care reported a DNA rate of 17.3% in August compared to 19% in July, and are meeting the planned target.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in August of 58.3%, which is under the national dementia diagnosis ambition of 66.7%. This is slightly lower to what reported last month.

Timeliness of communication with primary care continues to be a concern and was picked up with the Trust at next CQPG in August 2020. The Trust reported that the pandemic had impacted on performance. The Trust was asked to consider the level of clinical risk associated with the KPI and the expectation is that performance should improve. This may also contribute to dementia diagnosis underperformance. CCGs await the next Q2 figures.

For sickness, against a plan of 5%, the Trust reported a sickness absence rate of 6.4% in August compared to 7.2% in July.

### **Community Health Services**

The Contract & Clinical Quality Review Meetings (CCQRM) were reinstated in June 2020 with a recommencement of 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. A joint CQPG for Sefton and Liverpool CCGs is now in place and commissioners are also in the process of forming a joint Sefton and Liverpool Information Sub-Group.

### **Children's Services**

In the move to phase three of the pandemic response, Alder Hey has been focusing on the restoration of community services and Child and Adolescent Mental Health Services (CAMHS), increasing delivery capacity to achieve pre-COVID levels of activity where possible, focusing

specifically on the increase in face to face activity in clinic and school settings. This includes ensuring that relevant PPE is available and patient specific risk assessments are carried out.

The positive increase in community therapy services provision has enabled services to focus on reducing the numbers of children and young people who have been waiting the longest, reducing the size of waiting lists, notably for SALT. Services continue 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. During August, environmental risk assessments also took place to support a return of therapists into school settings in September.

The Alder Hey CAMHS team continues to work to the service recovery plan which it has shared with the CCG. The CCG is currently considering the plan and the potential risks associated with an increase in referrals. The modelling predicts that the RTT will return to pre-COVID-19 levels by December 2020 if referral levels remain constant; however, if there is a 15% surge, then recovery is expected to be delayed until March 2021. Currently, the actions are progressing in line with the improvement plan and the service is on track to achieve the agreed improvements in waiting times by December 2020, assuming no significant impact from COVID in terms of referral increases and staff sickness/absence.

Following the publication of the national Q1 Eating Disorders Service data, the Trust highlighted a number of anomalies which are being investigated. It is anticipated that the matter will be resolved imminently.

Discussions between the CCG's finance lead and the Trust are scheduled to clarify local investment and funding in line with national Mental Health Investment Standard (MHIS).

The SEND performance and direction of travel for CAMHS, community therapies and ASD/ADHD are consistent. Whilst most services predict that they will achieve their waiting time targets in line with the improvement plans and trajectories, the Trust has flagged the potential impact of children returning to school on referral numbers and the ability of schools to support delivery and share information. The risks posed by a second wave of Covid-19 on the ability to achieve and sustain the waiting time standards which will be closely monitored.

### **CCG Peers**

The CCG has 10 NHS RightCare peer CCGs who are most demographically similar to them. RightCare peer CCGs provide realistic comparisons and take into account demographic factors such as deprivation and age. For South Sefton these are South Tyneside, St Helens, North East Lincolnshire, Mansfield & Ashfield, Halton, Rotherham, Sunderland, Blackpool, Thanet and Thameside & Glossop CCGs. Where the data is available the CCG has been ranked against these CCGs for information, best performing being ranked first.

## 2. Planned Care

### 2.1 Referrals by source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	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	3144	717	-2427	-77.2%	2191	824	-1367	-62.4%	6442	2185	-4257	-66.1%
May	3325	983	-2342	-70.4%	2430	1136	-1294	-53.3%	6945	2895	-4050	-58.3%
June	3389	1689	-1700	-50.2%	2158	1223	-935	-43.3%	6735	3866	-2869	-42.6%
July	3635	2433	-1202	-33.1%	2603	1664	-939	-36.1%	7346	5216	-2130	-29.0%
August	3172	2005	-1167	-36.8%	2164	1554	-610	-28.2%	6402	4640	-1762	-27.5%
September	3131				2403				6607			
October	3627				2471				7374			
November	3259				2105				6692			
December	2546				1934				5695			
January	3271				2362				7004			
February	3060				2048				6366			
March	2182				1541				4835			
<b>Monthly Average</b>	<b>3145</b>	<b>1565</b>	<b>-1580</b>	<b>-50.2%</b>	<b>2201</b>	<b>1280</b>	<b>-921</b>	<b>-41.8%</b>	<b>6537</b>	<b>3760</b>	<b>-2777</b>	<b>-42.5%</b>
<b>YTD Total Month 5</b>	<b>16665</b>	<b>7827</b>	<b>-8838</b>	<b>-53.0%</b>	<b>11546</b>	<b>6401</b>	<b>-5145</b>	<b>-44.6%</b>	<b>33870</b>	<b>18802</b>	<b>-15068</b>	<b>-44.5%</b>
<b>Annual/FOT</b>	<b>37741</b>	<b>18785</b>	<b>-18956</b>	<b>-50.2%</b>	<b>26410</b>	<b>15362</b>	<b>-11048</b>	<b>-41.8%</b>	<b>78443</b>	<b>45125</b>	<b>-33318</b>	<b>-42.5%</b>



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





## Month 5 Summary:

- Trends show that total secondary care referrals have decreased by -12.4% (-576) from the previous month in August-20 after three consecutive monthly increases. However, they have remained below historical levels for the last 6 months, which has resulted in a statistical drop in the average number of total, GP and consultant to consultant referrals.
- It should also be noted that there were 3 fewer working days during August-20 when comparing to the previous month and so this is likely to have had an impact on referral numbers reported.
- GP referrals are reporting a year to date -53.0% decrease when comparing to 2019/20. Also, taking into account working days, further analysis has established there have been approximately -6 less GP referrals per day in August 2020 when comparing to the previous month.
- Aintree Hospital has reported a -44.3% decrease in total referrals at month 5 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 5 are approximately 6.5% (40) higher than in August 2019, however are -14.3% down when comparing year to date.
- In terms of referral priority, all priority types have seen a reduction at month 5 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 -54.2% (-11,508).
- Analysis suggests a recovery of two week wait referrals with numbers exceeding those seen in 2019/20 from June-20 onwards. The 973 two week wait referrals reported in July-20 represent the highest monthly total of the last two years. Referrals to the Breast Surgery speciality make up the majority of this increase.
- 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
<b>NHS e-Referral Service (e-RS): Utilisation Coverage</b>		<b>Previous 3 months and latest</b>				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.
<b>RED</b>	<b>TREND</b>	Mar-20	Apr-20	May-20	Jun-20	The national ambition that E-referral utilisation coverage should be 100% by the end of Q2 2018/19 wasn't achieved.	
		50.3%	52.3%	39.1%	28.5%		
		65.0%	66.0%	62.8%	70.9%		
		Plan: 100% by end of Q2 2018/19					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>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.</li> <li>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. June data shows an overall performance of 40.7% for South Sefton CCG, a decline on the previous month (58.4%).</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>The phase 3 recovery letter set an expectation that elective activity/performance should resume to near normal levels before winter.</li> <li>An expectation will be that more capacity will be available for elective activity, nearing pre-COVID levels, however ERS capacity requires careful management to ensure equity of provision.</li> <li>The System management Group are reviewing the phase 3 response by exception..</li> <li>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.</li> </ul>							
<b>When is performance expected to recover:</b>							
Performance is expected to improve by October 2020							
<b>Quality:</b>							
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.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
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	
<b>Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test</b>		<b>Previous 3 months and latest</b>				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.	
<b>RED</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20			
		CCG	66.85%	53.45%	38.95%			39.38%
		LUHFT	67.82%	53.50%	42.78%			41.41%
		Previous year	May-19	Jun-19	Jul-19			Aug-19
		CCG	1.06%	1.56%	0.94%			1.37%
		Aintree	0.21%	0.33%	0.19%			0.06%
National Target: less than 1%								
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>For the CCG 3,370 patients on the waiting list with 1,327 waiting over 6 weeks (of those 522 are waiting over 13 weeks). Same period last year saw 2,554 patients waiting in total and 35 waiting over 6 weeks (of those just 2 waiting over 13 weeks).</li> <li>CT (355), Non-Obstetric Ultrasound (299), Echocardiography (103), Gastroscopy (2187) make up over 71% of the total breaches.</li> <li>Measuring against the CCG Peers, South Sefton CCG lies 1st in the rankings, (best performing).</li> <li>Both LUHFT sites recorded increases, the July waiting list number was 15,342 comparing to the waiting list size in June of 14,722.</li> <li>Impact on performance due to COVID-19 pandemic but is showing improvement.</li> <li>Reopening of outpatients in August has resulted in increased demand.</li> <li>Infection Prevention Control (IPC) guidance has resulted in reduced capacity.</li> <li>Nurse vacancies in Endoscopy have added to performance pressures.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<b>CCG Actions:</b>								
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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, including escalation of QIPP schemes that relate to phase 3 recovery.</li> </ul>								
<b>System:</b>								
<ul style="list-style-type: none"> <li>Hospital cell is working on system recovery plans.</li> <li>Liverpool CCG is met with providers such as LUHFT to discuss diagnostic recovery approach: <ul style="list-style-type: none"> <li>MRI, CT and Echo are the initial focus.</li> <li>Set up principles around sharing capacity and agreeing how to best deliver in relation to urgency, wider discussions taking place on a C&amp;M footprint via C&amp;M imaging network but with a local focus.</li> </ul> </li> </ul>								
<b>LUHFT Actions:</b>								
<b>Capacity Actions:</b>								
<ul style="list-style-type: none"> <li>Re-introductions of waiting list initiatives to recover capacity.</li> <li>Revised additional payment rates for Radiology workforce across CT, MRI and ultrasound to increase diagnostic capacity.</li> <li>Commissioning of additional static CT scanner on the Aintree site to increase capacity of service.</li> <li>BI to undertake a full demand capacity analysis to gain greater visibility to the full demands on the scanner time and generate the capability to forecast the impact of services changes with greater confidence.</li> <li>Additional weekday/weekend WLI (Waiting List Initiative) activity to be conducted to provide additional capacity.</li> <li>Business case approval for additional endoscopy insourcing capacity via MEDINET.</li> <li>Recruitment of 14 endoscopy nurses in August, is expected to ease performance pressures</li> </ul>								
<b>Improvement Actions:</b>								
<ul style="list-style-type: none"> <li>Central management of patients access for test across all sites to reduce variation in access between sites.</li> </ul>								
<b>When is performance expected to recover:</b>								
LUHFT do not plan to achieve the standard in 2020/21.								
<b>Quality:</b>								
No quality concerns have been raised.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>				
Cameron Ward		John Wray		Terry Hill				

## 2.4 Referral to Treatment Performance (RTT)

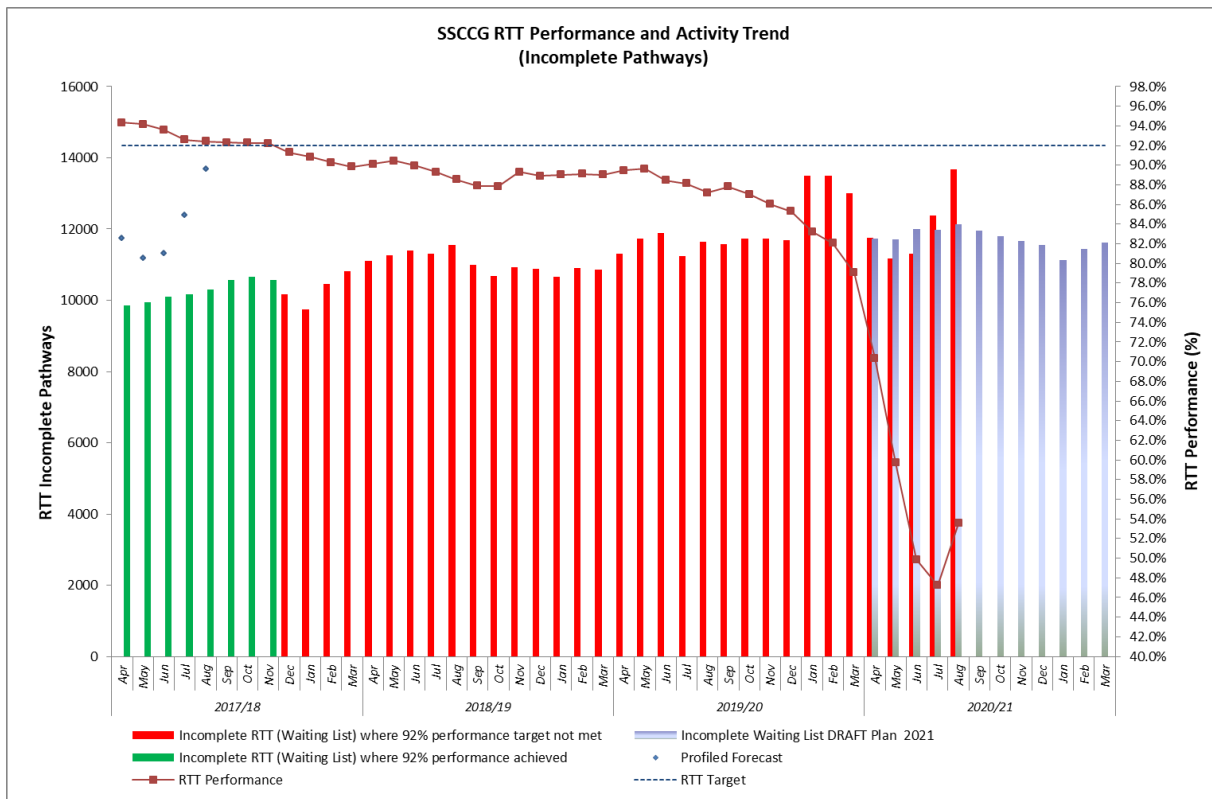
Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
<b>Referral to Treatment Incomplete pathway (18 weeks)</b>		<b>Previous 3 months and latest</b>				129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. 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.	
<b>RED</b>	<b>TREND</b>		May-20	Jun-20	Jul-20			Aug-20
		CCG	59.72%	49.96%	47.24%			53.57%
		LUHFT	59.24%	47.35%	41.72%			48.01%
		Previous year	May-19	Jun-19	Jul-19			Aug-19
		CCG	89.64%	88.46%	88.15%			87.22%
		Aintree	90.08%	89.00%	87.92%	86.58%		
Plan: 92%								
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>Continued impact on performance is due to COVID-19 pandemic but there has been an improvement this month.</li> <li>The challenged specialties include T&amp;O, Ophthalmology, Oral surgery, Dermatology and Thoracic Medicine.</li> <li>Measuring against the CCG Peers, South Sefton CCG lies 8th in the rankings (1st being best performing).</li> <li>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.</li> <li>Reintroduction of ERS clinics in August, led to an increase in GP referrals of 153%, without a corresponding increase in volume of activity.</li> <li>Trusts overall waiting lists have increased by 1007 from previous month to 42,292, contributed by continued validation of waiting list and increased GP referrals.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<b>CCG Actions:</b>								
<ul style="list-style-type: none"> <li>As with diagnostics, 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.</li> <li>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.</li> <li>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.</li> <li>Agreement between SS &amp; LCCGs that QIPP programmes would be aligned to phase 3 recovery plans and progressed through CCF to agree prioritisation of schemes.</li> </ul>								
<b>LUHFT Actions:</b>								
Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:								
<ul style="list-style-type: none"> <li>Increased utilisation of Spire Liverpool</li> <li>Increased Daycase capacity in Broadgreen and ECC (Elective Care Centre) with an increase in session from 20 to 40 per week during August at Broadgreen and reopening of ECC providing 30 sessions per week.</li> <li>Waiting list initiatives in place to increase capacity.</li> <li>A change in Infection Prevention Control (IPC) guidance supporting reduction in self-isolation, resulting in improved utilisation of cancellations.</li> </ul>								
<b>When is performance expected to recover:</b>								
No specific date for recovery provided.								
<b>Quality:</b>								
No quality concerns have been raised.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
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	
<b>Referral to Treatment Incomplete pathway (52+ weeks)</b>		<b>Previous 3 months and latest</b>				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.	
<b>RED</b>	<b>TREND</b>		May-20	Jun-20	Jul-20			Aug-20
		CCG	46	106	171			198
		LUHFT	85	248	513			691
		Previous year	May-19	Jun-19	Jul-19			Aug-19
		CCG	0	1	1			0
		Aintree	0	0	0			0
Plan: Zero								
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>Of the 198 breaches, the majority were at Liverpool University Hospital Foundation Trust (172), the remaining 26 breaches spanned across 12 other trusts.</li> <li>All breaches were cancelled either by the patient or hospital due to COVID-19 guidance issued.</li> <li>Measuring against the CCG Peers, South Sefton CCG lies 5th in the rankings (1st being best performing).</li> <li>LUHFT 52 week breaches increased to 691 in August compared to 513 in July, the largest number of patient waiting in excess of 52 weeks were in T&amp;O, General Surgery, Ophthalmology and Oral Surgery.</li> <li>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.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<b>CCG Actions:</b>								
<ul style="list-style-type: none"> <li>Monitoring of the 36+ week waiter continues.</li> <li>Discuss support offer from NSHE/I and Leaf Mobbs re: system waiting lists and advice and guidance.</li> <li>Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going.</li> <li>Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Contract Quality Review Meeting (CQRM) as appropriate.</li> </ul>								
<b>LUHFT Actions:</b>								
Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:								
<ul style="list-style-type: none"> <li>Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery.</li> <li>Breaches/appointment cancellations were directly related to COVID-19 issues and the patients have since been prioritised and offered new appointments.</li> <li>The Trust opened up to NHS e-RS on the 14th May 2020.</li> <li>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.</li> <li>Where clinically appropriate, virtual clinics have occurred across all specialities.</li> <li>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.</li> </ul>								
<b>When is performance expected to recover:</b>								
No set date for recovery. Expectation that the number of 52 week breaches will increase as a result of delayed treatments of patients <18 weeks pre-COVID-19 elective activity pause.								
<b>Quality:</b>								
No quality concerns have been raised.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
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	12,389	13,682								13,682
Difference	442	-548	-569	1,155	2,034								179

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	41,292	42,299								42,299
Difference	-4,067	-6,975	-9,233	-6,592	-7,074								-5,836

The waiting list plan is based upon actual performance during the last financial year and remains an interim plan. In August, the CCG is currently over that plan by over by 2034 and LUHFT accounts for 72.7% (1480) of these incomplete pathways in August.

Further analysis suggests that the shift at LUHFT appears to be Liverpool CCG having less incomplete pathways in August compared to August last year and South Sefton seeing an increase.

## 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)	1,373	172	At Trust level the number of 52-week breaches has increased to 691 in August compared to 513 in July. The largest number of patients waiting in excess of 52 weeks are in T&O, General Surgery, Ophthalmology and Oral Surgery. In July, after all cancer and urgent patients had been accommodated, there was residual theatre capacity which has been used for long waiting routine patients. This has continued and increased throughout August.
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	129	6	See comments below re long waiters week waiters.
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	31	3	At Trust level the number of 52 week waits has increase to 38 in August. It is expected that this profile will continue. The Trust is still experiencing numbers of patients deferring their treatments due to COVID-19 fears and these patients remain on the Waiting List and self-isolation requirements are also having an impact of patient treatment.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	24	3	2 patients cancellations of to come in (TCI) dates due to COVID-19, and 1 patient on hold again due to COVID-19.
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	17	2	Existing challenges with waiting times in this service exacerbated by impact of COVID 19. All patients was clinically reviewed and non-urgent, all since prioritised within the OPD Restart
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST : (ROA)	3	2	As part of the previous recovery programme the Trust did not routinely provide patient level information on 52 week waiters/long waiters. This will need to be discussed internally how we are able to engage with commissioners regarding their long waiters.
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (RGT)	0	2	Awaiting a TCI date due to inadequate elective capacity.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)	3	1	No Trust update received.
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST : (RWY)	0	1	The patient was sent a letter in early July advising that due to the global Coronavirus pandemic, the service was unable to plan any operations at the moment. As of 1st October 2020 there is still no Bariatric Surgery going ahead due to COVID-19.
SALFORD ROYAL NHS FOUNDATION TRUST : (RM3)	1	1	As per instruction from NHS England, patients categorised in accordance with the RCS guidance. As a result of COVID-19 existing theatre capacity has reduced and so only have scope to list category 2 and category 3 patients. This patient is deemed category 4 and so there is no capacity at present to commence the surgery and this will likely be the case for the foreseeable future.
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST : (RBL)	8	2	Breach due to the suspension of elective services.
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST : (RJE)	0	2	Breach was in Upper Gastrointestinal Surgery.
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST : (RRV)	0	1	At this point in time none of the Trusts in NCL sector are providing exception reporting
All Other Trusts	107	0	No Trust Comments.
	<b>1,696</b>	<b>198</b>	

### 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. In line with guidance, the Trust are validating their waiting list and ensuring patients are treated in order of clinical priority, not chronological order. There are weekly scheduling meetings to ensure efficient use of available capacity and to allocate residual capacity to specialities with the longest waiting times to reduce the number of 52 week breaches and prevent further breaches of this standard. All patients waiting 45 weeks or more are being monitored in detail.



### Womens comments:

In March 2020 elective access was reduced in response to COVID-19 until 1st June at which point services were re-opened but initially on a phased basis starting at reduced capacity initially. The closure of services created a backlog and reduction in performance. All patients on both the admitted and non-PTL's have been reviewed by their clinician and risk scored against an agreed clinical matrix. Any patient who is deemed urgent has been seen and reviewed, and if necessary been seen by their clinician. The Trust have commenced scheduling more in line with pre-COVID processes - chronologically. As at 3rd October the Trust has 25 patients waiting between 52 and 77 weeks. 11 patients have been dated, 6 patients were offered dates but declined. The 8 patients undated have been given outpatient appointments. All patients have incurred delays due to COVID-19 and MRI waits has also impacted delays.

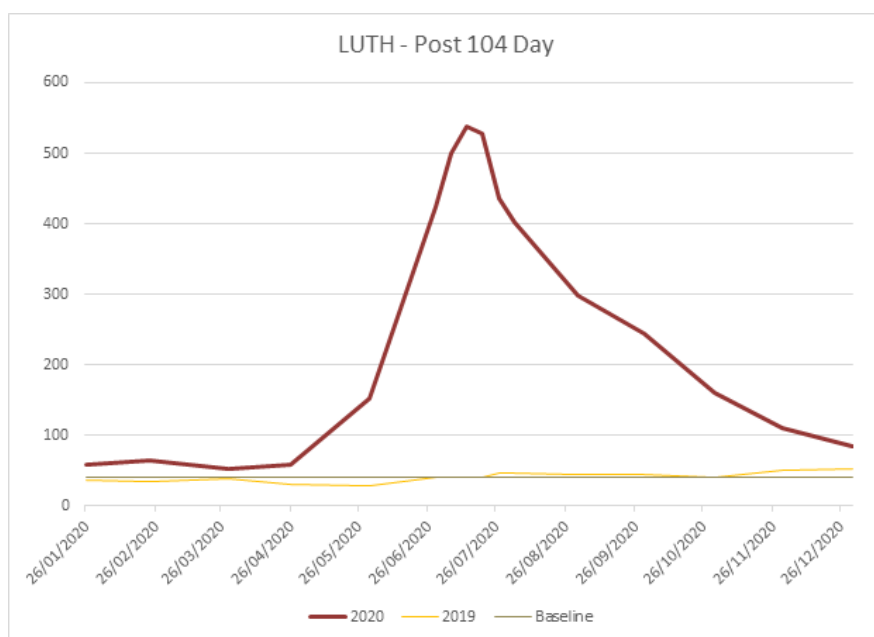
## 2.5 Cancer Indicators Performance

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		May-20	Jun-20	Jul-20	Aug-20		
	2 Week Wait (Target 93%)	CCG	99.72%	98.11%	96.45%	93.58%	96.30%	
		LUHFT	99.05%	98.40%	95.59%	93.22%	95.93%	
	2 Week breast (Target 93%)	CCG	100%	100%	96.55%	95.24%	97.27%	
		LUHFT	98.33%	98.32%	97.39%	96.30%	97.35%	
	31 day 1st treatment (Target 96%)	CCG	90.48%	98.36%	97.78%	98.25%	96.21%	
		LUHFT	91.49%	89.95%	96.61%	96.12%	94.02%	
	31 day subsequent - drug (Target 98%)	CCG	93.33%	93.75%	100%	96.30%	96.81%	
		LUHFT	88.89%	68.42%	100%	94.12%	90.53%	
	31 day subsequent - surgery (Target 94%)	CCG	100%	87.50%	80.00%	100%	89.06%	
		LUHFT	72.34%	79.71%	76.39%	79.63%	78.08%	
	31 day subsequent - radiotherapy (Target 94%)	CCG	100%	85.71%	100%	94.12%	96.52%	
		LUHFT	No pats	No pats	No pats	No pats	No pats	
	62 day standard (Target 85%)	CCG	73.91%	83.87%	85.71%	69.70%	78.10%	
		LUHFT	70.06%	75.51%	75.38%	74.32%	72.49%	
	62 Day Screening (Target 90%)	CCG	66.67%	No pats	50.00%	0.00%	44.44%	
		LUHFT	53.33%	0.00%	0.00%	6.67%	38.95%	
	62 Day Upgrade (Local Target 85%)	CCG	0.00%	75.00%	90.91%	100%	82.86%	
		LUHFT	65.96%	86.42%	87.65%	93.48%	86.74%	
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>The CCG is achieving 4 of the 9 cancer measures year to date.</li> <li>The Trust is achieving 3 of the 9 cancer measures year to date.</li> <li>Reasons for breached pathways recorded on the National Cancer Waits database can only be recorded as 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. Please note the reason categories have not yet been expanded to reflect COVID-19 related themes for delays.</li> </ul> <p><b>Key reasons and issues are:</b></p> <ul style="list-style-type: none"> <li>31 day standards - patient choice.</li> <li>62 day standards - inadequate outpatient capacity, healthcare provider initiated delay, complex diagnostic pathways and other reason.</li> <li>Monthly numbers treated by LUHFT on 62 day pathways are now at the highest since the pandemic started</li> <li>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.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<p>The Third Phase of NHS response to COVID-19 letter of 31st July from Sir Simon Stephens and Amanda Pritchard gave detailed instruction with respect to recovery and restoration of cancer services including:</p> <ul style="list-style-type: none"> <li>Restore the number of people coming forward and appropriately being referred with suspected cancer to at least pre-pandemic levels.</li> <li>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.</li> <li>Increasing endoscopy capacity to normal levels.</li> <li>Expanding the capacity of surgical hubs to meet demand and ensuring other treatment modalities are also delivered in COVID-19 secure environments.</li> <li>Fully restarting all cancer screening programmes.</li> <li>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.</li> </ul> <p>A Cancer Alliance level live daily PTL from all providers is being implemented. This will facilitate:</p> <ul style="list-style-type: none"> <li>Direct visibility of patient tracking list (PTL) data for live reporting.</li> <li>Live information on PTL by provider, by CCG and at speciality level down to PCN and GP practice level.</li> <li>Predicted performance information.</li> <li>Proactive rather than reactive management.</li> <li>Brings together like for like data for Alliances across the North West.</li> <li>Support to cancer management teams on activity volumes / growth.</li> <li>Tracking of key issues – such as 104 day breaches.</li> </ul>								
<b>When is performance expected to recover:</b>								
<p>The recent planning submission to support restoration of cancer services includes trajectories for months 6 to 12 for:</p> <ul style="list-style-type: none"> <li>Numbers of patients receiving 1st outpatient appointment by day 14 following referral from a general practitioner.</li> <li>Numbers of patients on an active Cancer PTL- numbers waiting 63 days or more after referral.</li> <li>Numbers of patients receiving a 1st definitive cancer treatment within a month of decision to treat.</li> </ul> <p>Providers have submitted their cancer improvement plans to NHSE/I with a focus on reducing long waits.</p>								
<b>Quality:</b>								
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.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>				
Cameron Ward		Dr Debbie Harvey		Sarah McGrath				

## 2.5.1 104+ Day Breaches

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Cancer waits over 104 days - LUHFT</b>		<b>Latest and previous 3 months</b>				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.
<b>RED</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20	
		12	14	8	4	
		Plan: Zero				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• Out of the 4 breaches in August, there were 3 for lower gastro and 1 urological.</li> <li>• There will be a review of harm and the details of all breaching pathways will be reviewed by the Performance &amp; Quality Investigation Review Panel (PQIRP).</li> <li>• The average total days waited in August 2020 for LUHFT was 135 days, compared to 157 in July 2019.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
• 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.						
<b>When is performance expected to recover:</b>						
LUHFT has produced a trajectory to show the decrease in 104 day waiters between August and December 2020 (see figure 4 below). Latest information suggests that the Provider is exceeding trajectory and looks set to reduce 104 day waits to pre pandemic levels by end of November 2020.						
<b>Quality:</b>						
The local agreement for management of long waiting cancer patients has been updated to include patients on cancer pathways which have not originated from a 2 week referral. A definition of harm due to protracted pathways would include: <ul style="list-style-type: none"> <li>• Cancer no longer operable</li> <li>• More radical surgery required</li> <li>• Reduced treatment options</li> <li>• Loss of functionality</li> <li>• Prolonged psychological harm</li> </ul>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Jan Leonard		Dr Debbie Harvey		Sarah McGrath		

**Figure 4 – LUHFT Trajectory 104 day waiters**

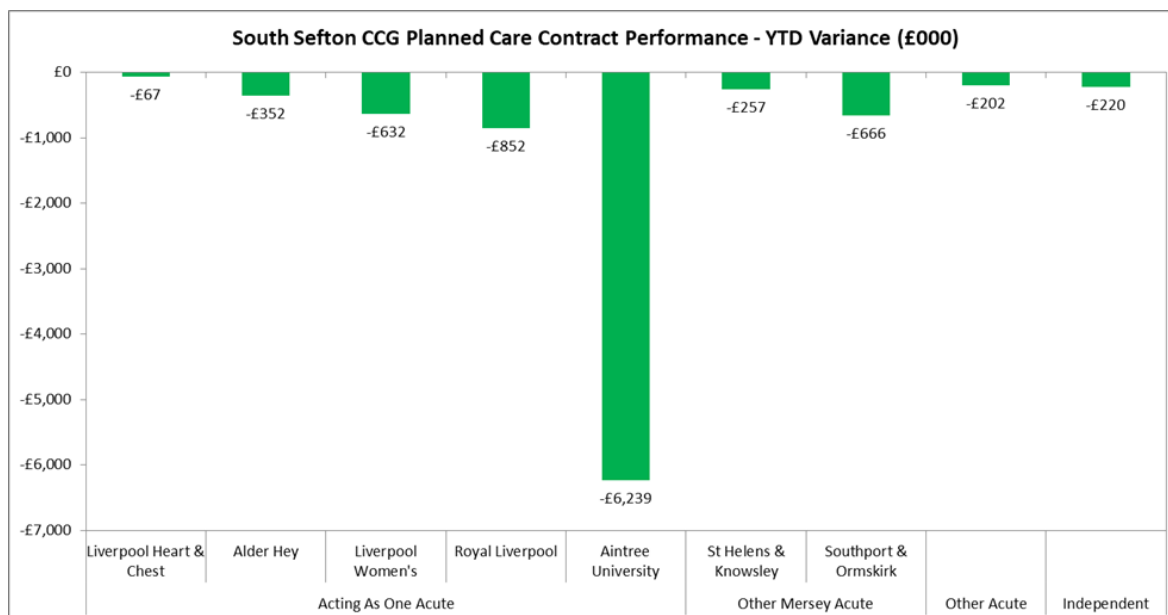


## 2.5.2 Faster Diagnosis Standard (FDS)

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Cancer - Faster Diagnosis Standard Measures</b>		<b>Previous 3 months, latest and YTD</b>						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		May-20	Jun-20	Jul-20	Aug-20	YTD	
	28-Day FDS 2 Week Wait Referral	CCG	89.96%	79.75%	71.86%	70.00%	74.60%	
		Target	Target due to start 2021 - 75%					
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	100%	97.22%	85.96%	83.33%	89.60%	
		Target	Target due to start 2021 - 75%					
	28-Day FDS Screening Referral	CCG	50.00%	10.00%	23.81%	47.06%	32.81%	
		Target	Target due to start 2021 - 75%					
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>Shadow reporting started April 2019.</li> <li>Target start date has been delayed due to COVID-19, new date to be confirmed.</li> <li>RAG is indicating what the measures would be achieving when the target comes in.</li> <li>28 Day FDS overall is reporting 70.42% for August, 74.57% year to date so just under the proposed target.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<ul style="list-style-type: none"> <li>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.</li> <li>Focus since the start of the pandemic has been on the backlog of patients still waiting for diagnosis and treatment.</li> <li>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.</li> </ul>								
<b>When is performance expected to recover:</b>								
Not applicable.								
<b>Quality:</b>								
Not applicable.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Cameron Ward		Dr Debbie Harvey			Sarah McGrath			

## 2.6 Planned Care Activity & Finance, All Providers

Figure 5 - Planned Care - All Providers



Month 5 of the financial year 2020/21 continues to show significant reductions in contracted performance levels across the all providers for South Sefton CCG. This is a direct consequence of

the COVID-19 pandemic and subsequent NHS first phase 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. Although some recovery of activity has been apparent following the first phase of the NHS response, activity levels remain well below historical averages. However, a further increase in elective capacity is anticipated as part of the phase three NHS response to the pandemic.

At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£6.2m/-53% against the previous year. Across all providers, South Sefton CCG has underperformed by -£9.4m/-47.2%.

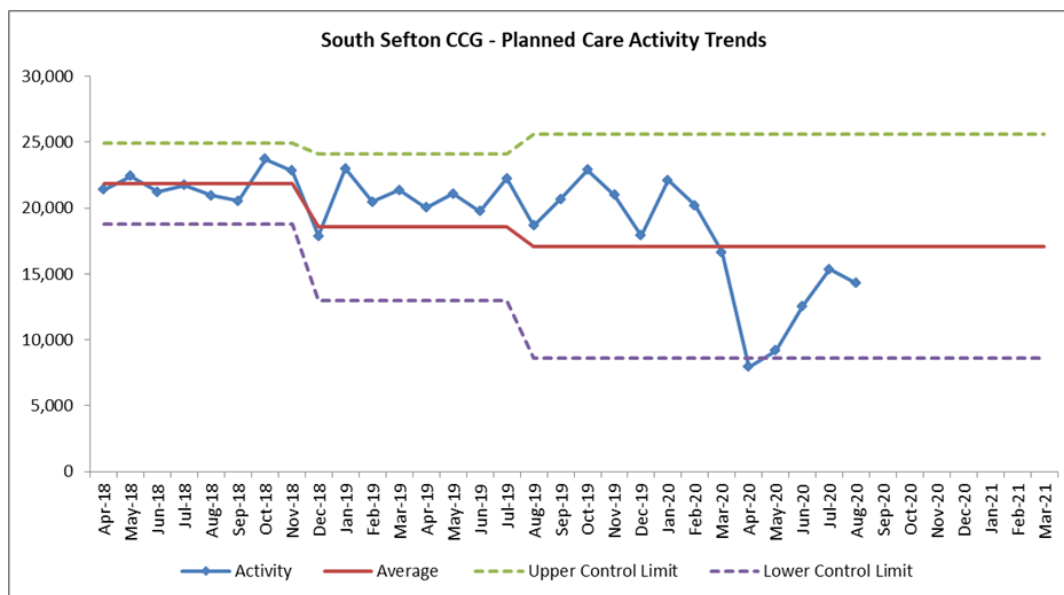
Previously in 2019/20, a notable over performance had been reported at Renacres Hospital and Southport & Ormskirk Hospital. The former had seen market share increasing in the last three years, particularly in relation to Trauma & Orthopaedics activity. However, since the outbreak of COVID-19, Renacres are within the nationally procured block contract for independent sector providers until December 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 1<sup>st</sup> 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 5 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 5 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.

**Figure 6 - Planned Care Activity Trends**



NB. The reduction in activity during August-20 is likely a result of reduced working days (20) during this month when compared to July-20 (23).

## 2.6.1 Aintree Hospital

**Figure 7 - Planned Care – Aintree Hospital**

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	5,300	1,928	-3,372	-64%	£3,300	£1,122	£-2,177	-66%
Elective	564	171	-393	-70%	£1,823	£373	£-1,450	-80%
Elective Excess BedDays	258	38	-220	-85%	£68	£10	£-58	-85%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	92	35	-57	-62%	£19	£7	£-12	-64%
OPFANFTF - Outpatient first attendance non face to face	494	2,213	1,719	348%	£16	£304	£288	1795%
OPFASPCL - Outpatient first attendance single professional consultant led	12,715	7,121	-5,594	-44%	£2,056	£1,119	£-937	-46%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	324	67	-257	-79%	£34	£7	£-27	-79%
OPFUPNFTF - Outpatient follow up non face to face	2,622	7,326	4,704	179%	£66	£455	£388	587%
OPFUPSCL - Outpatient follow up single professional consultant led	27,177	12,972	-14,205	-52%	£2,023	£1,003	£-1,020	-50%
Outpatient Procedure	9,393	2,482	-6,911	-74%	£1,308	£375	£-933	-71%
Unbundled Diagnostics	6,022	3,242	-2,780	-46%	£498	£272	£-227	-45%
Wet AMD	708	589	-119	-17%	£565	£491	£-74	-13%
<b>Grand Total</b>	<b>65,669</b>	<b>38,184</b>	<b>-27,485</b>	<b>-42%</b>	<b>£11,775</b>	<b>£5,537</b>	<b>£-6,239</b>	<b>-53%</b>

Underperformance at Aintree Hospital is evident against the majority of planned care points of delivery with a total variance of -£6.2m/-53% for South Sefton CCG at month 5. This is a continuation of the NHS first phase 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 -44% across all referral sources combined. Referrals had increased for three consecutive months up to July-20 before a decrease in August-20, which is likely a result of fewer working days during this month. However, year to date referrals remain below historical levels across a number of specialities.

The two points of delivery to report an over performance at month 5 are for outpatient non face to face (first and follow up) activity, which suggests a change in working patterns at NHS providers to support the wider population measures announced by Government (i.e. 'stay at home' guidance, social distancing and supporting shielded patients). The majority of the increased non face to face activity occurred within Gastroenterology followed by Urology, Renal Medicine, Respiratory Medicine 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-20 and July 2020. The 305 appointments within the Physiotherapy Service during July 2020 is the highest monthly total reported during 2019/20 and 2020/21 to date. The majority of services have seen a reduction in activity levels during August 2020 but this is likely a result of reduced working days during the month (20 compared to 23 in July 2020).

The small amounts of activity to take place within an inpatient (day case and elective) setting during the first two months of 2020/21 were largely for intravenous blood transfusions, minor bladder procedures and activity relating to inflammatory bowel disease (without Interventions). Since then, a number of diagnostic scopes have also taken place from June-20 to August-20, which suggests some recovery of activity within the Gastroenterology Service. The 133 day case admissions recorded in

August-20 relating to 'Diagnostic Endoscopic Upper Gastrointestinal Tract Procedures with Biopsy, 19 years and over' exceeds the monthly average reported for this procedure in 2019/20.



**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 5 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.

### 3. Unplanned Care

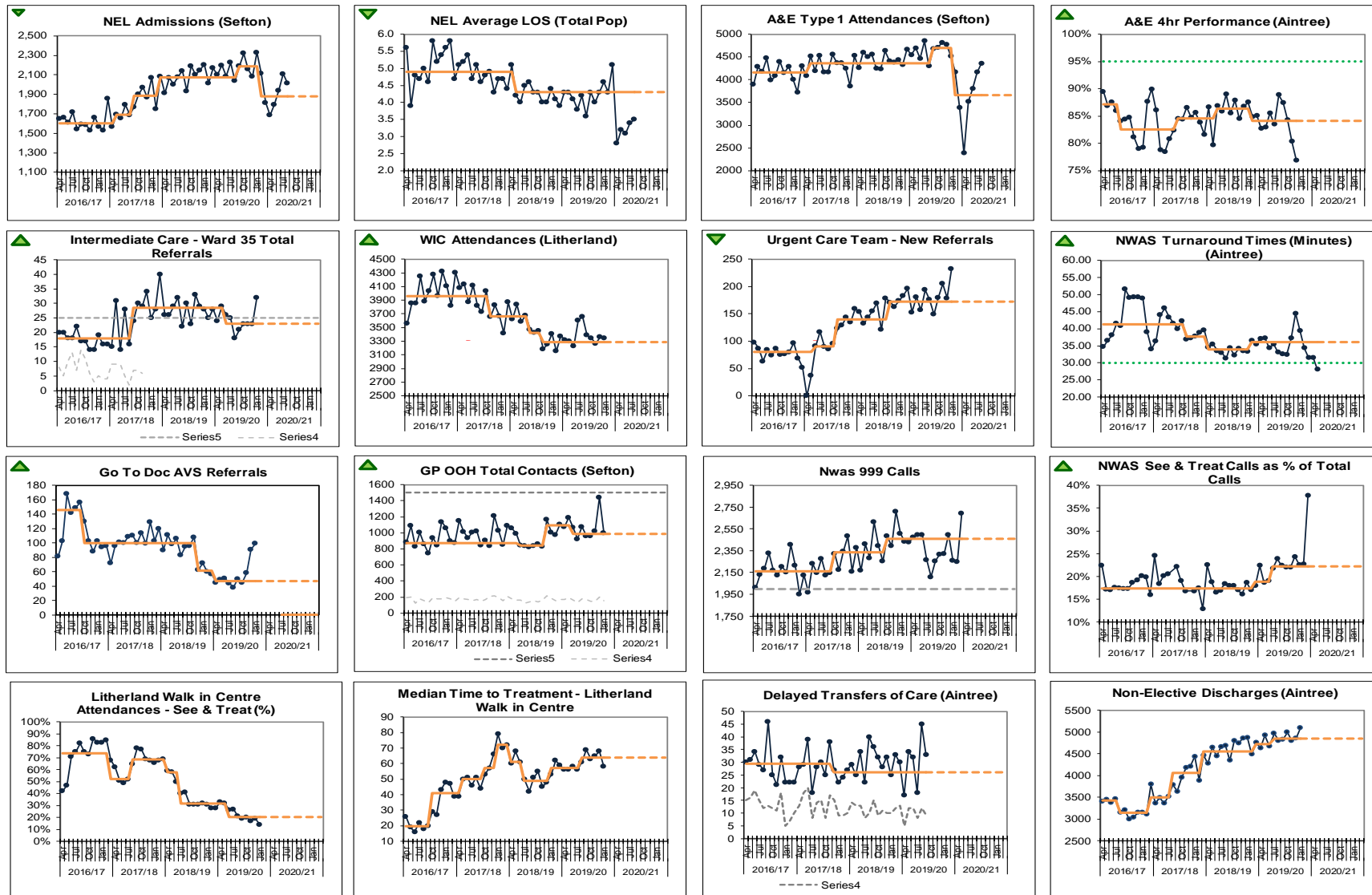
#### 3.1 Accident & Emergency Performance

##### 3.1.1 A&E 4 Hour Performance


















Indicator		Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>CCG and LUHFT A&amp;E Waits - % of patients who spend 4 hours or less in A&amp;E (cumulative) 95%</b>		Previous 3 months, latest and YTD						127c	
		RED	TREND	May-20	Jun-20	Jul-20	Aug-20		
		CCG All Types	96.37%	94.80%	93.33%	93.99%	94.28%	National Standard: 95% No improvement plans available for 2020/21	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients' conditions worsening significantly before treatment can be given, increasing patient safety risk.
		Previous Year	May-19	Jun-19	Jul-19	Aug-19	YTD		
		CCG All Types	78.34%	81.15%	80.07%	85.17%	80.56%		
		LUHFT All Types	95.92%	93.83%	92.56%	89.49%	92.55%		
		LUHFT Type 1	94.89%	92.05%	90.13%	85.37%	90.25%		
<b>Performance Overview/Issues:</b>									
<ul style="list-style-type: none"> <li>Performance is based on the overall LUHFT A&amp;E position at Aintree and the Royal. There is a slight difference between Type 1 performance and All Types which only incorporates a small proportion of Walk in Centre activity as the services are now mainly operating on a scheduled basis with low levels of walk ins.</li> <li>The 4 hour performance has remained steady over past three months for CCG All Types but with deterioration in LUHFT All Types and Type 1. Difficult to determine why CCG performance higher than overall LUHFT performance other than to attribute to clinical presentations and seen in line with prioritised need.</li> <li>Attendances have increased to pre-COVID levels in July and August and it has been positive to see A&amp;E performance reflecting good patient flow through hospital. This has deteriorated from September to date with increasing emergency admissions and more pressures on beds and flow from A&amp;E.</li> </ul>									
<b>Actions to Address / Assurances</b>									
Work continues in regard to following actions: <ul style="list-style-type: none"> <li><b>North Mersey Capacity &amp; Flow group</b> with health and social care system partner involvement in weekly review of activity, escalation triggers, action required.</li> <li><b>Patient flow - admission and discharge</b> - Ongoing implementation of COVID D2A pathway and daily RFD list circulated for operational system call.</li> <li><b>NHS111 First</b> - Shadow Implementation Group work progressing to support implementation by December 2020.</li> <li><b>Winter plan</b> finalised and submitted to NHSE/I with projects identified to avoid A&amp;E attendance and hospital conveyance.</li> <li><b>Urgent Treatment Centre</b> implementation requirements restarted by NHSE/I to support NHS111 First and to reduce A&amp;E attendances.</li> </ul> Above actions all critical now with increased emergency admissions and rising COVID patients within Trust.									
<b>When is performance expected to recover:</b>									
National target 95%, achieved in May. NHSE/I 19/20 target was 89% but no revised target provided by NHSE/I for 20/21 although present performance is higher.									
<b>Quality:</b>									
No specific issues have been raised through other review processes.									
<b>Indicator responsibility:</b>									
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 Performance Indicators



Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
<b>Category 1,2,3 &amp; 4 performance</b>		<b>Previous 2 months and latest</b>					<b>Category 1</b> -Time critical and life threatening events requiring immediate intervention <b>Category 2</b> -Potentially serious conditions that may require rapid assessment, urgent on scene clinical intervention/treatment and / or urgent transport <b>Category 3</b> - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering <b>Category 4 / 4H / 4HCP</b> - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
<b>RED</b>	<b>TREND</b>	Cat	Target	Jun-20	Jul-20	Aug-20		
		Cat 1 mean	<=7 mins	00:06:33	00:06:39	00:07:18		
		Cat 1 90th Percentile	<=15 mins	00:09:25	00:09:53	00:11:32		
		Cat 2 mean	<=18 mins	00:21:25	00:22:20	00:35:00		
		Cat 2 90th Percentile	<=40 mins	00:41:38	00:45:13	01:19:43		
		Cat 3 90th Percentile	<=120 mins	02:12:20	02:25:12	03:49:29		
Cat 4 90th Percentile	<=180 mins	02:21:50	02:52:42	04:43:43				
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>The original target was to meet all of the ARP standards by end of Q1. This has not been met due to COVID impact which began to hit service delivery in Q4 and then all the way through Q1 and continuing into Q2.</li> <li>Activity reporting has now restarted with CCG level data available. Whilst targets not met in full it shows improvement in all category response times with category 1 and 4 achieved and category 2 and 3 showing significant improvement in June and July. August saw C1 position maintained with C1 mean only slightly outside 7 minute target. C2 and more so C3 and C4 have considerably worsened. This does not triangulate at this stage with poor A&amp;E or handover performance which are at good levels in August.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<ul style="list-style-type: none"> <li><b>NWAS recovery plan:</b> Under development supported by commissioners to address potential second surge / winter planning seeking to retain, expand and /or consolidate many of the beneficial actions and changes implemented to date.</li> <li><b>Integrated UEC:</b> Restarting the previous joint work to develop the integrated 999 and 111 service offer and eventual direct contract award, accompanied by the expansion of CAS capacity and clinical capability.</li> <li><b>Patient Transport Service (PTS) redesign:</b> Review of the future shape, role and configuration of the PTS service, taking into consideration the post COVID redesign of outpatient / hospital and out of hospital services, the role of PTS in supporting Patient Emergency Services (PES) responses and the national PTS review. The review will also seek to encourage Trusts to include within scope the considerable amount of directly commissioned PTS vehicles and / or taxis used by many Trusts to supplement the NWAS service offer. The latter provides an opportunity for greater efficiency and possible system financial savings.</li> <li><b>NHS 111 First:</b> Shadow implementation group in place to support roll out to the LUHFT system by winter 2020/21+B27</li> </ul>								
<b>When is performance expected to recover:</b>								
The CCGs have jointly commissioned Operational Research in Health (ORH) to carry out a re-modelling exercise to review the previous activity and performance assumptions and staffing implications (including the rota review impact), using a full twelve months of ARP data to inform the future capacity that NWAS needs to meet demand and the targets, including the ratio of double crewed ambulance (DCA) v rapid response vehicle (RRV) and staffing. This review will take circa 15 weeks and is scheduled to report at the end of September, beginning of October. The review re-modelling will give both parties an independent assessment of the likely future ARP performance and the resourcing and service changes needed to sustain performance going forwards.								
<b>Quality:</b>								
CCG incidents are reviewed with peers at NWAS/NHS111 commissioners meeting to identify issues and lessons learned. These do occasionally refer to priority categorisations and waiting times for ambulance arrival, although this is rarely the only issue identified.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Cameron Ward		John Wray			Janet Spallen			

### 3.4 Ambulance Handovers



Indicator		Performance Summary					Indicator a) and b)	Potential organisational or patient risk factors
<b>Ambulance Handovers</b>		<b>Latest and previous 2 months</b>					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.
<b>RED</b>	<b>TREND</b>	LUFHT	Target	Jun-20	Jul-20	Aug-20		
		(a)	<=15-30mins	40	108	69		
		(b)	<=15-60mins	5	21	2		
		Aintree	Target	Jun-19	Jul-20	Aug-20		
		(a)	<=15-30mins	150	180	98		
		(b)	<=15-60mins	43	85	38		
Plan: Zero								
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>The Trust reported an improvement in handover between ambulance and A&amp;E within 15 minutes and none waiting more than 30 minutes, recording 69 compared to 108 last month.</li> <li>There was also an improvement in handovers within 30 minutes and none waiting more than 60 minutes, recording 2 compared to 21 last month. This has been within the context of high levels of conveyancing to the Aintree site particularly but still with performance improved to position last year.</li> <li>A deteriorating picture will be seen in September to date performance as Trust is increasing challenged high levels of ambulance conveyances and more pressures on A&amp;E attendances and flow within Trust. Average handover time remains within 30 minutes but with variations on daily basis of those waiting over 30 and 60 minutes.</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<ul style="list-style-type: none"> <li>Work continues in collaboration with NWS 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.</li> <li>Implementation of direct conveyancing to assessment area to reduce risk of A&amp;E overcrowding and improve time to assessment for medically accepted patients has been delayed due to the reconfiguration of the estate in response to COVID-19. Deadline is now end of August 2020.</li> <li>A contract notice has been 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.</li> </ul>								
<b>When is performance expected to recover:</b>								
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 August although ambulance conveyances have returned to pre-COVID levels with a need to monitor impact on ongoing performance.								
<b>Quality:</b>								
No quality issues reported.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Cameron Ward		John Wray			Janet Spallen			

## 3.5 Unplanned Care Quality Indicators



### 3.5.1 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.
RED	TREND	May-20	Jun-20	Jul-20	Aug-20		
		85.00%	43.90%	72.70%	No data available		
		May-19	Jun-19	Jul-19	Aug-19		
		76.10%	80.90%	86.70%	80.40%		
		Stroke Plan: 80% TIA 60% (previously achieving, data currently unavailable) *2019 data is for Aintree					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>No data available from the Trust in August.</li> <li>July saw an improvement in performance for Stroke. The Stroke data is for the Royal site only.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<b>Following are ongoing Trust Actions: -</b>							
<b>Work with Lead Nurse for workforce on a recruitment strategy for Registered Nursing Vacancies</b>							
<ul style="list-style-type: none"> <li>Finalise recruitment briefing for Clinical Business Unit (CBU) and Stroke</li> </ul>							
<b>Improve therapy Scores Sentinel Stroke National Audit Programme (SSNAP)</b>							
<ul style="list-style-type: none"> <li>Evaluate pilot of working hours to create evening capacity</li> <li>Evaluate pilot of weekend working</li> </ul>							
<b>Work with ED and Radiology to improve time to CT scan to improve SSNAP score</b>							
<ul style="list-style-type: none"> <li>Monthly review of all patients who didn't meet the standard</li> <li>Attend ED Governance meeting to discuss Stroke</li> </ul>							
<b>Review of all patients transferred to Male Assessment Bays/Female Assessment Bays (MAB/FAB)</b>							
<ul style="list-style-type: none"> <li>Attend Acute Medical Unit (AMU) meeting to discuss timely transfers</li> <li>DATIX all patients</li> </ul>							
<b>Review of all delayed discharges relating to Sefton Early Supported Discharge (ESD) and insertion of Percutaneous endoscopic gastrostomy (PEG)</b>							
<ul style="list-style-type: none"> <li>Attend AMU meeting to discuss timely transfers</li> <li>DATIX all patients</li> </ul>							
<b>Mersey Stroke Board:</b>							
During COVID The Walton Centre has been used for some Stroke work. This is now being considered as part of the longer term solution to the delivery of stroke services on the patch. The COO at LUHFT is leading this work and feeds back to the board. There may be an opportunity to further work on Early Supported Discharge (ESD) provision with a new lead from the stroke network.							
<b>When is performance expected to recover:</b>							
Performance against the stroke metrics are monitored on a monthly basis with all breaches examined to inform improvement. The 80% target had been met since February 2020. However, COVID-19 has had a significant impact of performance since May 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.							
<b>Quality:</b>							
No quality aspect reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Cameron Ward		John Wray		Billie Dodd			



### 3.5.2 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary				Potential organisational or patient risk factors		
<b>Incidence of Healthcare Acquired Infections: MRSA</b>		<b>Latest and previous 3 months (cumulative position)</b>				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.	
<b>GREEN</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20			
		CCG	0	0	0			0
		LUHFT	2	2	2			3
		Previous year	May-19	Jun-19	Jul-19			Aug-19
		CCG	0	0	1			1
		Aintree	1	1	2			2
Plan: Zero								
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>• RAG rating and trend is on CCG cases.</li> <li>• No new cases of MRSA reported in August for the CCG but 1 reported for the Trust.</li> <li>• Measuring against the CCG Peers, South Sefton CCG lies joint 1st in the rankings (best performing).</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<ul style="list-style-type: none"> <li>• Post infection reviews recommenced and any cases reviewed with the CCG and the organisations involved with further details requested as required.</li> <li>• No specific cause or lapse in care identified, all patients are isolated even before confirmation is obtained due to the ongoing pandemic.</li> </ul>								
<b>Improvements noted regarding:</b>								
<ul style="list-style-type: none"> <li>• MRSA admission screening.</li> </ul>								
<b>When is performance expected to recover:</b>								
This is a zero tolerance indicator so recovery is not possible.								
<b>Quality:</b>								
Any further incidents will be reported by exception.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>				
Brendan Prescott		Gina Halstead		Jennifer Piet				

### 3.5.3 Healthcare associated infections (HCAI): C Difficile

Indicator		Performance Summary					Potential organisational or patient risk factors	
<b>Incidence of Healthcare Acquired Infections: C Difficile</b>		<b>Previous 3 months and latest (cumulative position)</b>					<p><b>2020/21 Plans</b> Awaiting National Objectives to measure actuals against. Measuring against last year's objectives: CCG: &lt; /= 60 YTD</p>	<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.</p>
<b>GREEN</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20			
 	CCG	6	7	9	11			
	LUHFT	21	33	50	62			
	Previous year	May-19	Jun-19	Jul-19	Aug-19			
	CCG	7	11	17	22			
	Aintree	16	25	39	46			
CCG - Actual 11 YTD - Target 24 YTD LUHFT - Actual 62 YTD - Target 106 YTD								
<b>Performance Overview/Issues:</b>								
<ul style="list-style-type: none"> <li>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.</li> <li>Measuring against the CCG Peers, South Sefton CCG lies 1st in the rankings (best performing).</li> </ul>								
<b>Actions to Address/Assurances:</b>								
<b>Trust Actions:</b>								
<ul style="list-style-type: none"> <li>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.</li> <li>Trust cleaning and Infection Prevention Control (IPC) measure heightened at present due to COVID-19</li> <li>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.</li> </ul>								
<b>When is performance expected to recover:</b>								
Recovery will be monitored as part of the LUHFT overall plan with specific emphasis on each of the sites.								
<b>Quality:</b>								
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.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Brendan Prescott		Gina Halstead			Jennifer Piet			

### 3.5.4 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)				<p><b>2020/21 Interim Plan:</b>                      &lt;=128 YTD                      There are no Trust plans at present numbers for information</p> <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.</p>	
RED	TREND	May-20	Jun-20	Jul-20	Aug-20		
		CCG	23	35	39		56
		LUHFT	80	132	176		234
		Previous year	May-19	Jun-19	Jul-19		Aug-19
		CCG	33	47	63		75
		Aintree	63	93	128		160
CCG - Actual 56 YTD - Target 53 YTD							

**Performance Overview/Issues:**

- 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.
- Measuring against the CCG Peers, South Sefton CCG lies 3rd in the rankings (1st being best performing).

**Actions to Address/Assurances:**

- The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings have reconvened in July, as they were suspended due to the COVID-19 pandemic.
- Further work with any Structured Judgement Reviews (SJRs) undertaken as par of learning from Death Processes for cases where Sepsis was cited as the cause of contributory factory of death. Provider Trust has been requested to submit the information to enable the thematic review to see if any lessons can be learned on a Cheshire and Merseyside basis.

**When is performance expected to recover:**

This is a cumulative total and an improvement from the same time last year, although as the Trust is now working with COVID-19 audits and training will be refocused upon to improve compliance.

**Quality:**

The first local North Mersey meeting was held in September and agreement to refresh the plan and key objectives in line with the Cheshire and Merseyside plan.

**Indicator responsibility:**

Leadership Team Lead	Clinical Lead	Managerial Lead
Brendan Prescott	Gina Halstead	Jennifer Piet



### 3.5.5 Hospital Mortality (LUHFT)

Figure 8 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	20/21 - July	100	81.22	↓
				↑

HSMR data was not available from the Trust for August.

For July HSMR is lower than reported the previous month at 81.22 (previous month 82.22). 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.

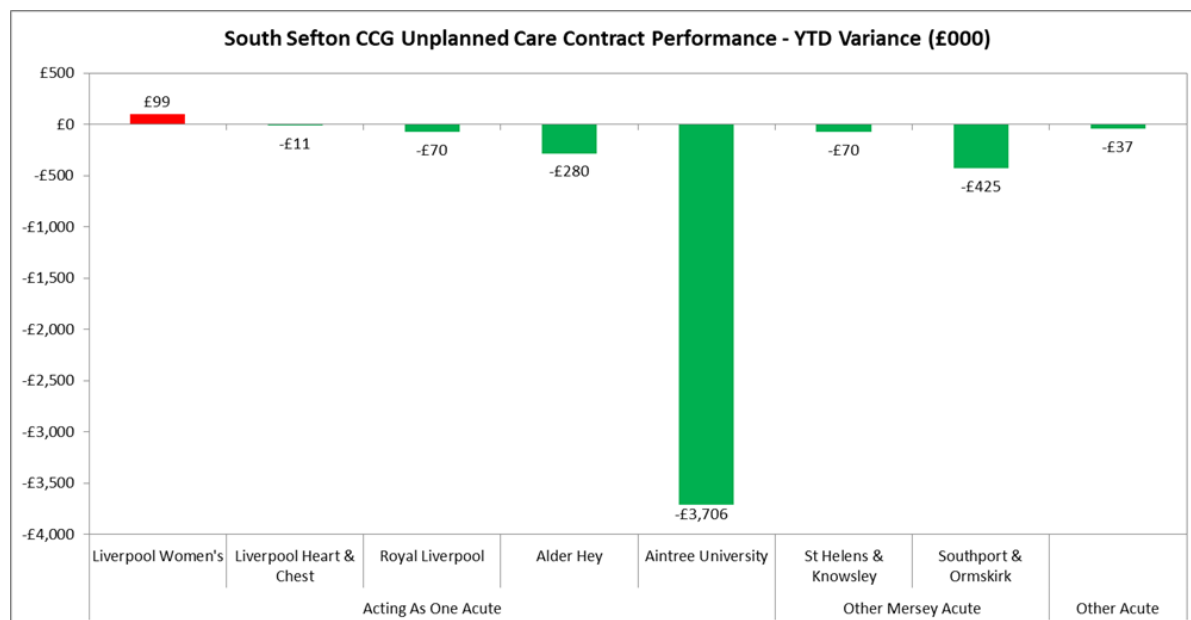
SHMI is at 1.02 in the “lower than expected” range for reporting period March 2019 to February 2020. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the 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.

### 3.6 Unplanned Care Activity & Finance, All Providers

#### 3.6.1 All Providers

Figure 9 - Unplanned Care – All Providers



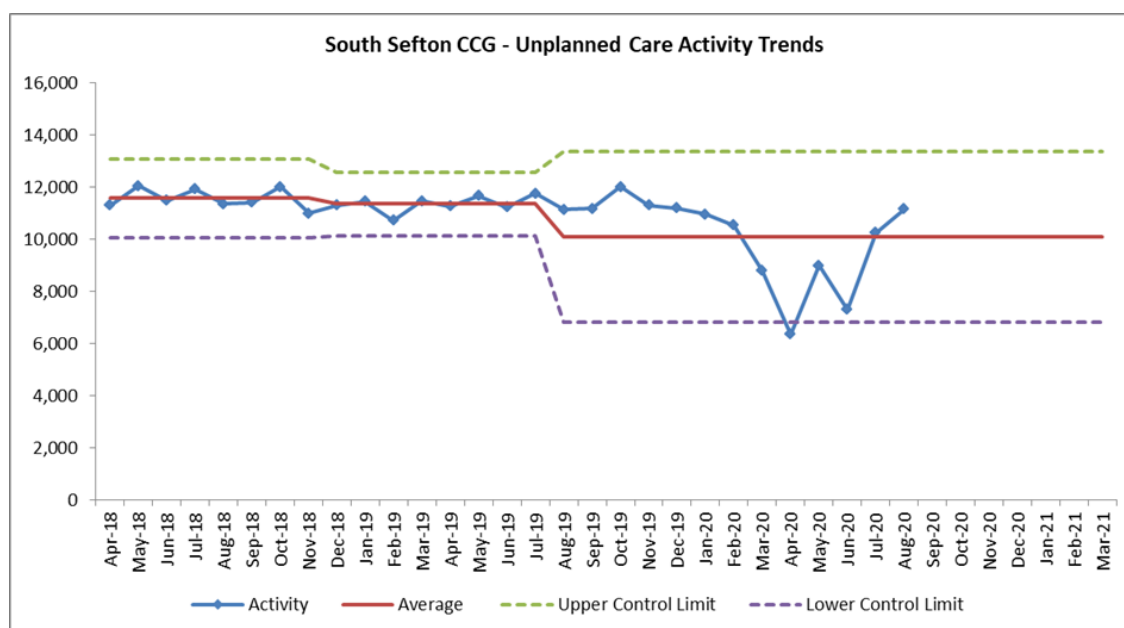
Month 5 of the financial year 2020/21 has shown reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to 'stay at home'. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain below historical averages. However, further increases in activity levels are anticipated as part of the phase three NHS response to the pandemic.

At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£3.7m/-19% against the previous year. Across all providers, South Sefton CCG has underperformed by -£4.5m/-17.9%.

**NB.** Due to the COVID-19 pandemic, a number of month 5 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 5 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.

**Figure 10 - Unplanned Care Activity Trends**



### 3.6.2 Aintree Hospital

**Figure 11 - 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	17,107	12,502	-4,605	-27%	£421	£427	£6	1%
A&E - Accident & Emergency	15,506	13,302	-2,204	-14%	£2,520	£2,239	£-280	-11%
NEL - Non Elective	7,317	6,803	-514	-7%	£14,487	£11,606	£-2,882	-20%
NELNE - Non Elective Non-Emergency	20	29	9	45%	£109	£71	£-37	-34%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	24	28	4	-	£6	£7	£1	-
NELST - Non Elective Short Stay	1,480	1,392	-88	-6%	£1,026	£957	£-69	-7%
NELXBD - Non Elective Excess Bed Day	3,806	2,091	-1,715	-45%	£986	£542	£-444	-45%
<b>Grand Total</b>	<b>45,260</b>	<b>36,147</b>	<b>-9,113</b>	<b>-20%</b>	<b>£19,556</b>	<b>£15,849</b>	<b>£-3,706</b>	<b>-19%</b>

Underperformance at Aintree Hospital is evident against the majority of unplanned care points of delivery with a total variance of -£3.7m/-19% for South Sefton CCG at month 5. The largest activity reductions have occurred within Litherland walk-in centre and A&E type 1 (largely minors) with variances of -27% and -14% 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 23<sup>rd</sup> March 2020. However, attendances are increasing and each of these points of delivery recorded the highest monthly attendances of 2020/21 to date in August-20. The 3,869 attendances at Litherland walk-in centre represent the highest total since March-18.

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 and bed occupancy levels. However, further analysis has established that current levels of unplanned care activity has returned to more expected levels with an increase in A&E majors/minors patients, a deterioration in 4 hour performance, an increase in



stranded (7 day) patients and an increase in bed occupancy levels. South Sefton CCG plans for phase three of the NHS response to the pandemic anticipate further increases in activity in the coming months.

**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 5 year to date actuals.



## 4. Mental Health

### 4.1.1 Eating Disorder Service Waiting Times



Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Eating Disorder Service (EDS): Treatment commencing within 18 weeks of referrals</b>		Previous 3 months and latest				KPI 125  Patients safety risk. Reputation.
<b>RED</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20	
		48.70%	33.75%	25.88%	31.61%	
		May-19	Jun-19	Jul-19	Aug-19	
		19.48%	41.46%	52.00%	64.52%	
		Plan: 95%				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• Long standing challenges remain in place.</li> <li>• Out of a potential 193 Service Users, 61 started treatment within the 18 week target (31.61%), which shows an improvement from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity.</li> <li>• Comparing to last year there has been a decline of 32.9%.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<b>Trust Actions:</b>						
<ul style="list-style-type: none"> <li>• Group therapy using ZOOM has recently commenced.</li> <li>• Low weight service users are been offered Therapy kitchen provision digitally via Attend Anywhere.</li> <li>• A service development proposal was discussed in August with CCGs and clinical leads. Commissioners felt that it was important that patients with an eating disorder are able to receive a service which is fully compliant with best practice. Commissioners are expecting a revised proposal in October.</li> <li>• 1.8 WTE Psychology vacancies - one post is being filled on the 28th September with the second vacancy to be filled in early October 2020.</li> <li>• The Trust is to provide an assurance report at September Contract Quality Performance Group (CQPG).</li> </ul>						
<b>When is performance expected to recover:</b>						
Quarter 2 onwards.						
<b>Quality:</b>						
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.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
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	May-20	Jun-20	Jul-20	Aug-20		
		0.46%	0.67%	0.77%	0.81%		
		May-19	Jun-19	Jul-19	Aug-19		
		1.23%	1.06%	1.11%	0.99%		
		National Monthly Access Plan: 1.59%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>• 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.</li> <li>• Numbers accessing the service have increased slightly but are still below the threshold. The service is making efforts to recruit to vacancies. The move to a new provider following procurement exercise may also impact on performance from Q3 onwards.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>• Nationally it is recognised that IAPT services will be in the forefront in dealing with mental health related issues arising out of COVID-19.</li> <li>• Commissioners are working with the new incoming provider to ensure that there is a smooth transfer of services in run up to 1st January 2021 and mitigate against any further adverse performance.</li> </ul>							
<b>When is performance expected to recover:</b>							
The above actions will continue with an ambition to improve performance.							
<b>Quality:</b>							
No quality issues reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
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
<b>IAPT Recovery - % of people moved to recovery</b>		<b>Latest and previous 3 months</b>				123a	Risk that CCG is unable to achieve nationally mandated target.
<b>RED</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20		
		33.8%	44.3%	44.5%	48.4%		
		May-19	Jun-19	Jul-19	Aug-19		
		46.7%	36.7%	48.5%	44.2%		
		Recovery Plan: 50%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>The recovery rate increased in August but still failed to achieve the target.</li> <li>It has been recognised that for South Sefton CCG people enter the service with higher severity which has an impact on recovery times.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>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.</li> <li>The provider has confirmed that it's Stella Nova premises have been made COVID secure and they have resumed face to face activity.</li> <li>Commissioners will work with new incoming provider to ensure that there is a smooth transfer of services in run up to 1st January 2021 and mitigate against any further adverse performance.</li> </ul>							
<b>When is performance expected to recover:</b>							
The above actions will continue with an ambition to improve performance.							
<b>Quality:</b>							
The provider had reported an unexpected death as part of the SI process. Following the 72 hour review it was identified the case involved a number of agencies so the provider is holding an Immediate Safety Assurance Forum (ISAF) to determine the lead agency for the RCA. This meeting will take place on the 23rd October. A further update will be provided next month.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough			Gordon Jones		

### 4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Dementia Diagnosis</b>		<b>Latest and previous 3 months</b>				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.
<b>RED</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20		
		59.4%	59.4%	59.5%	58.3%		
		May-19	Jun-19	Jul-19	Aug-19		
		64.4%	64.5%	63.9%	63.9%		
		Plan: 66.7%					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>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.</li> <li>Compared to last year the measure has declined by 5.6%.</li> <li>Measuring against the CCG 10 Peer CCGs, South Sefton CCG lies 10th in the rankings (1st being best performing).</li> </ul>							
<b>Actions to Address/Assurances:</b>							
Commissioners have been notified by NHS MCFT that contracting arrangements have been suspended under guidance from NHSE/I.							
Referrals of patients showing signs of dementia or cognitive impairment are likely to be reduced due to limited face to face contact within GP surgeries. GPs are also less likely to refer on to a temporarily suspended memory service.							
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. Mersey Care Trust have been offering telephone support to patients but this does not include dementia assessments.							
Recovery plan received from NHS MCFT:							
<ul style="list-style-type: none"> <li>Understand the current demand/waits/performance across identified services.</li> <li>Review current waiting lists (potentially re-categorise based on need).</li> <li>Identify services that will potentially be impacted by increased demand.</li> <li>Consider options for redesigning models of care, and to include trauma informed care, (lessons learnt from new approaches adopted during the response period).</li> </ul>							
<b>When is performance expected to recover:</b>							
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.							
<b>Quality:</b>							
No quality issues reported.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Jan Leonard		Susan Gough			Kevin Thorne		

## **5. Community Health**

### **5.1 Adult Community (Mersey Care FT)**

The Contract & Clinical Quality Review Meetings (CCQRM) have been reinstated from June 2020 with a recommencement of 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. A joint CQPG for Sefton and Liverpool CCGs is now in place and commissioners are also in the process of forming a joint Sefton and Liverpool Information Sub-Group.

Sefton CCGs have also requested that the Trust provides an expanded activity plan to mirror Liverpool CCG reports, which will include an expanded reporting of currencies (face to face, non-face to face) different modalities of service provision, introduction of virtual platforms etc. As part of month 5 assurance, the Trust has advised that AHP waiting times are showing improved positions with all services within the 18 week standard.



#### **5.1.1 Quality**

The community division has now merged between Liverpool and the Sefton CCGs to ensure just one CCQRM with further plans to include Mental Health later on within the financial year.



For the Collaborative Commissioning Forum (CCF) both Mental Health and Community has now become one meeting, this will reduce duplication and enable both CCGs to monitor performance.



## 5.1.2 Mersey Care Adult Community Services: SALT

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
<b>Mersey Care Adult Community Services: SALT</b>		<b>Previous 3 months and latest</b>				<=18 weeks: <b>Green</b> > 18 weeks: <b>Red</b>	
<b>GREEN</b>	<b>TREND</b>	Incomplete Pathways (92nd Percentile)					
		May-20	Jun-20	Jul-20	Aug-20		
		24 wks	30 wks	30 wks	9 wks		
		Target: 18 weeks					
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>August's incomplete pathways reported well within the 18 week standard with just 9 weeks, seeing a significant improvement on July's performance.</li> <li>There has been a slight decrease in the number of referrals between July and August.</li> <li>Workforce issues remain a challenge but with cover in place for vacant posts.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>Increase use of telephone and Attend Anywhere - briefing and standard operating procedure provided for CCG review and for assurance of quality of interventions where not directly seen face to face (F2F).</li> <li>Recommencement of treatment of patients categorised as routine.</li> <li>Weekly review and validation of the waiting list.</li> <li>Additional SALT capacity being utilised through overtime / additional hours within the division.</li> <li>Recruitment ongoing to fill vacant posts.</li> </ul>							
<b>When is performance expected to recover:</b>							
Trajectory for improvement would have been required but improvement achieved. This was a significant recover from 30 to 9 weeks. The Trust have explained that the lower level of referrals in July and August in addition to the actions above had allowed the service to get back on track. Performance will be closely monitored to ensure this continues. Waiting times had not been an issue in 2019 with deterioration due to continued challenges in staffing levels in 2020. The team feel that new ways of working will support more effective utilisation of their time and allow patients to be seen on a more timely basis whether virtual or face to face.							
<b>Quality impact assessment:</b>							
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. Briefing on Telehealth in SALT and Standard Operating Procedure for management of dysphagia provided as assurance of support provided to most complex cases - shared with Clinical Advisory Group.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Cameron Ward		Gina Halstead / Craig Gillespie			Janet Spallen		

### 5.1.3 Mersey Care Adult Community Services: Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
<b>Mersey Care Adult Community Services: Physiotherapy</b>		<b>Previous 3 months and latest</b>				<=18 weeks: <b>Green</b> > 18 weeks: <b>Red</b>	
<b>RED</b>	<b>TREND</b>	Incomplete Pathways (92nd Percentile)					
		May-20	Jun-20	Jul-20	Aug-20		
		18 wks	21 wks	24 wks	23 wks		
		May-19	Jun-19	Jul-19	Aug-19		
19 wks	20 wks	18 wks	17 wks	Target: 18 weeks			
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>• August's incomplete pathways saw a slight improvement from 24 weeks in July to 23 weeks although remain above the 18 weeks target. We have been advised that position has improved in September to 13 weeks.</li> <li>• There has been a further increase in referrals between the July to August period.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>• The service continues to review all new referrals and validation of those on waiting list to ensure that those with high priority needs receive support.</li> <li>• There has been increased use of telephone triage with interventions provided through telephone consultation, advice, issuing of equipment and visits where required. This has helped to optimise staff time to support patient care.</li> <li>• Performance improvement plans re-introduced and all services are being reviewed in detail as part of phase 3 COVID recovery plans</li> <li>• We are advised additional staff utilised to bring waiting times down and within KPI of 18 weeks.</li> </ul>							
<b>When is performance expected to recover:</b>							
Trajectory for improvement would be required except we have received update that this has been achieved in September. Physiotherapy was identified as a priority for support from 19/20 growth monies in recognition of continued challenges over past year. Trust had been asked pre-COVID to complete a capacity and demand exercise against existing workforce to validate this. Issue to be reviewed by Trust and CCG as part of recovery plans.							
<b>Quality impact assessment:</b>							
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.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Cameron Ward		Gina Halstead / Craig Gillespie		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) resumed services in early July with providers reporting that they are initially focussing on cancelled appointments and waiting lists. Activity is starting to increase at Specsavers but is still significantly below the levels from last year. For Month 5, activity at South Sefton for Specsavers is £44,816 against £118,958 for the same period in 2019-20.

The current contracts with Merseyside AQP providers for Audiology are due to expire on 31<sup>st</sup> March 2021. Liverpool CCG has confirmed that it is not feasible to undertake the engagement process and review of service specification this at the present time. It is therefore anticipated that a contract extension will be recommended. The exact duration of the extension to the current arrangements will depend on the COVID-19 outbreak.

## 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 2 quarters, latest and 12 month rolling				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.
<b>GREEN</b>	<b>TREND</b>	Q3 19/20	Q4 19/20	Q1 20/21	Rolling 12 Mth Rate	
		4.8%	7.4%	14.6%	32.2%	
		Annual Access Plan: 35% (RAG and trend on Q1 data)				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>Quarter 1 data shows a significant improvement from previous quarters. The rolling 12 months access rate is currently at 32.2%, so under the 35% target.</li> <li>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.</li> <li>In Q4 2019/20, the online counselling service Kooth began to submit data to the MHSDS which is continuing to contribute to the improvement in performance.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>The start of the Kooth data flow has continued to have a significant positive impact on performance, which is anticipated to continue throughout the 2020/21 financial year.</li> <li>As well as an increase in Kooth capacity in response to COVID-19, further funding has been secured via the Violence Reduction Partnership which will further increase capacity in Quarters 3 and 4.</li> <li>The initial projected access rate for 2020/21 indicates a year end position of approximately 44% which represents a marked improvement on previous years.</li> <li>It is anticipated that Parenting 2000, another of our third sector CAMHS partners, and the newly established Mental Health Support Teams (MHSTs) will begin to submit data to the mental health data set (MHDS) in Q4 of this financial year, which will further contribute to the access rate.</li> </ul>						
<b>When is performance expected to recover:</b>						
Performance is on track to exceed the 35% access plan.						
<b>Quality impact assessment:</b>						
Specific COVID related challenges include the implementation of a substantial digital offer and the risk that some children and young people may be unable to benefit from digitally delivered services due to lack of access to suitable devices/IT.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		



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

The Trust raised queries with the CCG regarding the validity of the eating disorder referral and breaches data provided as part of the Q1 2020/21 national mental health data set and this was withheld to allow sufficient time for the Trust to investigate, which is due for completion by the end of September.



A full Q1 update will be available in the month 6 report.



### 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"> <li>• Decreased capacity within additional providers.</li> <li>• Second wave of COVID-19.</li> </ul> For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
<b>GREEN</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20	
		100%	97.5%	95.0%	95.0%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• The longest wait in August was 21 weeks which increased from that of an 17 weeks wait in July.</li> <li>• 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. This information will be reported on a quarterly basis.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>• Alder Hey continues to make significant 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.</li> <li>• There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021, which is currently ahead of target (as reported in June).</li> </ul>						
<b>When is performance expected to recover:</b>						
Achieving the 90% target.						
<b>Quality impact assessment:</b>						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
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"> <li>• Decreased capacity within additional providers.</li> <li>• Second wave of COVID-19.</li> </ul>
<b>GREEN</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20	
		100%	100%	100%	100%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• 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.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>						
<b>When is performance expected to recover:</b>						
Achieving the target of 90%.						
<b>Quality impact assessment:</b>						
The CCG is reviewing patient feedback and case studies on the effectiveness/quality of the digital assessment process.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
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
<b>Proportion of CYP new ADHD referrals that started an assessment within 12 weeks</b>		<b>Latest and previous 3 months</b>				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"> <li>• Decreased capacity within additional providers.</li> <li>• Impact of the second wave of COVID-19.</li> <li>• Delay in the start of assessment of some CYP due to delays in receiving assessment information from schools.</li> <li>• For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.</li> </ul>
<b>RED</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20	
		100%	100%	88%	81%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• The longest wait in August was 21 weeks which increased from 17 weeks in July.</li> <li>• 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 was reported as 428, which is ahead of the waiting list management plan. This information will be reported on a quarterly basis.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>• The planned reduction in the backlog of open referrals was to achieve 439 by June, this was achieved.</li> <li>• There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021, which is currently ahead of target (as reported in June).</li> <li>• Due to impact of COVID, some delays in schools returning the information required to commence the assessments which in turn delayed the start of the assessment process for some CYP: 13 CYP did not start the assessment process within 12 weeks in August.</li> <li>• Timescales for the return of this information have been temporarily extended to September to provide more time for schools.</li> <li>• It is anticipated the new referral forms and ongoing engagement with schools will support improvements in the timeliness of the return of this information.</li> </ul>						
<b>When is performance expected to recover:</b>						
Performance is expected to be compliant again in September						
<b>Quality impact assessment:</b>						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Sue Gough		Peter Wong		



Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks</b>		<b>Latest and previous 3 months</b>				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"> <li>• Decreased capacity within additional providers.</li> <li>• Impact of the second wave of COVID-19.</li> </ul>
<b>GREEN</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20	
		100%	100%	100%	100%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>• 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.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>						
<b>When is performance expected to recover:</b>						
Achieving the 90% target.						
<b>Quality impact assessment:</b>						
No quality issues reported.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
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
<b>CAMHS - % Referral to Choice within 6 weeks</b>		<b>Latest and previous 3 months</b>				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, a surge in referrals and/or an increase in staff absences as part of COVID-19 recovery phase and/or a second wave.
<b>RED</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20	
		35.4%	58.9%	75.5%	72.4%	
		Staged Target by March 2020: 92%				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>Referral to choice waiting time has seen a decline in compliance with the agreed 6 week standard.</li> <li>In August the service prioritised routine choice appointments, reducing the number of CYP waiting the longest (over 6 weeks).</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>The reduction in the number of children waiting over 6 weeks for a choice appointment will support the overall reduction in waiting times.</li> <li>The service continues to monitor referral rates and manage urgent vs routine demand.</li> <li>The Trust has shared a detailed recovery plan for reducing waiting times to the agreed standard which is dependent on referral activity: if referral levels remain constant the target will be achieved by September 2020; if referrals increase by 15%, recovery will be delayed till January 2021. The CCG is reviewing the plan and associated risks.</li> </ul>						
<b>When is performance expected to recover:</b>						
Currently actions are progressing in line with the improvement plan and agreed waiting times for choice appointments are expected to be achieved by the end of September. This assumes no further significant impact of covid in terms of an increase in referral numbers and /or an increase in staff absences.						
<b>Quality impact assessment:</b>						
No quality issues to report.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
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
<b>CAMHS - % Referral to Partnership within 18 weeks</b>		<b>Latest and previous 3 months</b>				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, a surge in referrals and/or an increase in staff absences as part of COVID-19 recovery phase and/or a second wave.
<b>RED</b>	<b>TREND</b>	May-20	Jun-20	Jul-20	Aug-20	
		61.4%	56.3%	40.0%	36.0%	
		Staged Target by March 2020: 75%				
<b>Performance Overview/Issues:</b>						
<ul style="list-style-type: none"> <li>Referral to partnership waiting times has deteriorated further in August.</li> <li>The service continues to have a reduction in capacity due to the impact of the delivery of 24/7 crisis care service, through redeployment of staff.</li> <li>Through the measures outlined below, compliance for this metric is due to increase from September 2020.</li> </ul>						
<b>Actions to Address/Assurances:</b>						
<ul style="list-style-type: none"> <li>There is a plan for staff to return to the Sefton CAMHS team from 1st September and during August additional capacity was introduced through agency staff and staff from the existing workforce.</li> <li>In August, the service focused on prioritising those CYP who had been waiting the longest (over 18 weeks), so reducing the overall waiting list size and supporting the overall reduction in waiting times.</li> <li>The Trust has shared a detailed recovery plan for reducing waiting times to the agreed standard which is dependent on referral activity: if referral levels remain constant the target will be achieved by December 2020; if referrals increase by 15%, recovery will be delayed till March 2021. The CCG is reviewing the plan and associated risks.</li> </ul>						
<b>When is performance expected to recover:</b>						
Currently actions are progressing in line with the improvement plan and agreed waiting times for partnership appointments are expected to be achieved by the end of December. This assumes no further significant impact of COVID in terms of an increase in referral numbers and/or increased staff absences.						
<b>Quality impact assessment:</b>						
No quality issues to report.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
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				<=18 weeks: <b>Green</b> > 18 weeks: <b>Red</b>	The CCG may not deliver on all aspects of the SEND improvement plan as the SALT waiting time improvement trajectory cannot be met within the plan's timescales (due to impact of COVID-19). Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required, particularly for the SEND cohort. Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase and/or impact of a second wave.
RED	TREND	Incomplete Pathways (92nd Percentile)					
		May-20	Jun-20	Jul-20	Aug-20		
		26 wks	30 wks	27 wks	27 wks		
<b>Performance Overview/Issues:</b>							
<ul style="list-style-type: none"> <li>The number of patients waiting over 18 weeks for an initial assessment decreased from 224 in July to 142 in August.</li> <li>There was a decrease in the number of referrals in August: 71 compared to 134 in July.</li> </ul>							
<b>Actions to Address/Assurances:</b>							
<ul style="list-style-type: none"> <li>The service moves into phase 3 of the pandemic response, there has been an increase in face to face activity in clinic and risk assessments have been taking place to support a return of therapists into school.</li> <li>The waiting time work is ongoing and making good progress and the waiting list is focused on reducing the waiting times for those CYP who have waited the longest.</li> <li>The improvement plan has been adjusted to take account of increases in referrals during June, July and August and the projected impact on waiting times have been modelled; the service continues to work to deliver the improvement plan to reduce the longer 18+ waits to the 92% standard by December 2020.</li> </ul>							
<b>When is performance expected to recover:</b>							
As outlined in the Trust's recovery plan, average waits are scheduled to be reduced to 18 weeks by September 2020 and maximum waiting times by December 2020. This assumes no further significant impact of COVID in terms of an increase in referral numbers, an increase in staff absences and /or the impact of school closures on activity plans.							
<b>Quality impact assessment:</b>							
There are no identified quality issues to report.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
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

Since the outbreak of the pandemic, the Trust has expressed concerns regarding the validity of the DNA and cancellation data. This is because a significant number of appointments continue to be cancelled and rescheduled as the Trust manages preferences for face to face and digital appointments, which is not representative of service activity and performance alone.

The activity reported in the August contract statement is very positive and shows that there were a total of 61 dietetic appointments, and that the average waiting time was 4.9 weeks with no patients waiting over 18 weeks.

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.



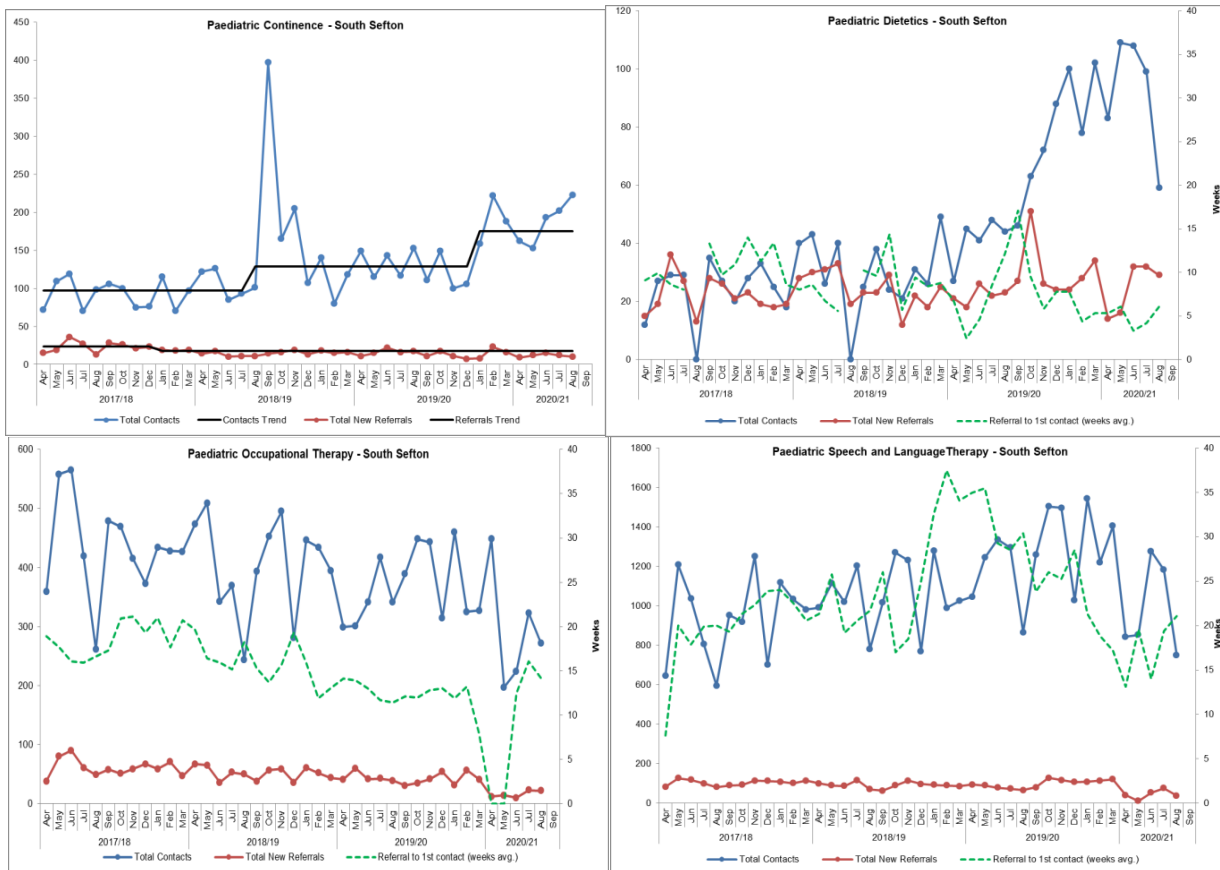
**Figure 12 - Alder Hey Community Paediatric Dietetic Waiting Times – South Sefton CCG**

Paediatric DIETETICS - South Sefton	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Number of Referrals	14	16	32	32	29
Incomplete Pathways - 92nd Percentile	13.28	18.96	15.76	13.60	12.08
Incomplete Pathways RTT Within 18 Weeks	96.42%	95.45%	96.77%	100.00%	97.56%
Total Number Waiting	28	22	31	38	41
Number Waiting Over 18 Weeks	1	1	1	0	1

**RAG Rating**

<=18 Weeks
19 to 22 Weeks
23 Weeks Plus

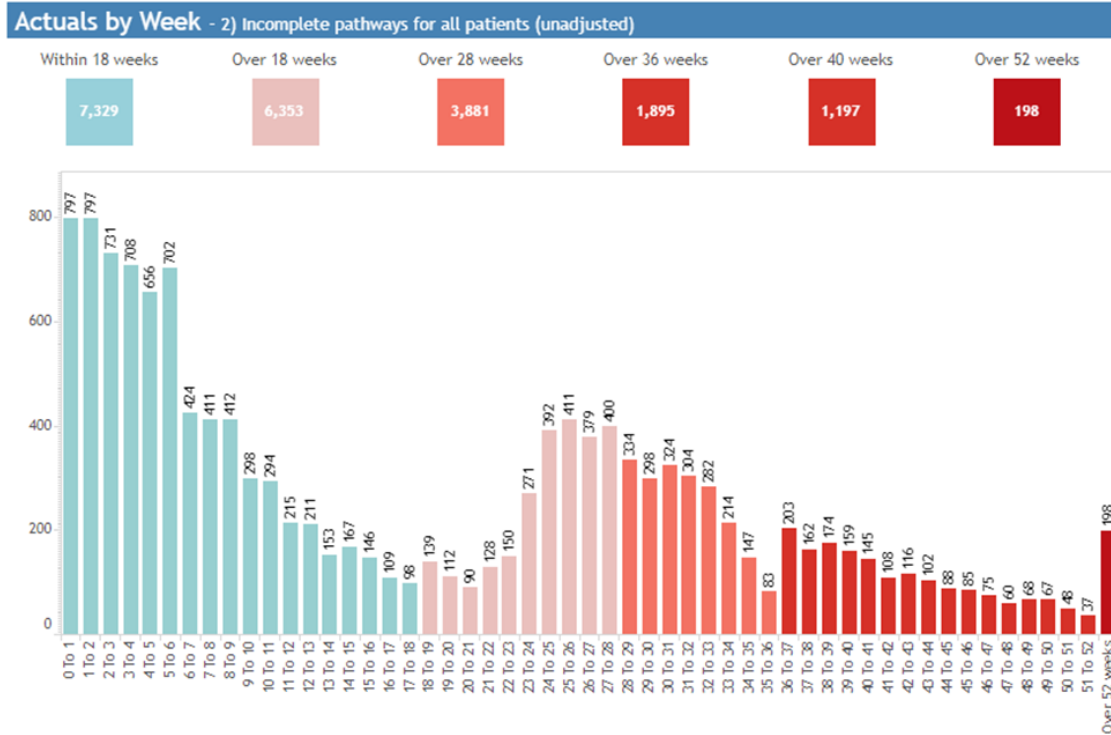
**6.4 Alder Hey Activity & Performance Charts**



## 7. Appendices

### 7.1.1 Incomplete Pathway Waiting Times

Figure 13 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



### 7.1.2 Long Waiters analysis: Top Providers

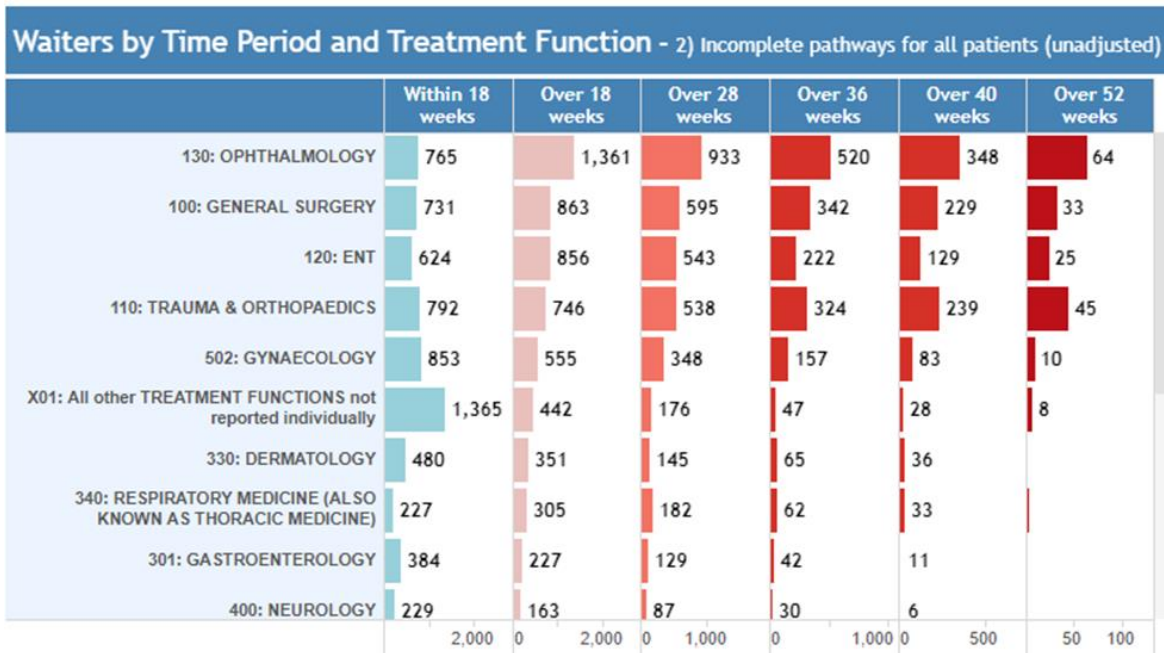
Figure 14 - Patients waiting (in bands) on incomplete pathway for the top Providers

**Waiters by Time Period and Provider - 2) Incomplete pathways for all patients (unadjusted)**

Provider	Within 18 weeks	Over 18 weeks	Over 28 weeks	Over 36 weeks	Over 40 weeks	Over 52 weeks
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (REM)	4,922	4,696	2,972	1,545	1,011	172
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	704	500	310	135	68	6
DMC COMMUNITY OUTPATIENT SERVICES : (NCN)	240	222	78	23	12	
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	300	181	107	34	22	3
THE WALTON CENTRE NHS FOUNDATION TRUST : (RET)	218	166	89	30	6	
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	169	162	83	19	12	2
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	127	114	64	27	13	3
SPIRE LIVERPOOL HOSPITAL : (NT337)	166	65	45	21	12	

### 7.1.3 Long Waiters Analysis: Top Provider split by Specialty

Figure 15 - Patients waiting (in bands) on incomplete pathways by Speciality for Liverpool University Hospitals NHS Foundation Trust



## MEETING OF THE GOVERNING BODY November 2020

<b>Agenda Item:</b> GB20/149.2	<b>Author of the Paper:</b> Martin McDowell Chief Finance Officer <a href="mailto:martin.mcdowell@southseftonccg.nhs.uk">martin.mcdowell@southseftonccg.nhs.uk</a> Tel: 0151 317 8350	<b>Clinical Lead:</b> N/A
<b>Report date:</b> November 2020		
<b>Title:</b> Financial Position of NHS South Sefton Clinical Commissioning Group – Month 6 2020/21		
<p><b>Summary/Key Issues:</b></p> <p>This paper presents the Governing Body with an overview of the Month 6 financial position for NHS South Sefton Clinical Commissioning Group as at 30<sup>th</sup> September 2020.</p> <p>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 set by NHS England 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.</p> <p>The risk adjusted (likely case) financial position for 2020/21 was assessed in the CCGs draft financial plan at £6.023m deficit. It should be noted that the draft plan was not approved by NHS North West.</p> <p>In response to the COVID emergency, temporary financial arrangements have been implemented for the period April to September 2020 and the original financial plan has been suspended. CCG allocations have been revised and performance will be assessed against the revised allocations.</p> <p>On 15 September 2020, NHS England and Improvement published guidance on the financial and contracting framework for the remainder of the 2020/21 financial year which support phase 3 of the NHS response to the COVID-19 pandemic. Funding arrangements are to be managed at system level (Cheshire &amp; Merseyside Health and Care Partnership) (HCP)) with fixed funding envelopes issued to each system and a requirement for commissioners and providers to achieve financial balance within these envelopes.</p> <p>The Cheshire and Merseyside HCP are required to mutually agree organisational surplus and deficit positions to be delivered in 2020/21. System funds include nationally agreed allocations, block contracts, growth funding, funds for COVID related expenditure and top up funding.</p> <p>As part of the financial arrangements described above, NHS England and Improvement have advised that NHS South Sefton CCG is required to deliver a year end control total deficit of £3.937m in 2020/21.</p>		

All system partners have been working on their expenditure forecasts and financial plans for the remainder of the year and the CCG have submitted a draft financial plan which is at review stage with the Cheshire and Mersey Health Care Partnership.

The latest draft planning return was submitted to NHSE/I on 12<sup>th</sup> October 2020 and a further submission will be made on 21<sup>st</sup> October 2020. An assessment of CCG expenditure for the remainder of the financial year has been worked through. The most likely forecast year end position has been calculated as a deficit of £10.410m, which is £6.473m in excess of the required control total and action will be required to mitigate this financial risk in order to deliver the required control total deficit of £3.937m. It should also be noted that the forecast deficit may be subject to potential revision pending feedback from NHSE/I.

The CCG is anticipating an additional allocation to address pressures from additional COVID costs and growth pressures in the latter part of the year and is awaiting confirmation from the HCP regarding this amount. There may also be additional funding available to support any overspending in relation to locally commissioning independent sector contracts.

For the first six months of the financial year, the CCG revised control total is breakeven and a monthly claims and reconciliation process has been agreed to reimburse costs directly related to COVID and to adjust allocations to support actual expenditure incurred by the CCG. As the allocation adjustments are retrospective, the CCG has reported 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 £4.033m to date to support COVID related costs and other CCG cost pressures up to Month 5.

The Month 6 financial position is an overspend of £1.950m which consists of COVID related costs which have yet to be reimbursed of £0.696m and a further variance against plan of £1.254m. It is anticipated that the CCG will receive a retrospective funding allocation to support these cost pressures and return to a breakeven position.

The main overspending areas are Continuing Healthcare due to COVID related costs and a legacy issues relating to joint funded cases, Primary Care and block contract agreements with NHS providers which are partly offset by underspending areas with non-NHS providers. Other cost pressures are due COVID related costs in Month 6 which are anticipated to be reimbursed in Month 7.

<b>Recommendation</b>	Receive	X
	Approve	
	Ratify	

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

- The control total for South Sefton CCG was a surplus of £1.800m for 2020/21. The QIPP efficiency requirement to deliver the financial plan was £14.863m. A draft opening plan estimated the CCG's likely case deficit at £6.023m.
- Temporary arrangements have been implemented for the financial year to date. The revised control total for the period to 30<sup>th</sup> September 2020 is breakeven.

- 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 this process may be subject to independent audit review, commissioned by NHS England.
- COVID-19 phase 3 guidance was issued on 31<sup>st</sup> July 2020 which confirmed that existing financial arrangements are to continue through to the end of September 2020 and also described restoration requirements. A revised financial framework will be implemented from October 2020 and will be based on agreed financial plans which are currently being developed by the Cheshire & Merseyside Health Care Partnership. As part of this process, NHS England and Improvement have advised that NHS South Sefton CCG is required to deliver a year end control total deficit of £3.937m in the second half of 2020/21.
- The most likely forecast year end position has been calculated as a deficit of £10.410m, which is £6.473m in excess of the required control total and action will be required to mitigate this risk in order to deliver the required control total deficit.
- The CCG received additional allocations of £4.033m to date to support COVID related costs and other cost pressures up to Month 5.
- The Month 6 financial position is an overspend of £1.950m. The CCG will be reliant upon the receipt of a retrospective allocation (“top-up”) to address the Month 6 overspend and return to a break-even position.

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

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

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

**Report to the Governing Body**  
**November 2020**

**1. Executive Summary**

This report focuses on the financial performance of South Sefton CCG as at 30<sup>th</sup> September 2020.

**Table 1 – CCG Financial Position**

	Budget (Months 1-6)	Budget To Date	Actual To Date	Variance To Date	Actual Outturn	Forecast
	£000	£000	£000	£000	£000	£000
Acute Care	73,949	73,949	73,784	(165)	73,784	(165)
Mental Health	12,977	12,977	12,961	(16)	12,961	(16)
Continuing Care	9,679	9,679	11,185	1,506	11,185	1,506
Community Health	18,102	18,102	18,175	74	18,175	74
Prescribing	16,442	16,442	16,598	155	16,598	155
Primary Care	16,218	16,218	16,801	583	16,801	583
Corporate Costs & Services	1,352	1,352	1,274	(79)	1,274	(79)
Other CCG Budgets	5,338	5,338	5,661	323	5,662	324
<b>Total Operating budgets</b>	<b>154,058</b>	<b>154,058</b>	<b>156,440</b>	<b>2,382</b>	<b>156,440</b>	<b>2,382</b>
Reserves	432	432	0	(432)	0	(432)
In Year (Surplus)/Deficit	0	0	0	0	0	0
<b>Grand Total (Surplus)/ Deficit</b>	<b>154,490</b>	<b>154,490</b>	<b>156,440</b>	<b>1,950</b>	<b>156,440</b>	<b>1,950</b>

**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 was implemented for the period 1<sup>st</sup> April to 31<sup>st</sup> July 2020 and CCG allocations were replaced with revised allocations to reflect the temporary finance and contracting arrangements in place. As part of Phase 3 guidance issued on 31<sup>st</sup> July 2020 existing processes will continue to until the end of September 2020.

A monthly claim 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 is in place during this period. The monthly reconciliation has been retrospective, based on the financial position submitted to NHS England for each month end and subject to review before additional allocations are confirmed.

On 31<sup>st</sup> July 2020 a letter from the NHS Chief Executive and Chief Operating Officer described the third phase of the response to COVID-19 which provided an update 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. Processes regarding nationally set block contracts and retrospective top up funding were agreed to continue through to September 2020.

### Financial Arrangements October 2020 to March 2021.

On 15 September 2020, NHS England and Improvement published guidance on the financial and contracting framework for the remainder of the 2020/21 financial year which support phase 3 of the NHS response to the COVID-19 pandemic. Funding arrangements are to be managed at system level with fixed funding envelopes issued to each system and a requirement for commissioners and providers to achieve financial balance within these envelopes.

The Cheshire and Merseyside Health Care Partnership are required to mutually agree individual organisational surplus and deficit positions to be delivered in 2020/21.

The arrangements are summarised as follows:

- Block contracts and top up arrangements with providers will remain in place until further notice.
- Nationally mandated contracts will apply through 2020/21; block payment arrangements supersede activity and finance contract schedules with focus on restoration of levels of activity to pre COVID levels with local management of the COVID response.
- Funding arrangements are to be at system level with fixed funding envelopes issued to each system – providers and commissioners must achieve financial balance within these envelopes. There is a requirement for the system to break-even and the system may mutually agree to deliver organisational surplus and deficit positions.
- The fixed funding envelopes for systems:

**Include**

Nationally calculated CCG allocations and block contracts including system top up

Growth funding – for new services and capacity growth

COVID-19 allocation

Funding to providers for directly commissioned services

**Exclude**

Funding for Cancer Drugs Fund

COVID-19 services funded by the Government – e.g. Nightingale Hospitals

National service development funding (SDF)

Funding for the elective incentive scheme and the independent sector above amounts included in funding envelopes.

As part of the financial arrangements described above, NHS England and Improvement have advised that NHS South Sefton CCG is required to deliver a year end control total deficit of £3.937m in 2020/21.

All system partners have been working on their expenditure forecasts and financial plans for the remainder of the year and the CCG have submitted a draft financial plan which is at review stage with the Cheshire and Mersey Health Care Partnership.

The latest draft planning return was submitted to NHSE/I on 12th October 2020 and a further submission will be made on 21st October 2020. An assessment of CCG expenditure for the remainder of the financial year has been worked through. The most likely forecast year end position has been calculated as a deficit of £10.410m, which is £6.473m in excess of the required control total and action will be required to mitigate this financial risk in order to

deliver the required control total deficit of £3.937m. It should also be noted that the forecast deficit may be subject to potential revision pending feedback from NHSE/I.

### **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 6 Financial Position**

The Month 6 financial position as at 30<sup>th</sup> September 2020 is a deficit of £1.950m. This consists of COVID costs which have yet to be reimbursed of £0.696m and a further variance against plan of £1.254m. A month 7 allocation adjustment is anticipated to enable the CCG to deliver the required break even position.

The CCG has received an additional allocation of £4.033m for the reimbursement of COVID related costs and other cost pressures up to Month 5. A further sum of £1.950m has been identified during M6 bringing the total up to £5.983m. The cost pressures in Month 6 are anticipated to be reimbursed in Month 7.

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 6.

- 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. There has been an increase in the overspend in Month 6 due to legacy issues relating to Joint Funded cases and the inclusion of expected costs relating to retrospective case reviews for packages agreed in response to the COVID emergency.
- 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 overspend on Primary care budgets relates to increased costs on the LQC budget as a result of increased claims and COVID costs, prior year issues and the Prescribing budget due to increased costs for activity during the year. The prescribing increase was not included in the revised CCG allocations as the baseline for calculation was Month 11 2019/20 and increased costs related to COVID did not take effect until Month 12.

- Costs of STP programmes have been included in Month 6, resulting in an overspend on the other services budget.
- Estates costs relating to prior year issues where the CCG had challenged areas of expenditure.

### **COVID-19 and the CCG Financial Recovery Plan**

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	
		0.5% Contingency Reserve	n/a	
		0.5% Non-Recurrent Reserve	n/a	
		2020/21 Control Total (April-September)	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%	99.81%	
		NHS - Volume YTD > 95%	95.84%	
		Non NHS - Value YTD > 95%	94.42%	
		Non NHS - Volume YTD > 95%	97.86%	

- 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 September 2020 is **breakeven**.
- The breakeven target has not been achieved in Month 5 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 September 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 is notably due to a material invoice that was paid in June falling outside of the BPPC target. If this singular invoice was processed within the BPPC timeframes the achievement would be 98.79%.

2. CCG Financial Position – Month 6 2020/21																							
Report	Commentary																						
<p style="text-align: center;"><b>South Sefton CCG Forecast Outturn at Month 6</b></p> <table border="1"> <caption>South Sefton CCG Forecast Outturn at Month 6 Data</caption> <thead> <tr> <th>Cost Area</th> <th>Variance (£'000)</th> </tr> </thead> <tbody> <tr> <td>CONTINUING CARE PACKAGES</td> <td>1,506</td> </tr> <tr> <td>OTHER</td> <td>291</td> </tr> <tr> <td>LOCAL ENHANCED SERVICES</td> <td>274</td> </tr> <tr> <td>DELEGATED CO-COMMISSIONING</td> <td>214</td> </tr> <tr> <td>ACUTE COMMISSIONING (NHS)</td> <td>194</td> </tr> <tr> <td>PRESCRIBING</td> <td>155</td> </tr> <tr> <td>ESTATES</td> <td>123</td> </tr> <tr> <td>NCA</td> <td>92</td> </tr> <tr> <td>ACUTE COMMISSIONING (NON-NHS)</td> <td>283</td> </tr> <tr> <td>FORECAST DEFICIT (MONTH 6)</td> <td>1,950</td> </tr> </tbody> </table>	Cost Area	Variance (£'000)	CONTINUING CARE PACKAGES	1,506	OTHER	291	LOCAL ENHANCED SERVICES	274	DELEGATED CO-COMMISSIONING	214	ACUTE COMMISSIONING (NHS)	194	PRESCRIBING	155	ESTATES	123	NCA	92	ACUTE COMMISSIONING (NON-NHS)	283	FORECAST DEFICIT (MONTH 6)	1,950	<ul style="list-style-type: none"> <li>The CCG Month 6 position is an overspend of £1.950m after the application of additional allocations received.</li> <li>The main financial pressures relate to: <ul style="list-style-type: none"> <li>Continuing Care due to increased cost and number of packages, COVID related costs, legacy issues for Joint Funded cases and provision for retrospective case reviews.</li> <li>Other budgets relating to HCP programme costs, GP pensions liability and</li> <li>Local Enhanced Services for COVID related costs and increased quarterly claims.</li> <li>Delegated Commissioning due to reduced allocations under the new financial framework and increased costs.</li> <li>Acute Contracts due to NHS provider block contract agreements and prior year pressures.</li> <li>Prescribing due to increased activity since March 2020, mainly related to COVID.</li> <li>Estates costs due to prior year pressures.</li> </ul> </li> <li>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.</li> <li>The CCG requires an allocation adjustment (top up) to address the reported deficit for Month 6 and return the CCG to breakeven.</li> </ul>
Cost Area	Variance (£'000)																						
CONTINUING CARE PACKAGES	1,506																						
OTHER	291																						
LOCAL ENHANCED SERVICES	274																						
DELEGATED CO-COMMISSIONING	214																						
ACUTE COMMISSIONING (NHS)	194																						
PRESCRIBING	155																						
ESTATES	123																						
NCA	92																						
ACUTE COMMISSIONING (NON-NHS)	283																						
FORECAST DEFICIT (MONTH 6)	1,950																						

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	0.430		(0.430)	4.444
NHSE additional allocations	0.000	0.000	4.033		(3.963)	0.070
<b>Total Reserves</b>	<b>(12.749)</b>	<b>0.194</b>	<b>4.632</b>	<b>0.000</b>	<b>(4.393)</b>	<b>0.433</b>

- 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 £0.889m was received in Month 6 to reimburse COVID related costs incurred in Month 5 and to support other cost pressures. £3.963m has been deployed to CCG operational budgets with the remaining £0.070m held in reserves.
- The final balance on the CCG reserve budget at Month 6 is £0.433m.

4. Statement of Financial Position			
Report		Commentary	
<b>Summary Working Capital</b>			
Working Capital and Aged Debt	Quarter 1	Quarter 2	Prior Year 2019/20
	M3	M6	M12
	£'000	£'000	£'000
Non-Current Assets	36	36	76
Receivables	3,539	18,591	16
Cash	41	3,803	3,069
Payables & Provisions	(1,642)	(21,434)	(15,695)
Value of Debt > 180 days	423	28	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 £0.028m. There are no material invoices to note.
- At month 6, the CCG had drawn down £155.663m and made payments via NHS Business Services Authority of £15.207m, totalling £170.870m (57.2%) of its Annual Cash Drawdown Requirement (ACDR). The target cash balance at this point in the year is £149.492m (50.0%). 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 £128.114m will be managed through the financial year.

## 5. Recommendations

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

- The control total for South Sefton CCG was a surplus of £1.800m for 2020/21. The QIPP efficiency requirement to deliver the financial plan was £14.863m. A draft opening plan estimated the CCG's likely case deficit at £6.023m.
- Temporary arrangements have been implemented for the financial year to date. The revised control total for the period to 30<sup>th</sup> September 2020 is breakeven.
- 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 this process may be subject to independent audit review, commissioned by NHS England.
- COVID-19 phase 3 guidance was issued on 31<sup>st</sup> July 2020 which confirmed that existing financial arrangements are to continue through to the end of September 2020 and also described restoration requirements. A revised financial framework will be implemented from October 2020 and will be based on agreed financial plans which are currently being developed by the Cheshire & Merseyside Health Care Partnership. As part of this process, NHS England and Improvement have advised that NHS South Sefton CCG is required to deliver a year end control total deficit of £3.937m in the second half of 2020/21.
- The most likely forecast year end position has been calculated as a deficit of £10.410m, which is £6.473m in excess of the required control total and action will be required to mitigate this risk in order to deliver the required control total deficit.
- The CCG received additional allocations of £4.033m to date to support COVID related costs and other cost pressures up to Month 5.
- The Month 6 financial position is an overspend of £1.950m. The CCG will be reliant upon the receipt of a retrospective allocation ("top-up") to address the Month 6 overspend and return to a break-even position.

**Martin McDowell**  
**Chief Finance Officer**  
**October 2020**



## MEETING OF THE GOVERNING BODY November 2020

<b>Agenda Item:</b> GB20/150	<b>Author of the Paper:</b> Jo Roberts Merseyside CCGs Equality and Inclusion Service <a href="mailto:Jo.Roberts10@nhs.net">Jo.Roberts10@nhs.net</a> 07826 921 628	<b>Clinical Lead:</b> N/A						
<b>Report date:</b> November 2020								
<b>Title:</b> COVID-19 Equality Briefing Version 9								
<p><b>Summary/Key Issues:</b> The outbreak of COVID-19 in the UK has meant that the NHS has been operating under unprecedented emergency measures.</p> <p>Evidence emerged early on that people who experience poverty / health inequalities and protected characteristics of 'Black, Asian Minority Ethnic', older age, faith and gender were being disproportionately affected by COVID-19. Health inequalities have significantly increased. In addition, services that were suspended have had an overt negative effect on people.</p> <p>Throughout the pandemic the Merseyside CCG Equality and Inclusion Service has highlighted that all reset and recovery plans must consider the impact on people and develop mitigating actions, prior to making decisions to act or risk further disadvantage and poor outcomes. As NHS organisations are now planning for Winter and a Second Wave of COVID-19 they need be mindful of the emerging evidence that further groups of people are being impacted on by COVID-19 with spikes of cases in particular groups</p> <p>The equality briefing is a live document which continues to be updated to include further intelligence, reports and resources to share across the system. This enables the CCG to pay 'due regard' to its legal duty during the various phases from initial outbreak, response, reset/ recovery planning to second wave and winter planning.</p>								
<p><b>Recommendation</b></p> <p>The Governing Body is asked to receive this report.</p>		<table style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Receive</td> <td style="text-align: center; border: 1px solid black; width: 30px;">X</td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="text-align: center; border: 1px solid black; width: 30px;"></td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="text-align: center; border: 1px solid black; width: 30px;"></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.
X	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			The Equality Briefing incorporates intelligence and feedback from local organisations further to their engagement with patients and wider public (Healthwatch, VCF, NHS Trusts)
Clinical Engagement	X			The Equality Briefing incorporates intelligence and recommendations received from clinical colleagues across Merseyside.
Equality Impact Assessment	X			The Equality Briefing includes equality considerations.
Legal Advice Sought			X	
Quality Impact Assessment			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	X			<p>The Equality Briefing has been shared with the CCG Incident Management Team for action/ wider circulation from Version 3 onwards.</p> <p>Version 5 Presented to Governing Body June 2020</p> <p>Version 7 Presented to CCG SMT July 2020</p> <p>Version 8 Presented to EPEG September 2020</p> <p>Version 8 Presented to CCG SMT October 2020</p>

# Merseyside CCG Equality and Inclusion Service

## COVID-19 Equality Briefing

<p><b>Briefing Date :</b>                  Version (3): 30<sup>th</sup> March 2020                  Version (4): 20<sup>th</sup> April 2020                  Version (5): 14<sup>th</sup> May 2020                  Version (6): 2<sup>nd</sup> June 2020                  Version (7): 8<sup>th</sup> July 2020                  Version (8): 10<sup>th</sup> August 2020  <b>This Version (9): 24<sup>th</sup> September 2020</b></p>	<p><b>Author of the Paper:</b>                  Andy Woods                  Senior Governance Manager                  Merseyside CCGs Equality and Inclusion Service                  Email: <a href="mailto:Andrew.Woods3@nhs.net">Andrew.Woods3@nhs.net</a></p> <p>Jo Roberts                  Merseyside CCGs Equality and Inclusion Service                  Manager                  Email: <a href="mailto:Jo.Roberts10@nhs.net">Jo.Roberts10@nhs.net</a></p>
<p><b>Title:</b> COVID-19 Equality Briefing</p>	


### Background

<p>The outbreak of COVID-19 in the UK has meant that the NHS has been operating under unprecedented emergency measures.</p> <p>Evidence emerged early on that people who experience poverty / health inequalities and protected characteristics of 'Black, Asian Minority Ethnic', older age, faith and gender were being disproportionately affected by COVID-19<sup>1</sup>. Health inequalities have significantly increased. In addition, services that were suspended have had an overt negative effect on people.</p> <p>Throughout the pandemic the Merseyside CCG Equality and Inclusion Service has highlighted that all reset and recovery plans must consider the impact on people and develop mitigating actions, prior to making decisions to act or risk further disadvantage and poor outcomes. As NHS organisations are now planning for Winter and a Second Wave of COVID-19 they need be mindful of the emerging evidence that further groups of people are being impacted on by COVID-19 with spikes of cases in particular groups, e.g. Women aged 20 to 40.</p> <p>The Equality Act 2010 is a statutory act. Public Sector Equality Duty (known as the 'equality duty' or 'PSED') remains active. This means all service changes, even in emergency circumstances such as responding to COVID-19 and recovery planning, must still be given 'due regard' to the objectives of:</p> <ul style="list-style-type: none"> <li>• Eliminating discrimination, harassment and victimisation</li> <li>• Advancing equality of opportunity</li> <li>• Fostering good relations between different protected characteristics.</li> </ul> <p>There continues to be a legal requirement for NHS organisations to publicly make available equality analysis reports on how 'due regard to</p>
--


<sup>1</sup> Health inequalities have widened dramatically since 2010 in the North West – 'Due North Report' PHE- 2014 , 'Health Equity in England Marmot Review 10 Years on' - February 2020. COVID -19 disproportionate impact - Evidence continues to emerge in relation to protected characteristics of 'older age, disability (long term underlying illness), male and BAME being disproportionately affected by COVID-19. 'Disparities in the risk and outcomes of COVID-19' – June 2020. People living in poverty and people who experience health inequalities are experiencing disproportionate impact direct and indirect impacts of COVID-19 on health and wellbeing -Rapid evidence briefing by the Health & Equity in Recovery Plans Working Group- June 2020 (Version 1).

	<p>PSED' was made when changing services.</p> <p>NHS Commissioners and Service Providers are still required to comply with legislation that covers: Equality, Human Rights, Duty of Care, Health and Safety and Employment.</p> <p>This document presents system-wide equality and health inequality considerations for Commissioners, Providers and other organisations that operate in collaboration with NHS organisations.</p>
<b>Barriers for People with Protected Characteristics and mitigations</b>	The enclosed differential table provides NHS Commissioners and Service Providers with equality considerations to incorporate in their response and recovery of COVID-19. Mitigations have been provided along with further recommended actions for NHS organisations. Further equality related publications are available in Appendix 1.
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• Prompt decision making without fully considering equality impacts.</li> <li>• Disproportionate impact of COVID-19 on particular groups and health inequalities widening.</li> <li>• Changes to service provision.</li> <li>• Accessible Communications to meet information and communication needs for people with a disability or sensory loss on latest COVID-19 guidance and changes to services.</li> <li>• The need for local targeted campaigns and information giving; for those at risk (broader than the national highest risk groups) on key information across protected characteristic and other vulnerable groups.</li> </ul>
<b>Recommendations</b>	<ol style="list-style-type: none"> <li>1. It is essential that the three NHS priorities as outlined in Simon Steven's letter dated 31<sup>st</sup> July 2020; Third Phase of NHS Response to COVID-19 are unpinned by the findings and recommendations within this Equality Briefing. The NHS priorities noted as follows: <ol style="list-style-type: none"> <li>a. Accelerating the return to near-normal levels of non-COVID health services, making full use of the capacity available in the 'window of opportunity' between now and winter.</li> <li>b. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable COVID spikes locally and possibly nationally.</li> <li>c. Doing the above in a way that takes account of lessons learned during the first COVID peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.</li> </ol> </li> <li>2. Review this Equality specific brief alongside local and national guidance.</li> <li>3. Distribute COVID-19 Equality Brief to all relevant teams across organisation and wider system partners where appropriate.</li> <li>4. Providers and CCGs to ensure that when they are reviewing services they develop existing internal documentation to evidence Public Sector Equality Duty 'Due Regard'. PSED is still active.</li> <li>5. CCGs, Providers and wider system partners to ensure that Organisation Boards are sighted on the latest version of the Equality Briefing and all associated appendices.</li> <li>6. CCGs and Providers to continue to seek assurance of service provision from interpreter agencies (language and BSL).</li> <li>7. Ensure communications are inclusive, timely and informative (in terms of appointment time, location, PPE requirements etc.).</li> <li>8. Develop targeted campaigns, engagement and communications with vulnerable people and communities who are in high priority need e.g. Black, Asian and Minority Ethnic communities, and people living in</li> </ol>


- deprived areas.
9. Ensure patient data of COVID-19 cases and deaths are recorded by protected characteristic e.g. ethnicity and disability in addition to the standard age and sex characteristics. Data should be monitored locally so that the intelligence can be used to inform targeted engagement.
  10. Ensure workforce risk assessments updated in line with National recommendations around Black, Asian and Minority Ethnic staff.
  11. Commissioners and Providers to resume Workforce reporting; Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) in line with NHS England letter dated 19<sup>th</sup> May 2020. (Enclosed in Appendix 1)
  12. Further to national advice that EDS2 reporting is for local determination; Commissioners and Providers should publish EDS2 summary reports on external websites. It is acceptable to re-publish existing summary reports if it has not been possible to update due to current organisational pressures.
  13. Commissioners and Providers to work collaboratively on Equality, Quality and health inequality considerations for recovery plans. Access advice and support from Provider Equality Leads and Merseyside CCGs Equality and Inclusion Service.
  14. Commissioners and Providers to be cognisant of Human Resources (HR) implications in the return to “business as usual” in relation to Staff Risk Assessments, supporting staff, processes for raising concerns, use of Freedom to Speak Up Guardians etc. This also applies to the event of a Second Wave of COVID-19 and the possibility that some staff may need to return to shielding. Link to NHS Employers publications available in Appendix 1.
  15. Ensure Commissioners and Providers continue to promote access to learning from emerging evidence and best practice. Continue to engage with local regional and national shared learning opportunities to identify best practice.
  16. Provide nominations from your organisation for the North West Region Black, Asian and Minority Ethnic Advisory Group further to the enclosed letter from Bill McCarthy, Executive Regional Director (North West) NHS England and Improvement 8<sup>th</sup> June 2020.
 



BMc KMcb BAME  
2020-06-08.pdf
  17. Respond to Black, Asian and Minority Ethnic assurance request from Regional Chief People Officer NHSE & I (North West) 20<sup>th</sup> June 2020.
 






BAME Assurance  
Letter 20062020.pdf
  18. Take actions in response to the letter dated 24<sup>th</sup> June 2020 from Dr Kanani, Medical Director for Primary Care NHSE &I, and Amanda Pritchard, Chief Operating Officer NHSE & I
 



C0625-risk-assessme  
nts-for-at-risk-staff-c
  19. Commissioners and Providers to use the recovery planning key equality considerations in Appendix 3.

Protected Characteristic	Issue	Remedy/ Mitigation	Recommended Actions
Age	<p><b>Over 65</b> Access to services and treatment.</p> <p>Human Rights Article 2 would relate to rationing of services and the ethical decision making in who receives recourses in life/death situations.</p>	<p>The challenge for local health commissioners and services in the event of a second wave of COVID-19 is to <b>develop a consistent approach, based on an understanding and communication of risk on a case-by-case basis</b> and to avoid a discriminatory approach.</p> <p>Refer to Publications approval reference: 001559 Maintaining standards and quality of care in pressurised circumstances <a href="https://www.england.nhs.uk/coronavirus/publication/maintaining-standards-pressurised-circumstances/">https://www.england.nhs.uk/coronavirus/publication/maintaining-standards-pressurised-circumstances/</a></p> <p>and BMA ethical issues guidance note: <a href="https://www.bma.org.uk/advice-and-support/covid-19/ethics/covid-19-ethical-issues">https://www.bma.org.uk/advice-and-support/covid-19/ethics/covid-19-ethical-issues</a></p> <p>and refer to NICE guidance: <a href="https://www.nice.org.uk/covid-19">https://www.nice.org.uk/covid-19</a></p> <p>and refer to NICE Guidance: COVID-19 rapid guideline: critical care in adults <a href="https://www.nice.org.uk/guidance/ng159">https://www.nice.org.uk/guidance/ng159</a></p> <p><i>Note this guidance was updated on 29<sup>th</sup> April 2020 to stating that the Clinical Frailty Scale should be used as part of a holistic assessment, but should not be used for younger people, people with stable long-term disabilities, learning disabilities or autism.</i></p>	<p>Ensure processes are in place to communicate guidance with clinical staff and ensure methods auditable.</p>

	Digital Inclusion – people who are digitally and socially excluded cannot access online services like health advice or services	Ensure people who do not have access to digital platforms are not disadvantaged by offering alternative communication or consultation methods.	
	<p><b>Vulnerable People – All Ages</b> Vulnerable people (broader than Government list) being made aware of specific services available to them via targeted campaigns.</p> <p>Potentially missed opportunities to identify Safeguarding Issues as service recovery moves from face to face to virtual appointments.</p>	<p>Ensure Communications/ Engagement Teams access national and local information sources.</p> <p><a href="https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19">https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19</a></p> <p><a href="https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people">https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people</a></p> <p>Resources shared by local Safeguarding Boards.</p>	<p>CCGs and Providers to work collaboratively with networks e.g. Voluntary Organisations, Local Authority, Police, Fire Service, Healthwatch etc. to ensure communications are shared with communities.</p> <p>CCGs to ensure there is ongoing engagement and inclusive communication with communities.</p> <p>Service Providers to review processes to support identification of safeguarding issues.</p>
	<p><b>People living in Care Homes/ Other Housing</b> COVID-19 poses a higher risk to populations that live in close proximity to each other.</p>	Commissioners to ensure that national and local information is shared with Care Home colleagues.	Commissioners and Providers to ensure that collaborative work is ongoing with Local Authority, Care Quality Commission (CQC) and Care Home colleagues to monitor and review capacity and share information with relevant parties.
	<p><b>Working Age</b> Groups disproportionately impacted upon by COVID-19</p>	NHS Employers has now provided guidance and support to employers on creating proactive approaches to risk assessment for	CCGs and Providers to review organisational process which supports staff to raise concerns.

	<p>Carers</p> <p>Worklessness; people who have been furloughed experiencing poor mental health</p> <p>Local spikes of COVID-19 cases in Working Age people and also Women Age 20 to 40.</p>	<p>staff, including physical and mental health <a href="https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff">https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff</a></p> <p>NHSE &amp; I: Resources and actions to support NHS employees with caring responsibilities</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">               B0016 _Employers for Carers Launch LetCarers         </div> <div style="text-align: center;">               B0016 - Working OrCarers - Advice to         </div> <div style="text-align: center;">               B0016 - Working Carers - Advice to Int         </div> </div> <p>Ensure services are accessible.</p>	<p>CCGs and Providers to ensure communication is shared across staff networks.</p> <p>Ensure any local messages on social distancing and risks are communicated clearly to this group.</p>
	<p><b>Children and Young People</b></p> <p>Digital divide: not all have access to the internet or laptops to access health care advice/ other services online.</p> <p>Increase in the number of mental health admissions for people with Eating Disorders.</p> <p>Negative impact on Children</p>	<p>Resources available in Appendix 1.</p>	<p>Ensure services are accessible via telephone.</p> <p>CCGs and Providers to ensure that service information is shared with Local Authorities for onward circulation to schools / wider community groups.</p> <p>CCGs and Providers to continue to monitor activity and direct link to COVID-19; e.g. service reduction, isolation etc.</p> <p>Providers to review individual patient support needs for access to services.</p> <p>CCGs and Providers to communicate</p>



	and Young People's Mental Health		resources available.
<b>Disability</b>	<p><b>All</b></p> <p>Impact of COVID-19 on people with disabilities and access to services.</p> <p>Concerns that people with learning disabilities and children and young people with SEND will not get equal access to treatment.</p> <p>Human Rights Article 2 would relate to rationing of services and the ethical decision making in who receives recourses in life/death situations.</p>	<p>The challenge for local health commissioners and services in the event of a second wave of COVID-19 is to <b>develop a consistent approach, based on an understanding and communication of risk on a case-by-case basis</b> and to avoid a discriminatory approach.</p> <p>Refer to Publications approval reference: 001559 Maintaining standards and quality of care in pressurised circumstances <a href="https://www.england.nhs.uk/coronavirus/publication/maintaining-standards-pressurised-circumstances/">https://www.england.nhs.uk/coronavirus/publication/maintaining-standards-pressurised-circumstances/</a></p> <p>and BMA ethical issues guidance note: <a href="https://www.bma.org.uk/advice-and-support/covid-19/ethics/covid-19-ethical-issues">https://www.bma.org.uk/advice-and-support/covid-19/ethics/covid-19-ethical-issues</a></p> <p>and refer to NICE guidance: <a href="https://www.nice.org.uk/covid-19">https://www.nice.org.uk/covid-19</a></p> <p>and refer to NICE Guidance: COVID-19 rapid guideline: critical care in adults <a href="https://www.nice.org.uk/guidance/ng159">https://www.nice.org.uk/guidance/ng159</a></p> <p><i>Note this guidance was updated on 29<sup>th</sup> April 2020 to stating that the Clinical Frailty Scale should be used as part of a holistic assessment, but should not be used for younger people, people with stable long-term disabilities, learning disabilities or</i></p>	<p>Ensure processes are in place to communicate guidance with clinical staff and ensure methods auditable.</p>

	<p>Digital Inclusion – people who are digitally and socially excluded cannot access online services like health advice or services.</p> <p>Impact on people who are Carers of people with dementia and/or learning disabilities and not being able to attend appointments or inpatient visiting.</p>	<p><i>autism.</i></p> <p>Ensure people who do not have access to digital platforms are not disadvantaged by offering alternative communication or consultation methods.</p>	<p>Assess individual patient needs and support for Carers. Reasonable Adjustments.</p>
	<p><b>Sensory; D/deaf people</b></p> <p>D/deaf, Deaf blind</p> <p>D/deaf people may require additional support to understand national / local guidance on COVID-19 and changes to service and also support to access video consultations.</p>	<p>Ensure there is access to British Sign Language for D/deaf people</p> <p>Commissioners of BSL interpreter services (CCG and Provider organisations) to collate information on interpreter agency provision, capacity and Business Continuity Plans escalating any potential gaps as appropriate through organisation’s internal escalation process.</p> <p>Consider use of Relay UK (previously Next Generation Text) to support communication with patients. <a href="https://www.relayuk.bt.com/">https://www.relayuk.bt.com/</a></p>	<p>Commissioners of interpreter services to review contract requirements to ensure any revisions include Quality Standards for Translation and Interpretation services.</p> <p>Commissioners of interpreter services to monitor usage and use intelligence / activity data to share with CCG Equality and Inclusion Service.</p> <p>Explore access to video-conferencing facilities available free during COVID-19 to support non Face to Face healthcare appointments via Sign Health. <a href="https://www.bslhealthaccess.co.uk/">https://www.bslhealthaccess.co.uk/</a></p> <p>CCGs to work with IT system suppliers to</p>

	<p>D/deaf; barriers experienced following the introduction of face masks/ coverings when D/deaf people use lip reading.</p>	<p>Sign Health continues to publish BSL videos on their website to update D/deaf people on the latest COVID-19 guidelines. <a href="https://www.signhealth.org.uk/coronavirus/">https://www.signhealth.org.uk/coronavirus/</a></p> <p>Resources available in Appendix 1.</p>	<p>review General Practice IT kit in the event they do not have access to e-consult. E.g. access to laptops for Skype etc.</p> <p>CCGs and Providers to work collaboratively with networks e.g. Voluntary Organisations, Deaf Charities, etc. to ensure communications are shared with communities.</p> <p>CCGs and Providers to ensure they respond to any recommendations from Healthwatch surveys undertaken during COVID-19 on patient access/ experience etc.</p> <p>CCG Equality and Inclusion Service to work with Healthwatch colleagues to identify/ support any gaps in feedback from specific communities.</p> <p>CCGs to ensure there is ongoing engagement and inclusive communication with communities.</p> <p>Liaise with Procurement colleagues with a view to sourcing approved transparent face coverings for use in appropriate setting.</p>
	<p><b>Sensory; Visual Impairments</b> People with visual impairments may require additional support to understand national / local guidance on COVID-19 and changes to service.</p>	<p>Ensure Communications/ Engagement Teams access national and local information sources:</p> <p>RNIB: <a href="https://www.rnib.org.uk/campaigning/priority">https://www.rnib.org.uk/campaigning/priority</a></p>	<p>CCGs and Providers to work collaboratively with networks e.g. Voluntary Organisations, Sight Charities, etc. to ensure communications are shared with communities.</p>

	<p><a href="#">-campaigns/accessible-health-information/coronavirus-and-accessible-online-information</a></p> <p>RNIB <a href="https://www.rnib.org.uk/news/campaigning/accessible-covid-19-information">https://www.rnib.org.uk/news/campaigning/accessible-covid-19-information</a></p> <p>Public Health England: (Audio, Large Print) <a href="https://campaignresources.phe.gov.uk/resources/campaigns/101-coronavirus-resources">https://campaignresources.phe.gov.uk/resources/campaigns/101-coronavirus-resources</a></p> <p>Guidance is now available in easy read and in a range of community languages see <a href="https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance">https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance</a></p> <p>All NHS organisations to review accessibility tools on websites</p>	<p>CCGs and Providers to ensure they respond to any recommendations from Healthwatch surveys undertaken during COVID-19 on patient access/ experience etc.</p> <p>CCG Equality and Inclusion Service to work with Healthwatch colleagues to identify/ support any gaps in feedback from specific communities.</p>
<b>Disability: Workforce</b>	<p>NHS Employers has now provided guidance and support to employers on creating proactive approaches to risk assessment for staff, including physical and mental health</p> <p><a href="https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff">https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff</a></p>	<p>Providers to resume Workforce Disability Equality Standard reporting.</p>
<p><b>Neurodiversity, Learning Disabilities, low levels of literacy</b></p> <p>People with neurodiversity or learning disabilities may require additional support to understand national / local guidance on COVID-19 and changes to service.</p>	<p>Ensure Communications/ Engagement Teams access national and local information sources:</p> <p><a href="https://www.mencap.org.uk/advice-and-support/health/coronavirus-covid-19">https://www.mencap.org.uk/advice-and-support/health/coronavirus-covid-19</a></p>	<p>Ensure monitoring arrangements in place for Care Plans and personalised care.</p> <p>CCGs and Providers to ensure compliance with Accessible Information Standard; e.g. information available in easy read.</p> <p>CCGs to ensure resources are shared with</p>

	<p>Difficulty reported by people using NHS 111 online services.</p> <p>Anxiety amongst people with Learning Disabilities following the introduction of face masks/ coverings and the public not necessarily understanding that there are groups of people exempt from wearing them.</p>		<p>General Practice colleagues to share with families who may need additional support.</p> <p>CCGs to seek assurance from NHS 111 service provider on mitigations in place to support people who have difficulty using the online function.</p> <p>CCGs and Providers to ensure exemptions are communicated.</p>
	<p><b>Disability: Children</b></p>	<p>Ensure parents/ carers/ guardians are involved in any changes to care plans.</p>	<p>Ensure monitoring arrangements in place for Care Plans and personalised care.</p> <p>CCGs and Providers to ensure compliance with Accessible Information Standard; e.g. information available in easy read.</p> <p>CCGs to ensure resources are shared with General Practice colleagues to share with families who may need additional support.</p>
	<p><b>Cancer</b> People undergoing cancer treatment may need support to understand any changes to treatment plans.</p>	<p><a href="https://www.macmillan.org.uk/coronavirus/cancer-and-coronavirus">https://www.macmillan.org.uk/coronavirus/cancer-and-coronavirus</a></p>	<p>Continue to keep patients informed of any changes to service delivery.</p>
	<p><b>Mental Health: All</b> Redeployment of other care professionals to respond to coronavirus in the event of a second wave will help save</p>	<p>Organisations to link with Equality Leads, Organisation Development (OD) colleagues for access to local and national support agencies for both staff and patients.</p>	<p>Commissioners and Providers to ensure recovery plans include priorities as highlighted in Simon Stevens letters dated 29<sup>th</sup> April 2020 and 31<sup>st</sup> July 2020. Letters included in Appendix 1.</p>

	<p>lives. But it also risks leaving already vulnerable older people and those living with mental health conditions exposed.</p> <p>The impact of COVID-19 is likely to increase demand for mental health services e.g. PTSD frontline staff, bereavement, Black, Asian and Minority Ethnic, domestic violence, isolation etc.</p>	<p><a href="https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-wellbeing-aspects-of-coronavirus-covid-19">https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-wellbeing-aspects-of-coronavirus-covid-19</a></p> <p><a href="https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/">https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/</a></p> <p><a href="https://www.mentalhealth.org.uk/coronavirus">https://www.mentalhealth.org.uk/coronavirus</a></p>	
<p><b>*Race</b> (in the context of Equality legislation)</p>	<p><b>People whose first language is not English</b> may need support to understand national/ local guidance and service changes and support to access services.</p>	<p>Commissioners of language interpreter services (CCG and Provider organisations) to collate information on interpreter agency provision, capacity and Business Continuity Plans escalating any potential gaps as appropriate through organisation’s internal escalation process.</p> <p>Commissioners of language interpreter services (CCG and Provider organisations) to identify if interpreter agencies provider Video provision.</p> <p>Ensure Communications/ Engagement Teams access national and local information sources: <a href="https://www.doctorsoftheworld.org.uk/coronavirus-information/#">https://www.doctorsoftheworld.org.uk/coronavirus-information/#</a></p> <p>Guidance is now available in easy read and in a range of community languages see <a href="https://www.gov.uk/government/publication">https://www.gov.uk/government/publication</a></p>	<p>Commissioners of interpreter services to review contract requirements to ensure any revisions include Quality Standards for Translation and Interpretation services.</p> <p>Commissioners of interpreter services to monitor usage and use intelligence / activity data to share with CCG Equality and Inclusion Service.</p> <p>Explore access to video-conferencing facilities.</p> <p>CCGs and Providers to work collaboratively with networks e.g. Voluntary Organisations, Black, Asian and Minority Ethnic Community Development Projects, etc. to ensure communications are shared with communities.</p> <p>CCGs and Providers to ensure they respond to any recommendations from</p>

		<p><a href="#">s/covid-19-stay-at-home-guidance</a></p> <p>Ensure organisations connect with BME CDW Projects where appropriate to support any targeted communications.</p> <p><b>Liverpool:</b> Liverpool Community Development Service (LCDS) <a href="http://psspeople.com/whats-happening/news/introducing-liverpool-community-development-services">http://psspeople.com/whats-happening/news/introducing-liverpool-community-development-services</a></p> <p><b>Sefton:</b> Sefton CVS <a href="https://seftoncv.org.uk/projects/bme/">https://seftoncv.org.uk/projects/bme/</a></p> <p><b>Halton, St Helens and Knowsley:</b> SHAP Ltd <a href="http://www.shap.org.uk/housing-support/knowsley/bme-community-development-service/">http://www.shap.org.uk/housing-support/knowsley/bme-community-development-service/</a></p> <p>Ensure organisations can signpost people to Migrant Help. <a href="https://www.migranthelpuk.org/contact">https://www.migranthelpuk.org/contact</a></p>	<p>Healthwatch surveys undertaken during COVID-19 on patient access/ experience etc.</p> <p>CCG Equality and Inclusion Service to work with Healthwatch colleagues to identify/ support any gaps in feedback from specific communities.</p>
	<p><b>Gypsy and Romany Travellers</b> Largely mobile populations and populations with lower literacy are more likely to miss accurate public health messages.</p> <p><b>Black, Asian and Minority Ethnic: All</b></p>	<p>Further support is available through Irish Community Care <a href="http://iccm.org.uk/contact/">http://iccm.org.uk/contact/</a></p> <p>Refer to resources in Appendix 1.</p>	<p>Organisations to ensure communication is effective and clear, through trusted organisations and individuals, in a culturally appropriate and sensitive way.</p> <p>Organisations to ensure communication is effective and clear, through trusted</p>

	<p>Known conditions with poorer outcomes e.g.; Sickle cell anaemia, cardiovascular disease, hypertension, diabetes, maternal deaths, and infant deaths. Known historic barriers in relation to accessing medical services.</p>		<p>organisations and individuals.</p> <p>Organisations to ensure that services are accessible and support patients to navigate services and support from other agencies.</p>
	<p><b>Black, Asian and Minority Ethnic; Workforce</b>          Black, Asian and Minority Ethnic people disproportionately impacted upon by COVID-19. Refer to statistical reviews available in Appendix 1.</p> <p>Black, Asian and Minority Ethnic people are less likely to have career development opportunities, lack of progression, differential attainment, increased referrals to disciplinary processes and pay gap inequalities.</p> <p><b>Black, Asian and Minority Ethnic; Patients</b></p>	<p>NHS Employers has now provided guidance and support to employers on creating proactive approaches to risk assessment for Black, Asian and Minority Ethnic staff, including physical and mental health <a href="https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff">https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff</a></p>	<p>CCG and Providers to amend staff risk assessment templates to include Black, Asian and Minority Ethnic and concerns on physical and mental health.</p> <p>CCGs and Providers to review organisational process which supports staff to raise concerns.</p> <p>CCGs and Providers to ensure communication is shared across staff networks.</p> <p>Commissioners and Providers to resume Workforce Race Equality Standard reporting.</p> <p>CCGs and Providers to nominate organisational leads for the Regional Strategic Advisory Board and respond to NHSE requests for information on Black, Asian and Minority Ethnic workforce.</p> <p>Ensure the organisation is represented at the Equality Collaborative Workforce Focussed Group.</p>




	<p>Black, Asian and Minority Ethnic people disproportionately impacted upon by COVID-19. Refer to statistical reviews available in Appendix 1.</p> <p>Prevalence of particular medical conditions in Black, Asian and Minority Ethnic population and perceived barriers in accessing healthcare services.</p>		<p>Implement national recommendations to support Black, Asian and Minority Ethnic workforce and patients.</p> <p>Review how services are delivered to consider how to meet the needs of particular communities and to support particular groups to access services. E.g. Outreach services.</p>
<b>Religion and Belief</b>	<p>A person's religion or belief may impact treatment options</p>	<p>Refer to information resources in Appendix 1.</p>	<p>Ensure access to religious and spiritual networks, Provider Lead Chaplain or Spiritual Teams.</p>
	<p>A person may have specific religious or spiritual need that they may need you to support them with during the End of Life phase or after death. Current Infection control issues may impact on achieving those needs. Inability for family/ friends to be with a dying person may breach Human Rights Articles 3 and 8.</p>	<p>Guidance relating to issues around death and burial for faith communities <a href="https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased">https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased</a></p>	<p>Ensure each patient is treated as an individual following local guidance and with support of local infection teams to ensure that where possible religious and spiritual needs are met and undertaken in the safest manner.</p> <p>Providers to work collaboratively with families/ friends.</p>
<b>Pregnancy and Maternity</b>	<p>Pregnant women are considered in the 'vulnerable' group of people at risk of coronavirus</p>	<p>National Guidelines are available to support service providers in their response to COVID-19. <a href="https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/">https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/</a></p> <p>NHS Employers has now provided</p>	<p>Ensure pregnant staff and patients are aware of how to access support.</p> <p>Local resource to support pregnant people: <a href="https://www.improvingme.org.uk/">https://www.improvingme.org.uk/</a></p>


		<p>guidance and support to employers on creating proactive approaches to risk assessment for staff, including physical and mental health  <a href="https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff">https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff</a></p>	
	<p>Fertility Services</p> <p>Storage limit for embryos and gametes</p> <p>Local Commissioning Policy Age criteria to commence cycle/s means that delays in access to services (either for existing or new patients) may impact on patients aged 40-42. NB refer to local policy</p>	<p>The Government has confirmed that the current 10-year storage limit for embryos and gametes will be extended by two years.</p> <p>Individual cases can be discussed between GP, CCG, Service Provider and Individual Funding Request leads.</p>	<p>Service Providers to ensure patients are informed of Government guidelines.</p> <p>Service Provider to consider Age when clinically triaging existing and new appointments.</p>
<b>Sex (M/F)</b>	<p>During periods of confinement domestic abuse (a crime mostly impacting women and girls) tends to increase, and that the health care that offers a way of identifying this issue will be under unprecedented pressure.</p> <p>Privacy and safety issues if consultations are virtual or by video.</p> <p>Women, including those who are pregnant and on maternity leave, should not be disadvantaged in their careers by following government</p>	<p>National programme and resources available  <a href="https://www.gov.uk/government/publications/coronavirus-covid-19-and-domestic-abuse/coronavirus-covid-19-support-for-victims-of-domestic-abuse">https://www.gov.uk/government/publications/coronavirus-covid-19-and-domestic-abuse/coronavirus-covid-19-support-for-victims-of-domestic-abuse</a></p> <p>Ensure guidance on shielding, self-isolation is followed.</p>	<p>Ensure any communications provide signposting to Voluntary Organisations and referrals to Safeguarding Team or Human Resources Team as appropriate.</p> <p>Providers to review letter templates to give patient options to rearrange telephone / video-consultation appointments.</p> <p>Ensure group are included in staff communications.</p>

	<p>advice to stay at home.</p> <p>Women are more likely to work in higher risk and low paid key worker roles.</p> <p><a href="https://www.theguardian.com/world/2020/mar/29/low-paid-women-in-uk-at-high-risk-of-coronavirus-exposure">https://www.theguardian.com/world/2020/mar/29/low-paid-women-in-uk-at-high-risk-of-coronavirus-exposure</a></p>	<p>Ensure guidance on shielding, self-isolation is followed and Health and Safety procedures.</p>	<p>Ensure organisation response considers actions to improve protection and health and well-being of key workers.</p> <p>Ensure organisation monitors adherence with PPE, Infection Control and procedures to support staff to raise concerns.</p>
	<p>Patients and Staff: Working from home and caring responsibility</p>		<p>Ensure recovery/ reset plans include flexibility options for people working from home with caring responsibilities to support them to access services.</p> <p>Ensure communication lines open for staff, through one to ones, Freedom to Speak Up Guardians etc. to discuss/ address any issues.</p>
	<p>Access to Mental Health services</p>		<p>For Staff: Develop a clear mental health support system ensuring that there are continuous reminders of where support can be found, and this is done in a multifaceted way. Give information (form of an email) to each individual employee explaining the system and process and asking for a 'sign off/receipt' in order to show that the employee has received and understood the information. Seek feedback from staff if they are using such services (and if not why not) and what support they would like to see to help them.</p> <p>For Patients: Ensure that mental health resources are shared with staff and patients. – Resources available in Appendix 1.</p>

<p><b>Sexual Orientation</b></p>	<p>Access to key and supportive information</p> <p>Less likely to seek medical attention due to poor experience and discrimination and experience higher levels of health inequality.</p> <p>Privacy issues if virtual or video consultations directly linked to sexual orientation if patient living in home of multiple-occupancy/ shared accommodation.</p>	<p>National information available to support LGB people to access healthcare services. <a href="https://www.stonewall.org.uk/about-us/news/covid-19-%E2%80%93-how-lgbt-inclusive-organisations-can-help">https://www.stonewall.org.uk/about-us/news/covid-19-%E2%80%93-how-lgbt-inclusive-organisations-can-help</a></p>	<p>Ensure communications from Stonewall and any other LGB community group are distributed.</p> <p>Organisations to link with Equality Leads for access to local and national support agencies for both staff and patients.</p> <p>Assess individual patient needs at the point of contact.</p> <p>Providers to review letter templates to give patient options to rearrange telephone / video-consultation appointments.</p>
<p><b>Gender Reassignment</b></p>	<p>Access to key and supportive information</p> <p>Less likely to seek medical attention due to poor experience and discrimination.</p>	<p>National information available to support people who are/ have transitioned to access healthcare services. <a href="https://www.stonewall.org.uk/about-us/news/covid-19-%E2%80%93-how-lgbt-inclusive-organisations-can-help">https://www.stonewall.org.uk/about-us/news/covid-19-%E2%80%93-how-lgbt-inclusive-organisations-can-help</a></p>	<p>Ensure communications are from Stonewall and other Transgender community groups are distributed.</p> <p>Organisations to link with Equality Leads for access to local and national support agencies for both staff and patients.</p>
<p><b>Marriage and Civil Partnership</b></p>	<p><b>Refer to Mental Health –All</b> <b>Refer to Religion and Belief</b> <b>Refer to Sex (M/F) Domestic Violence</b></p>	<p>Resources available in Appendix 1.</p>	<p>Ensure family members are included in individual care planning as appropriate.</p>
<p><b>Other</b></p>	<p><b>Health Inequalities and Poverty</b> Migrant workers who are vulnerable and unable to access public funds.</p>	<p>Resources available in Appendix 1.</p>	<p>Communications and Engagement Teams to ensure information is accessible to all staff with a view to signposting patients.</p>

			 From Migrant Help key info re access to
	<p><b>People within the criminal justice service and prisons</b>          COVID-19 poses a higher risk to populations that live in close proximity to each other.          (NHSE commissioned services)</p>	<p>National guidance available for responding to COVID-19 within prison services.</p>	<p>Ensure organisation response includes information sharing with those delivering services within prisons.</p> <p>CCGs to liaise with General Practice to ensure people leaving prison are able to access General Practice services.</p>
	<p><b>Health Inequalities and Poverty</b>          E.g. Unhealthy behaviours; smoking, excessive consumption of alcohol, poor diet and low levels of physical activity.</p> <p>Difficulty reported by networks in engaging with certain communities.</p> <p>Poor diet children</p> <p>Poorer Northern areas more impacted by COVID-19 spikes. People feeling like they still have to go to work due to poverty.</p>	<p>Resources available in Appendix 1.</p>	<p>CCGs and Providers to work with local communities to support Safeguarding people in poorer communities.</p> <p>Organisation recovery plans to include the continued communication of information to support people different communities.</p> <p>Review how services are delivered to consider how to meet the needs of particular communities and to support particular groups to access services. E.g. Outreach services.</p> <p>Ensure organisations share any information on local resources/ supplies with Local Authorities for onward communication to schools and community groups.</p> <p>Ensure any health messages on social distancing and risk messages are communicated widely. Communicate resources on local support available for people living in poverty who are experiencing COVID-19 symptoms and share resources on reporting workplace</p>

<p><b>All</b></p>	<p><b>Decision Making</b> The normal course of action, of writing and submitting Equality Analysis reports (EIAs) to committees, and then acting, may be too slow a process for rapidly changing environments. However, the <u>Courts follow precedent and deviation from the precedent implies risk.</u></p>	<p>CCGs and Providers have established Governance arrangements in place.</p>	<p>concerns (Appendix 1). Wherever possible current equality processes around meeting PSED must be maintained , however if this is deemed too impractical in an emergency situation then actions that need to be taken; Use a methodology to record decisions and acknowledge PSED responsibilities. The Courts will understand the ‘time crunch/ delivering at pace’ to fighting the epidemic, but they will want to see how PSED has been incorporated into that process, even if that process has been temporarily abridged. Refusing to meet PSED is not an option. Commissioners and Providers must be cognisant that Equality Impact Assessments are public documents.</p>
	<p><b>Recovery Planning</b></p>	<p>Human Rights Any restrictions must be carefully thought through, so that restrictions are rights-respecting rather than breaching the very standards that we all need to maintain our safety and dignity</p>	<p>Review service change log. What dependencies are there to resume service, equality considerations and any mitigation needed. Engage with relevant stakeholders. Applicable to all NHS Organisations including CCGs for General Practice.  Ensure staff are treated as an individual if returning to work ensuring local guidance is followed in relation to Health and Safety and local infection prevention and control measures.  Continue to work with sub-contractors in relation to Response and Recovery plans.  Share best practice across system, e.g. digital inclusion; use of telephone and video consultations between patients and</p>

			<p>clinicians.</p> <p>Ensure organisation representation at Community Advisory Group (Co-ordinated by Merseyside Police).</p> <p>Ensure ongoing Monitoring of Safeguarding referrals.</p> <p>Ensure Commissioners and Providers continue to promote access to learning from emerging evidence and best practice. Continue to engage with local regional and national shared learning opportunities to identify best practice.</p>
<p>Contact Details of a number of support agencies for people with Protected Characteristics or specific disabilities are available from Provider Equality Leads (via Best Practice Guidance for Reasonable Adjustments).</p> <p>All advice to the public about what to do during the pandemic is issued by Public Health England (PHE) and published at <a href="https://www.gov.uk/coronavirus">https://www.gov.uk/coronavirus</a> There is also supporting information on <a href="https://www.nhs.uk/conditions/coronavirus-covid-19/">https://www.nhs.uk/conditions/coronavirus-covid-19/</a> This is the only official source of advice.</p> <p>Local, Regional and National information sources is provided as follows:</p> <div data-bbox="206 938 266 1007">  </div> <p>200409 Accessible Information about CO</p>			

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



COVID-19 Equality  
Specific documents.xl

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



COVID-19 and PSED  
briefing for GB and Pr

## **Appendix 3 Recovery Planning; Service Change Key Equality Considerations**



Recovery Planning;  
Service Change Key E

<b>Version</b>	<b>Change Log</b>
<b>1</b>	
<b>2</b>	Additions to barriers matrix
<b>3</b>	<ul style="list-style-type: none"> <li>*Over 65's added to Age in relation to bed pressures and access to respiratory equipment.</li> <li>*Recommendations updated to include target audience for brief.</li> <li>*Provider Lead Chaplain or Spiritual Teams added to Religion or Belief.</li> <li>*Safeguarding and Human Resources added to mitigations on Sex (M/F) issue relating to domestic abuse.</li> <li>*End of Life Care needs added to Religion or Belief.</li> </ul>
<b>4</b>	<ul style="list-style-type: none"> <li>*Recommendations updated to include: Providers and CCGs to note that the Equality and Human Rights Commission has suspended reporting on specific equality duties for this year. The General Duty is still in force.</li> <li>*Guidance relating to issues around death and burial for faith communities added to Religion or Belief</li> <li>*easy read and community languages government information source added to Disability and Race</li> <li>*Web links added to Age: Vulnerable (All Ages)</li> <li>*Web links added to the end of the barriers matrix to include Public Health England official sources of advice</li> <li>*NHS England collated information sources list embedded at the end of the barriers matrix.</li> <li>*Reference to NICE guidance replaced with national guidance on maintaining quality on Age (Over 65 and disability).</li> <li>*BMA ethical guidance added to Age (Over 65 and disability).</li> </ul>
<b>5</b>	<ul style="list-style-type: none"> <li>*Dates added to Briefing Date to highlight version control.</li> <li>*Equality Legal Duty added to Background section</li> <li>*Reference to recovery, recommended actions and additional appendices added to Barriers Matrix section</li> <li>*key issue added: disproportionate impact of COVID-19 on particular groups.</li> <li>*key issue removed: translation and interpretation provision</li> <li>*key issue: wording added: "changes to services" to third bullet point.</li> <li>*key issue: wording added "the need to" to opening sentence of last bullet point.</li> <li>*recommendations: wording added "and CCGs" and "PSED is still active" to recommendation 3.</li> <li>*recommendation added: CCGs and Providers to ensure Governing Bodies and Organisation Boards respectively are sighted on Equality Duty and associated risks by sharing the latest version of the Equality Brief and PSED brief v3 (Appendix 2).</li> <li>*recommendation added: CCGs and Providers to continue to seek assurance of service provision from interpreter agencies (language and BSL).</li> <li>*recommendation removed: reporting requirements suspension.</li> </ul>



	<p>*recommendation added: Ensure patient data of COVID-19 cases and deaths are recorded by protected characteristic e.g. ethnicity and disability in addition to the standard gender, sex characteristics.</p> <p>*recommendation added: Ensure workforce risk assessments updated in line with National recommendations around Black, Asian and Minority Ethnic staff.</p> <p>*Structural/ formatting changes made to barriers matrix to include recommended actions column. Recommended actions added to each Protected Characteristic and Issue.</p> <p>*Disproportionate impact on Black, Asian and Minority Ethnic people added to Race protected characteristic.</p> <p>*Human Rights issue added to Religion and Belief protected characteristic.</p> <p>*Additional consideration added to barriers matrix: Health Inequalities and Poverty.</p> <p>*Additional consideration added to barriers matrix: Decision Making.</p> <p>*Additional consideration added to barriers matrix: Recovery.</p> <p>*Appendix 1 added: includes statistical reports, guidance, national letters, health journal articles and newspaper articles linked to relevant protected characteristics and patient / staff groups.</p> <p>*Appendix 2 added: PSED brief for CCG Governing Bodies and Provider Boards.</p>
6	<p>*background narrative updated to reference the need to consider equality issues in recovery planning.</p> <p>*recommendation 8: age added and reference to gender removed.</p> <p>*recommendation added: Commissioners and Providers to resume Workforce reporting; Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) in line with NHS England letter dated 19<sup>th</sup> May 2020.</p> <p>*recommendation added: Further to national advice that EDS2 reporting is for local determination; Commissioners and Providers should publish EDS2 summary reports on external websites. It is acceptable to re-publish existing summary reports if it has not been possible to update due to current organisational pressures.</p> <p>*recommendation added: Commissioners and Providers to work collaboratively on Quality and Equality considerations for recovery plans. Access advice and support from Provider Equality Leads and Merseyside CCGs Equality and Inclusion Service.</p> <p>*Disability: issue added to neuro-diversity of people reporting difficulty using NHS 111 online services. Recommended action also added.</p> <p>*Race: Black, Asian and Minority Ethnic: narrative amended to reflect that NHS Employers has now published guidance.</p> <p>*Pregnancy and Maternity: issue added to barriers matrix specific to fertility services; services resuming and storage limits. Mitigations and Recommended Actions added.</p> <p>*Other: Health Inequalities and Poverty: Narrative reworded in the issue section and now includes low level of physical activity and difficulty reported by networks in engaging with certain communities.</p> <p>*Appendix 1 updated with further publications. Publications added since the last issue of the Equality Briefing are highlighted in yellow for ease of reference.</p>
7	<p>*recommendation added: Commissioners and Providers to be cognisant of Human Resources (HR) implications in the return to “business as usual” in relation to Staff Risk Assessments, supporting staff, processes for raising concerns, use of Freedom to Speak Up Guardians etc. Link to NHS Employers publications available in Appendix 1.</p> <p>*recommendation added: Ensure Commissioners and Providers continue to promote access to learning from emerging evidence and best practice. Continue to engage with local regional and national shared learning opportunities to identify best practice.</p> <p>*recommendation added: Provide nominations from your organisation for the North West Region Black, Asian and Minority Ethnic Advisory Group further to the enclosed letter from Bill McCarthy, Executive Regional Director (North West) NHS England and Improvement 8<sup>th</sup> June 2020.</p> <p>*recommendation added: Respond to Black, Asian and Minority Ethnic assurance request from Regional Chief People Officer NHSE &amp; I (North West) 20<sup>th</sup> June 2020.</p> <p>*recommendation added: Take actions in response to the letter dated 24<sup>th</sup> June 2020 from Dr Kanani, Medical Director for Primary Care NHSE &amp; I, and Amanda Pritchard, Chief Operating Officer NHSE &amp; I</p> <p>*recommendation added: Commissioners and Providers to use the recovery planning key equality considerations in Appendix 3.</p> <p>*Age Over 65: reference to disability removed.</p> <p>*Age Over 65: issue and mitigation added relating to digital inclusion</p> <p>*Age Over 65's: link to NICE guidance added to mitigation.</p>

	<p>*Age: Vulnerable All Ages recommended action added for CCGs to ensure there is ongoing engagement and inclusive communication with communities.</p> <p>*Age: Working Age issues, mitigations and recommendations added relating to Groups disproportionately impacted upon by COVID-19, Carers and Worklessness.</p> <p>*Disability All: issue relating to prioritisation of patients in the response to COVID-19 and human rights duplicated from Age section; includes mitigations and further recommended action.</p> <p>*Disability All: issue and mitigation added relating to digital inclusion.</p> <p>*Disability Sensory; D/deaf; recommended action added to ensure there is ongoing engagement and inclusive communication with communities.</p> <p>*Disability Sensory; D/deaf: issue added in relation to barriers experienced following the introduction of face masks/ coverings when D/deaf people use lip reading. Resource including in Appendix 1 and recommended action added.</p> <p>*Disability: issue added in relation to workforce, mitigation and further recommended action included to resume Workforce Disability Equality Standard reporting.</p> <p>*Disability; neuro-diversity, learning disabilities; issue added in relation to Anxiety amongst people with Learning Disabilities following the introduction of face masks/ coverings and the public not necessarily understanding that there are groups of people exempt from wearing them. Recommended action added.</p> <p>*Race Black, Asian and Minority Ethnic: Workforce added to header.</p> <p>*Race Black, Asian and Minority Ethnic: recommendation added for Commissioners and Providers to resume Workforce Race Equality Standard reporting.</p> <p>*Race Black, Asian and Minority Ethnic patient issues and recommended action added relating to disproportionate impact of COVID-19 and prevalence of particular medical conditions in Black, Asian and Minority Ethnic population and perceived barriers in accessing healthcare services.</p> <p>*Pregnancy and Maternity: reference to NHS Employers guidance on risk assessments added to mitigations.</p> <p>*All Decision Making: additional sentence added to recommended action for Commissioners and Providers to be cognisant that Equality Impact Assessments are public documents.</p> <p>*All Recovery Planning: further recommended action added for Commissioners and Providers to continue to promote access to learning from emerging evidence and best practice. Continue to engage with local regional and national shared learning opportunities to identify best practice.</p> <p>*Appendix 1 updated with further publications. Publications added since the last issue of the Equality Briefing are highlighted in yellow for ease of reference.</p> <p>*Appendix 3 added; includes Recovery Planning Service Change Key Equality Considerations for recovery planning.</p>
8	<p>*BAME replaced with Black, Asian and Minority Ethnic throughout.</p> <p>*Background narrative: amended to reference evidence of COVID-19 on particular groups of people and to reference widening health inequalities. Information sources included.</p> <p>*Key Issues: 'and health inequalities widening' added to the sentence- Disproportionate impact of COVID-19 on particular groups.</p> <p>*Key issues: changes to service provision added.</p> <p>*Recommendations: new recommendation added: It is essential that the three NHS priorities as outlined in Simon Steven's letter dated 31<sup>st</sup> July 2020; Third Phase of NHS Response to COVID-19 are unpinned by the findings and recommendations within this Equality Briefing. The NHS priorities noted as follows:</p> <ol style="list-style-type: none"> <li>a. Accelerating the return to near-normal levels of non-COVID health services, making full use of the capacity available in the 'window of opportunity' between now and winter.</li> <li>b. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable COVID spikes locally and possibly nationally.</li> <li>c. Doing the above in a way that takes account of lessons learned during the first COVID peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.</li> </ol> <p>*Recommendations: Reference to specific staff groups removed from the sentence 'Distribute COVID-19 Equality Brief to all relevant teams across organisation'. Added: 'and wider system partners where appropriate'.</p> <p>*Recommendations: recommendation on ensuring Governing Bodies and Organisation Boards are sighted on legal duty and briefing reworded to: CCGs, Providers and wider system partners to ensure that Organisation Boards are sighted on the latest version of the Equality</p>

Briefing and all associated appendices.

\*Recommendations: additional narrative added regarding inclusive communications as follows: Ensure communications are inclusive, timely and informative (in terms of appointment time, location, PPE requirements etc.).

\*Recommendations: Narrative on targeted engagement amended to read: Develop targeted campaigns, engagement and communications with vulnerable people and communities who are in high priority need e.g. Black, Asian and Minority Ethnic communities, and people living in deprived areas.

\*Recommendations: narrative added to the collection of COVID-19 related deaths to include: monitored locally so that the intelligence can be used to inform targeted engagement.

\*Recommendations: Health inequalities added to the following: Commissioners and Providers to work collaboratively on Equality, Quality and health inequality considerations for recovery plans. Access advice and support from Provider Equality Leads and Merseyside CCGs Equality and Inclusion Service.

\*Age Over 65: reference to other countries guidelines removed.

\*Age Over 65: Access to services and treatment added as an issue.

\*Age Over 65: mitigation narrative amended from 'the challenge for local health commissioners and services if cases continue to rise on current projections is to develop a consistent approach, based on an understanding and communication of risk on a case-by-case basis and to avoid a blunt ageist approach to read 'the challenge for local health commissioners and services the event of a second wave of COVID-19 is to develop a consistent approach, based on an understanding and communication of risk on a case-by-case basis and to avoid a discriminatory approach'.

\*Age Over 65: note added to the NICE Guidance 159 to read Note this guidance was updated on 29<sup>th</sup> April 2020 to stating that the Clinical Frailty Scale should be used as part of a holistic assessment, but should not be used for younger people, people with stable long-term disabilities, learning disabilities or autism.

\*Age Vulnerable People-All Ages: link updated to reflect the latest shielding guidance.

\*Age Vulnerable People-All Ages: new issue, mitigation and further action added relating to potential missed opportunities to identify Safeguarding Issues as service recovery moves from face to face to virtual appointments.

\*Disability All: reference to other countries guidelines removed.

\*Disability All: new issue added: Impact of COVID-19 on people with disabilities and access to services.

\*Disability All: new issue added: Concerns that people with learning disabilities and children and young people with SEND will not get equal access to treatment.

\*Disability All: mitigation narrative amended from 'the challenge for local health commissioners and services if cases continue to rise on current projections is to develop a consistent approach, based on an understanding and communication of risk on a case-by-case basis and to avoid a blunt ageist approach to read 'the challenge for local health commissioners and services the event of a second wave of COVID-19 is to develop a consistent approach, based on an understanding and communication of risk on a case-by-case basis and to avoid a discriminatory approach'.

\*Disability All: reference to NICE Guideline 159 added to mitigation.

\*Disability D/deaf: support to access video consultations added to issue and mitigation narrative added for CCGs to work with IT service on General Practice IT Kit/ Equipment.

\*Disability Mental Health All: reference to a second wave added to the issues and reference to NHSEI letter dated 31<sup>st</sup> July 2020 added to the further actions column.

\*Race People whose first language is not English: support to access services narrative added to the issue.

\*Sex M/F: issue added for Patients and Staff: Working from home and caring responsibility. Further recommendation action added.

\*Sex M/F: issue added for Access to Mental Health services. Further recommendation added.

\*Appendix 1 updated with further publications. Publications added since the last issue of the Equality Briefing are highlighted in yellow for ease of reference.

9	<p>*Throughout: BAME abbreviation removed throughout and replaced with Black, Asian and Minority Ethnic.</p> <p>*Background: opening narrative amended to reflect the current phase including winter planning and a second wave and emerging evidence of spikes in cases in particular groups.</p> <p>*Recommendations: sentence added to recommendation 14: This also applies to the event of a Second Wave of COVID-19 and the possibility that some staff may need to return to shielding.</p> <p>*Age: Working Age: issue and further recommended action added relating local spikes of COVID-19 cases in Working Age people and Women aged 20 to 40.</p> <p>*Age: Children and Young People: issue and further recommended action added relating to digital divide and not all have access to the internet or laptops to access health care advice/ other services online.</p> <p>*Age: Children and Young People: issue and further recommended action added relating to an increase in the number of mental health admissions for people with Eating Disorders.</p> <p>*Age: Children and Young People: issue and further recommended action added relating to the negative impact of COVID-19 on Children and Young People's Mental Health</p> <p>*Disability: All: issue and further recommended action added relating to the impact on people who are Carers of people with dementia and / or learning disabilities and not being able to attend appointments or inpatient visiting.</p> <p>*Race: asterix added to the protected characteristic to indicate the word race is used in the context of Equality legislation.</p> <p>*Race: Black, Asian and Minority Ethnic: All: specific reference to Sickle Cell Anaemia removed and replaced with the following issue; Known conditions with poorer outcomes e.g.; Sickle cell anaemia, cardiovascular disease, hypertension, diabetes, maternal deaths, infant deaths. Known historic barriers in relation to accessing medical services. Mitigation and further recommended action added.</p> <p>*Race: Black, Asian and Minority Ethnic: Workforce: issue added in relation to Black, Asian and Minority Ethnic people are less likely to have career development opportunities, lack of progression, differential attainment, increased referrals to disciplinary processes and pay gap inequalities. Further recommended action added to ensure the organisation has representation at the Equality Collaborative Workforce Focussed Forum.</p> <p>*Sex M/F issue and further recommended action added relating to domestic abuse and privacy and safety issues if consultations are virtual or by video.</p> <p>*Sexual Orientation: issue and further recommended action added Privacy issues if virtual or video consultations directly linked to sexual orientation if patient living in home of multiple-occupancy/ shared accommodation.</p> <p>*Other: Health Inequalities and Poverty: issue and further recommended action added relating to children and poor diet.</p> <p>* Other: Health Inequalities and Poverty: issue and further recommended action added relating to Poorer Northern areas more impacted by COVID-19 spikes. People feeling like they still have to go to work due to poverty.</p> <p>*Appendix 1 updated with further publications. Publications added since the last issue of the Equality Briefing are highlighted in yellow for ease of reference.</p>
---	--

COVID-19 Equality Related News Articles/ Statistical Reports/ Guidance/ Resources etc							
Items added since the last circulation of the Equality Brief are highlighted in yellow.							
Type	Title	Published by	Website / Link to article	Article Date	Link to Protected Characteristics	Patient	Staff
Article	Younger women 'bearing brunt' of second wave of Covid in UK	Guardian	<a href="https://www.theguardian.com/world/2020/sep/22/younger-women-bearing-brunt-of-second-wave-of-covid-in-uk">https://www.theguardian.com/world/2020/sep/22/younger-women-bearing-brunt-of-second-wave-of-covid-in-uk</a>	22.09.2020	Age Sex	v	v
Data	Coronavirus and the social impacts on Great Britain: 18 September 2020	Office National Statistics	<a href="https://www.ons.gov.uk/releases/coronavirusandthesocialimpactsongreatbritain18september2020">https://www.ons.gov.uk/releases/coronavirusandthesocialimpactsongreatbritain18september2020</a>	18.09.2020	All	v	v
Report	Emerging evidence on COVID-19's impact on money and resources	The Health Foundation	<a href="https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-covid-19s-impact-on-money-and-resources">https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-covid-19s-impact-on-money-and-resources</a>	17.09.2020	All	v	v
Guidance	COVID-19: epidemiology, virology and clinical features	Public Health England	<a href="https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information/wuhan-novel-coronavirus-epidemiology-virology-and-clinical-features">https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information/wuhan-novel-coronavirus-epidemiology-virology-and-clinical-features</a>	16.09.2020	All	v	v
Resource	Guidance for parents and carers on supporting children and young people's mental health and wellbeing during the coronavirus (COVID-19) pandemic	Public Health England	<a href="https://www.gov.uk/government/publications/covid-19-guidance-on-supporting-children-and-young-peoples-mental-health-and-wellbeing/guidance-for-parents-and-carers-on-supporting-children-and-young-peoples-mental-health-and-wellbeing-during-the-coronavirus-covid-19-outbreak">https://www.gov.uk/government/publications/covid-19-guidance-on-supporting-children-and-young-peoples-mental-health-and-wellbeing/guidance-for-parents-and-carers-on-supporting-children-and-young-peoples-mental-health-and-wellbeing-during-the-coronavirus-covid-19-outbreak</a>	14.09.2020	Age	v	v
Resource	Guidance for the public on the mental health and wellbeing aspects of coronavirus (COVID-19)	Public Health England	<a href="https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing">https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing</a>	14.09.2020	All	v	v
Resource	Health and Care Video Library Health information at your fingertips	Health and Care Videos	<a href="https://www.healthandcarevideos.uk/">https://www.healthandcarevideos.uk/</a>	08.09.2020	All		v
Guidance	Framework to assist NHS trusts to reintroduce access for partners, visitors and other supporters of pregnant women in English maternity services	NHS England	<a href="https://www.england.nhs.uk/coronavirus/publication/framework-to-assist-nhs-trusts-to-reintroduce-access-for-partners-visitors-and-other-supporters-of-pregnant-women-in-english-maternity-services/">https://www.england.nhs.uk/coronavirus/publication/framework-to-assist-nhs-trusts-to-reintroduce-access-for-partners-visitors-and-other-supporters-of-pregnant-women-in-english-maternity-services/</a>	08.09.2020	Pregnancy and Maternity	v	
Report	COVID-19: mental health and wellbeing surveillance report	Government	<a href="https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/1-about-this-report">https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/1-about-this-report</a>	08.09.2020	All	v	v
Resource	Webinar recording: Building back from COVID-19: tackling health inequality in partnership	Social Care Institute for Excellence	<a href="https://www.scie.org.uk/integrated-care/delivering/tackling-health-inequality-webinar?utm_campaign=11759938_SCIELine%2010%20September%202020&amp;utm_medium=email&amp;utm_source=SOCIAL%20CARE%20INSTITUTE%20FOR%20EXCELLENCE%20&amp;utm_sfid=0036f00003JDcH4AAL&amp;utm_role=Manager&amp;dm_i=405,7020Y,20DANS,S7020,1">https://www.scie.org.uk/integrated-care/delivering/tackling-health-inequality-webinar?utm_campaign=11759938_SCIELine%2010%20September%202020&amp;utm_medium=email&amp;utm_source=SOCIAL%20CARE%20INSTITUTE%20FOR%20EXCELLENCE%20&amp;utm_sfid=0036f00003JDcH4AAL&amp;utm_role=Manager&amp;dm_i=405,7020Y,20DANS,S7020,1</a>	08.09.2020	All	v	v

Report	The impact of COVID-19 on mental health in England	British Medical Association (BMA)	<a href="https://www.bma.org.uk/what-we-do/population-health/mental-health/the-impact-of-covid-19-on-mental-health-in-england">https://www.bma.org.uk/what-we-do/population-health/mental-health/the-impact-of-covid-19-on-mental-health-in-england</a>	07.09.2020	All	v	v
Guidance	The Mental Capacity Act (2005) (MCA) and deprivation of liberty safeguards (DoLS) during the coronavirus (COVID-19) pandemic	Department of Health and Social Care	<a href="https://www.gov.uk/government/publications/coronavirus-covid-19-looking-after-people-who-lack-mental-capacity/the-mental-capacity-act-2005-mca-and-deprivation-of-liberty-safeguards-dols-during-the-coronavirus-covid-19-pandemic">https://www.gov.uk/government/publications/coronavirus-covid-19-looking-after-people-who-lack-mental-capacity/the-mental-capacity-act-2005-mca-and-deprivation-of-liberty-safeguards-dols-during-the-coronavirus-covid-19-pandemic</a>	07.09.2020	Disability	v	
Report	Beyond COVID: New thinking on the future of adult social care	Social Care Institute for Excellence	<a href="https://www.scie.org.uk/files/care-providers/coronavirus/beyond/new-thinking-adult-social-care.pdf">https://www.scie.org.uk/files/care-providers/coronavirus/beyond/new-thinking-adult-social-care.pdf</a>	Sep-20	Age	v	
Resource	Every Mind Matters: Children and young people's mental health	NHS	<a href="https://www.nhs.uk/oneyou/every-mind-matters/">https://www.nhs.uk/oneyou/every-mind-matters/</a>	Sep-20	Age	v	
Article	Council's coronavirus age group warning as infection rates double in a week	Liverpool Echo	<a href="https://www.liverpooecho.co.uk/news/liverpool-news/councils-coronavirus-age-group-warning-18891060">https://www.liverpooecho.co.uk/news/liverpool-news/councils-coronavirus-age-group-warning-18891060</a>	07.09.2020	Age	v	v
Report	National COVID-19 surveillance reports, including weekly summary of findings monitored through various COVID-19 surveillance systems.	Government	<a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/914813/Weekly_COVID19_Surveillance_Report_week_36_FINAL.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/914813/Weekly_COVID19_Surveillance_Report_week_36_FINAL.pdf</a>	04.09.2020 weekly ongoing	All	v	v
Guidance	Coronavirus (COVID-19) guidance for employers	Equality and Human Rights Commission (EHRC)	<a href="https://www.equalityhumanrights.com/en/advice-and-guidance/coronavirus-covid-19-guidance-employers">https://www.equalityhumanrights.com/en/advice-and-guidance/coronavirus-covid-19-guidance-employers</a>	03.09.2020	All		v
Report	COVID-19 policy tracker A timeline of national policy and health system responses to COVID-19 in England	The Health Foundation	<a href="https://www.healthfoundation.org.uk/covid-19-policy-tracker">COVID-19 policy tracker A timeline of national policy and health system responses to COVID-19 in England</a>	03.09.2020	All	v	v
Report	Impact of COVID-19 on working lives New findings and analysis on the ongoing impact of the coronavirus pandemic on working lives	CIPD	<a href="https://www.cipd.co.uk/knowledge/work/trends/good-work/covid-impact">https://www.cipd.co.uk/knowledge/work/trends/good-work/covid-impact</a>	03.09.2020	All	v	v
Resource	PPE portal: how to order emergency personal protective equipment	Government	<a href="https://www.gov.uk/guidance/ppe-portal-how-to-order-emergency-personal-protective-equipment">https://www.gov.uk/guidance/ppe-portal-how-to-order-emergency-personal-protective-equipment</a>	02.09.2020	All	v	v
Guidance	Coronavirus (COVID-19): changes to the Care Act 2014	Government	<a href="https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014">https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014</a>	01.09.2020	All	v	v
Guidance	Coronavirus (COVID-19): what to do if you're employed and cannot work	Government	<a href="https://www.gov.uk/guidance/coronavirus-covid-19-what-to-do-if-youre-employed-and-cannot-work">https://www.gov.uk/guidance/coronavirus-covid-19-what-to-do-if-youre-employed-and-cannot-work</a>	01.09.2020	All	v	v

Resource	Support now (Additional services to support staff)	NHS People	<a href="https://people.nhs.uk/help/">https://people.nhs.uk/help/</a>	Sep-20	All		v
Resource	Reporting a Health and Safety Issue	Health and Safety Executive	<a href="https://www.hse.gov.uk/contact/concerns.htm">https://www.hse.gov.uk/contact/concerns.htm</a>	Sep-20	All	v	v
Meeting Notes/ Data	SAGE 53 minutes: Coronavirus (COVID-19) response, 27 August 2020	Government	<a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/918726/S0727_Fifty-third_SAGE_meeting_on_COVID-19.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/918726/S0727_Fifty-third_SAGE_meeting_on_COVID-19.pdf</a>	27.08.2020	All	v	v
Resource	Coronavirus (COVID-19) & Sickle Cell Disorder	Sickle Cell Society	<a href="https://www.sicklecellsociety.org/coronavirus-and-scd/">https://www.sicklecellsociety.org/coronavirus-and-scd/</a>	27.08.2020	Race	v	v
Guidance	Reintroduction of NHS continuing healthcare	Department of Health and Social Care	<a href="https://www.gov.uk/government/publications/reintroduction-of-nhs-continuing-healthcare">https://www.gov.uk/government/publications/reintroduction-of-nhs-continuing-healthcare</a>	21.08.2020	All	v	
Resource	Video consulting with your NHS A guide for patients	NHS England and Improvement	<a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/08/C0638-nhs-vc-patient-quick-guide-a4.pdf">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/08/C0638-nhs-vc-patient-quick-guide-a4.pdf</a>	Aug-20	All	v	
Resource	Video consulting with your patients A guide for NHS Staff	NHS England and Improvement	<a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/08/C0638-nhs-vc-nhs-staff-quick-guide-a4.pdf">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/08/C0638-nhs-vc-nhs-staff-quick-guide-a4.pdf</a>	Aug-20	All		v
Article	Coronavirus: Cover-up fears as reviews of Covid-19 deaths among NHS staff to be kept secret	Independent	<a href="https://www.independent.co.uk/news/health/coronavirus-nhs-staff-deaths-secret-cover-up-ministers-a9667156.html?utm_source=upday&amp;utm_medium=referral">https://www.independent.co.uk/news/health/coronavirus-nhs-staff-deaths-secret-cover-up-ministers-a9667156.html?utm_source=upday&amp;utm_medium=referral</a>	15.08.2020	All		v
Article	Sheer fear': mental health impacts of Covid-19 come to fore	Guardian	<a href="https://www.theguardian.com/world/2020/aug/14/sheer-fear-mental-health-impacts-of-covid-19-come-to-fore">https://www.theguardian.com/world/2020/aug/14/sheer-fear-mental-health-impacts-of-covid-19-come-to-fore</a>	15.08.2020	All	v	v
Article	BBC	Guardian	<a href="https://www.bbc.com/news/health-55282222">Fears the coronavirus pandemic will hit women hardest</a>	14.08.2020	Sex	v	v
Article	UK's poorest 'skip meals and go hungry' during coronavirus crisis	Guardian	<a href="https://www.theguardian.com/uk-news/2020/aug/12/coronavirus-lockdown-hits-nutritional-health-of-uks-poorest">https://www.theguardian.com/uk-news/2020/aug/12/coronavirus-lockdown-hits-nutritional-health-of-uks-poorest</a>	13.08.2020	Other - Poverty	v	v
Resource	Free Wellbeing Support Service for our Health/Care Workers	Project5	<a href="https://www.project5.org/">https://www.project5.org/</a>	Aug-20	All		v
Resource	Reuniting as a team Seven ways to bounce back after COVID	NHS Our People	<a href="https://people.nhs.uk/guides/aod-reuniting-as-a-team/">https://people.nhs.uk/guides/aod-reuniting-as-a-team/</a>	Aug-20	All		v
Resource	Virtual All Staff Common Room. Culturally Diverse Virtual Staff Common Room	NHS Events	<a href="https://www.events.england.nhs.uk/events">https://www.events.england.nhs.uk/events</a>	Aug-20	All Race		v
Resource	Liberate has partnered with the NHS to offer you a free subscription until December 2020 to the #1 meditation app for POC/BAME communities.	NHS and Liberate	<a href="https://people.nhs.uk/help/support-apps/liberate-meditation/">https://people.nhs.uk/help/support-apps/liberate-meditation/</a>	Aug-20	Race		v

Guidance	Domestic abuse: get help during the coronavirus (COVID-19) outbreak	Government	<a href="https://www.gov.uk/guidance/domestic-abuse-how-to-get-help">https://www.gov.uk/guidance/domestic-abuse-how-to-get-help</a>	13.08.2020	Sex		v	v
Article	I'm disabled but was told I won't receive critical care if I get Covid. It's terrifying	Guardian	<a href="https://www.theguardian.com/society/2020/aug/13/disabled-wont-receive-critical-care-covid-terrifying">https://www.theguardian.com/society/2020/aug/13/disabled-wont-receive-critical-care-covid-terrifying</a>	13.08.2020	Disability		v	
Stakeholder Engagement	Letter to participants in Public Health England's Understanding the impact of COVID-19 on BAME groups review: August 2020	Government Equalities Office	<a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908584/Minister_for_Equalities_letter.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908584/Minister_for_Equalities_letter.pdf</a>	11.08.2020	Race		v	v
Guidance	North West COVID-19 Community Risk Reduction Framework: A framework to help local partnerships reduce the risk of transmission and impact of COVID – 19 on local communities	NHS England and Improvement	<a href="https://www.southseftonccg.nhs.uk/media/4225/nw-covid-19-community-risk-reduction-framework--august-2020.pdf">https://www.southseftonccg.nhs.uk/media/4225/nw-covid-19-community-risk-reduction-framework--august-2020.pdf</a>	Aug-20	All		v	
Resource	Radio station launch: for people living with Dementia	Music 4 Dementia	<a href="https://m4dradio.com/">https://m4dradio.com/</a>	Aug-20	Resource		v	
Resource	BMJ Best Practice for all NHS staff in England	BMJ Best Practice for all NHS staff in England	<a href="https://www.bmj.com/company/hee/">https://www.bmj.com/company/hee/</a>	Aug-20	All		v	
Resource	Website Launch: Supporting your recovery after COVID-19	NHS England and Improvement	<a href="https://www.yourcovidrecovery.nhs.uk/">https://www.yourcovidrecovery.nhs.uk/</a>	Aug-20	All		v	v
Guidance	PPE portal: how to order emergency personal protective equipment	Government	<a href="https://www.gov.uk/guidance/ppe-portal-how-to-order-emergency-personal-protective-equipment">https://www.gov.uk/guidance/ppe-portal-how-to-order-emergency-personal-protective-equipment</a>	10.08.2020	All		v	v
Guidance	COVID-19: epidemiology, virology and clinical features	Public Health England	<a href="https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information/wuhan-novel-coronavirus-epidemiology-virology-and-clinical-features">https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information/wuhan-novel-coronavirus-epidemiology-virology-and-clinical-features</a>	07.08.2020	All		v	v
Guidance	Implementing phase 3 of the NHS response to the COVID-19 pandemic	NHS England and Improvement	<a href="https://www.england.nhs.uk/wp-content/uploads/2020/08/implementing-phase-3-of-the-nhs-response-to-covid-19.pdf">https://www.england.nhs.uk/wp-content/uploads/2020/08/implementing-phase-3-of-the-nhs-response-to-covid-19.pdf</a>	07.08.2020	All		v	v
Resource	Optional badges/lanyards to promote ongoing social distancing	Government	<a href="https://www.gov.uk/government/publications/please-give-me-space-social-distancing-cards-or-badges">https://www.gov.uk/government/publications/please-give-me-space-social-distancing-cards-or-badges</a>	07.08.2020	All		v	v
Article	Parents, carers and disabled people in UK 'twice as likely to lose job'	Guardian	<a href="https://www.theguardian.com/world/2020/aug/06/parents-carers-and-disabled-people-in-uk-twice-as-likely-to-lose-job">https://www.theguardian.com/world/2020/aug/06/parents-carers-and-disabled-people-in-uk-twice-as-likely-to-lose-job</a>	06.08.2020	Age Disability		v	v



Article	I had to hide myself again': young LGBT people on their life in UK lockdown	Guardian	<a href="https://www.theguardian.com/world/2020/aug/05/i-had-to-hide-myself-again-young-lgbt-people-on-their-life-in-uk-lockdown">https://www.theguardian.com/world/2020/aug/05/i-had-to-hide-myself-again-young-lgbt-people-on-their-life-in-uk-lockdown</a>	05.08.2020	Sexual Orientation		
Article	British BAME groups face 'greater barriers' than white people in avoiding Covid-19	Guardian	<a href="https://www.theguardian.com/world/2020/aug/05/british-bame-groups-face-greater-barriers-than-white-people-in-avoiding-covid-19">https://www.theguardian.com/world/2020/aug/05/british-bame-groups-face-greater-barriers-than-white-people-in-avoiding-covid-19</a>	05.08.2020	Race	v	
Podcast	Catching up or falling behind? Geographical inequalities in the UK	Institute for Fiscal Studies	<a href="https://www.ifs.org.uk/podcast/geographical-inequalities-in-the-uk">https://www.ifs.org.uk/podcast/geographical-inequalities-in-the-uk</a>	05.08.2020	All	v	v
Guidance	Guidance for parents and carers on supporting children and young people's mental health and wellbeing during the coronavirus (COVID-19) pandemic	Public Health England	<a href="https://www.gov.uk/government/publications/covid-19-guidance-on-supporting-children-and-young-peoples-mental-health-and-wellbeing/guidance-for-parents-and-carers-on-supporting-children-and-young-peoples-mental-health-and-wellbeing-during-the-coronavirus-covid-19-outbreak">https://www.gov.uk/government/publications/covid-19-guidance-on-supporting-children-and-young-peoples-mental-health-and-wellbeing/guidance-for-parents-and-carers-on-supporting-children-and-young-peoples-mental-health-and-wellbeing-during-the-coronavirus-covid-19-outbreak</a>	04.08.2020	Age	v	v
Guidance	Guidance for the public on the mental health and wellbeing aspects of coronavirus (COVID-19)	Public Health England	<a href="https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-wellbeing-aspects-of-coronavirus-covid-19">https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-wellbeing-aspects-of-coronavirus-covid-19</a>	04.08.2020	All	v	v
Report	Emerging evidence on health inequalities and COVID-19: July 2020	The Health Foundation	<a href="https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-health-inequalities-and-covid-19-july-2020">https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-health-inequalities-and-covid-19-july-2020</a>	04.08.2020	All	v	v
Guidance	Aftercare needs of inpatients recovering from COVID-19	NHS England and Improvement	<a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0705-aftercare-needs-of-inpatients-recovering-from-covid-19-aug-2020.pdf">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0705-aftercare-needs-of-inpatients-recovering-from-covid-19-aug-2020.pdf</a>	03.08.2020	Disability	v	
Report	Catching up or falling behind? Geographical inequalities in the UK and how they have changed in recent years	Institute for Fiscal Studies	<a href="https://www.ifs.org.uk/inequality/geographical-inequalities-in-the-uk/">https://www.ifs.org.uk/inequality/geographical-inequalities-in-the-uk/</a>	03.08.2020	All	v	v
Article	COVID-19 casts light on respiratory health inequalities	The Lancet	<a href="https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30308-8/fulltext">https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30308-8/fulltext</a>	01.08.2020	All	v	
NHS Publication	Understanding different bereavement cultures and how staff may experience grief	NHS England and Improvement	<a href="https://www.liverpoolccg.nhs.uk/media/4501/bereavement-cultures.pdf">https://www.liverpoolccg.nhs.uk/media/4501/bereavement-cultures.pdf</a>	Jul-20	All		v
NHS Publication	WE ARE THE NHS: People Plan 2020/21 - action for us all	NHS England and Improvement	<a href="https://www.england.nhs.uk/wp-content/uploads/2020/07/We-Are-The-NHS-Action-For-us-all-1.pdf">https://www.england.nhs.uk/wp-content/uploads/2020/07/We-Are-The-NHS-Action-For-us-all-1.pdf</a>	31.07.2020	All		v
NHS Letter	Third Phase of NHS Response to COVID-19	NHS England and Improvement	<a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf</a>	31.07.2020	All	v	v
Podcast	Covid-19, racism and the roots of health inequality	Kings Fund	<a href="https://www.kingsfund.org.uk/audio-video/podcast/covid-19-racism-health-inequality">https://www.kingsfund.org.uk/audio-video/podcast/covid-19-racism-health-inequality</a>	30.07.2020	Race	v	v

Article	Covid studies to examine virus link with ethnicity	BBC	<a href="https://www.bbc.co.uk/news/amp/health-53565655">https://www.bbc.co.uk/news/amp/health-53565655</a>	28.07.2020	Race		v	v
Guidance	COVID-19 rapid guideline: arranging planned care in hospitals and diagnostic services	NICE	<a href="https://www.nice.org.uk/guidance/ng179/resources/covid19-rapid-guideline-arranging-planned-care-in-hospitals-and-diagnostic-services-pdf-66141969613765">https://www.nice.org.uk/guidance/ng179/resources/covid19-rapid-guideline-arranging-planned-care-in-hospitals-and-diagnostic-services-pdf-66141969613765</a>	27.07.2020	All		v	
Report	Coronavirus Act 2020: the public sector equalities duty impact assessment	Government	<a href="https://www.gov.uk/government/publications/coronavirus-act-2020-equality-impact-assessment/coronavirus-act-2020-the-public-sector-equalities-duty-impact-assessment">https://www.gov.uk/government/publications/coronavirus-act-2020-equality-impact-assessment/coronavirus-act-2020-the-public-sector-equalities-duty-impact-assessment</a>	28.07.2020	All		v	v
Report	Resuming health services during the Covid-19 pandemic What can the NHS learn from other countries?	Nuffield Trust	<a href="https://www.nuffieldtrust.org.uk/files/2020-07/resuming-health-services-web.pdf">https://www.nuffieldtrust.org.uk/files/2020-07/resuming-health-services-web.pdf</a>	24.07.2020	All		v	v
Article	Disabled people exempt from wearing face coverings under new government guidance	Government	<a href="https://www.gov.uk/government/news/disabled-people-exempt-from-wearing-face-coverings-under-new-government-guidance">https://www.gov.uk/government/news/disabled-people-exempt-from-wearing-face-coverings-under-new-government-guidance</a>	24.07.2020	Disability		v	v
Report	Excess Weight and COVID-19 Insights from new evidence	Public Health England	<a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/903770/PE_insight_Excess_weight_and_COVID-19.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/903770/PE_insight_Excess_weight_and_COVID-19.pdf</a>	24.07.2020	All		v	v
Article	Coronavirus: Fears over 'face covering hate crime' as new laws go live	Disability News Service	<a href="https://www.disabilitynewsservice.com/coronavirus-fears-over-face-covering-hate-crime-as-new-laws-go-live/">https://www.disabilitynewsservice.com/coronavirus-fears-over-face-covering-hate-crime-as-new-laws-go-live/</a>	23.07.2020	Disability		v	v
Guidance	New recommendations for primary and community health care providers in England	Public Health England	<a href="https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/new-recommendations-for-primary-and-community-health-care-providers-in-england">https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/new-recommendations-for-primary-and-community-health-care-providers-in-england</a>	23.07.2020	All		v	v
Report	Coronavirus Survey: Interim Report - April - May 2020	Healthwatch Liverpool	<a href="https://healthwatchliverpool.co.uk/report/2020-07-22/coronavirus-survey-interim-report-april-may-2020">https://healthwatchliverpool.co.uk/report/2020-07-22/coronavirus-survey-interim-report-april-may-2020</a>	22.07.2020	All		v	
Report	Communities at risk: the early impact of COVID-19 on 'left behind' neighbourhoods	Oxford Consultants for Social Inclusion (OCSI)	<a href="https://ocsi.uk/2020/07/22/the-early-impact-of-covid-19-on-left-behind-neighbourhoods/">https://ocsi.uk/2020/07/22/the-early-impact-of-covid-19-on-left-behind-neighbourhoods/</a>	22.07.2020	All		v	
Resource	Kooth; an online mental wellbeing community for young people aged 11 to 25.	Kooth	<a href="https://www.kooth.com">Kooth.com</a>	21.07.2020	Age Disability		v	v
Resource	Wellbeing support line for health and social care workers	Samaritans	<a href="https://www.samaritans.org/how-we-can-help/health-and-care/here-listen-support-line-nhs-people/">https://www.samaritans.org/how-we-can-help/health-and-care/here-listen-support-line-nhs-people/</a>	21.07.2020	All			v

Resource	NHS Workforce Bulletin	NHS Employers	<a href="https://mailchi.mp/5d4582cd4c9f/nhs-workforce-bulletin-212691?e=[UNIQID]">https://mailchi.mp/5d4582cd4c9f/nhs-workforce-bulletin-212691?e=[UNIQID]</a>	20.07.2020	All		v
Report	Direct and indirect impacts of COVID-19 on health and wellbeing Rapid evidence review July 2020 (Version 2)	CHAMPS Public Health	<a href="https://www.champspublichealth.com/sites/default/files/media_library/1-Rapid%20review%20of%20impacts-V2-final_0.pdf">https://www.champspublichealth.com/sites/default/files/media_library/1-Rapid%20review%20of%20impacts-V2-final_0.pdf</a>	16.07.2020	All	v	v
Resource	See, Hear, Respond Rapid support for children and young people affected by the coronavirus crisis	Barnados	<a href="https://www.barnados.org.uk/see-hear-respond">https://www.barnados.org.uk/see-hear-respond</a>	Undated	Age Disability	v	
Resource	Brief guidance for safe enquiry about domestic abuse in 'virtual' health settings	Royal College of Obstetricians and Gynaecologists and multiple partners	<a href="https://safelives.org.uk/sites/default/files/resources/Domestic%20abuse%20guidance%20for%20virtual%20health%20settings-%20C19.pdf">https://safelives.org.uk/sites/default/files/resources/Domestic%20abuse%20guidance%20for%20virtual%20health%20settings-%20C19.pdf</a>	Undated	Sex	v	v
Report	Coronavirus: Impact on young people with mental health needs. Report 2 Summer 2020	Young Minds	<a href="https://youngminds.org.uk/media/3904/coronavirus-report-summer-2020-final.pdf">https://youngminds.org.uk/media/3904/coronavirus-report-summer-2020-final.pdf</a>	Jul-20	Age Disability	v	
Article	Steep decline in mental health of young carers and young adult carers following Coronavirus outbreak	Carers Trust	<a href="#">Steep decline in mental health of young carers and young adult carers following Coronavirus outbreak</a>	15.07.2020	Age Disability	v	v
Article	UK experts fear up to 120,000 Covid-19 deaths this winter	Guardian	<a href="https://www.theguardian.com/world/2020/jul/14/action-to-stop-winter-covid-19-second-wave-in-uk-must-start-now">https://www.theguardian.com/world/2020/jul/14/action-to-stop-winter-covid-19-second-wave-in-uk-must-start-now</a>	14.07.2020	All	v	v
Article	Ten million Britons unable to attend funerals in lockdown	Guardian	<a href="https://www.theguardian.com/world/2020/jul/14/ten-million-britons-unable-to-attend-funerals-in-lockdown">https://www.theguardian.com/world/2020/jul/14/ten-million-britons-unable-to-attend-funerals-in-lockdown</a>	14.07.2020	All	v	v
Article	NHS data reveals 'huge variation' in Covid-19 death rates across England	Guardian	<a href="https://www.theguardian.com/world/2020/jul/13/nhs-data-reveals-huge-variation-in-covid-19-death-rates-across-england">https://www.theguardian.com/world/2020/jul/13/nhs-data-reveals-huge-variation-in-covid-19-death-rates-across-england</a>	13.07.2020	All	v	v
Article	Immunity to Covid-19 could be lost in months, UK study suggests	Guardian	<a href="https://www.theguardian.com/world/2020/jul/12/immunity-to-covid-19-could-be-lost-in-months-uk-study-suggests">https://www.theguardian.com/world/2020/jul/12/immunity-to-covid-19-could-be-lost-in-months-uk-study-suggests</a>	12.07.2020	All	v	v
Report	Workforce race inequalities and inclusion in NHS providers	Kings Fund	<a href="https://www.kingsfund.org.uk/sites/default/files/2020-07/workforce-race-inequalities-inclusion-nhs-providers-july2020.pdf">https://www.kingsfund.org.uk/sites/default/files/2020-07/workforce-race-inequalities-inclusion-nhs-providers-july2020.pdf</a>	07.07.2020	Race		v
Report	Being a patient First report of the Patients Association's patient experience programme	The Patients Association	<a href="https://www.patients-association.org.uk/Handlers/Download.ashx?IDMF=16708179-90d6-41dd-a360-2c53b7e9ebe7">https://www.patients-association.org.uk/Handlers/Download.ashx?IDMF=16708179-90d6-41dd-a360-2c53b7e9ebe7</a>	06.07.2020	All	v	

NHS Letter	Stepping back up of key reporting and management functions	NHS England and Improvement	<a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0634-stepping-back-up-of-key-reporting-and-management-functions-letter.pdf">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0634-stepping-back-up-of-key-reporting-and-management-functions-letter.pdf</a>	06.07.2020	All		v	v
Resource	Caring4nhspeople	Horizons	<a href="http://horizonsnhs.com/caring4nhspeople/">http://horizonsnhs.com/caring4nhspeople/</a>	N/A	All			v
Guidance	Education, health and care needs assessments and plans: guidance on temporary legislative changes relating to coronavirus (COVID-19)	Government; Department of Education	<a href="https://www.gov.uk/government/publications/changes-to-the-law-on-education-health-and-care-needs-assessments-and-plans-due-to-coronavirus/education-health-and-care-needs-assessments-and-plans-guidance-on-temporary-legislative-changes-relating-to-coronavirus-covid-19">https://www.gov.uk/government/publications/changes-to-the-law-on-education-health-and-care-needs-assessments-and-plans-due-to-coronavirus/education-health-and-care-needs-assessments-and-plans-guidance-on-temporary-legislative-changes-relating-to-coronavirus-covid-19</a>	06.07.2020	Age Disability		v	
Article	UK charities face soaring demand for grief counselling due to Covid-19	Guardian	<a href="https://www.theguardian.com/world/2020/jul/06/uk-charities-face-soaring-demand-for-grief-counselling-due-to-covid-19">https://www.theguardian.com/world/2020/jul/06/uk-charities-face-soaring-demand-for-grief-counselling-due-to-covid-19</a>	06.07.2020	Disability		v	v
Article	World-leading study into long-term health impacts of COVID-19 launched by UKRI and NIHR	UK Research and Innovation	<a href="https://www.ukri.org/news/world-leading-study-into-long-term-health-impacts-of-covid-19-launched-by-ukri-and-nihr/">https://www.ukri.org/news/world-leading-study-into-long-term-health-impacts-of-covid-19-launched-by-ukri-and-nihr/</a>	05.07.2020	All		v	v
Article	Covid-19 crisis has exposed inequalities for mental health and learning disabilities	Nursing Times	<a href="https://www.nursingtimes.net/news/coronavirus/covid-19-crisis-has-exposed-inequalities-for-mental-health-and-learning-disabilities-03-07-2020/">https://www.nursingtimes.net/news/coronavirus/covid-19-crisis-has-exposed-inequalities-for-mental-health-and-learning-disabilities-03-07-2020/</a>	03.07.2020	Disability		v	v
Report	The Doctor will zoom you now	National Voices, Healthwatch England and Traverse	<a href="https://www.nationalvoices.org.uk/sites/default/files/publications/the_dr_will_zoom_you_now_-_insights_report.pdf">https://www.nationalvoices.org.uk/sites/default/files/publications/the_dr_will_zoom_you_now_-_insights_report.pdf</a>	01.07.2020	All		v	
Resource	COVID-19: Updated guidance for people with thalassaemia	United Kingdom Thalassaemia Society	<a href="https://ukts.org/wp-content/uploads/2020/07/UKTS-Patient-Info-30620FINAL.pdf">https://ukts.org/wp-content/uploads/2020/07/UKTS-Patient-Info-30620FINAL.pdf</a>	30.06.2020	Race		v	v
Report	RECOVERY POSITION WHAT NEXT FOR THE NHS?	NHS Providers	<a href="https://nhsproviders.org/recovery-position-what-next-for-the-nhs">https://nhsproviders.org/recovery-position-what-next-for-the-nhs</a>	30.06.2020	All		v	v
Resource	Domestic violence and abuse: Safeguarding during the COVID-19 crisis	Social Care Institute for Excellence	<a href="https://www.scie.org.uk/care-providers/coronavirus-covid-19/safeguarding/domestic-violence-abuse">https://www.scie.org.uk/care-providers/coronavirus-covid-19/safeguarding/domestic-violence-abuse</a>	29.06.2020	Sex		v	v
Article	Neurological and neuropsychiatric complications of COVID-19 in 153 patients: a UK-wide surveillance study	The Lancet	<a href="https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30287-X/fulltext">https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30287-X/fulltext</a>	25.06.2020	Disability		v	
Article	How is COVID-19 affecting children and young people in BAME communities?	Royal College of Paediatrics and Child Health	<a href="https://www.rcpch.ac.uk/news-events/news/how-covid-19-affecting-children-young-people-bame-communities">https://www.rcpch.ac.uk/news-events/news/how-covid-19-affecting-children-young-people-bame-communities</a>	24.06.2020	Age Race		v	
Article	Address inequality to protect Black workers against Covid-19, says UNISON	Unison	<a href="https://www.unison.org.uk/news/press-release/2020/06/address-inequality-protect-black-workers-covid-19-says-unison/">https://www.unison.org.uk/news/press-release/2020/06/address-inequality-protect-black-workers-covid-19-says-unison/</a>	23.06.2020	Race			v

NHS Letter	Perinatal support for Black, Asian and minority ethnic Women during the COVID-19 Pandemic	NHS England and Improvement	<a href="https://madeinheene.hee.nhs.uk/Portals/0/LMS%20Letter%20re%20Perinatal%20Support%20For%20Black%20Asian%20and%20Minority%20Ethnic%20Women%20during%20the%20COVID-19%20Pandemic.pdf">https://madeinheene.hee.nhs.uk/Portals/0/LMS%20Letter%20re%20Perinatal%20Support%20For%20Black%20Asian%20and%20Minority%20Ethnic%20Women%20during%20the%20COVID-19%20Pandemic.pdf</a>	22.06.2020	Pregnancy and Maternity Race		v	v
Article	BAME doctors being placed at risk due to lack of Covid-19 risk assessments, BMA survey reveals	British Medical Association (BMA)	<a href="https://www.bma.org.uk/news-and-opinion/bame-doctors-being-placed-at-risk-due-to-lack-of-covid-19-risk-assessments-bma-survey-reveals">https://www.bma.org.uk/news-and-opinion/bame-doctors-being-placed-at-risk-due-to-lack-of-covid-19-risk-assessments-bma-survey-reveals</a>	22.06.2020	Race			v
Resource	A Parent's Guide to Black Lives Matter	Yoopies	<a href="https://yooopies.co.uk/c/press-releases/blacklivesmatter">https://yooopies.co.uk/c/press-releases/blacklivesmatter</a>	22.06.2020	Race		v	v
Report	Cancer x Coronavirus: The impact on young people	Teenage Cancer Trust	<a href="https://www.teenagecancertrust.org/sites/default/files/Cancer-coronavirus-report-June-2020-Teenage-Cancer-Trust.pdf">https://www.teenagecancertrust.org/sites/default/files/Cancer-coronavirus-report-June-2020-Teenage-Cancer-Trust.pdf</a>	19.06.2020	Age Disability		v	
Article	Emerging evidence on COVID-19's impact on mental health and health inequalities	The Health Foundation	<a href="https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-covid-19s-impact-on-mental-health-and-health">https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-covid-19s-impact-on-mental-health-and-health</a>	18.06.2020	Disability		v	v
Report	Covid-19: understanding inequalities in mental health during the pandemic	Centre for Mental Health	<a href="https://www.centreformentalhealth.org.uk/covid-19-inequalities-mental-health">https://www.centreformentalhealth.org.uk/covid-19-inequalities-mental-health</a>	18.06.2020	Disability		v	v
Data and Statistics	CQC publishes data on deaths in care settings broken down by ethnicity	Care Quality Commission (CQC)	<a href="https://www.cqc.org.uk/news/stories/cqc-publishes-data-deaths-care-settings-broken-down-ethnicity">https://www.cqc.org.uk/news/stories/cqc-publishes-data-deaths-care-settings-broken-down-ethnicity</a>	17.06.2020	Age Disability		v	
Report	COVID-19 Insight: Issue 2	Care Quality Commission (CQC)	<a href="https://www.cqc.org.uk/sites/default/files/20200615%20COVID%20IV%20Insight%20number%202%20final%20%281%29.pdf">https://www.cqc.org.uk/sites/default/files/20200615%20COVID%20IV%20Insight%20number%202%20final%20%281%29.pdf</a>	17.06.2020	All		v	v
Report	Covid-19 and early intervention: Understanding the impact, preparing for recovery	Early Intervention Foundation	<a href="https://www.eif.org.uk/report/covid-19-and-early-intervention-understanding-the-impact-preparing-for-recovery">https://www.eif.org.uk/report/covid-19-and-early-intervention-understanding-the-impact-preparing-for-recovery</a>	16.07.2020	Age		v	v
Article	Staff Networks are key to supporting BAME progressions	People Management	<a href="https://www.peoplemanagement.co.uk/news/articles/staff-networks-are-key-to-supporting-bame-progression">https://www.peoplemanagement.co.uk/news/articles/staff-networks-are-key-to-supporting-bame-progression</a>	16.06.2020	Race			v
Report	Beyond the data : understanding the impact of COVID-19 on BAME communities	Public Health England	<a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf</a>	16.06.2020	Race		v	v
Article	Historical racism may be behind England's higher BAME Covid-19 rate	Guardian	<a href="https://www.theguardian.com/world/2020/jun/16/historical-racism-may-be-behind-englands-higher-bame-covid-19-rate">https://www.theguardian.com/world/2020/jun/16/historical-racism-may-be-behind-englands-higher-bame-covid-19-rate</a>	16.06.2020	Race		v	v
Resource	Covid-19 Guidance: How to put on and remove a mask safely when you are blind or partially sighted	Sight Loss Council	<a href="https://www.sightlosscouncils.org.uk/blog/covid-19-guidance-how-to-put-on-and-remove-a-mask-safely-when-you-are-blind-or-partially-sighted">https://www.sightlosscouncils.org.uk/blog/covid-19-guidance-how-to-put-on-and-remove-a-mask-safely-when-you-are-blind-or-partially-sighted</a>	15.06.2020	Disability		v	

NHS Letter	Freedom to Speak Up Guardians	NHS England and National Freedom to Speak Up	<a href="https://www.nationalguardian.org.uk/wp-content/uploads/2020/06/c0582_ngo-and-wres-letter_15junerev.pdf">https://www.nationalguardian.org.uk/wp-content/uploads/2020/06/c0582_ngo-and-wres-letter_15junerev.pdf</a>	15.06.2020	All		v
Podcast	Various Titles	HSJ	<a href="https://www.hsj.co.uk/home/hsj-health-check-podcast">https://www.hsj.co.uk/home/hsj-health-check-podcast</a>	15.06.2020 and ongoing	All	v	v
Newspaper	Minorities more at risk from Covid-19 because of racism, says report	Guardian	<a href="https://www.theguardian.com/inequality/2020/jun/13/leaked-report-says-racism-and-inequality-increase-covid-19-risk-for-minorities">https://www.theguardian.com/inequality/2020/jun/13/leaked-report-says-racism-and-inequality-increase-covid-19-risk-for-minorities</a>	13.06.2020	Race	v	v
Resource	FAQs on the use of face masks and coverings in hospital settings	NHS England and Improvement	<a href="https://madeinheene.hee.nhs.uk/Portals/0/FAQs%20on%20the%20use%20of%20face%20masks%20and%20coverings%20in%20hospital%20settings%20to%20prevent%20COVID-19%20transmission%2012%20June%202020.pdf">https://madeinheene.hee.nhs.uk/Portals/0/FAQs%20on%20the%20use%20of%20face%20masks%20and%20coverings%20in%20hospital%20settings%20to%20prevent%20COVID-19%20transmission%2012%20June%202020.pdf</a>	12.06.2020	All	v	v
Report	COVID-19 and inequalities	Institute for Fiscal Studies	<a href="https://www.ifs.org.uk/inequality/covid-19-and-inequalities/">https://www.ifs.org.uk/inequality/covid-19-and-inequalities/</a>	11.06.2020	All	v	v
Resource	COVID-19 guidance: How can health settings support blind or partially sighted people?	Sight Loss Council	<a href="https://www.sightlosscouncils.org.uk/Blog/covid-19-guidance-6-ways-health-settings-can-support-blind-and-partially-sighted-people">https://www.sightlosscouncils.org.uk/Blog/covid-19-guidance-6-ways-health-settings-can-support-blind-and-partially-sighted-people</a>	11.06.2020	Disability	v	
Newspaper	Man 'fighting for life' after Covid-19 crisis delays NHS cancer scan	Guardian	<a href="https://www.theguardian.com/society/2020/jun/09/man-fighting-for-life-after-covid-19-crisis-delays-nhs-cancer-scan">https://www.theguardian.com/society/2020/jun/09/man-fighting-for-life-after-covid-19-crisis-delays-nhs-cancer-scan</a>	09.06.2020	Disability	v	
Newspaper	Britons with life-threatening conditions denied care during pandemic	Guardian	<a href="https://www.theguardian.com/society/2020/jun/08/britons-life-threatening-conditions-denied-care-coronavirus-pandemic">https://www.theguardian.com/society/2020/jun/08/britons-life-threatening-conditions-denied-care-coronavirus-pandemic</a>	08.06.2020	Disability	v	
Article	Next steps for work on COVID-19 disparities announced	Government	<a href="https://www.gov.uk/government/news/next-steps-for-work-on-covid-19-disparities-announced">https://www.gov.uk/government/news/next-steps-for-work-on-covid-19-disparities-announced</a>	04.06.2020	All	v	v
NHS Letter	NHS Support for Patients who are shielding	NHS England and Improvement	<a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0583-nhs-update-on-shielding-june-2020.pdf">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0583-nhs-update-on-shielding-june-2020.pdf</a>	04.06.2020	All	v	v
Article	Coronavirus: Pandemic sees spike in learning disabled deaths	BBC	<a href="https://www.bbc.co.uk/news/disability-52891401">https://www.bbc.co.uk/news/disability-52891401</a>	02.06.2020	Disability	v	
Data and Statistics	COVID-19: review of disparities in risks and outcomes	Public Health England	<a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/889195/disparities_review.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/889195/disparities_review.pdf</a>	02.06.2020	All	v	v
Report	Hidden Figures: The Impact of the COVID-19 Pandemic on LGBT Communities in the UK May 2020 3rd Edition	LGBT Foundation	<a href="https://lgbt.foundation/coronavirus/hiddenfigures">https://lgbt.foundation/coronavirus/hiddenfigures</a>	May-20	Sexual Orientation	v	v
Resource	Health Safety and Wellbeing: Risk Assessment (and other resources)	NHS Employers	<a href="https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff">https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff</a>	28.05.2020	All		v
Resource	Accessible Formats: Coronavirus Resources for the public	Health Education England	<a href="https://library.nhs.uk/">https://library.nhs.uk/</a>	28.05.2020	Disability	v	

Report	An Unsafe Distance: the impact of the COVID-19 pandemic on Excluded People in England	Doctors of the World	<a href="https://www.doctorsoftheworld.org.uk/wp-content/uploads/2020/05/covid19-brief-rna-report.pdf">https://www.doctorsoftheworld.org.uk/wp-content/uploads/2020/05/covid19-brief-rna-report.pdf</a>	22.05.2020	All		v	v
Guidance	BPS guidance on meeting the psychological needs of people with learning disabilities and their carers	British Psychological Society	<a href="https://www.bps.org.uk/news-and-policy/bps-guidance-meeting-psychological-needs-people-learning-disabilities-and-their">https://www.bps.org.uk/news-and-policy/bps-guidance-meeting-psychological-needs-people-learning-disabilities-and-their</a>	21.05.2020	Disability		v	
Newspaper	Thousands of cancer patients could die early due to coronavirus delays, study finds	Guardian	<a href="https://www.theguardian.com/society/2020/may/20/thousands-of-cancer-patients-could-die-early-due-to-coronavirus-delays-study-finds">https://www.theguardian.com/society/2020/may/20/thousands-of-cancer-patients-could-die-early-due-to-coronavirus-delays-study-finds</a>	20.05.2020	Disability		v	
Report	COVID-19 Insight	Care Quality Commission (CQC)	<a href="https://www.cqc.org.uk/sites/default/files/20200501%20COVID%20IV%20update%20number%201%20ACCESSIBLE.pdf">https://www.cqc.org.uk/sites/default/files/20200501%20COVID%20IV%20update%20number%201%20ACCESSIBLE.pdf</a>	19.05.2020	All		v	v
NHS Letter	Diverse representation in decision making and workforce equality	NHS England and Improvement	<a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/C0516-workforce-equality-letter-19-may-2020.pdf">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/C0516-workforce-equality-letter-19-may-2020.pdf</a>	19.05.2020	All		v	v
Resource	COVID-19 Advice; NORTH WEST, NORTH WALES AND ISLE OF MAN CONGENITAL HEART NETWORK	Congenital Heart Network	<a href="https://www.northwestchdnetwork.nhs.uk/covid-19-advice/">https://www.northwestchdnetwork.nhs.uk/covid-19-advice/</a>	19.05.2020	Disability		v	
Guidance	Legal guidance for mental health, learning disability and autism, and specialised commissioning services supporting people of all ages during the coronavirus pandemic	NHS England and Improvement	<a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0454-mhlda-spec-comm-legal-guidance-v2-19-may.pdf">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0454-mhlda-spec-comm-legal-guidance-v2-19-may.pdf</a>	19.05.2020	Disability		v	
Data and Statistics	Type 1 and Type 2 diabetes and COVID-19 related mortality in England: a whole population study	NHS England and Improvement	<a href="https://www.england.nhs.uk/wp-content/uploads/2020/05/valabhji-COVID-19-and-Diabetes-Paper-1.pdf">https://www.england.nhs.uk/wp-content/uploads/2020/05/valabhji-COVID-19-and-Diabetes-Paper-1.pdf</a>	19.05.2020	Disability - Long Term Conditions		v	v
Resource	ThinkNinjamental health app	NHS England / Healios	<a href="https://www.nhs.uk/apps-library/thinkninja/">https://www.nhs.uk/apps-library/thinkninja/</a>	18.05.2020	Age Disability		v	
Resource	Coronavirus Latest NHS Guidelines translated into 60 languages	Doctors of the World	<a href="https://www.doctorsoftheworld.org.uk/coronavirus-information/">https://www.doctorsoftheworld.org.uk/coronavirus-information/</a>	18.05.2020 (NB updated following update to COVID-19 symptoms list).	Race		v	
Resource	COVID-19: public health Information and guidance related to public health services, including mental health and isolation.	Local Government Association	<a href="https://www.local.gov.uk/our-support/coronavirus-information-councils/covid-19-public-health">https://www.local.gov.uk/our-support/coronavirus-information-councils/covid-19-public-health</a>	May-20	All		v	

Call for Action	Enhancing mental health resilience and anticipating treatment provision of mental health conditions for frontline Healthcare workers involved in caring for patients during the COVID-19 Pandemic – A call for action.	NHS Clinical Leaders Network	<a href="http://www.cln.nhs.uk/document_uploads/CLN-Paper-V.6.6.pdf">http://www.cln.nhs.uk/document_uploads/CLN-Paper-V.6.6.pdf</a>	May-20	Disability - Mental Health		v
Resource	Welcome to the NHS Volunteer Responders Programme	Royal Voluntary Service	<a href="https://volunteering.royalvoluntaryservice.org.uk/nhs-volunteer-responders-portal">https://volunteering.royalvoluntaryservice.org.uk/nhs-volunteer-responders-portal</a>	N/A	All	v	v
Newspaper	BAME women make up 55% of UK pregnancy hospitalisations with Covid-19	Guardian	<a href="https://www.theguardian.com/world/2020/may/16/bame-majority-pregnant-women-hospitalised-covid-19-troubling-midwives">https://www.theguardian.com/world/2020/may/16/bame-majority-pregnant-women-hospitalised-covid-19-troubling-midwives</a>	16.05.2020	Race	v	v
Data and Statistics	Covid-19 deaths of patients with a learning disability notified to LeDeR	NHS England and Improvement	<a href="https://www.england.nhs.uk/publication/covid-19-deaths-of-patients-with-a-learning-disability-notified-to-leder/">https://www.england.nhs.uk/publication/covid-19-deaths-of-patients-with-a-learning-disability-notified-to-leder/</a>	15.05.2020 and weekly ongoing	Disability	v	
NHS Letter	Domestic abuse during COVID-19: a reminder of advice for NHS staff	NHS England and Improvement	<a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/C0376-domestic-abuse-duringcovid-19-letter.pdf">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/C0376-domestic-abuse-duringcovid-19-letter.pdf</a>	15.05.2020	Sex	v	v
Resource	Health Education England e-Learning for Healthcare’s Domestic Violence and Abuse programme updated	Health Education England	<a href="https://www.e-lfh.org.uk/programmes/domestic-violence-and-abuse-e-learning-for-health-visitors-and-nurses/">https://www.e-lfh.org.uk/programmes/domestic-violence-and-abuse-e-learning-for-health-visitors-and-nurses/</a>	14.05.2020	Sex		v
Guidance	Operating framework for urgent and planned services in hospital settings during COVID-19	NHS England and Improvement	<a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/Operating-framework-for-urgent-and-planned-services-within-hospitals.pdf">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/Operating-framework-for-urgent-and-planned-services-within-hospitals.pdf</a>	14.05.2020	All	v	v
Health Journal Article	Up to 10,000 people could be waiting more than a year for operations	Health Service Journal (HSJ)	<a href="https://www.hsj.co.uk/coronavirus/up-to-10000-people-could-be-waiting-more-than-a-year-for-operations/7027649.article">https://www.hsj.co.uk/coronavirus/up-to-10000-people-could-be-waiting-more-than-a-year-for-operations/7027649.article</a>	14.05.2020	All	v	
Newspaper	Coronavirus: Concerns for people with learning disabilities in care homes	BBC	<a href="https://www.bbc.co.uk/news/av/health-52665256/coronavirus-concerns-for-people-with-learning-disabilities-in-care-homes">https://www.bbc.co.uk/news/av/health-52665256/coronavirus-concerns-for-people-with-learning-disabilities-in-care-homes</a>	14.05.2020	Disability	v	
Newspaper	One in four youths with mental health issues cannot get help during lockdown	Guardian	<a href="https://www.theguardian.com/society/2020/may/14/one-in-four-youths-cant-get-mental-health-support-amid-covid-19-crisis">https://www.theguardian.com/society/2020/may/14/one-in-four-youths-cant-get-mental-health-support-amid-covid-19-crisis</a>	14.05.2020	Age Disability - Mental Health	v	
Newspaper	Italian doctors find link between Covid-19 and inflammatory disorder	Guardian	<a href="https://www.theguardian.com/science/2020/may/13/italian-doctors-find-link-between-covid-19-and-inflammatory-disorder">https://www.theguardian.com/science/2020/may/13/italian-doctors-find-link-between-covid-19-and-inflammatory-disorder</a>	13.05.2020	Age	v	



Newspaper	Pregnant healthcare worker sues NHS agency over employment rights	Guardian	<a href="#">Pregnant healthcare worker sues NHS agency over employment rights</a>	13.05.2020	Pregnancy and Maternity			v
Best Practice Sharing	COVID-19: good council practice	Local Government Association	<a href="https://www.local.gov.uk/our-support/coronavirus-information-councils/covid-19-good-council-practice">https://www.local.gov.uk/our-support/coronavirus-information-councils/covid-19-good-council-practice</a>	13.05.2020 and ongoing	All		v	v
Health Journal Article	CORONAVIRUS NHS England seeks advice amid 'shielded' patient concerns	Health Service Journal (HSJ)	<a href="https://www.hsj.co.uk/coronavirus/nhs-england-seeks-advice-amid-shielded-patient-concerns/7027626.article">https://www.hsj.co.uk/coronavirus/nhs-england-seeks-advice-amid-shielded-patient-concerns/7027626.article</a>	13.05.2020	All		v	v
Newspaper	Brink of collapse': parents of disabled children buckling under 24-hour care	Guardian	<a href="https://www.theguardian.com/society/2020/may/13/parents-disabled-children-buckling-under-24-hour-care-coronavirus">https://www.theguardian.com/society/2020/may/13/parents-disabled-children-buckling-under-24-hour-care-coronavirus</a>	13.05.2020	Disability		v	
Newspaper	Coronavirus patient DNA study could tell us why some fare worse	Guardian	<a href="https://www.theguardian.com/science/2020/may/13/coronavirus-patient-dna-study-could-tell-us-why-some-fare-worse">https://www.theguardian.com/science/2020/may/13/coronavirus-patient-dna-study-could-tell-us-why-some-fare-worse</a>	13.05.2020	All		v	v
Resource	COVID-19 Update: Risk Reduction Framework for NHS staff at risk of COVID-19 infection	Faculty of Occupational Medicine	<a href="https://www.fom.ac.uk/covid-19/update-risk-reduction-framework-for-nhs-staff-at-risk-of-covid-19-infection">https://www.fom.ac.uk/covid-19/update-risk-reduction-framework-for-nhs-staff-at-risk-of-covid-19-infection</a>	12.05.2020	All			v
Newspaper	Testing for coronavirus in UK care homes a 'complete system failure'	Guardian	<a href="https://www.theguardian.com/society/2020/may/12/testing-coronavirus-uk-care-homes-complete-system-failure">https://www.theguardian.com/society/2020/may/12/testing-coronavirus-uk-care-homes-complete-system-failure</a>	12.05.2020	Age		v	v
Newspaper	Platitudes won't stop more BAME health workers and patients dying of Covid-19	Guardian	<a href="https://www.theguardian.com/society/2020/may/12/platitudes-bame-health-workers-covid-19-british-asian-gp-protecting-staff">https://www.theguardian.com/society/2020/may/12/platitudes-bame-health-workers-covid-19-british-asian-gp-protecting-staff</a>	12.05.2020	Race		v	v
Guidance	Working safely during COVID-19 in offices and contact centres	Government	<a href="https://assets.publishing.service.gov.uk/media/5eb97e7686650c278d4496ea/working-safely-during-covid-19-offices-contact-centres-110520.pdf">https://assets.publishing.service.gov.uk/media/5eb97e7686650c278d4496ea/working-safely-during-covid-19-offices-contact-centres-110520.pdf</a>	11.05.2020	All			v
Guidance	Coronavirus (COVID-19) guidance for professionals	Human Fertility and Embryology Authority	<a href="https://www.hfea.gov.uk/treatments/covid-19-and-fertility-treatment/coronavirus-covid-19-guidance-for-professionals/">https://www.hfea.gov.uk/treatments/covid-19-and-fertility-treatment/coronavirus-covid-19-guidance-for-professionals/</a>	11.05.2020	Pregnancy and Maternity		v	v
Strategy	Our plan to rebuild: The UK Government's COVID-19 recovery strategy	Government	<a href="https://www.gov.uk/government/publications/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy">https://www.gov.uk/government/publications/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy</a>	11.05.2020	All		v	v
Newspaper	Equality watchdog urged to investigate Covid-19 impact on BAME people	Guardian	<a href="https://www.theguardian.com/world/2020/may/10/equality-watchdog-urged-investigate-impact-on-bame-people-london-mayor">https://www.theguardian.com/world/2020/may/10/equality-watchdog-urged-investigate-impact-on-bame-people-london-mayor</a>	10.05.2020	Race		v	v
Data and Statistics	ICNARC report on COVID-19 in critical care 08 May 2020	Intensive Care National Audit and Research Centre	<a href="https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports">https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports</a>	09.05.2020	All		v	v
Guidance	Coronavirus (COVID-19) guidance for employers	Equality and Human Rights Commission (EHRC)	<a href="https://www.equalityhumanrights.com/en/advice-and-guidance/coronavirus-covid-19-guidance-employers">https://www.equalityhumanrights.com/en/advice-and-guidance/coronavirus-covid-19-guidance-employers</a>	07.05.2020	All			v

Data and Statistics	Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020	Office National Statistics	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020">https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020</a>	07.05.2020	Race Sex		
Article	Will COVID-19 be a watershed moment for health inequalities?	The Health Foundation	<a href="https://www.health.org.uk/publications/long-reads/will-covid-19-be-a-watershed-moment-for-health-inequalities">https://www.health.org.uk/publications/long-reads/will-covid-19-be-a-watershed-moment-for-health-inequalities</a>	07.05.2020	All		
Health Journal Article	The Integrator: An opportunity to tackle widening health inequalities	Health Service Journal (HSJ)	<a href="https://www.hsj.co.uk/commissioning/the-integrator-an-opportunity-to-tackle-widening-health-inequalities/7027589.article">https://www.hsj.co.uk/commissioning/the-integrator-an-opportunity-to-tackle-widening-health-inequalities/7027589.article</a>	07.05.2020	All		
Health Journal Article	Revealed: the NHS' plan to protect BAME staff from covid-19	Health Service Journal (HSJ)	<a href="https://www.hsj.co.uk/workforce/revealed-the-nhs-plan-to-protect-bame-staff-from-covid-19/7027571.article">https://www.hsj.co.uk/workforce/revealed-the-nhs-plan-to-protect-bame-staff-from-covid-19/7027571.article</a>	06.05.2020	Race		
Health Journal Article	NHS faces major problems as charities contemplate withdrawing support	Health Service Journal (HSJ)	<a href="https://www.hsj.co.uk/commissioning/nhs-faces-major-problems-as-charities-contemplate-withdrawing-support/7027580.article">https://www.hsj.co.uk/commissioning/nhs-faces-major-problems-as-charities-contemplate-withdrawing-support/7027580.article</a>	06.05.2020	All		
Data and Statistics	COVID-19 Daily Deaths	NHS England and Improvement	<a href="https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/">https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/</a>	06.05.2020 and ongoing daily	All		
Government Review	Review into factors impacting health outcomes from COVID-19	Public Health England	<a href="https://www.gov.uk/government/news/review-into-factors-impacting-health-outcomes-from-covid-19">https://www.gov.uk/government/news/review-into-factors-impacting-health-outcomes-from-covid-19</a>	05.05.2020	All		
Newspaper	Coronavirus: What is the UK's test, track and trace strategy?	BBC	<a href="https://www.bbc.co.uk/news/health-52475688">https://www.bbc.co.uk/news/health-52475688</a>	05.05.2020	All		
Data Statistics	BAME COVID-19 DEATHS – What do we know? Rapid Data & Evidence Review	Centre for Evidence Based Medicine (CEBM)	<a href="https://www.cebm.net/covid-19/bame-covid-19-deaths-what-do-we-know-rapid-data-evidence-review/">https://www.cebm.net/covid-19/bame-covid-19-deaths-what-do-we-know-rapid-data-evidence-review/</a>	05.05.2020	Race		
Resource	COVID-19: Equality & Human Rights Impact & Resources	Arc of Inclusion	<a href="https://www.arcofinclusion.co.uk/COVID19Equality">https://www.arcofinclusion.co.uk/COVID19Equality</a>	04.05.2020 ongoing	All		
NHS Letter	COVID-19 response: Primary care and community health support care home residents	NHS England and Improvement	<a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/COVID-19-response-primary-care-and-community-health-support-care-home-residents.pdf">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/COVID-19-response-primary-care-and-community-health-support-care-home-residents.pdf</a>	01.05.2020	Age		
Guidance	Receiving and storing patient images from online consultations	Medical Defence Union (MDU)	<a href="https://www.themdu.com/guidance-and-advice/latest-updates-and-advice/receiving-and-storing-patient-images-from-online-consultations">https://www.themdu.com/guidance-and-advice/latest-updates-and-advice/receiving-and-storing-patient-images-from-online-consultations</a>	01.05.2020	All		
Research	Are some ethnic groups more vulnerable to COVID-19 than others?	Institute for Fiscal Studies	<a href="https://www.ifs.org.uk/inequality/chapter/are-some-ethnic-groups-more-vulnerable-to-covid-19-than-others/">https://www.ifs.org.uk/inequality/chapter/are-some-ethnic-groups-more-vulnerable-to-covid-19-than-others/</a>	01.05.2020	Race		
Blog	A note for all BAME colleagues working in the NHS	NHS England and Improvement	<a href="https://www.england.nhs.uk/blog/note-for-all-bame-colleagues-working-in-the-nhs/">https://www.england.nhs.uk/blog/note-for-all-bame-colleagues-working-in-the-nhs/</a>	01.05.2020	Race		

Data and Statistics	Coronavirus and the social impacts on Great Britain	Office National Statistics	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/30april2020">https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/30april2020</a>	30.04.2020 and ongoing weekly.	All		
Guidance	COVID-19 – ethical issues. A guidance note	British Medical Association (BMA)	<a href="https://www.bma.org.uk/media/2360/bma-covid-19-ethics-guidance-april-2020.pdf">https://www.bma.org.uk/media/2360/bma-covid-19-ethics-guidance-april-2020.pdf</a>	30.04.2020	All		
Blog	COVID-19: Five dimensions of impact	The Health Foundation	<a href="https://www.health.org.uk/news-and-comment/blogs/covid-19-five-dimensions-of-impact">https://www.health.org.uk/news-and-comment/blogs/covid-19-five-dimensions-of-impact</a>	29.04.2020	All		
NHS Letter	Second phase of NHS response to COVID-19	NHS England and Improvement	<a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/second-phase-of-nhs-response-to-covid-19-letter-to-chief-execs-29-april-2020.pdf">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/second-phase-of-nhs-response-to-covid-19-letter-to-chief-execs-29-april-2020.pdf</a>	29.04.2020	All		
Newspaper	Coronavirus: Lack of sign language interpreters leads to legal case against government	BBC	<a href="https://www.bbc.co.uk/news/disability-52323854">https://www.bbc.co.uk/news/disability-52323854</a>	28.04.2020	Disability		
Blog	Equality diversity and inclusion at the time of crisis and beyond	NHS Confederation	<a href="https://www.nhsconfed.org/blog/2020/04/equality-diversity-and-inclusion-at-the-time-of-crisis-and-beyond">https://www.nhsconfed.org/blog/2020/04/equality-diversity-and-inclusion-at-the-time-of-crisis-and-beyond</a>	28.04.2020	All		
Newspaper	UK lockdown: Calls to domestic abuse helpline jump by half	BBC	<a href="https://www.bbc.co.uk/news/uk-52433520">https://www.bbc.co.uk/news/uk-52433520</a>	27.04.2020	Sex		
Data and Statistics	Coronavirus and the social impacts on disabled people in Great Britain	Office National Statistics	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/coronavirusandthesocialimpactsondisabledpeopleingreatbritain/2020-04-24">https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/coronavirusandthesocialimpactsondisabledpeopleingreatbritain/2020-04-24</a>	24.04.2020	Disability - All		
Article	Better access to health services for Deaf community is needed	Open Access Government	<a href="https://www.openaccessgovernment.org/access-to-health-services-for-deaf-people/86029/">https://www.openaccessgovernment.org/access-to-health-services-for-deaf-people/86029/</a>	24.04.2020	Disability - D/deaf		
Blog	Gender and Covid-19: the immediate impact the crisis is having on women	The London School of Economics and Polic	<a href="https://blogs.lse.ac.uk/politicsandpolicy/gender-and-covid19/">https://blogs.lse.ac.uk/politicsandpolicy/gender-and-covid19/</a>	23.04.2020	Sex		
Briefing	The impact of COVID-19 on BME communities and health and care staff	NHS Confederation	<a href="https://www.nhsconfed.org/resources/2020/04/the-impact-of-covid19-on-bme-communities-and-staff">https://www.nhsconfed.org/resources/2020/04/the-impact-of-covid19-on-bme-communities-and-staff</a>	23.04.2020	Race		
Newspaper	Why are people from BAME groups dying disproportionately of Covid-19?	Guardian	<a href="https://www.theguardian.com/world/2020/apr/22/why-are-people-from-bame-groups-dying-disproportionately-of-covid-19">https://www.theguardian.com/world/2020/apr/22/why-are-people-from-bame-groups-dying-disproportionately-of-covid-19</a>	22.04.2020	Race		
Newspaper	Ethnic minorities dying of Covid-19 at higher rate, analysis shows	Guardian	<a href="https://www.theguardian.com/world/2020/apr/22/racial-inequality-in-britain-found-a-risk-factor-for-covid-19">https://www.theguardian.com/world/2020/apr/22/racial-inequality-in-britain-found-a-risk-factor-for-covid-19</a>	22.04.2020	Race		
Health Journal Article	Exclusive: deaths of NHS staff from covid-19 analysed	Health Service Journal (HSJ)	<a href="https://www.hsj.co.uk/exclusive-deaths-of-nhs-staff-from-covid-19-analysed/7027471.article">https://www.hsj.co.uk/exclusive-deaths-of-nhs-staff-from-covid-19-analysed/7027471.article</a>	22.04.2020	All		

Health Journal Article	Apology after NHS sends thousands of dead people covid-19 warnings	Health Service Journal (HSJ)	<a href="https://www.hsj.co.uk/technology-and-innovation/apology-after-nhs-sends-thousands-of-dead-people-covid-19-warnings/7027473.article">https://www.hsj.co.uk/technology-and-innovation/apology-after-nhs-sends-thousands-of-dead-people-covid-19-warnings/7027473.article</a>	22.04.2020	Disability - Cancer		
Guidance	Public Sector Equality Duty	Equality and Human Rights Commission (EHRC)	<a href="https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty">https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty</a>	20.04.2020	All	v	v
Resource	Free access to online BSL Interpreters enabling communication between Deaf people and health care providers	Sign Health	<a href="https://www.bslhealthaccess.co.uk/">https://www.bslhealthaccess.co.uk/</a>	16.04.2020	Disability - D/deaf	v	
Survey Report	Vulnerability to food insecurity since the COVID-19 lockdown	Food Foundation	<a href="https://foodfoundation.org.uk/wp-content/uploads/2020/04/Report_COVID19FoodInsecurity-final.pdf">https://foodfoundation.org.uk/wp-content/uploads/2020/04/Report_COVID19FoodInsecurity-final.pdf</a>	14.04.2020	Other - Poverty	v	v
Newspaper	Coronavirus: Front-line NHS staff 'at risk of PTSD'	BBC	<a href="https://www.bbc.co.uk/news/uk-52258217">https://www.bbc.co.uk/news/uk-52258217</a>	12.04.2020	All		v
Newspaper	Coronavirus: Ethnic minorities 'are a third' of patients	BBC	<a href="https://www.bbc.co.uk/news/uk-52255863">https://www.bbc.co.uk/news/uk-52255863</a>	12.04.2020	Race	v	
Newspaper	Coronavirus: 'Difficult' cancer care decisions taken	BBC	<a href="https://www.bbc.co.uk/news/health-52235467">https://www.bbc.co.uk/news/health-52235467</a>	09.04.2020	Disability - Cancer	v	v
Briefing	How we're responding to coronavirus pandemic	Equality and Human Rights Commission (EHRC)	<a href="https://www.equalityhumanrights.com/en/our-work/blogs/how-were-responding-coronavirus-pandemic">https://www.equalityhumanrights.com/en/our-work/blogs/how-were-responding-coronavirus-pandemic</a>	09.04.2020	All	v	v
Resource	Equality Impact Assessment: CQC COVID-19 Regulatory Response	Care Quality Commission (CQC)	<a href="https://www.cqc.org.uk/sites/default/files/20200408_coronavirus_regulatory_response_eia.pdf">https://www.cqc.org.uk/sites/default/files/20200408_coronavirus_regulatory_response_eia.pdf</a>	08.04.2020	All	v	v
Newspaper	Labour urges emergency aid for domestic abuse services	Guardian	<a href="https://www.theguardian.com/society/2020/apr/08/labour-urges-emergency-aid-for-domestic-abuse-services?CMP=Share_AndroidApp_Email">https://www.theguardian.com/society/2020/apr/08/labour-urges-emergency-aid-for-domestic-abuse-services?CMP=Share_AndroidApp_Email</a>	08.04.2020	Sex	v	v
NHS Letter	Maintaining standards and quality of care in pressurised circumstances	NHS England and Improvement	<a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/maintaining-standards-quality-of-care-pressurised-circumstances-7-april-2020.pdf">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/maintaining-standards-quality-of-care-pressurised-circumstances-7-april-2020.pdf</a>	07.04.2020	All		v
Newspaper	BAME groups hit harder by Covid-19 than white people, UK study suggests	Guardian	<a href="https://www.theguardian.com/world/2020/apr/07/bame-groups-hit-harder-covid-19-than-white-people-uk?CMP=Share_AndroidApp_Email">https://www.theguardian.com/world/2020/apr/07/bame-groups-hit-harder-covid-19-than-white-people-uk?CMP=Share_AndroidApp_Email</a>	07.04.2020	Race	v	v
Guidance	Standard operating procedure (SOP) for general practice in the context of coronavirus (COVID-19)	NHS England and Improvement	<a href="https://www.england.nhs.uk/coronavirus/publication/managing-coronavirus-covid-19-in-general-practice-sop/">https://www.england.nhs.uk/coronavirus/publication/managing-coronavirus-covid-19-in-general-practice-sop/</a>	06.04.2020	All	v	v

Newspaper	Hertfordshire hospital forced to consider who should be refused oxygen	Guardian	<a href="https://www.theguardian.com/world/2020/apr/05/hertfordshire-hospital-forced-to-consider-who-should-be-refused-oxygen">https://www.theguardian.com/world/2020/apr/05/hertfordshire-hospital-forced-to-consider-who-should-be-refused-oxygen</a>	05.04.2020	All		v	v
Resource	The equality and human rights impacts of Covid-19	Equally Ours	<a href="https://www.equallyours.org.uk/resources/the-equality-and-human-rights-impacts-of-covid-19/?utm_source=Equally+Ours+Newsletter&amp;utm_campaign=57d3d493de-April+2+2020+newsletter&amp;utm_medium=email&amp;utm_term=0_104ed5022f-57d3d493de-58967433">https://www.equallyours.org.uk/resources/the-equality-and-human-rights-impacts-of-covid-19/?utm_source=Equally+Ours+Newsletter&amp;utm_campaign=57d3d493de-April+2+2020+newsletter&amp;utm_medium=email&amp;utm_term=0_104ed5022f-57d3d493de-58967433</a>	02.04.2020	All		v	v
Report	Caring behind closed doors Forgotten families in the coronavirus outbreak	Carers UK	<a href="https://www.carersuk.org/images/News_and_campaigns/Behind_Closed_Doors_2020/Caring_behind_closed_doors_April20_pages_web_final.pdf">https://www.carersuk.org/images/News_and_campaigns/Behind_Closed_Doors_2020/Caring_behind_closed_doors_April20_pages_web_final.pdf</a>	Apr-20	All		v	v
Resource	Home Office Domestic Abuse Campaign	Home Office	<a href="https://homeoffice.brandworkz.com/BMS/albums/?album=0">https://homeoffice.brandworkz.com/BMS/albums/?album=0</a>	Apr-20	Sex		v	v
Report	Coronavirus: Impact on young people with mental health needs	Young Minds	<a href="https://youngminds.org.uk/media/3708/coronavirus-report_march2020.pdf">https://youngminds.org.uk/media/3708/coronavirus-report_march2020.pdf</a>	Mar-20	Age Disability		v	
Government Parliamentary notification	Coronavirus (Covid 19) inquiry launched	Parliament	<a href="https://www.parliament.uk/business/committees/committees-a-z/commons-select/women-and-equalities-committee/news-parliament-2017/coronavirus-covid-19-inquiry-aunched-19-21-/">https://www.parliament.uk/business/committees/committees-a-z/commons-select/women-and-equalities-committee/news-parliament-2017/coronavirus-covid-19-inquiry-aunched-19-21-/</a>	30.03.2020	All		v	v
Government Legislation	Coronavirus bill: summary of impacts (EXCLUDES EQUALITY CONSIDERATIONS)	Government	<a href="https://www.gov.uk/government/publications/coronavirus-bill-summary-of-impacts/coronavirus-bill-summary-of-impacts">https://www.gov.uk/government/publications/coronavirus-bill-summary-of-impacts/coronavirus-bill-summary-of-impacts</a>	23.03.2020	All		v	v
NHS Letter	COVID-19 Prioritisation within Community Health Services	NHS England and Improvement	<a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0145-COVID-19-prioritisation-within-community-health-services-1-April-2020.pdf">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0145-COVID-19-prioritisation-within-community-health-services-1-April-2020.pdf</a>	19.03.2020	All			
Best Practice Sharing	Good practice for working with people and communities during the COVID-19 outbreak (18 March 2020)	NHS England and Improvement	<a href="https://www.england.nhs.uk/participation/news/">https://www.england.nhs.uk/participation/news/</a>	18.03.2020	All		v	
NHS letter	IMPORTANT AND URGENT – NEXT STEPS ON NHS RESPONSE TO COVID-19	NHS England and Improvement	<a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/urgent-next-steps-on-nhs-response-to-covid-19-letter-simon-stevens.pdf">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/urgent-next-steps-on-nhs-response-to-covid-19-letter-simon-stevens.pdf</a>	17.03.2020	All		v	v

## **COVID -19 and Public Sector Equality Duty: Briefing.**

### **State of play:**

The Equality Act 2010 is a statutory act. Public Sector Equality Duty (also known as the 'equality duty' or 'PSED') remains active. This means all service changes, even in emergency circumstances such as responding to COVID-19, must still be given 'due regard' to the objectives of:

- Eliminating discrimination, harassment and victimisation
- Advancing equality of opportunity
- Fostering good relations between different protected characteristics.

There continues to be a legal requirement for NHS organisations to publicly make available equality analysis reports on how 'due regard to PSED' was made when changing services.

### **Litigation:**

NHS Organisations are still required to comply with legislation that covers: Equality, Human Rights, Duty of Care, Health and Safety and Employment.

Evidence continues to emerge in relation to protected characteristics of 'older age, disability ( long term underlying illness), male and BAME being disproportionately affected by COVID-19. In addition, services that have been suspended (e.g. IVF) will be having an overt negative effect on some protected characteristics.

The HSJ<sup>1</sup> has predicted, post COVID -19, a slew of legal action against the NHS, and asking how services complied with the equality duty is always a 'fast track' to the court room. .

### **Applying PSED and protecting the organisation**

Wherever possible current equality processes around meeting PSED must be maintained, however if this is deemed too impractical in an emergency situation then actions need to;

1. use a methodology to record decisions and acknowledge PSED responsibilities.

The normal course of action, of writing and submitting Equality Analysis reports (EIAs) to committees, and then acting, may be too slow a process for rapidly changing environments. However, the Courts follow precedent and deviation from the precedent implies risk. The Courts will understand the 'time crunch/ delivering at pace' to fighting the epidemic, but they will want to see how PSED has been incorporated into that process, even if that process has been temporarily abridged. Abandoning PSED is not an option.

As such:

In Provider Organisations –

- The expertise of Equality officers<sup>2</sup> should be sought and central to the decision making process including attendance at relevant meetings so that the expert officer name is recorded within meeting minutes.

<sup>1</sup> [https://www.hsj.co.uk/coronavirus/nhs-told-to-expect-huge-number-of-legal-challenges-after-pandemic/7027448.article?mkt\\_tok=eyJpIjoiWXPVNU1XRmhNbUkxTXpJdylsInQiOiJFM0M0aFE1a2hKZnREamNGSjNyNFJVV21sTEExGSUIReXQzTVl0ck14VGFSM2ZOeVwvQmhLRm0wNFpHUXI6dmF6UkNNZkZ1UGUwd2UzdEgrckduMWZOaWNYMXV3dmhIbk01Y1FkWWVncL2xGWUV0WGFKeXRjN2xCVHJaaW9KQnZRN3JtIn0%3D](https://www.hsj.co.uk/coronavirus/nhs-told-to-expect-huge-number-of-legal-challenges-after-pandemic/7027448.article?mkt_tok=eyJpIjoiWXPVNU1XRmhNbUkxTXpJdylsInQiOiJFM0M0aFE1a2hKZnREamNGSjNyNFJVV21sTEExGSUIReXQzTVl0ck14VGFSM2ZOeVwvQmhLRm0wNFpHUXI6dmF6UkNNZkZ1UGUwd2UzdEgrckduMWZOaWNYMXV3dmhIbk01Y1FkWWVncL2xGWUV0WGFKeXRjN2xCVHJaaW9KQnZRN3JtIn0%3D)

- As part of their attendance equality officers need to record (within the minutes or separately) conversations specifically looking at the PSED Objectives. Even if there are no answers, the fact of asking the right question helps in defence. Equality officers will temporarily become a ‘living log’ and their contemporaneous notes can be used as evidence. Equality officers are advised to draft up EIAs as they go along using their notes and conversations to inform the reports.

In CCGs –

- Continue to produce EIA reports, these reports can be brief and ‘remain open’ i.e. subject to change as more evidence comes forward. The EIA reports in this situation are to help identify gaps in provision, especially around COVID-19 new services, and create an ‘equalities issues/task log’ on which CCGs can develop services with partners and providers. Evidence of decision making is required by CCGs when changes are made to General Practice, even when changes are nationally directed.

**2. Try to identify impacts against particular actions in relation to protected characteristics**

In NHS Organisations:

Use of an-excel spreadsheet, either recording ‘decisions made’ or ‘services changed’ collating all service changes in one place. The design of this can be organisation specific but ‘equality columns’ need to be added that show:

Core reason why service suspended/changed	PSED considered (Y/N) If yes – how? If no – when will it?	Protected characteristics most likely to be impacted	Mitigations	Core dependencies for service to be resumed/phase 2

- Core reason why service suspended

Record the core reason, typically: ‘staff/patients at risk of COVID-19 infection’ or ‘staff decanted to emergency duties’, or ‘staff levels falling below service delivery requirement due to self-isolation’, or any other reason that applies.

- PSED considered Y/N

In this column, the answer should be ‘yes’ and then a note on how it was considered, e.g. EIA report or minute of meeting. **Do not tick ‘yes’ if you have no evidence of it being recorded.**

If the answer is ‘No’ – then this needs circling back to as quickly as possible. A conversation with the relevant people looking at PSED objectives and recording that meeting is the absolute minimal requirement. Once this is done the ‘no’ can be turned in to ‘yes’

- Protected characteristic most likely to be impacted

---

<sup>2</sup> This needs to be an actual equality officer, not a member of staff assigned ‘an equality brief’ as part of their other duties.

In this column identify one or two protected characteristics that may be impacted on, to do this consider who uses the particular service the most. If you think all protected characteristics will be impacted equally, then put 'all'. For example: closure of IVF service – 'female, 30-40 age range'; Reduced hours walk in centre – 'all'.

- Mitigations

Insert mitigations for what actions have been identified to address potential issues that you have identified for people with protected characteristics for example; Face to Face appointments changed to telephone appointments will impact on D/deaf people and people whose first language is not English, a mitigation could be video interpreting provision in place.

- Core dependencies for service to be resumed

State here the necessary element that would allow service to resume, for example : 'PPE availability', 'staff levels improve', 'dependent support service e.g. haematology – not yet available'

**3.** Provide an explanation, where services are reduce/suspended as to what the likely effect will be on patients.

In NHS Organisations:

The spread sheet is only a 'record' of decisions, there need to be a comprehensive note as to why the service was suspended/reduced, the effect of this and on whom, how people/patients were notified and the necessary steps needed to reopen presented to committee/BOARD at the earliest possible opportunity.

### **Governance – 'due regard' and decision makers**

The legislation states that 'due regard' be given to PSED. The term 'due regard' is a 'legalese' term, meaning the decision makers of the organisation are the only ones with the 'power' of due regard. Legal precedent holds that the 'decision makers' are in fact those legally responsible for the organisation and are more likely to be the 'elected members' or 'the Board' of the organisation.

In normal circumstances, Equality Analysis reports (EIAs) are written on a proposal and identify any PSED implications. This report is then presented to the Board, who read the report (and in reading and understanding the report are paying 'due regard') and then make a decision on the proposal with the equality implications consciously considered. This is the safe correct lawful process.

Organisations that do not follow this process are carrying risk. The further away equality decisions are made from the Board, the greater the risk if things go wrong. If the Board considers a proposal without the equality implications being understood to that proposal, then the following decision would be deemed 'unlawful' under the Equality Act 2010.

In times of emergencies, officers may want to act immediately, if they do so they must have PSED in mind as they act and then submit their decision to the Board at the earliest possible opportunity. This process would go against precedent, and would be tested in Court to see if any other option was available; for example: could members of the board be briefed over the phone/video link? Have members of the board temporary assigned a lead person/committee to consider PSED and decision making in emergencies to support officers? If the organisation cannot show how it has tried to maintain the line of 'due regard' then the risk is high of making an 'unlawful decision'.



## Consultation

In emergency circumstances, the rules around consultation can be temporarily suspended, however, they cannot be suspended indefinitely as the public have 'reasonable expectation' to be involved in decision making around provision of services. – both as part of legal precedent and as part of the NHS constitution.

Where services will be changed/altered, due to social distancing measures or staff shortages, for the foreseeable future, consultation with all interested parties still needs to take place. The process may change and be more 'virtual orientated' but 'communications teams' should now look at how they can communicate and link with patients, voluntary sector and the different communities linked to different protected characteristics.

Where an NHS Organisation make changes and see that they want to keep the change permanently, then the full consultation process must be adhered too before the change is accepted by the organisation as permanent.

## Human Rights

The human rights that are most likely to be in play are:

- [Article 2: Right to life](#)
- [Article 3: Freedom from torture and inhuman or degrading treatment](#)
- [Article 8: Respect for your private and family life, home and correspondence](#)
- [Article 14: Protection from discrimination in respect of these rights and freedoms](#)

Article 2 would relate to rationing of services and the ethical decision making in who receives recourses in life/death situations.

Article 3 would relate to how a person has been treated, namely in terms of respecting the person and treating them in a dignified way including the body of a deceased person. Serious concern over patients purposefully dying alone could be considered inhuman or degrading.

Article 8 would relate to how the family of a patient has been involved and valued as part of the person's treatment process. The potential lack of PPE for family to stay with dying patients could be a serious source of concern.

Article 14 – relates to the fair treatment in applying human rights across all human beings (and not just some)

If an organisation is upholding PSED, then it is less likely they are to infringe human rights. But article 3 and 8 pose particular problems as they link to the potential lack of PPE and the consequence of this for patients and family.

## Final thoughts:

It is clear that NHS services are going through unprecedented times as a deliverer of health services to the population. In being held accountable, organisations will have to provide evidence as to its thinking and rationale around decisions to change services or develop emergency services to meet COVID-19 infected patients' needs. It will be accepted that these are difficult times by the courts, but

it will not be accepted if organisations have simply abandoned all accountability under the laws mentioned above. It is therefore essential that records of decisions, and examples of how processes have been abridged to fit the fast moving circumstances have been put in place and then how the processes return to more normal routines as the pressures have been managed.

In terms of equality and PSED, it is always better to have 'something' rather than 'nothing' in relation to systems. The Courts have a clear line of sight, in how they expect PSED to be handled and delivered by organisations. The above processes are to assist in minimising risk, where organisations have stopped using their usual processes and have no, or struggling to put, processes in place.

### **Merseyside CCGs Equality and Inclusion Service**

**14<sup>th</sup> May 2020**

<b>Change Log</b>	
V1	Internal Draft
V2	Internal Draft
V3	For publication

## Recovery Planning; Service Change Key Equality Considerations

As organisations look to review how services can be delivered it is important that organisational reset plans include consideration of people with Protected Characteristics. In order to identify any potential impacts it is important to understand how the service has historically been delivered so that the proposed change is clear. It is also important to understand the population accessing the service by using activity data (ideally broken down by protected characteristic). Example equality considerations as organisations look to resume services include;

	<b>Example Issues</b>	<b>Can we evidence our considerations for patients and/ staff</b>
<b>Age</b>	<p><i>Young Children: difficulty in social distancing during waiting time for appointments.</i></p> <p><i>Parents with multi - young children who don't have access to childcare due to COVID -19 means they may need to take all children into a hospital environment for an appointment for one of the children.</i></p> <p><i>Areas for safe storage/facilitate prams and pushchairs and COVID-19 precautions/disinfecting</i></p> <p><i>Young adults: may believe that COVID -19 does not affect them and reluctant to comply with protocols. Likely to bring 'friends' to appointments for company.</i></p> <p><i>Impact of digital solutions for appointments on Older Age</i></p> <p><i>Access to service; age criterion</i></p> <p><i>Patient Transport Services for elderly: COVID-19 protocols in place</i></p> <p><i>Elderly people: high risk factor from COVID-19 consider safety of appointments (include care home residents coming in for appointments with carers)</i></p>	
<b>Disability</b>	<p><i>Travel- risk of COVID-19 in public transport/ social distancing with 'one metre plus' messaging and compliance</i></p> <p><i>Impact of digital solutions for appointments for people who have sensory impairments or people with learning disabilities or dementia.</i></p> <p><i>Meeting people's information and communication needs; large print, email, British Sign Language.</i></p> <p><i>Needs associated with mental health, learning disabilities, neuro-diversity: reading and accepting appointments, arriving at appointments, social distancing and understanding rules e.g. one metre plus rule and wearing</i></p>	

	<p>face coverings.</p> <p>Access to service; Prevalence of groups accessing the service and Reasonable Adjustments to accommodate and cater for people with differing disabilities.</p> <p>Support for carers accompanying disabled people to appointments – COVID-19 safety protocols</p> <p>Patient Transport Services for disabled patients – COVID-19 protocols in place</p> <p>Service provision for housebound people</p>	
<b>Gender Reassignment</b>	<p>Inclusive communications</p> <p>Trans people report barriers in accessing healthcare services and transphobic attitudes.</p>	
<b>Marriage and Civil Partnership</b>	<p>Inclusive communications</p> <p>Partners attending appointments with partners: restrictions and rules linked to COVID-19.</p> <p>Consider where a 'partner/spouse' is carrying out the function of a carer and needs to be included in consultations.</p>	
<b>Pregnancy and Maternity</b>	<p>Travel; risks of COVID-19 in public transport/ and social distancing with 'one metre plus' messaging and compliance.</p> <p>Concerns regarding safe environment regards COVID-19/ social distancing and PPE at appointments.</p> <p>Information on COVID-19 safety protocols and pregnancy.</p>	
<b>Race</b>	<p>BAME statistically report receiving a lesser service from NHS.</p> <p>BAME statistically more susceptible to COVID-19.</p> <p>Access to interpreter provision.</p> <p>Literacy e.g. Gypsy and Romania Travellers.</p> <p>Medical conditions prevalent in ethnic minorities: resources adequate to meet need.</p> <p>Where diseases/cancer more aggressive/virulent in BAME people, services need to address early intervention</p> <p>Information on accessing services.</p>	
<b>Religion or Belief</b>	<p>A person's religion may impact treatment options and how they access services.</p> <p>Proposed changes to service may impact on organisation's ability to adapt care plans to meet religious needs.</p>	

	<i>Inclusive communications.</i>	
<b>Sex (M/F)</b>	<i>Access to service; sex criterion</i>  <i>Reluctance to adhering to face covering requirements and social distancing.</i>	
<b>Sexual Orientation</b>	<i>Inclusive communications to support access to service and positive patient experience.</i>  <i>Prevalence: Medical conditions prevalent in LGBTQ+, resources adequate to meet need.</i>	
<b>Other – Socioeconomic Factors impacting on inclusion and ‘did not attend’ performance</b>	<i>Access to transport / public transport and social distancing (One metre plus rule)</i>  <i>Homelessness and ‘couch surfing’ – follow up appointments/ shifting addresses</i>  <i>Evictions (layoff and redundancies linked to COVID-19 pandemic) – correspondence not finding right person/ people falling through the ‘welfare net’ and missing notifications &amp; appointments.</i>  <i>Access to technology/ digital platforms/ social media etc.</i>  <i>Prisoners/Young offenders’ appointments – COVID-19 protocols</i>  <i>Veterans and appointments: covid-19 protocols</i>  <i>Substance abuse: missing appointments/lack of covid-19 protocols/social distancing at appointments if under the influence of a substance</i>  <i>Consider local Public Health Profiles:</i> <a href="https://fingertips.phe.org.uk/profile/health-profiles/area-search-results/E12000002?search_type=list-child-areas&amp;place_name=North%20West">https://fingertips.phe.org.uk/profile/health-profiles/area-search-results/E12000002?search_type=list-child-areas&amp;place_name=North%20West</a>	

## MEETING OF THE GOVERNING BODY November 2020

<b>Agenda Item:</b> GB20/151	<b>Author of the Paper:</b>	<b>Clinical Lead:</b> N/A
<b>Report date:</b> November 2020	<b>Niall Pemberton</b> Business Continuity and EPRR Manager, Midlands and Lancashire CSU  <a href="mailto:niall.pemberton@nhs.net">niall.pemberton@nhs.net</a>	
<b>Title:</b>		
Emergency Preparedness Resilience and Response (EPRR) Annual Assurance and Winter Planning for 2020/21		
<b>Summary/Key Issues:</b>		
<p>The NHS England Core Standards for EPRR are the minimum requirements commissioners and providers of NHS funded services must meet. Commissioners and providers of NHS funded services must assure themselves against the core standards on an annual basis.</p> <p>However, this year (2020/21) NHSE/I recognises that the detailed and granular process of previous years would be excessive while the NHS prepares for a potential further wave(s) of COVID-19, as well as upcoming seasonal pressures and the operational demands of restoring services.</p> <p>The <b>amended</b> process for 2020/21 focusses only on <b>three</b> key areas only and are summarised as; assurance that any outstanding matters from the previous year's submission have been completed, plans are in place in respect of learning from COVID19 and that that learning is reflected in the CCGs winter plans.</p>		
<b>Recommendation</b>	The Governing Body is asked to	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>
<ul style="list-style-type: none"> <li><i>Consider the report and to approve the CCG as being fully compliant in the three key areas</i></li> </ul>		

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

## Emergency Preparedness Resilience and Response (EPRR) Annual Assurance and Winter Planning for 2020/21 20<sup>th</sup> October 2020

### 1. Introduction

The NHS England Core Standards for EPRR are the minimum requirements commissioners and providers of NHS funded services must meet. Commissioners and providers of NHS funded services must assure themselves against the core standards on an annual basis.

However, this year (2020/21) NHSE/I recognises that the detailed and granular process of previous years would be excessive while the NHS prepares for a potential further wave(s) of COVID-19, as well as upcoming seasonal pressures and the operational demands of restoring services.

The **amended** process for 2020/21 will therefore focus on **three** key areas only:

<b>Three key areas of focus for 2020/21</b>	
<b>1.</b>	<b>The updated assurance position of any organisations that were rated partially or non-compliant in 2019/20.</b>
<b>2.</b>	<b>Assurance that all the relevant commissioners and providers of NHS-funded care have undertaken a thorough and systematic review of their response to the first wave of the COVID-19 pandemic, and a plan is in place to embed learning into practice.</b>
<b>3.</b>	<b>Confirmation that any key learning identified as part of this process is actively informing wider winter preparedness activities for your system.</b>

This report seeks to provide information regarding how the CCG can meet the requirements outlined above.

It is intended to compliment additional returns from the CCG regarding their assurance position and progress against 2019 returns alongside assurance on the CCGs response and learning from COVID (key area 2).

Table 1 outlines the approach and timelines provided by NHSE/I

**Table 1 – Summary of Proposed Timeline**

<b>Date</b>	<b>Activity Summary</b>
31 October 2020	statements of assurance are made to regional EPRR teams by CCGs
31 December 2020	regional EPRR teams submit their statement of assurance to the national EPRR team
28 February 2021	national EPRR team to have completed conversations with regional teams
31 March 2021	national EPRR assurance reported to the NHS England and NHS Improvement board and DHSC.



## 2. Key Areas - Review of the Compliance Against Each Area

<p><b>Key Area 1</b></p> <p><i>The updated assurance position of any organisations that were rated partially or non-compliant in 2019/20.</i></p> <p><b>Recommendation - Full Compliance to be reported to NHSE/I</b></p> <p>The rationale for that recommendation is provided below.</p>
---

For 2019/20 the CCG reported a level of “Substantial Compliance” as it was fully compliant with all of the required core standards with the exception of two standards which were partially compliant. The matrix of standards that was presented to and approved by the Governing Body in September 2019 is shown below.

**Table 1**

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	9	9	0	0
Command and control	2	1	1	0
Training and exercising	3	2	1	0
Response	5	5	0	0
Warning and informing	3	3	0	0
Cooperation	4	4	0	0
Business Continuity	9	9	0	0
CBRN	0	0	0	0
<b>Total</b>	<b>43</b>	<b>41</b>	<b>2</b>	<b>0</b>

There were only 2 standards out of the 43 core assurance standards areas that the CCGs were partially compliant in. They are:

- Training and Exercising (1 area)
- Command and Control (1 area)

Table 2 below summarises the specific detail requirement of each of the 2 standards that were partially compliant. The detailed control documents are available in Appendix 2.

**Table 2**

Domain	Detail Requirement	Evidence
Command and Control	<p>"On-call staff are trained and competent to perform their role, and are in a position of delegated authority on behalf of the Chief Executive Officer / Clinical Commissioning Group Accountable Officer.</p> <p>The identified individual:</p> <ul style="list-style-type: none"> <li>• Should be trained according to the NHS England EPRR</li> </ul>	See Below

	<p>competencies (National Occupational Standards)</p> <ul style="list-style-type: none"> <li>• Can determine whether a critical, major or business continuity incident has occurred</li> <li>• Has a specific process to adopt during the decision making</li> <li>• Is aware who should be consulted and informed during decision making</li> <li>• Should ensure appropriate records are maintained throughout.”</li> </ul>	
Training and Exercising	Strategic and tactical responders must maintain a continuous personal development portfolio demonstrating training in accordance with the National Occupational Standards, and / or incident / exercise participation	See below

Since the September 2019 submission, the CCG has evidenced progress sufficient to be able to now report full compliance. This is due to three key factors:

- The CCGs **response** to Covid19 and lessons learned from March 2020 – October 2020 activity.
- The **communications and awareness raising** in preparation for EU Exit and in response to Covid-19.
- The **response and exercises** that the CCGs have been exposed to with the advent of Covid-19 and EU Exit.

Input into the CCG preparedness and response is provided by Midlands and Lancashire Commissioning Support Unit (CSU) at Corporate Governance Support Group (CGSG) which services as an opportunity for progress reporting and challenge to the process. The CGSG met throughout 2019 and 2020. Additionally, the CCGs Incident Management Team have managed the response to Covid19 throughout March 2020 – October 2020 which has supported the CCG response capability.

The CGSG has highlighted a number of areas where the CCG has maintained 2019/20 compliance levels and progressed towards full compliance status for 2020/21. This includes:

- On call training for on-call managers
- Business Continuity Exercise and Testing – Exercise Zeus In February 2020 (focus on Severe Weather, Loss of Power and IT systems).
- Response to Major Incident- Major Incident Management Team set up for Covid19
- Training Needs Analysis undertaken as routine annual cycle and as part of Covid19 lessons learned.
- A CCG Incident Centre set up due to Covid-19
- A system wide lessons learned questionnaire commissioned by the CCG and reported to Governing Body. Included in the Appendices below.
- Participation and completion of a 6 week exercise in Exercise Coronet (NHSE/I Covid Exercise in April 2020)
- Full attendance at Exercise Else II – Resilience Planning Workshop (MLCSU input)
- Full attendance across 2019/20 to the Local Health Resilience Partnership Strategic and Practitioner Board facilitated by NHSE/I EPRR Teams. (attended by MLCSU)
- MLCSU attendance at NCSC Pathfinder Exercises
- MLCSU attendance at LHRP Commissioning Sub Group meetings across 2020
- MLCSU attendance at EU exit briefings and exercises throughout Q4 2019.

**Key Area 2**

**Assurance that all the relevant commissioners and providers of NHS-funded care have undertaken a thorough and systematic review of their response to the first wave of the COVID-19 pandemic, and a plan is in place to embed learning into practice.**

**Recommendation - Full Compliance to be reported to NHSE/I**

The rationale for that recommendation is detailed below.

- Appendix 1a shows the returns received from the main providers. The onus is on the CCG to be assured that providers have undertaken such a review. This can be evidenced in the returns attached.
- Liverpool University Foundation Hospitals NHS Trust have returned a note of full compliance for the period, having previously had 4 areas of noncompliance.
- NHSE/I have asked that each provider returns a template. These are shown in the appended information.
- The CCG's Sounding Board (internal staff engagement forum) have undertaken a survey of lessons learned and staff feedback related to Covid-19
- Appendix 1b shows the report developed by the CCGs and the findings of the report
- The content of the returns demonstrate and that the CCG have undertaken a thorough and systematic review as highlighted in Key Area 2 above.
- The information has been presented to the CCG Interim Programme Lead – Corporate Services who is aware of the key findings from this review when they are working with Provider colleagues to manage Phase 3 and implement the Winter Plan.
- It is to be noted that some of the key actions Providers will undertake and to follow up with the Trust on and/or seek to share good practice.
- The Providers will make their own submission to the core standards and **evaluation of the standards they meet is by NHSE/I not the CCG.**

**Key Area 3**

**Confirmation that any key learning identified as part of this process is actively informing wider winter preparedness activities for your system.**

**Recommendation - Full Compliance**

The rationale for that recommendation is provided below.

- The CCGs have produced a Winter Plan 2020/21 alongside Local Authority and NHS partners.
- Within the winter plan the CCGs have reviewed all Covid-19 services. Learning from what has worked well has been incorporated into the CCGs Winter Plan alongside learning to improve patient flow and discharge across the system (included in Appendix 3).

**3. Recommendations**

The Governing Body is asked to consider the report and asked to approve South Sefton CCG as fully compliant in the three key areas.

# APPENDICES

## Appendix 1a – File Links to the Completed Provider Templates



EPRR Core Assurance  
2020 LUH - SSCCG R6

## Appendix 1b – File Links to the CCG Covid Review



Sounding Board C-19  
Staff Survey Results S

## Appendix 2 – File Links to the Detailed 2019-20 Core Assurance Framework returns



SSSFCCG.xlsm

## Appendix 3 – File Link to the CCG Winter Plan



07-09-2020 - North  
Mersey System Plans

**EPRR Assurance 2020 – Cheshire and Mersey**

**Liverpool University Hospitals NHS Foundation Trust**

<p><b>Compliance 2109</b>          Progress made 2020 on partially compliant areas identified last year.          (Return N/A if fully compliant)</p>	<p><b>Aintree University Hospital Site</b></p> <p>Fully Compliant (N/A)</p> <p><b>Royal Liverpool and Broadgreen Hospital Sites</b></p> <p>Core Standard 17 - Mass Countermeasures</p> <p><i>September 2019 – “Due to recent acquisition of small community based services, the Trust is currently assessing its capability against guidance available. Upon completion, risk will be assessed planning will commence.”</i></p> <p>Outcome – Small teams of community nurses facilitate care at hospital satellite premises and home-based services for patient groups including patients who would be prioritised for vaccination. A small team of community nurses is currently trained in immunisation and vaccination and the Trust has access to GP records for the cohort of patients via Trust systems. In order for the Trust to support regional community vaccination schemes, contemporaneous vaccination training for a wider group of community nurses could be reviewed/implemented in conjunction with a review of relevant satellite premises and emergency equipment.”</p> <p>Core Standard 23 - Excess Deaths Planning</p> <p><i>September 2019 – “Multi agency partners continue to develop planning arrangements in response to changes in national guidance and real estate. LRF Plan in place but under review. Regional plan may impact on trust arrangements (RLH site).”</i></p> <p>Outcome - All allocated Trust actions in relation to above have been completed.</p> <p>Core Standard 40 - Strategic LHRP Representation</p> <p><i>September 2019 – “Trust to be represented by Accountable Emergency Officer, or an appropriate director, at Local Health Resilience Partnership (LHRP) Meetings with required attendance levels met (75%).”</i></p> <p>Outcome - Director of Performance &amp; Resilience designated to represent the Trust from January 2020. LHRP Strategic Meetings cancelled for 2020 due to Covid 19.</p>
---	--

	<p>Core Standard 61 - PRPS</p> <p><i>September 2019 – “16 PRPS Suits in place. 8 x Gen.1 suits and 8 x Gen.2 suits. This is a reduction of stock held. NHSE have agreed this. Partial grading due to official guidance from NHSE being stock of 24 suits.”</i></p> <p>Outcome – DHSC national PRPS replacement scheme rolled out across acute Trust sites. PRPS for AUH and RLH acute sites reviewed July 2020. Adequate stocks held on acute sites. PRPS mutual aid scheme in place with participating Trusts (developed by AUH and recently managed by NHSE/ I Cheshire &amp; Merseyside).</p>
<p><b>Mid Term Covid Review</b> Date of debrief / Review Key Lesson</p>	<p>The Trust conducted a Covid 19 mid-term review 17 June 2020.</p> <p>The debrief was attended by cross-specialty senior leaders with discussion facilitated by a presentation including examples of best practice and issues for improvement. These were identified from outcomes of a staff questionnaire.</p> <p>A Debrief Report including recommendations was presented to Board by the Emergency Accountable Officer on 24<sup>th</sup> June 2020.</p>
<p><b>Process for embedding the learning from the review</b> Include changes to procedures and communications</p>	<p>The extended period of incident response facilitated opportunity to promptly implement learning within the Phase One response.</p> <p>Further examples of good practice and lessons learned including debrief recommendations to be implemented within the Trust response to subsequent Covid 19 phases.</p> <p>Governance procedures for embedding changes includes discussion / decision at multi-disciplinary director led Covid 19 TCG and associated clinical and corporate fora, with escalation of issues for decision and papers submitted to Executive Oversight Group as required.</p> <p>Changes in practice detailed in Trust wide Covid 19 communications messages with supporting documents uploaded to a central hub.</p> <p>Changes in practice at Ward and department level supported by information and advice from relevant teams including Senior Nursing, Patient Flow, IPC and Procurement Teams.</p> <p>The above is further supported by the post-merger review and reconfiguration of divisional structures ensuring delivery of integrated multi-site services and service changes, and in addition the emergency plans integration programme including Winter Planning arrangements.</p>

<p><b>Winter Plans</b> Areas from review that have influenced Winter planning</p>	<p>The introduction of the daily CoFlow Ward Plan to clarify ward colour coding evaluated as essential good practice following the Phase One response. This has been embedded within the Phase Three response and is viewed as critical to Winter Planning during Covid 19 activity.</p> <p>A further recommendation related to developing a pre-planned route for capacity escalation. This has been implemented taking a short term rather than long term approach in order to provide flexibility in responsiveness to rapidly changing occupancy and capacity status.</p> <p>A recommendation for development of a dashboard / data set to support the above is currently under development.</p> <p>Within the Covid Debrief it was acknowledged that the Trust maintained adequate critical care capacity throughout the Phase One response. This remains a priority action within the Phase Three response and is referenced as a key action within the Trust Winter Plan.</p> <p>It was recommended that corporate nursing and divisional teams explore ways to continue to support the upskilling achieved via inter-departmental redeployment during the Covid 19 Phase One response. This training remains current and ongoing for Covid Phase Three and Winter 2020/21.</p> <p>The level of PPE training and promotion of IPC information and advice including FFP3 fit testing will support the Trust response to instances of Covid 19 and other infectious diseases during the Winter season.</p> <p>The Trust will be delivering seasonal influenza measures including vaccination programme.</p>
---	--

Trust: Liverpool University Hospitals NHS Foundation Trust

Signed AEO:  .....

Date: 15/10/2020 .....





# Sounding Board

## Staff Survey – COVID-19

### Summary

October 2020



Staying **local & together**  
**together** with you

- The Sounding Board Staff Survey – COVID-19 was additional to the annual national staff survey.
- The COVID pandemic resulted in staff changing their working routines and locations rapidly in March 2020
- The aim of the survey was to gain an insight into how everyone was coping with the new working practices and how the CCG could support them both professionally and with any health and wellbeing issues. The majority of staff are working from home for the foreseeable future.
- Next Steps: The results of the survey are being discussed with the Task and Finish group and Debbie Fairclough. The key points will be considered for inclusion in future plans for the CCG.
- The Sounding Board Staff Survey – COVID-19 will be made available when finalised.



## General Comments

The members of the CCG have coped really well with the rapid change to working practices from March 2020 and managed to adapt to working in their new environment effectively.

- **Working Week.** A flexible working week (home/office) would appear to be preferable going forward, when the COVID regulations and guidelines are changed.
- **Home based working:** The IT equipment should be of a good consistent standard for all staff (laptop/screen). A survey of equipment will take place to see what staff have in place already. This is also an opportunity to consider additional items for purchase through a grants scheme.
- Additional items of equipment (chairs/tables) that are more suitable to an office environment and that will support staff working at home needs additional investigation.



- Additional costs to working at home requires clarity around what can be claimed back.
- **IT support** has been effective and needs to be maintained.
- **Office location:** If we are to move to new offices our staff have questions around issues such as car parking, parking costs and also how this will work going forward.
- **Meetings.** The teams have adapted to the use of virtual conferences and meetings. One concern is that we are having back to back meetings so need to people to have a break to reflect on the discussions, etc. it's been suggested that we build in a break of 15 mins between meetings.
- **Communications.** Each of the teams has utilised Teams, Skype, Zoom etc. to keep in touch with each other on a regular basis. The weekly Staff Bulletin has been a great support for everyone during COVID.



- **Support.** To support the health and wellbeing of staff it's important that people don't feel isolated and if they have issues they have the confidence and support of colleagues and line managers to approach them to discuss.



Please select type of organisation:

**Clinical Commissioning Group**

Publishing Approval Reference: 000719

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	9	9	0	0
Command and control	2	1	1	0
Training and exercising	3	2	1	0
Response	5	5	0	0
Warning and informing	3	3	0	0
Cooperation	4	4	0	0
Business Continuity	9	9	0	0
CBRN	0	0	0	0
<b>Total</b>	<b>43</b>	<b>41</b>	<b>2</b>	<b>0</b>

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Severe Weather response	14	14	0	0
Long Term adaptation planning	5	3	2	0
<b>Total</b>	<b>19</b>	<b>17</b>	<b>2</b>	<b>0</b>

<b>Overall assessment:</b>	Substantially compliant
----------------------------	-------------------------

Instructions:

- Step 1: Select the type of organisation from the drop-down at the top of this page
- Step 2: Complete the Self-Assessment RAG in the 'EPRR Core Standards' tab
- Step 3: Complete the Self-Assessment RAG in the 'Deep dive' tab
- Step 4: Ambulance providers only: Complete the Self-Assessment in the 'Interoperable capabilities' tab
- Step 5: Click the 'Produce Action Plan' button below

Ref	Domain	Standard	Detail	Clinical Commissioning Group	Evidence - examples listed below
1	Governance	Senior Leadership	<p>The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director, and have the appropriate authority, resources and budget to direct the EPRR portfolio.</p> <p>A non-executive board member, or suitable alternative, should be identified to support them in this role.</p>	Y	<ul style="list-style-type: none"> <li>Name and role of appointed individual</li> </ul>
2	Governance	EPRR Policy Statement	<p>The organisation has an overarching EPRR policy statement.</p> <p>This should take into account the organisation's:</p> <ul style="list-style-type: none"> <li>Business objectives and processes</li> <li>Key suppliers and contractual arrangements</li> <li>Risk assessment(s)</li> <li>Functions and / or organisation, structural and staff changes.</li> </ul> <p>The policy should:</p> <ul style="list-style-type: none"> <li>Have a review schedule and version control</li> <li>Use unambiguous terminology</li> <li>Identify those responsible for ensuring policies and arrangements are updated, distributed and regularly tested</li> <li>Include references to other sources of information and supporting documentation.</li> </ul>	Y	<p>Evidence of an up to date EPRR policy statement that includes:</p> <ul style="list-style-type: none"> <li>Resourcing commitment</li> <li>Access to funds</li> <li>Commitment to Emergency Planning, Business Continuity, Training, Exercising etc.</li> </ul>
3	Governance	EPRR board reports	<p>The Chief Executive Officer / Clinical Commissioning Group Accountable Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board / Governing Body, no less frequently than annually.</p> <p>These reports should be taken to a public board, and as a minimum, include an overview on:</p> <ul style="list-style-type: none"> <li>training and exercises undertaken by the organisation</li> <li>summary of any business continuity, critical incidents and major incidents experienced by the organisation</li> <li>lessons identified from incidents and exercises</li> <li>the organisation's compliance position in relation to the latest NHS England EPRR assurance process.</li> </ul>	Y	<ul style="list-style-type: none"> <li>Public Board meeting minutes</li> <li>Evidence of presenting the results of the annual EPRR assurance process to the Public Board</li> </ul>
4	Governance	EPRR work programme	<p>The organisation has an annual EPRR work programme, informed by:</p> <ul style="list-style-type: none"> <li>lessons identified from incidents and exercises</li> <li>identified risks</li> <li>outcomes of any assurance and audit processes.</li> </ul>	Y	<ul style="list-style-type: none"> <li>Process explicitly described within the EPRR policy statement</li> <li>Annual work plan</li> </ul>

5	Governance	EPRR Resource	The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource, proportionate to its size, to ensure it can fully discharge its EPRR duties.	Y	<ul style="list-style-type: none"> <li>EPRR Policy identifies resources required to fulfill EPRR function; policy has been signed off by the organisation's Board</li> <li>Assessment of role / resources</li> <li>Role description of EPRR Staff</li> <li>Organisation structure chart</li> <li>Internal Governance process chart including EPRR group</li> <li>Process explicitly described within the EPRR policy statement</li> </ul>
6	Governance	Continuous improvement process	The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the development of future EPRR arrangements.	Y	
7	Duty to risk assess	Risk assessment	The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider community and national risk registers.	Y	<ul style="list-style-type: none"> <li>Evidence that EPRR risks are regularly considered and recorded</li> <li>Evidence that EPRR risks are represented and recorded on the organisations corporate risk register</li> </ul>
8	Duty to risk assess	Risk Management	The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks.	Y	<ul style="list-style-type: none"> <li>EPRR risks are considered in the organisation's risk management policy</li> <li>Reference to EPRR risk management in the organisation's EPRR policy document</li> </ul>
9	Duty to maintain plans	Collaborative planning	Plans have been developed in collaboration with partners and service providers to ensure the whole patient pathway is considered.	Y	Partners consulted with as part of the planning process are demonstrable in planning arrangements
11	Duty to maintain plans	Critical incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a critical incident (as defined within the EPRR Framework).	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>current</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>tested regularly</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul>
12	Duty to maintain plans	Major incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a major incident (as defined within the EPRR Framework).	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>current</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>tested regularly</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul>
13	Duty to maintain plans	Heatwave	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of heatwave on the population the organisation serves and its staff.	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> <li>current</li> <li>in line with current national guidance</li> <li>in line with risk assessment</li> <li>tested regularly</li> <li>signed off by the appropriate mechanism</li> <li>shared appropriately with those required to use them</li> <li>outline any equipment requirements</li> <li>outline any staff training required</li> </ul>



14	Duty to maintain plans	Cold weather	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of snow and cold weather (not internal business continuity) on the population the organisation serves.	Y	Arrangements should be: <ul style="list-style-type: none"> <li>• current</li> <li>• in line with current national guidance</li> <li>• in line with risk assessment</li> <li>• tested regularly</li> <li>• signed off by the appropriate mechanism</li> <li>• shared appropriately with those required to use them</li> <li>• outline any equipment requirements</li> <li>• outline any staff training required</li> </ul>
15	Duty to maintain plans	Pandemic influenza	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to pandemic influenza.	Y	Arrangements should be: <ul style="list-style-type: none"> <li>• current</li> <li>• in line with current national guidance</li> <li>• in line with risk assessment</li> <li>• tested regularly</li> <li>• signed off by the appropriate mechanism</li> <li>• shared appropriately with those required to use them</li> <li>• outline any equipment requirements</li> <li>• outline any staff training required</li> </ul>
16	Duty to maintain plans	Infectious disease	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Diseases such as Viral Haemorrhagic Fever. These arrangements should be made in conjunction with Infection Control teams; including supply of adequate FFP3 and PPE trained individuals commensurate with the organisational risk.	Y	Arrangements should be: <ul style="list-style-type: none"> <li>• current</li> <li>• in line with current national guidance</li> <li>• in line with risk assessment</li> <li>• tested regularly</li> <li>• signed off by the appropriate mechanism</li> <li>• shared appropriately with those required to use them</li> <li>• outline any equipment requirements</li> <li>• outline any staff training required</li> </ul>
18	Duty to maintain plans	Mass Casualty	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to free up 10% of their bed base in 6 hours and 20% in 12 hours, along with the requirement to double Level 3 ITU capacity for 96 hours (for those with level 3 ITU bed).	Y	Arrangements should be: <ul style="list-style-type: none"> <li>• current</li> <li>• in line with current national guidance</li> <li>• in line with risk assessment</li> <li>• tested regularly</li> <li>• signed off by the appropriate mechanism</li> <li>• shared appropriately with those required to use them</li> <li>• outline any equipment requirements</li> <li>• outline any staff training required</li> </ul>
20	Duty to maintain plans	Shelter and evacuation	In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff and visitors. This should include arrangements to shelter and/or evacuate, whole buildings or sites, working in conjunction with other site users where necessary.	Y	Arrangements should be: <ul style="list-style-type: none"> <li>• current</li> <li>• in line with current national guidance</li> <li>• in line with risk assessment</li> <li>• tested regularly</li> <li>• signed off by the appropriate mechanism</li> <li>• shared appropriately with those required to use them</li> <li>• outline any equipment requirements</li> <li>• outline any staff training required</li> </ul>
24	Command and control	On-call mechanism	A resilient and dedicated EPRR on-call mechanism is in place 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents.  This should provide the facility to respond to or escalate notifications to an executive level.	Y	<ul style="list-style-type: none"> <li>• Process explicitly described within the EPRR policy statement</li> <li>• On call Standards and expectations are set out</li> <li>• Include 24 hour arrangements for alerting managers and other key staff.</li> </ul>

25	Command and control	Trained on-call staff	<p>On-call staff are trained and competent to perform their role, and are in a position of delegated authority on behalf of the Chief Executive Officer / Clinical Commissioning Group Accountable Officer.</p> <p>The identified individual:</p> <ul style="list-style-type: none"> <li>• Should be trained according to the NHS England EPRR competencies (National Occupational Standards)</li> <li>• Can determine whether a critical, major or business continuity incident has occurred</li> <li>• Has a specific process to adopt during the decision making</li> <li>• Is aware who should be consulted and informed during decision making</li> <li>• Should ensure appropriate records are maintained throughout.</li> </ul>	Y	<ul style="list-style-type: none"> <li>• Process explicitly described within the EPRR policy statement</li> </ul>
26	Training and exercising	EPRR Training	<p>The organisation carries out training in line with a training needs analysis to ensure staff are competent in their role; training records are kept to demonstrate this.</p>	Y	<ul style="list-style-type: none"> <li>• Process explicitly described within the EPRR policy statement</li> <li>• Evidence of a training needs analysis</li> <li>• Training records for all staff on call and those performing a role within the ICC</li> <li>• Training materials</li> <li>• Evidence of personal training and exercising portfolios for key staff</li> </ul>
27	Training and exercising	EPRR exercising and testing programme	<p>The organisation has an exercising and testing programme to safely test major incident, critical incident and business continuity response arrangements.</p> <p>Organisations should meet the following exercising and testing requirements:</p> <ul style="list-style-type: none"> <li>• a six-monthly communications test</li> <li>• annual table top exercise</li> <li>• live exercise at least once every three years</li> <li>• command post exercise every three years.</li> </ul> <p>The exercising programme must:</p> <ul style="list-style-type: none"> <li>• identify exercises relevant to local risks</li> <li>• meet the needs of the organisation type and stakeholders</li> <li>• ensure warning and informing arrangements are effective.</li> </ul> <p>Lessons identified must be captured, recorded and acted upon as part of continuous improvement.</p>	Y	<ul style="list-style-type: none"> <li>• Exercising Schedule</li> <li>• Evidence of post exercise reports and embedding learning</li> </ul>
28	Training and exercising	Strategic and tactical responder training	<p>Strategic and tactical responders must maintain a continuous personal development portfolio demonstrating training in accordance with the National Occupational Standards, and / or incident / exercise participation</p>	Y	<ul style="list-style-type: none"> <li>• Training records</li> <li>• Evidence of personal training and exercising portfolios for key staff</li> </ul>
30	Response	Incident Co-ordination Centre (ICC)	<p>The organisation has a preidentified Incident Co-ordination Centre (ICC) and alternative fall-back location(s).</p> <p>Both locations should be annually tested and exercised to ensure they are fit for purpose, and supported with documentation for its activation and operation.</p>	Y	<ul style="list-style-type: none"> <li>• Documented processes for establishing an ICC</li> <li>• Maps and diagrams</li> <li>• A testing schedule</li> <li>• A training schedule</li> <li>• Pre identified roles and responsibilities, with action cards</li> <li>• Demonstration ICC location is resilient to loss of utilities, including telecommunications, and external hazards</li> </ul>
31	Response	Access to planning arrangements	<p>Version controlled, hard copies of all response arrangements are available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible.</p>	Y	<p>Planning arrangements are easily accessible - both electronically and hard copies</p>

32	Response	Management of business continuity incidents	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework).	Y	<ul style="list-style-type: none"> <li>• Business Continuity Response plans</li> </ul>
33	Response	Loggist	The organisation has 24 hour access to a trained loggist(s) to ensure decisions are recorded during business continuity incidents, critical incidents and major incidents. Key response staff are aware of the need for keeping their own personal records and logs to the required standards.	Y	<ul style="list-style-type: none"> <li>• Documented processes for accessing and utilising loggists</li> <li>• Training records</li> </ul>
34	Response	Situation Reports	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to business continuity incidents, critical incidents and major incidents.	Y	<ul style="list-style-type: none"> <li>• Documented processes for completing, signing off and submitting SitReps</li> <li>• Evidence of testing and exercising</li> </ul>
37	Warning and informing	Communication with partners and stakeholders	The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident.	Y	<ul style="list-style-type: none"> <li>• Have emergency communications response arrangements in place</li> <li>• Social Media Policy specifying advice to staff on appropriate use of personal social media accounts whilst the organisation is in incident response</li> <li>• Using lessons identified from previous major incidents to inform the development of future incident response communications</li> <li>• Having a systematic process for tracking information flows and logging information requests and being able to deal with multiple requests for information as part of normal business processes</li> <li>• Being able to demonstrate that publication of plans and assessments is part of a joined-up communications strategy and part of your organisation's warning and informing work</li> </ul>
38	Warning and informing	Warning and informing	The organisation has processes for warning and informing the public (patients, visitors and wider population) and staff during major incidents, critical incidents or business continuity incidents.	Y	<ul style="list-style-type: none"> <li>• Have emergency communications response arrangements in place</li> <li>• Be able to demonstrate consideration of target audience when publishing materials (including staff, public and other agencies)</li> <li>• Communicating with the public to encourage and empower the community to help themselves in an emergency in a way which compliments the response of responders</li> <li>• Using lessons identified from previous major incidents to inform the development of future incident response communications</li> <li>• Setting up protocols with the media for warning and informing</li> </ul>
39	Warning and informing	Media strategy	The organisation has a media strategy to enable rapid and structured communication with the public (patients, visitors and wider population) and staff. This includes identification of and access to a trained media spokespeople able to represent the organisation to the media at all times.	Y	<ul style="list-style-type: none"> <li>• Have emergency communications response arrangements in place</li> <li>• Using lessons identified from previous major incidents to inform the development of future incident response communications</li> <li>• Setting up protocols with the media for warning and informing</li> <li>• Having an agreed media strategy which identifies and trains key staff in dealing with the media including nominating spokespeople and 'talking heads'</li> </ul>
40	Cooperation	LRHP attendance	The Accountable Emergency Officer, or an appropriate director, attends (no less than 75% annually) Local Health Resilience Partnership (LHRP) meetings.	Y	<ul style="list-style-type: none"> <li>• Minutes of meetings</li> </ul>

41	Cooperation	LRF / BRF attendance	The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with partner responders.	Y	<ul style="list-style-type: none"> <li>Minutes of meetings</li> <li>Governance agreement if the organisation is represented</li> </ul>
42	Cooperation	Mutual aid arrangements	<p>The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies.</p> <p>These arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England.</p>	Y	<ul style="list-style-type: none"> <li>Detailed documentation on the process for requesting, receiving and managing mutual aid requests</li> <li>Signed mutual aid agreements where appropriate</li> </ul>
46	Cooperation	Information sharing	The organisation has an agreed protocol(s) for sharing appropriate information with stakeholders, during major incidents, critical incidents or business continuity incidents.	Y	<ul style="list-style-type: none"> <li>Documented and signed information sharing protocol</li> <li>Evidence relevant guidance has been considered, e.g. Freedom of Information Act 2000, General Data Protection Regulation and the Civil Contingencies Act 2004 'duty to communicate with the public'.</li> </ul>
47	Business Continuity	BC policy statement	The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) in alignment to the ISO standard 22301.	Y	Demonstrable a statement of intent outlining that they will undertake BC - Policy Statement
48	Business Continuity	BCMS scope and objectives	The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented.	Y	<p>BCMS should detail:</p> <ul style="list-style-type: none"> <li>Scope e.g. key products and services within the scope and exclusions from the scope</li> <li>Objectives of the system</li> <li>The requirement to undertake BC e.g. Statutory, Regulatory and contractual duties</li> <li>Specific roles within the BCMS including responsibilities, competencies and authorities.</li> <li>The risk management processes for the organisation i.e. how risk will be assessed and documented (e.g. Risk Register), the acceptable level of risk and risk review and monitoring process</li> <li>Resource requirements</li> <li>Communications strategy with all staff to ensure they are aware of their roles</li> <li>Stakeholders</li> </ul>
49	Business Continuity	Business Impact Assessment	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(s).	Y	<p>Documented process on how BIA will be conducted, including:</p> <ul style="list-style-type: none"> <li>the method to be used</li> <li>the frequency of review</li> <li>how the information will be used to inform planning</li> <li>how RA is used to support.</li> </ul>
50	Business Continuity	Data Protection and Security Toolkit	Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Y	Statement of compliance
51	Business Continuity	Business Continuity Plans	<p>The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to:</p> <ul style="list-style-type: none"> <li>people</li> <li>information and data</li> <li>premises</li> <li>suppliers and contractors</li> <li>IT and infrastructure</li> </ul> <p>These plans will be reviewed regularly (at a minimum annually), or following organisational change, or incidents and exercises.</p>	Y	<ul style="list-style-type: none"> <li>Documented evidence that as a minimum the BCP checklist is covered by the various plans of the organisation</li> </ul>

52	Business Continuity	BCMS monitoring and evaluation	The organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.	Y	<ul style="list-style-type: none"> <li>• EPRR policy document or stand alone Business continuity policy</li> <li>• Board papers</li> </ul>
53	Business Continuity	BC audit	The organisation has a process for internal audit, and outcomes are included in the report to the board.	Y	<ul style="list-style-type: none"> <li>• EPRR policy document or stand alone Business continuity policy</li> <li>• Board papers</li> <li>• Audit reports</li> </ul>
54	Business Continuity	BCMS continuous improvement process	There is a process in place to assess the effectiveness of the BCMS and take corrective action to ensure continual improvement to the BCMS.	Y	<ul style="list-style-type: none"> <li>• EPRR policy document or stand alone Business continuity policy</li> <li>• Board papers</li> <li>• Action plans</li> </ul>
55	Business Continuity	Assurance of commissioned providers / suppliers BCPs	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements work with their own.	Y	<ul style="list-style-type: none"> <li>• EPRR policy document or stand alone Business continuity policy</li> <li>• Provider/supplier assurance framework</li> <li>• Provider/supplier business continuity arrangements</li> </ul>

Ref	Domain	Standard	Detail	Clinical Commissioning Group	Evidence - examples listed below	Organisational Evidence	Self assessment RAG Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. Green (fully compliant) = Fully compliant with core standard.	Action to be taken	Lead	Timescale	Comments
<b>Deep Dive - Severe Weather</b>											
<b>Domain: Severe Weather Response</b>											
1	Severe Weather response	Overheating	The organisation's heatwave plan allows for the identification and monitoring of inpatient and staff areas that overheat (For community and MH inpatient area may include patients own home, or nursing/care home facility)	Y	The monitoring processes is explicitly identified in the organisational heatwave plan. This includes staff areas as well as inpatient areas. This process clearly identifies relevant temperature triggers and subsequent actions.	EPRR Plan outlines triggers from PHE national Heatwave Plan and actions for CCG in event of overheating.	Fully compliant				
2	Severe Weather response	Overheating	The organisation has contingency arrangements in place to reduce temperatures (for example MOUs or SLAs for cooling units) and provide welfare support to inpatients and staff in high risk areas (For community and MH inpatient area may include patients own home, or nursing/care home facility)	Y	Arrangements are in place to ensure that areas that have been identified as overheating can be cooled to within reasonable temperature ranges, this may include use of cooling units or other methods identified in national heatwave plan.	EPRR Plan outlines triggers from PHE national Heatwave Plan and actions for CCG in event of overheating. Buildings are well ventilated and fans available	Fully compliant				
3	Severe Weather response	Staffing	The organisation has plans to ensure staff can attend work during a period of severe weather (snow, flooding or heatwave), and has suitable arrangements should transport fail and staff need to remain on sites. (Includes provision of 4x4 where needed)	Y	The organisations arrangements outline: - What staff should do if they cannot attend work - Arrangements to maintain services, including how staff may be brought to site during disruption - Arrangements for placing staff into accommodation should they be unable to return home	staff have remote working and VPN capability.	Fully compliant				
4	Severe Weather response	Service provision	Organisations providing services in the community have arrangements to allow for case loads to be clinically prioritised and alternative support delivered during periods of severe weather disruption. (This includes midwifery in the community, mental health services, district nursing etc)		The organisations arrangements identify how staff will prioritise patients during periods of severe weather, and alternative delivery methods to ensure continued patient care						
5	Severe Weather response	Discharge	The organisation has policies or processes in place to ensure that any vulnerable patients (including community, mental health, and maternity services) are discharged to a warm home or are referred to a local single point-of-contact health and housing referral system if appropriate, in line with the NICE Guidelines on Excess Winter Deaths.	Y	The organisations arrangements include how to deal with discharges or transfers of care into non health settings. Organisation can demonstrate information sharing regarding vulnerability to cold or heat with other supporting agencies at discharge	Contained within CCG Severe Weather Plan.	Fully compliant				
6	Severe Weather response	Access	The organisation has arrangements in place to ensure site access is maintained during periods of snow or cold weather, including gritting and clearance plans activated by predefined triggers	Y	The organisation arrangements have a clear trigger for the pre-emptive placement of grit on key roadways and pavements within the organisations boundaries. When snow / ice occurs there are clear triggers and actions to clear priority roadways and pavements. Arrangements may include the use of a third party gritting or snow clearance service.	Managed by estates provider for CCG buildings.	Fully compliant				
7	Severe Weather response	Assessment	The organisation has arrangements to assess the impact of National Severe Weather Warnings (including Met Office Cold and Heatwave Alerts, Daily Air Quality Index and Flood Forecasting Centre alerts) and takes predefined action to mitigate the impact of these where necessary	Y	The organisations arrangements are clear in how it will assesses all weather warnings. These arrangements should identify the role(s) responsible for undertaking these assessments and the predefined triggers and action as a result.	staff receive and have access to weather warnings. CSU circulates severe weather warnings to on call group.	Fully compliant				
8	Severe Weather response	Flood prevention	The organisation has planned preventative maintenance programmes are in place to ensure that on site drainage is clear to reduce flooding risk from surface water, this programme takes into account seasonal variations.	Y	The organisation has clearly demonstratable Planned Preventative Maintenance programmes for its assets. Where third party owns the drainage system there is a clear mechanism to alert the responsible owner to ensure drainage is cleared and managed in a timely manner	Building managed by Management company Regency Property Asset Management who take responsibility for management of the site at Merton House & Curzon Road managed by NHS property services. CCG occupies 1st Floor and 3rd floor locations in the building. Flood risk locations incite low risk for the buildings (June 2019)	Fully compliant				
9	Severe Weather response	Flood response	The organisation is aware of, and where applicable contributed to, the Local Resilience Forum Multi Agency Flood Plan. The organisation understands its role in this plan.	Y	The organisation has reference to its role and responsibilities in the Multi Agency Flood Plan in its arrangements. Key on-call/response staff are clear how to obtain a copy of the Multi Agency Flood Plan	CCG have access through CSU and LRF planning via Resilience Direct	Fully compliant				

10	Severe Weather response	Warning and informi	The organisation's communications arrangements include working with the LRF and multiagency partners to warn and inform, before and during, periods of Severe Weather, including the use of any national messaging for Heat and Cold.	Y	The organisation has within its arrangements documented roles for its communications teams in the event of Severe Weather alerts and or response. This includes the ability for the organisation to issue appropriate messaging 24/7. Communications plans are clear in what the organisations will issue in terms of severe weather and when.	Heatwave and Cold weather information included on the CCG website and social media. Communication in emergency action plan outlines process for messaging and distribution of messages.	Fully compliant				
11	Severe Weather response	Flood response	The organisation has plans in place for any preidentified areas of their site(s) at risk of flooding. These plans include response to flooding and evacuation as required.	Y	The organisation has evidence that it regularly risk assesses its sites against flood risk (pluvial, fluvial and coastal flooding). It has clear site specific arrangements for flood response, for known key high risk areas. On-site flood plans are in place for at risk areas of the organisations site(s).	BC plan details process for Loss of Premises. Buildings not listed as flood risk - July 2019, checked by CSU.	Fully compliant				
12	Severe Weather response	Risk assess	The organisation has identified which severe weather events are likely to impact on its patients, services and staff, and takes account of these in emergency plans and business continuity arrangements.	Y	The organisation has documented the severe weather risks on its risk register, and has appropriate plans to address these.	EPRR Risks included in organisation risk management and BC plans and EPRR plan cover severe weather.	Fully compliant				
13	Severe Weather response	Supply chain	The organisation is assured that its suppliers can maintain services during periods of severe weather, and periods of disruption caused by these.	Y	The organisation has a documented process of seeking risk based assurance from suppliers that services can be maintained during extreme weather events. Where these services can't be maintained the organisation has alternative documented mitigating arrangements in place.	Supply chain considered and reviewed as part of EU exit activities.	Fully compliant				
14	Severe Weather response	Exercising	The organisation has exercised its arrangements (against a reasonable worst case scenario), or used them in an actual severe weather incident response, and they were effective in managing the risks they were exposed to. From these event lessons were identified and have been incorporated into revised arrangements.	Y	The organisation can demonstrate that its arrangements have been tested in the past 12 months and learning has resulted in changes to its response arrangements.	Exercise undertaken within the last 12 months.	Fully compliant				
15	Severe Weather response	ICT BC	The organisations ICT Services have been thoroughly exercised and equipment tested which allows for remote access and remote services are able to provide resilience in extreme weather e.g. are cooling systems sized appropriately to cope with heatwave conditions, is the data centre positioned away from areas of flood risk.	Y	The organisations arrangements includes the robust testing of access services and remote services to ensure the total number of concurrent users meets the number that may work remotely to maintain identified critical services	Imersey have reviewed and tested the VPN and remote working capability of staff within the CCG Jan 2019.	Fully compliant				
Domain: long term adaptation planning											
16	Long term adaptation planning	Risk assess	Are all relevant organisations risks highlighted in the Climate Change Risk Assessment are incorporated into the organisations risk register.	Y	Evidence that there is an entry in the organisations risk register detailing climate change risk and any mitigating actions	No	Partially compliant	Assess climate risk for the CCG and reflect information on risk register.	CCG AEO	end of 2019	
17	Long term adaptation planning	Overheating risk	The organisation has identified and recorded those parts of their buildings that regularly overheat (exceed 27 degrees Celsius) on their risk register. The register identifies the long term mitigation required to address this taking into account the sustainable development commitments in the long term plan. Such as avoiding mechanical cooling and use of cooling hierarchy.	Y	The organisation has records that identifies areas exceeding 27 degrees and risk register entries for these areas with action to reduce risk	Triggers identified within EPRR Plan with CCG specific actions and system pressures.	Partially compliant	Monitoring of building overheating in hot weather.	CCG AEO	Q2 2020	
18	Long term adaptation planning	Building adaptations	The organisation has in place an adaptation plan which includes necessary modifications to buildings and infrastructure to maintain normal business during extreme temperatures or other extreme weather events.	Y	The organisation has an adaptation plan that includes suggested building modifications or infrastructure changes in future	would be managed through impact assessments for buildings & new premises.	Fully compliant				
19	Long term adaptation planning	Flooding	The organisations adaptation plans include modifications to reduce their buildings and estates impact on the surrounding environment for example Sustainable Urban Drainage Systems to reduce flood risks.	Y	Areas are identified in the organisations adaptation plans that might benefit drainage surfaces, or evidence that new hard standing areas considered for SUDS	none identified	Fully compliant				
20	Long term adaptation planning	New build	The organisation considers for all its new facilities relevant adaptation requirements for long term climate change	Y	The organisation has relevant documentation that it is including adaptation plans for all new builds.	Impact assessment for new buildings would manage this	Fully compliant				

Overall assessment:										
Ref	Domain	Standard	Detail	Evidence - examples listed below	Organisation Evidence	Self assessment RAG Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. Green (fully compliant) = Fully compliant with core standard.	Action to be taken	Lead	Timescale	Comments



# North Mersey System

## Winter Plan 2020 - 2021



**A collaborative approach between:**

Alder Hey Children’s NHS Foundation Trust  
 Knowsley Clinical Commissioning Group  
 Knowsley Council  
 Liverpool City Council  
 Liverpool Clinical Commissioning Group  
 Liverpool Heart and Chest Hospital NHS Foundation Trust  
 Liverpool Provider Alliance

Liverpool University Hospitals NHS Foundation Trust  
 Liverpool Women’s NHS Foundation Trust  
 Mersey Care NHS Foundation Trust  
 North West Ambulance Service NHS Trust  
 North West Boroughs Healthcare NHS Foundation Trust  
 Primary Care 24  
 Sefton Council  
 South Sefton Clinical Commissioning Group

## CONTENTS

Section:	Page:
1. Introduction	4
2. Key Deliverables	4
3. Winter Plan Summary	5
4. ED and Admission Avoidance Includes ED Triage, Virtual ED, NHS 111 First	7
5. Flow and Discharge Management	14
6. System / Full Capacity	15
7. Resilience	16
8. North West Ambulance Services	16
9. Primary and Community Care	17
10. Respiratory	21
11. Influenza Plan	22
12. Workforce	23
13. Care homes & Intermediate Care	24
14. Mental Health	32
15. Out of Hours Provision	33
16. EU Exit	34
17. Risks to Delivery	35
18. Recovery Plans – Diagnostics & Electives	36
19. Communication & Campaigns Strategy	40
20. Digital Infrastructure, Data and Reporting	43
21. Governance	48
22. Further Support / Clarity Required	48

**Appendices:**

1. KLOE Reference Points – Index
2. System Plan
3. LUHFT COVID Flow SOP
4. Flow & Capacity Group Terms of Reference
5. Local System Management Group Terms of Reference
6. Winter Dashboards Overview
7. North Mersey Intermediate Care Modelling
8. Care Home Capacity Dashboard – Liverpool
9. LUHFT Ready for Discharge Dashboard
10. Immedicare Utilisation – Care Homes
11. Mental Health DToC Review – June 2020
12. COVID-19 Surge Management Report
13. Management of Stroke Pathway
14. LUHFT IPC Management & Investigation of Cases & Outbreak of COVID
15. LUHFT Outbreak SOP

## North Mersey System Plan

### 1. Introduction

The COVID-19 challenges of 2020 are recognisably the most testing and demanding the NHS has ever experienced. Extraordinary actions and management were required to ensure clear focus and timely responses whilst minimising clinical risk. Prior to the pandemic the local health and care system had been under increasing, and at times, sustained pressure. The COVID-19 crisis evidenced continued and stronger system relationships, collaboration and trust across the system.

These unprecedented and challenging times have brought about an appetite for change and an acceptance of new or different methods of service delivery from professionals and the public alike. Our health and social care system has been significantly disrupted over the past few months, however, this has forced rapid integration and system wide partnership working which has been implemented to great success. There has never been a better opportunity to review what is in place, lock in positive change and consider new approaches with a continued focus on improving the offer for our service users and delivering improved outcomes with a better experience of care.

Our continued vision is to enable greater efficiency and clinical effectiveness through treating patients and service users in the most appropriate setting for them.

Whilst the North Mersey Plans focus primarily on Winter, given the urgency around the current pandemic situation and expected demand, it should be noted that the objectives also complement a longer-term strategic vision across the places we serve.

Many system partners are still actively working on their organisational winter plans to provide for delivery of this system level plan. As a live document, this plan will continue to adapt with continued engagement from system partners.

### 2. Key Deliverables

Our ambition is to improve the offer for patients, deliver improved outcomes and a better experience of care, whether that is by phone, online, in the Community or, when necessary, in Hospital for our local population.

We aim to maximise the use of volunteers which will continue to be promoted as a means of support by all partners. Where specific opportunities arise, these will be reviewed and incorporated into planning.

The delivery of safe, effective and sustainable care for people requiring the health and social care will be measured through the delivery of:

- 4 hour emergency standards
- Local and National waiting time targets
- Bed Occupancy

- Operational Pressures Escalation Levels (OPEL)
- Delayed discharges / LLOS (stranded and super stranded patients)
- System Capacity – Acute & Community (including Care Homes)
- Access to Community Services
- Surge Management and Demand
- Maximisation of Independent Sector capacity
- Prioritising workforce health and wellbeing
- Alignment with core recovery requirements eg diagnostics

### 3. Winter Plan Summary

The 2020/21 plan has been prepared following engagement with North Mersey System Partners. The system provided an overwhelming response and programmes were collated into a wider 'System Plan' contained key activities to sustain the health and care system throughout the winter period.

>>> [Additional document](#): See Appendix 2 for System Plan

An exercise was then conducted to categorise system programmes to allow for appropriate assurance mechanisms to be put in place for winter delivery. The system used categorised as follows:

Category 1 – A new initiative for winter

Category 2 – An existing work stream with identified winter impact.

Category 3 – An existing work stream which does not require any intervention but will require system oversight in terms of delivery and outcomes.

Programme plans were also categorised taking the following NHSE expected approach into account:

- Demand
- Capacity
- Workforce
- Exit Flow and
- External Events (COVID, Flu, EU Exit, Respiratory and Comms Plans)

Plan directly affecting priority areas were then arranged in three key pillars with named Senior Responsible Officers to ensure dedicated focus on objectives, delivery and system alignment:

1. **ED / Admission Avoidance**
2. **Flow & Discharge and**
3. **System Full Capacity**

All three Priority Areas have a number of individual subgroups that are very much interdependent with some predating winter activities. Sub Group areas have named leads and specific PID's (Project Initiation Documents) with the PID's developed to recognise the

interdependencies and complement each other for successful delivery. All PID's fully describe delivery and have descriptions of scope, benefits, outcomes to be achieved with potential risks and mitigating actions.

All items of delivery are predicated on the assumption of cost neutrality with additional funding highlighted as a risk when impacting on minimum delivery requirements.

## North Mersey Winter Priority Areas

<b>ED / Admission Avoidance</b> SRO/s: Neil Holland (LUHFT) Dani Jones (Alder Hey)	<b>Flow &amp; Discharge</b> SRO: Lee Taylor	<b>System Full Capacity</b> SRO: Dave Horsfield
<ul style="list-style-type: none"> <li>• ED Estates &amp; WIC's (MCFT to establish sub group)</li> <li>• ED - Triage, SPC, Respiratory, Cardiology, Mental Health, Social Pathways, Frailty, Primary Care, SDEC &amp; Direct Booking</li> <li>• Virtual ED (Alder Hey working group established)</li> <li>• NHS 111 First (Shadow Implementation Group established)</li> <li>• UTC Principles &amp; Facilities (Sub Group to be reinstated)</li> </ul>	<ul style="list-style-type: none"> <li>• RFD/DToC/D2A (SPC) Various sub groups already established:               <ul style="list-style-type: none"> <li>- Main D2A (Discharge to Assess)</li> <li>- D2A Operational Oversight Group</li> <li>- Flow &amp; Capacity &amp;</li> <li>- RFD Escalation MDT &amp; Daily MDT</li> </ul> </li> <li>• SAFER (Acute / Mental Health &amp; IC) (Internal forums, monitoring and reporting already in place)</li> </ul>	<ul style="list-style-type: none"> <li>• Sub-Acute Beds (System groups in place following Seacole development)</li> <li>• Full Capacity / COVID &amp; Surge Management Plan (Mutual Aid), System Monitoring (Sub Groups already established:               <ul style="list-style-type: none"> <li>- Local System Management Group</li> <li>- Flow &amp; Capacity Group</li> </ul> </li> <li>• Diagnostics (Recovery &amp; Management of Wait Lists) (Sub Groups already established:               <ul style="list-style-type: none"> <li>- System Recovery Group</li> <li>- Local System Management Group</li> </ul> </li> </ul>

#### 4. ED / Admission Avoidance

The ED / Admission Avoidance priority area focuses on preventative and supporting measures in the Community. It aims to prioritise ED Triage with community alternatives, access to specialist pathways and same day emergency care. Plans and direction align with both the LCCG One Liverpool Plan and SSCCG Shaping Sefton Plan. The right care, in the right place, first time.

There is particular emphasis on the ED Triage element and estates. This area encompasses triage with community alternatives, SPC (single point of contact), mental health, social pathways, same day emergency care, direct booking, frailty and primary care. Specialist services involved include respiratory and cardiology. Priority areas also include NHS 111 First and UTC Principles to ensure whole system delivery alignment.

Liverpool University Hospitals Foundation Trust (LUHFT) have also developed a Covid Flow SOP. This will be replaced by a LUHFT Escalation Policy which is currently ongoing to ensure alignment of escalation processes across both sites in preparation for winter in addition to the management of Covid in the 3 stages of suppression, transition and surge. LUHFT aim to have this complete by October.

>>> [Additional document](#): See Appendix 3 for LUHFT COVID Flow SOP

The LUHFT reset plan has a clear focus on the following 6 points:

##### 1. Preventative Measures – Community

- 111 Triage
- Geriatrician Phone Line
- Walk in Centres / Urgent Treatment Centres
- Specialist Pathways – OPAT, Cardiology, Respiratory and DVT

##### 2. Admission Avoidance at the Front Door

- Ambulatory / SDEC (default care plan, admission only by exception). Ambulatory pathways to support admission avoidance and plans progressing to identify appropriate estate to support expansion of SDEC model. In alignment with NHS 111 First Delivery and a detailed DoS to provide clear alternative pathways to support direct conveyance.
- Flying Squad (SW, Community Matron supporting at the front door)
- GP Referral Process
- Mental Health
- Hot Clinics - this includes Respiratory, Frailty, AEC, Cardiology and Acute Medicine to support top 10 admitted conditions.

##### 3. Internal Flow / Pathway Management

- High NEWS/HDU
- Surgical / Orthopaedic
- Speciality In-reach and integration
- Trust wide response to surges / full capacity protocol

##### 4. Discharge

- SAFER

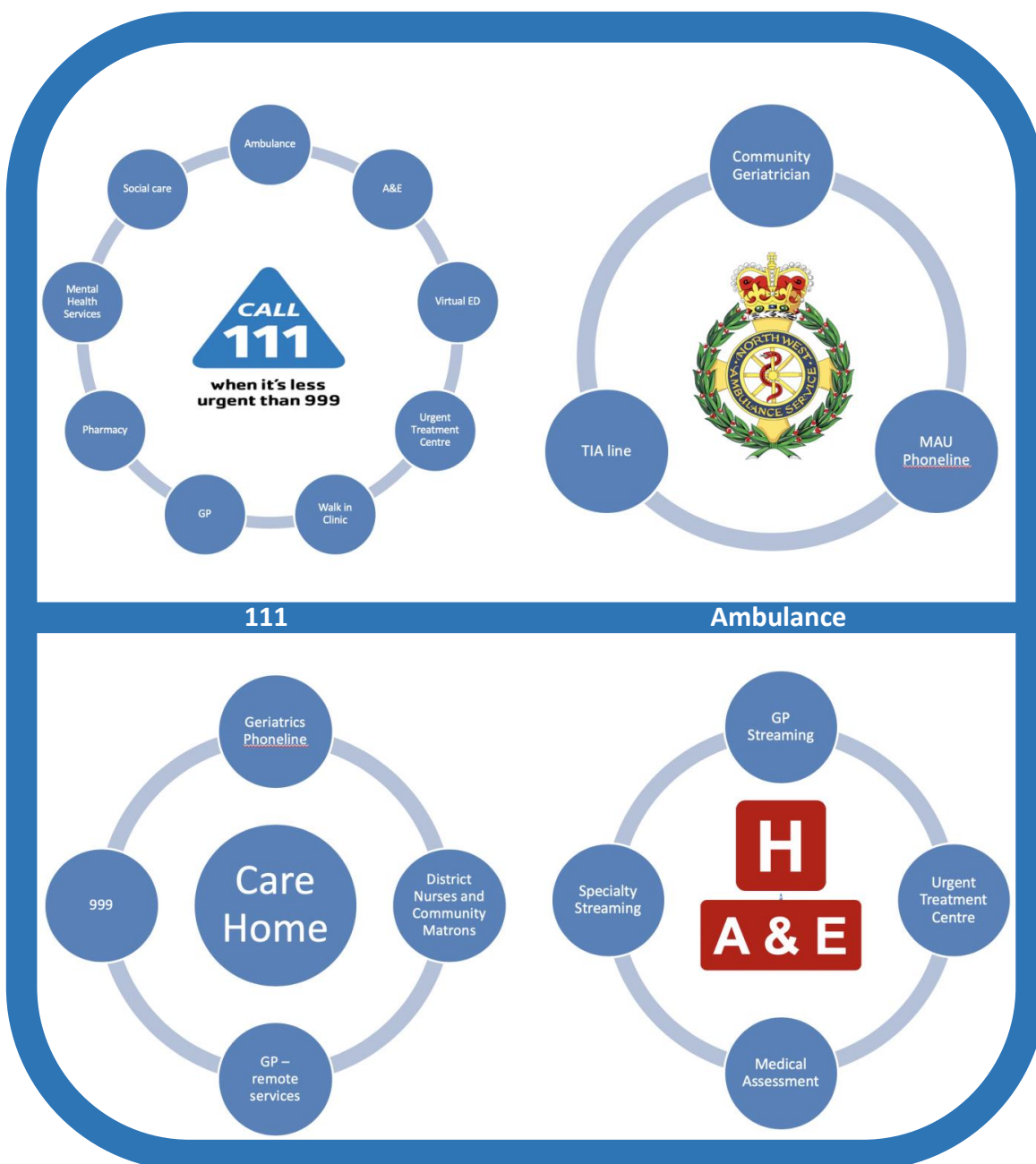
- Education
- D2A via SPC and speciality pathways
- TTO's
- PTS

5. Workforce

- Staff well-being and engagement
- Skill Mix Review – all Clinical Teams
- Non-medical advanced practice roles integration of flow/discharge teams

6. IT

- Underpins all projects
- Wipeboard, eReferral process, eTriage dashboards





## ED – Estates & WIC's

Development of WIC and estate to support these services will be focussed on ensuring that the current resources and changes made in response to COVID within the Walk in Centre offer are maximised to ensure patients receive the right care, at the right time and in the right place.

Building on the successful tele-triage access implemented by the Walk in Centres, the work will focus on collaboration with acute and primary care colleagues to ensure appropriate pathways in the community and primary care. It will include the use of digital and tele triage to join up the work with the NHS 111 First work stream and promote out of hospital same day access to urgent care and ED avoidance.

The clinical model will inform the use of current estate and several options will be considered with acute and primary care colleagues to maximise impact during any surge and winter. As these options are developed, the core UTC principles will be tested in these settings wherever possible, focussing on:

- Ability to offer a wide range of **diagnostics** for adults and children
- Ability to offer **standard operating hours** (potentially longer than 12 hours)
- Ability to manage **minor ailments and minor injuries**
- Ability to offer alternative responses to **ambulance** conveyances

## Paediatric Virtual ED

The project aims to implement a Virtual Emergency Department (ED) access service. The ambition is to establish a virtual ED approach, in line with international experience (in particular New York Presbyterian/Cornell University) which will provide the opportunity to triage patients in a home setting, enabling patients / carers to book a virtual slot with a clinician, rather than physically attend the department. Virtual Urgent Care would provide real-time access to a doctor via video chat with a smart phone, tablet or computer at any time (although initially this would be trialled at peak times to gauge effectiveness, as we build experience and capacity for the service). The intention of the model would be for the patient to download an app or access a website, and create an account to access the service, but we will consider this as we develop a solution. The front end would strip out any 'red flag' / emergency conditions and direct immediately to 999/A&E – then sift the remaining urgent care presentations into potential for a bookable virtual appointment with an ED consultant.

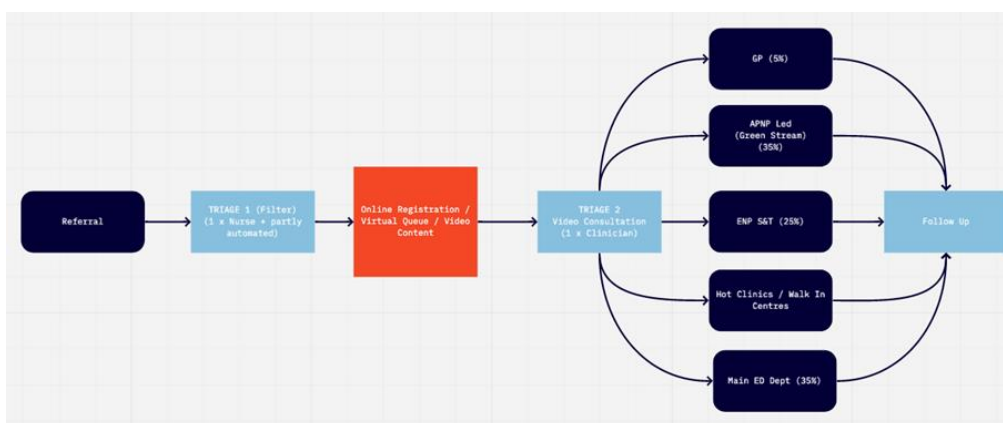
A key design principle for the project is to ensure a safe and accessible service, and we will aim to ensure the technical / technology barriers are as low as possible for end users. It is envisaged that the service will require the patient to enter symptoms and information to connect to the clinical team. This will allow for the immediate evaluation, diagnosis and treatment plan. In addition, and based on best practice, we will aim to provide patients and carers with highly intuitive tutorials to enable them to participate in the virtual assessment more readily e.g. measuring heart rate and doing other basic checks whilst they are waiting to be seen. This is utilised effectively in the NY system. This could potentially ensure that valuable contact time

between patients and clinicians in maximised, whilst empowering patients and carers to actively participate in their own care.

The current physical ED model is summarised in the following (simplified) figure 1:



Figure 2: Proposed future model of ED



Alder Hey have an urgent requirement to identify innovative approaches to effectively manage current and future demand for emergency care services.

Attendances have increased significantly over the last five years with an 11% increase between 2014/15 and 2019/20, average annual growth of 3%. This is a change in the maximum daily attendances from 218 to 270. The nature of attendances in terms of acuity and complexity has changed over the years. A large proportion of attendances within the department are 'green' low acuity patients and accounted for 71.3% of attendances in 2019/20, there has been an increase in the number of patients presenting with complex healthcare needs, mental health and behavioural issues as well as increased social concerns. Whilst there was an initial drop in ED attendances at the beginning of the covid pandemic, we are now experiencing 140+ attendances per day which is already putting extreme physical pressure on the department given social distancing etc.

The implementation of a virtual ED service will be initially piloted for 4 hours per day and target to see 8 patients, which is consistent with the numbers seen in trials of the newly established New York Presbyterian (NYP) Paediatric Emergency Department. The aim will be to conduct a trial with appropriate (i.e. low urgency and acuity) patients that present to the ED department and who volunteer to participate in the first instance. We will conduct the trial with patient safety as the highest priority. This approach will enable us to mitigate any problems, because these patients will already be on site. The results of the trial will be evaluated to inform operational and system development requirements to enable a broader roll out in the following weeks and months. **Children’s winter begins in September and is at its peak in November; this means there is a requirement for urgent action and at Alder Hey we began developing this in June in recognition of this, as well as an attempt to build upon changes in social behaviours around accessing ED due to the pandemic.**

The full ambition of this model is to offer a virtual service for 8-10 hours a day, seeing 32-40 patients and will allow for a reduction in attendances to the department and a more pleasant experience for parents/carers. However, we are cognisant that we do not want to risk increasing demand overall or drive patients towards the service that are clearly not suitable, and we will seek to manage this risk carefully as we progress. By providing a virtual ED service this project has the following aims:

- Reduce the demand for physical presentations into the ED department to help minimise the risk of COVID19 contagion;
- Provide an alternative virtual, high quality and safe ED service to patients and their carers that, where appropriate, better meets their care needs and requirements;
- Minimise the impacts of higher demand on the ED department, including staff absenteeism, delays to waiting room targets
- Improve Access to Care for Children and Young People

#### Stakeholders:

Soft engagement has taken place to date through design workshops with internal colleagues<sup>1</sup> and with system partners including GP, commissioners, UC24, NWAS to seek input into the proposed model. Feedback to date has been positive and colleagues recognising in the light of COVID change is required to manage future demand.

International research identified similar models operational in New York, Ottawa and Singapore. Contact has been made with New York Presbyterian where the ‘New York on Demand’ model operates. This provided insight into the implantation of such a model, the key challenges and benefits. This research has informed the Alder Hey proposal. This initiative represents a realistic opportunity for Alder Hey to be leader in the provision on healthcare. It is also an opportunity to develop a more integrated response to provide improved access to assessment and outcomes.

Further consultation will continue internally with staff, with relevant patient cohorts (including the Young Person’s Advisory Group, and through patient surveys etc.), as well as with immediate stakeholders within the local health eco-system. We will also hold a simple ‘vision-event’ with staff to inform them of any proposed changes and innovations regularly as we progress to ensure feedback, interaction, co-creation and acceptance of change.

## Alder Hey- Virtual ED



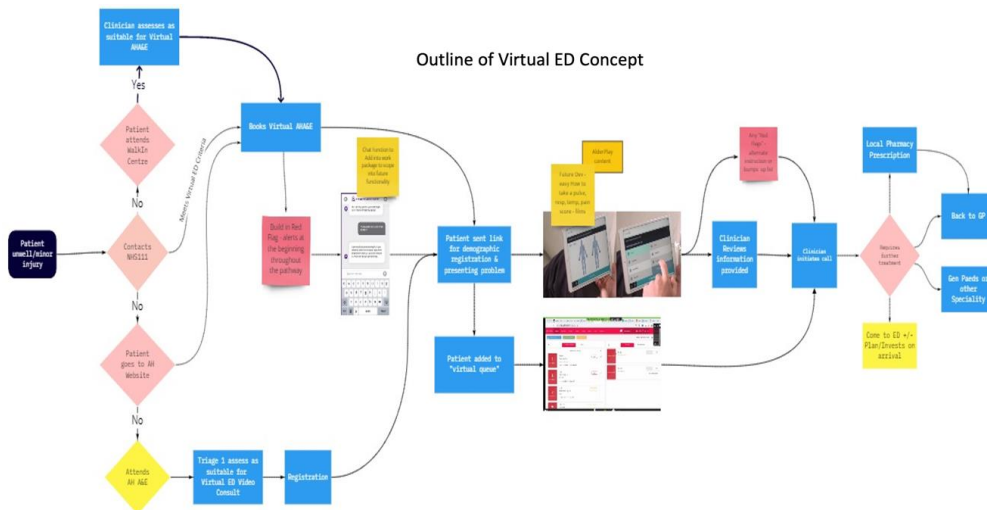
### Drivers for Change

- Public behaviours have shifted to more digital experience of healthcare
- Pre-Covid demand numbers are starting to grow
- Lockdown lifting & schools re-opening, likely bumps in demand at each stage of lift
- Max. capacity with social distancing is 11 families

### Learning from others

- New York Presbyterian Hospital; Paediatric offer in place over 3 years
- Ottawa & Singapore have similar models but new
- NHS111, NWS, GP's
- C&MP
- Little or no evidence of other Virtual ED services in UK

### Outline of Virtual ED Concept



## Timeline

- ✓ June 2020 – Analysis & initial consultation
- July 20: Rapid Experiment
  - Test of concept on patients presenting at ED only
  - Focus on low urgency patients and physically in the building to minimise risk and re-route if needed
  - Assess & understand
    - Technology needs
    - Patient Experience
    - Clinician Feedback
- July 2020 – platform development / configuration
- August 2020 – complete test of concept and further development
- September 2020 – roll out of minimal viable service
- Future – more comprehensive systems development
  - Link to Innovation & Digital for Digital Front Door, Meditech/Expanse, RPA, AI/NLP assistant

## NHS 111 First

NHS 111 First includes a number of different interventions which, taken together, will transform access to UEC services. Patients will still be able to choose to attend ED without having gone through 111 First, however the aim of 111 First is to improve the offer to patients.

The North Mersey System is within the Phase 3 cohort which is expected to 'go-live' from 1<sup>st</sup> December 2020. The minimum expected implementation criteria is as follows:

- **Increased 111 Capacity:** health advisers (call handlers) and CAS clinicians
- **Availability of alternative secondary care dispositions:** e.g. SDEC, assessment units, hot clinic (which aligns with the LUHFT reset plan)
- **Implementation of ED referral and booking system:** ITK messaging or secure email
- **Evaluation and monitoring:** quantitative and qualitative
- **Communications strategy:** targeted marketing and stakeholder engagement, national campaign supporting local messaging

A North Mersey system Shadow Implementation Group has already been established to ensure preparedness and learn from the groups within Phase 1 and 2 of the approach. The Group has two Joint SRO's with further established sub groups in accordance with National Guidance:

1. Service Design and Operations
  - a. Data and Modelling
  - b. Finance
  - c. Communications and Engagement
  - d. Workforce
2. Technology (Digital)

The Programme objectives are to:

- Improve patient care and experience when accessing UEC
- Ensure no patient groups are disadvantaged and target key patient groups to enable access to / the development of the more appropriate, safe and timely services
- Reduce the risk of nosocomial spread of COVID-19 and other infections
- Deliver more effective clinical management of low acuity patients currently accessing ED's
- Consolidate clinical resources from across the local health system to provide enhanced clinical triage and, where required, appropriate onward referral
- Establishment of effective alternative patient flow away from ED's, through 111 and into alternative clinical services/clinics supported by an effective Directory of Services (DoS)
- The two early implementer sites will test approaches to enable comparison between the two and learning for the following

- Ensure clear linkages with winter planning across the North West system to maximise the impact of 111 First
- Effective public and health care professional engagement and communications to promote 111 First

## 5. Flow & Discharge

The Flow & Discharge priority area focuses on ensuring ongoing delivery and oversight of the newly implemented discharge to assess processes via the enhanced Mersey Care Foundation Trust (MCFT) Single Point of Contact (SPC). The aim is to maintain oversight and assurance on operational delivery and recovery plans across the health system with regards to 'ready for discharge' patients alongside the effective provision and utilisation of community hub beds, ward 35 and care homes.

An established Flow and Capacity Group is in place to review and analyse the Out of Hospital Cell performance dashboard and associated local business intelligence in order to have oversight of the current system capacity and delays including:

- ❖ Ready for Discharge (RfD), Delayed Transfers of Care (DToC), reducing Long Length of Stay (LLOS), Discharge to Assess (D2A), Single Point of Contact (SPC)
- ❖ SAFER (Acute, Mental Health & Community Beds)

>>> [Additional document](#): See Appendix 4 for Flow & Capacity Group terms of reference

There will be particular revised emphasis on SAFER principles with focus on reducing long length of stay. Whilst already embedded in system architecture, the following will be assessed by the Flow and Capacity Group to ensure that they are in place throughout the winter period:

- Senior Reviews of all patients
- All patients must have an estimated discharge date
- Patients should be discharged before mid-day
- The number of weekend discharges are not affected
- Maximise the use of the discharge lounge
- Proactive planning with regards to PTS (patient transport services) and TTO's (Take Out Meds).

The main areas of challenge in previous years has been the availability of community and care home beds. The aim of the winter plans is to ensure improved flow and utilisation of the available Community beds.

We will maintain and improve delayed discharge MDT's and continue to work as a system to resolve barriers and delays wherever possible.

LUHFT have fully implemented the National Discharge to Assess Guidance and have daily dashboards to support exit flow. Governance arrangements are supported by the weekly system Capacity and Flow Meeting as well as the weekly Escalation RFD MDT, both of which are chaired by MCFT.

>>> [Additional document](#): See Appendix 4 for Flow & Capacity Group terms of reference

>>> [Additional document](#): See Appendix 9 for LUHFT Ready for Discharge Dashboard

>>> [Additional document](#): See Appendix 3 for LUHFT COVID Flow SOP

All plans contained within this Winter Plan support delivery towards 85% target for bed occupancy, as well as reducing LLOS, include continued discharge to assess improvements and direct oversight. Targeting of respiratory, frailty and general medicine. Continued SAFER and CUR developments on site via Medworxx, reviewing medical and surgical capacity throughout the Winter period and use of point prevalence to support simple discharges and flow.

Pathways have been reviewed for specialities including heart failure, AF and stroke.>>>

[Additional document](#): See Appendix 13 for Example - Management of Stroke Pathway

## 6. System & Full Capacity

The System & Full Capacity priority area focuses on oversight, key information dissemination and supporting the effective operation of the system as a whole. This includes issues, risk, demand & surge management, mutual aid, capacity, workforce, overall system escalation and barriers across health and social care.

A Local System Management Group has been successfully established which ensures System and Capacity Monitoring and has been in place throughout the COVID-19 period. The Group identifies risks, critical points of failure and significant operational barriers. Its role is to recommend remedial actions where required, coordinate responses and mutual aid and escalate issues through EPRR or other appropriate routes. As with the other priority areas, it aligns with the Out of Hospital Cell to ensure co-ordination of approaches and responses across the wider Cheshire and Merseyside footprint.

>>> [Additional document](#): See Appendix 5 for LSMG Terms of reference and mutual aid MOU

There has been a great deal of partnership working to ensure the right level of capacity monitoring is available to ensure oversight but also capacity planning.

>>> [Additional document](#): See Appendix 6 for Winter Dashboards Overview

>>> [Additional document](#): See Appendix 7 for North Mersey Intermediate Care Modelling

>>> [Additional document](#): See Appendix 8 for Care Home Capacity Dashboard

*(see also Section 20 Digital Infrastructure, Data and Reporting)*

## 7. Resilience

The Plan details the actions and responses we will take to ensure that we are prepared to manage and maintain oversight of the demand for services we can expect during the winter period. The North Mersey System supporting this winter plan have a number of their own specific policies and measures in place to ensure we are prepared to deal with any potential surge management or second wave.

A Local System Management Group (LSMG) has been established and the effectiveness has been evidenced throughout the pandemic situation by supporting the COVID-19 position including addressing and resolving ongoing issues, risk, demand, surge management, mutual aid, PPE, bed capacity, workforce and overall system escalation and unblocking barriers.

The North Mersey system has also developed and agreed an MOU (Appendix 5) for requesting and responding to mutual aid requests under the LSMG, ensuring appropriate support for services under significant pressure but also to provide oversight of where aid is distributed in the system when multiple pressure points exist.

## 8. North West Ambulance Service

The NWAS Plan will function in conjunction with a number of other key plans and documents, specifically (not exhaustive):

- NWAS Major Incident Response Plan
- NWAS Pandemic Influenza Plan
- National Ambulance Resilience Unit (NARU) Escalation Plan
- NARU Command and Control Plan
- NWAS Business Continuity Plans
- NWAS Divert and Deflection Policy
- Demand Management Plan

NWAS play a key role in the membership of our Local System Management Group, however due to the wider geography covered by this service a standardised winter plan must be incorporated across multiple systems. In North Mersey, the NWAS winter plan will be adopted and assimilated into local operations with oversight from the Local System Management Group.

Our North Mersey Winter Plan will also include the NWAS approach to maximising the use of 'Hear and Treat' and 'See and Treat' pathways for 999 demand. The aim is to support a sustained reduction in the number of patients conveyed to Type 1 or Type 2 Emergency Departments.

NWAS are actively developing their Winter Plan and our North Mersey System Plan will incorporate, and support, the delivery requirements as soon as they have been received.



## 9. Primary Care & Community Care

Primary and Community Care are integral to delivery of the winter plans. Admissions can only be avoided if there is a better, safer alternative.

The winter plan aims to collaboratively build on work being planned to improve and transform services. Local arrangements are in place regarding winter planning, building on the locality plans and using existing locality services.

### Integrated Primary & Community Model

#### Background

Mersey Care has been working with the Liverpool Network Alliance (LNA) during June and July 2020 to develop a draft integrated primary and community model of care model which was recently presented as an outline at the Winter Collaborative meeting on the 31<sup>st</sup> July.

We hope to further develop our thoughts around this model over the next two weeks so that this model can then be implemented using QI testing approaches to support the challenging winter ahead. The learning from which will then be evaluated and used to further inform further development of a sustainable model with other partners.

Four additional challenges have great potential to exacerbate winter 2020/21 pressures on the health and social care system, by increasing demand on usual care as well as limiting surge capacity which we have been considering as part of our discussions:

- a) A large resurgence of COVID-19 nationally, with local or regional epidemics (spikes).

Modelling of our reasonable worst-case scenario – in which the effective reproduction rate of SARS-CoV-2 ( $R_t$ ) rises to 1.7 from September 2020 onwards – suggests a peak in hospital admissions and deaths in January/February 2021 of a similar magnitude to that of the first wave in spring 2020, coinciding with a period of peak demand on the NHS. We are already seeing local outbreaks in Liverpool (Princes Park etc). The national modelling available estimates between September 2020 and June 2021, over double the number that occurred during the first wave in spring 2020.

- b) Disruption of the health and social care systems

Due to reconfigurations to respond to and reduce transmission of COVID-19 with a knock-on effect on the ability of the NHS to deal with non-COVID-19 care. The remobilisation of resources for COVID-19 (staff and facilities) that occurred during the first wave of COVID-19 is unlikely to be possible this winter, due to other winter pressures, urgent delayed care, and a likely increase in staff sickness absence, among others.

- c) A backlog of non-COVID-19 care

Following the suspension of routine clinical care that is likely to result in an increased number of poorly-managed chronic conditions or undiagnosed diseases and be combined with a surge in post-COVI-19 morbidity. Estimates suggest that the overall waiting list in England could increase from 4.2 million (pre-COVID-19) to approximately 10 million by the end of the year. Reducing the backlog of care will be hampered by reduced operational capacity across NHS organisations designed to prevent transmission of COVID-19.

- d) A possible influenza epidemic that will be additive to the challenges above

The size and severity of the influenza epidemic in winter 2020/21 will be particularly difficult to estimate, but the most recent flu season in winter 2017/18 coincided with ac older winter; led to over 17,000 excess respiratory deaths and caused NHS Trusts to cancel all elective surgery in January 2018, resulting in 22,800 fewer elective hospital admissions when compared to the previous year. A generalised increase in respiratory infections over the winter could also rapidly overwhelm test and trace capacity.

### National and Local Context

#### Pre-COVID

- UTCs via the 5 Year Forward View then Long-term Plan. Aim for winter 2020.
- Liverpool Provider Alliance Clinical Working Group Plan
- EDs routinely struggling with 4 hour target.
- GP Workload and workforce challenges.
- PCNs and development of Integrated Care Teams.
- A problem going back generations.
- One Liverpool – overtly and specifically an ALL AGE PLAN.

#### COVID

- Total triage across all primary care settings
- Increased use of digital consultations.
- ED demand plummeted then recovered.
- Development of “hot” hubs in partnership between PCNs and Mersey Care.
- Estate challenges amplified – North Liverpool again.
- A positive culture of collaboration around rapid change.
- Evolution of services from week to week based on need/feedback.

#### Post-COVID/Recovery

- A collective wish not to lose the gains of the pandemic in terms of transformation.
- How we utilise current estates to support our model during winter and beyond and what other estates options are there?

#### Our Must Do's and General Design Principles

- Need to maintain hot and cold pathways (at least for now)

- Open at least 0800-2000h
- Access by Walk-in, pre-triage from General Practice & Community Services and Ambulance.
- All-age, explicitly generalist.
- Digital first and always. Same rigor of triage as during COVID. Essential footfall only.
- Design always based on patient need & journey, with the responsibility on organisations to overcome challenges.

### Key Service Delivery Components

- **Walk in and pre-triaged face to face consultations**  
A single all-age patient caseload managed by an MDT comprising current WiC staff (adult and paediatric ANPs), GPs & nurses from General Practice, First contact physio, liaison mental health and admin support with embedded social prescribing link workers. Full Emis access as per the hub.
- **Digital Consultations & Triage service integrated with Enhanced Access service**  
Remote consultations from UTC staff via eConsult/video/AccuRx. This could be from home/practice or from a digital consultation suite onsite. Blinx pilots will inform smart triage options. This facility could also be used for....
- **Digital Link to local EDs/Gerontology for specialist advice**  
Real time and booked slots for professional discussions or patient-included consultations. (e.g.: ask a paediatric ED consultant to review a rash)
- **Minor Injuries/Community Trauma Service**
  1. Ambulance and ambulatory patients
  2. access to X-ray, suturing, plastering
  3. Links to local fracture clinic and ED via digital above.
  4. Access to urgent MCAS assessment slots
- **Short-stay assessment service**
  1. A GP-led bed-based area for a cohort of patients who need a more detailed assessment acutely than can be delivered at home.
  2. Access to near patient testing, radiology & ECG.
  3. Onsite social care and link to community bed-base.
  4. Physio/OT available onsite or discharge to assess.
  5. Full Emis Access.
  6. Can then link to.....
- **Virtual Obs Ward**

Telehealth package on discharge with agreed pathway and parameters for referral back to practices/UTC/NWAS.

- **Admissions Avoidance**

- IV Therapy
  - DVT Pathway
  - Referral to ICT/ERT etc

- **Social Prescribing**

- A branded presence onsite with link-workers embedded throughout the teams and clear referral pathways. Facilitated by Elemental.

7. **What do we need to get there?**

- Shared understanding of patient journey- who is using this and why? Once we have agreed this, clinical pathways can be drawn up
- Shape the contract/understand timeline and value of commission
- Workforce planning- partly based on contract value but also can we look at some of the ARR delivering services here?
- Back office:
  - Shared care records
  - Appt booking/monitoring of site
  - Equipment- associated governance- feed into workforce planning? Xray= radiographer?
  - Estate set up
  - Communications

## 10. Respiratory

Respiratory admissions are always heightened over the winter period and this winter it is envisaged that presentations will be on a scale never encountered before due to the pandemic.

The aim of the system is to ensure that patients manage their respiratory condition at home wherever possible.

Liverpool will continue to offer Telehealth remote monitoring, support and coaching to high-risk COPD patients through the Mersey Care clinical hub to reduce hospital admissions and improve self-care.

A Regional bid for NHSX support to expand the level of remote monitoring across Cheshire and Merseyside has been successful. This will provide transformation support to help other areas to rapidly establish Telehealth pathways similar to Liverpool, in time to impact Winter pressures. Other CCGs in North Mersey may wish to consider this option.

LUHFT Community Respiratory Team will deliver the following 7 days/week services for Liverpool patients:

- A Hospital at Home COPD support service to reduce NWAS conveyancing and avoid admissions;
- Telehealth monitoring of Covid positive patients discharged from the AED, to avoid inappropriate AED attendances but ensure timely admissions;
- A post-Covid monitored discharge Telehealth service avoiding re-admissions and distress.

Overall, the Winter Plan will:

- Support the national campaigns and communications strategies and ensure that people are advised to 'Keep Warm' during periods of cold weather. This will be reinforced through local media campaign.
- Build upon the existing experiences over previous winters with the successful respiratory admission avoidance schemes
- Avoid unnecessary respiratory admissions with partnership working
- Reduce re-admissions for respiratory patients
- Direct appropriate patients to the relevant community services including booking in for a Consultant review within Community Services
- Reduce the average length of stay of non-elective admitted patients

## 11. Influenza Plan

Cold weather increases the risk of flu and groups such as older people, very young children, and people with serious medical conditions are particularly vulnerable to the effects of cold weather.

This year the pressure is further exacerbated by the COVID-19 crisis.

Local 'places' are, or already have, established groups to co-ordinate a system wide offer for flu vaccination for the 20/21 campaign.

Outlined below is the approach developed in Liverpool with membership including the Liverpool Provider Alliance, Liverpool Network Alliance, Merseycare, LMC, LPC, Local Authority, LCCG and Public Health. Similar approaches are being developed across the system to meet local need.

The approach being taken by the group is to maximise the offer using all capacity available to deliver to the maximum number of eligible individuals in the cohorts for this year's programme. There is an expectation this year that 75% of all eligible groups will be vaccinated, however acknowledged that the traditional model of predominantly General Practice vaccination will need to be supplemented by the offer. Numbers are being established to understand the capacity and demand that includes the reduced capacity due to the impact of COVID increasing the length of time to vaccinate from 1-3 minutes to 3-6 minutes (this will also impact on community pharmacy provision).

The offer initially will include provision from, General Practice, Community Pharmacy (including in collaboration with Primary Care Networks), Primary Care Networks, community providers (for those on their caseload and their carers), midwives.

Special consideration will be given to ensuring high risk individuals are identified and vaccinated as early in the programme as possible including those at risk from BAME communities, those with learning disabilities, those in care homes (and care home staff) using a model that ensures as few people as possible enter to vaccinate, those shielding, the obese (BMI over 40), those under 65 at risk and the over 65s, 2 and 3 year old well children, those who provide care in patients homes through for example independence payments and extra care facilities.

Provision from school nursing teams will vaccinate all primary school children and those in year 7 using the nasal spray and an option is being considered for injectable vaccine for children as an alternative as the nasal spray contains gelatine.

Extra vaccine is being procured nationally and there is acknowledgment that current providers will have limited storage and that any cold chain issues will need to be consider for just in time delivery.

Plans are in progress nationally for acute trusts to vaccinate opportunistically. National guidance is expected to include extending those who are able vaccinate to include dental colleagues, optometry colleagues and nursing associates.

Consideration will be given with regards to a mass vaccination programme for the 50-64 age group once more national guidance is provided but this is expected to be delivered Nov/December and a venue, staffing, IT models and standard operating procedures will be considered.

Although there is a North England and Cheshire and Merseyside communications plan for flu, it is acknowledged by the group that some Liverpool localisation of those messages may be required.

Staff vaccinations are aligned with national targets and approaches in accordance with Trust Influenza plans.

Plans will be updated to include mobilising delivery capability for the administration of a COVID-19 vaccine if and when a vaccine becomes available.

These plans are currently in development and our North Mersey System Plan will incorporate, and support, these aims and objectives as soon as they have been received.

With regards to COVID-19 testing, all organisations have co-ordinated testing approaches for staff via HR and Occupational Health departments. For LUHFT, all testing takes place on site through LCL with results available within 12 hours.

## 12. Workforce

The health and safety of our staff is paramount. All staff groups are fundamental to the successful delivery of our winter plans. All organisations plans will prioritise the health and wellbeing of the workforce in order to maximise workforce availability, sustainability and productivity.

Throughout COVID-19 individuals, and teams, have vastly supported each other and this is continuing. To support the resilience of our workforce, plans aim to maintain dedicated support and will include:

- Regular team check-ins
- Making space available for colleagues to rest and recuperate
- Dedicated health and care support for staff both physically and psychologically
- Risk assessments
- Redeployment to safer areas
- Home working – where appropriate
- Access to Mental Health support and wellbeing apps
- Guidance for key workers
- Group and one-to-one support, including specialist services to support our black, Asian and minority ethnic (BAME) colleagues
- Coaching and mentoring support where needed
- Online resources, toolkits and guidance

[We are the NHS: People Plan 2020/21 – action for us all](#), along with [Our People Promise](#), sets out what our NHS people can expect from their leaders and from each other. It builds on the creativity and drive shown by our NHS people in their response, to date, to the COVID-19 pandemic and the [interim NHS People Plan](#). It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as take action to grow our workforce, train our people, and work together differently to deliver patient care.

This plan sets out practical actions for employers and systems, as well as the actions that NHS England and NHS Improvement and Health Education England will take, over the remainder of 2020/21. It includes specific commitments around:

- **Looking after our people** – with quality health and wellbeing support for everyone
- **Belonging in the NHS** – with a particular focus on tackling the discrimination that some staff face
- **New ways of working and delivering care** – making effective use of the full range of our people’s skills and experience
- **Growing for the future** – how we recruit and keep our people, and welcome back colleagues who want to return

The arrival of COVID-19 acted as a springboard, bringing about an incredible scale and pace of transformation, and highlighting the enormous contribution of all our NHS people. The NHS must build on this momentum and continue to transform – keeping people at the heart of all we do

### 13. Care Homes & Intermediate Care

The System continues to work in partnership with the Local Authorities to ensure support for care providers to maintain capacity, quality, infection prevention and control and resilience to meet the extraordinary challenges presented by the Covid-19 pandemic. Resilience and supportive arrangements, including oversight, were established during the pandemic to review the local data and intelligence regarding the state of the market locally. These successful arrangements will be ongoing throughout the Winter period.

Our North Mersey System has a diverse and complex health and care system. Liverpool alone has 87 care homes in the City, forming part of the overall offer of support to people with 24/7 needs, all of which sit within the independent sector, alongside three intermediate care hubs which are owned and run by the Council with Community provision via Mersey Care Foundation Trust. The wider network of healthcare across the City includes 86 GP practices collaborating across 12 neighbourhoods and 11 Primary Care Networks; eight NHS provider trusts, including a newly merged adult acute hospital, a children’s acute trust, a women’s acute trust and three specialist trusts, located in the city but serving the wider region. Liverpool is also fortunate to have a vibrant voluntary and community sector of over 3,000 organisations and groups and an important set of academic institutions that support us to learn quickly. All of those key partners have played a significant part in supporting Liverpool people and Liverpool care homes through this crisis.



Older people in particular can find it difficult to settle back into home after a hospital stay, especially if they have no-one nearby to support them. The RVS service aims to give confidence and reassurance avoiding potential readmission shortly afterwards, offering support with transport and personal effects, encouragement, a cup of tea or a check on medication. Working with Social Care and NHS partners, Royal Voluntary Service provides practical and emotional support to help patients get back on their feet again. Volunteers sometimes then go on to help with the jobs that make recovery a little easier at home – such as shopping or getting prescriptions. Volunteers get to know patients while they are still in hospital to get a thorough understanding of their situation and need. They may visit the client’s home before they are discharged from hospital to check that everything is fit for a safe arrival home – power, heating and hot water are on and groceries stocked, for example – before escorting the patient home, staying in regular touch for up to six weeks. RVS studies have found that the service not only reduced readmission rates (9.2% compared to a national figure of 15% for those aged 75 years and over), it also helped to significantly improve clients’ health and wellbeing. We will review the resource available as we may be able to do more with this contract and there may be more potential to work with other local independent and VCSE suppliers to obtain more value to support system flow.

The impact of COVID has been significant in Sefton. In the period from end March to the 1st June total deaths were around 65% higher than in 2019 and 80% excess is accounted for confirmed or suspected Covid. 18% Covid-associated deaths occurred in care homes, and 75% in hospital. England figures are 29% and 65%. We have seen a similar death rate and infection rate per 100 as Liverpool and Wirral. We know that 33% of population at risk of severe illness (top 10 LAs nationally). We have worked with 22, 000 shielded or identified as very vulnerable people.

Sefton has 131 CQC Registered Care Homes across the borough and 2 intermediate care hubs run by New Directions, a Care Provider allied to Sefton ASC. Pre and during COVID Sefton has maintained a high level of vacancies across the board. There are currently between 15 and 20% voids in Sefton. During the response period our CCGs block purchased 60 additional beds. We have provided robust financial support to prevent market failure, and will now move to work with our good and outstanding homes to rebalance and shape the Care Home market to be able to meet a higher level of acuity and maintain a Brough wide offer of specialist care.

Our System has some significant and enduring challenges in improving population health. This includes a mortality gap and there is a multitude of health data which demonstrate the challenges in our usual environment, which play out in this pandemic environment – for example, high levels of cardio-vascular, respiratory disease and diabetes – often in people under 65 and with high rates of prevalence in our most economically deprived areas – giving rise to a much higher percentage of shielded and highly vulnerable people in our population – one of the highest levels in the UK.

A specific ‘Care Home Cell’ chaired by the City Council, including Public Health, was implemented during the pandemic but with active leadership across the CCG, community and primary care. Daily care home intelligence reports inform the daily review. Homes are RAG

rated according to a series of risk factors. For example, a 'Red' Home would be a home either closed due to Infection Control, a new confirmed case for Staff or Residents in the last 24hrs, or more than 20% of Staff Unavailable due to Covid-19. The sitrep includes a data-led summary of:

- Bed availability by type
- Covid-19 outbreaks
- Status and RAG rating of each individual home
- Heat maps for risk and vacancies
- Cumulative outbreaks
- Mortality information (new deaths and cumulative deaths)
- Graphical representations of homes closed and due to open dates

Partners continue use the data to raise questions, resolve issues, plan additional support, and schedule individual interventions daily, as well as to bring forward contingency plans, such as commissioning contingency arrangements - additional beds, staffing resource, PPE, coordinating testing, market support and emotional support, and managing the interface with the acute trusts and intermediate care system.

These meetings are supported by a weekly or bi-daily set of virtual face to face interfaces (Mutual Aid Calls) with provider leads from senior (DASS/AD) level social care, public health and NHS personnel to operational management level, which have been very much appreciated by the care home sector. The oversight has been very much informed by provider-led insight and data-flows, including levels of PPE, staffing, capacity and confidence.

System CCG's has been supporting primary care colleagues to align clinical leads for each homes alongside Primary Care Network configuration with agreement of cover now in place. There is an expectation that PCNs will use their pharmacists to support care homes.

A tactical response was developed by community providers to support an enhanced approach to community services support in our homes and established a dedicated advice and support service from local Geriatricians (based at the Royal Liverpool Hospital) to avoid admission where appropriate. Homes also benefitted from an End of Life Helpline for care home staff and health care professionals, and the Community Medicines Management Team have aligned pharmacist support under this model in order to offer a more rounded approach.

In response to place based demands and critical areas, Liverpool and Sefton have specific approaches in order to response to winter for place populations as below:

## Sefton

Working with local Primary Care Networks (PCNs), community service providers and specialist support from secondary care providers and the CCG Medicines Management team, good progress has been made to establish:

- Delivery of a consistent weekly 'check in', to review patients identified as a clinically priority for assessment of care.
- Development and delivery of personalised care and support plans for care home residents
- Provision of pharmacy and medication support to care homes

Community nursing colleagues are playing a key role in facilitating the weekly check-ins and identifying patients who are in need of proactive support such as those who have been discharged from hospital, recent admissions to a care home or those who have a change in condition. Multi-disciplinary Team Meetings (MDTs) involving a range of health and care professional are established, where clinically appropriate, in some cases involving specialist geriatric services.

PCN colleagues are working collaboratively to explore innovative roles and approaches to further enhance care in care homes. Our personalised care planning process is already in place and being implemented and our medicines management support is being supplemented to move to deliver standardised medication reviews in all homes on a routine basis. Our wider medicines management support offer includes a lead clinical pharmacy team member for each home, access to our medicines hub, supporting the supply of medicines, assisting in safe hospital discharge, a homely remedies policy, care home training and a package of end of life support.

Work led by NHS England will also help enable social care partners to communicate effectively and securely with Primary Care Networks using NHS mail and other digital tools such as video consultations.'

All this is in place to improve resilience and care of residents during any future outbreaks of COVID-19.

Through the Merseyside resilience forum PPE cell we have ensured an sustainable and adequate supply to PPE for all our Homes, working initially with the national supply disruption chain, moving to supporting care homes to sourcing their own sustainable supplies and supporting the roll out of the national PPE Portal. The model is now well established and all homes report a good level of supply which is checked on each call and through the national tracker. The Infection Control Grant Payments support provider to manage the additional expenditure required.

We have now issued all Care Homes with Accurex technology to support virtual GP Appointments, and equipment and training to take vital Observations to support this process. We will look to build on and expand this offer.

All Care Homes are now signed up to the national NHS Capacity tracker and reporting functionality will support our oversight of quality and delivery of the market.

We continue to envisage and support the roll out of NHS.net mail to all homes to support the safe sharing of care records and information.

Sefton place will pilot the use of EMIS in Care Homes and will explore and develop a sustainable long term model to roll this out to support dynamic care planning, end of life and discharge processes.

We will ensure our Telecare and assistive technology strategy works alongside our care home to ensure the most effective and efficient use in our care homes.

### Training

It is crucial that front line staff in care homes receive readily accessible support and training and that they have key relationships with other providers in primary, community and secondary care.

S&F and SSCCG & the LA recognise it is essential to support Care home to enable them to care for their residents in their home and prevent unnecessary attendances and admissions to a hospital setting.

Working collaboratively with other providers i.e. NWAS, Community services, Hospices and Care home develop education to support residents being cared for and dying in their usual place of residence (UPoR).

We have recently developed a multidisciplinary training offer that gives access to Care Homes to support and training resources from NHS Providers, the Council, SCIE, the Hospice sector and other national and local resources. We will continue to work with Care Homes to ensure an integrated offer is built on to support Care Homes to deliver the best quality care.

We are exploring and build on the concept developed during the COVID Pandemic of buddy homes, or establishing teaching Homes to help us spread the significant pockets of outstanding or good homes we have in Sefton.

### Capacity / Market Intelligence

During the period of response daily calls are made to all care homes and data is provided on the following areas: Vacancies, admission status (general and out of hours) COVID19 status of residents and staff, deaths, self-isolation, PPE, handwashing, Swabbing.

This has been in addition to the NHS Capacity tracker. We now have 100% compliance with the tracker and are currently building a risk based approach based on the available reports, CQC information, safe guarding information.

A Care Home Provider Weekly Summary Report is provided detailing; Finance Self-Isolation and Swab Testing PPE Updates to Guidance Staffing Levels and Capacity Training, Regional data and inspections.

The group receive a daily outbreak report detailing the number of homes experiencing two or more case and homes with single reported out breaks.

A dashboard has been developed to identify any homes at risk, for example due to higher than usual vacancy levels and Sefton have also led on a LGA scoping exercise around care home viability, which will also be used to identify any homes at risk.

Sefton ASC will continue to comply with the national capacity tracker which monitor Care Home bed occupancy. This is reviewed on a weekly basis and included in our Sit Rep report to the Care Home Cell. Sefton ASC are committed to continuing this approach throughout the Winter period. Sefton ASC continue to monitor bed capacity across the Care Home Market utilising the national tracker with a view to securing additional capacity where and when required although vacancy levels remain high post COVID.

#### Infection, Prevention & Control / Care Home Outbreak Plan

Sefton has a dedicated community infection prevention and control team provided by a community health provider.

Public Health has provided assurance to our community provider that it will underwrite the required surge capacity to support IPC across care homes. Public Health and ASC have also committed to work together to build on the existing Infection Prevention Control service to expand to include dedicated care home elements.

The team operate Monday-Friday 9-5 with wrap around out-hours support delivered by the local Public Health England Health Protection Team on-call over the weekend. The Team provide remote and on-site support and advice on a priority triaged basis. They support the reporting and oversight of outbreaks in Sefton and provide direct support to those experiencing an outbreak.

This offer has been supplemented through support to care homes delivered by Sefton Council Environmental Health Officers, who have been working with the community infection supporting care homes with single suspected COVID-19 cases and outbreaks.

In addition to the funds allocated for to support the local COVID-19 community outbreak response, there is a planned permanent increase in the Community Infection Prevention and Control Service, that will include a focus on the management and prevention of COVID-19 outbreaks in care home settings.

In order to deliver on surge capacity mutual aid has been provided both within the community provider trust and from the Local Authority through Environmental Health.

In addition to exploring future sources of surge capacity support the Sefton Outbreak Plan will also include plans for utilising additional funding to develop the local offer for health protection, supporting contact tracing and outbreak response in complex and high- risk

settings such as care homes, including consequence management. A review is currently ongoing and consideration is being made on a Merseyside footprint.

A key part of the Winter response in 2020/21 will be the ability to maintain capacity and quality of offer, this has been agreed through the Care Home Outbreak Plan as an appendix of the wider Outbreak Plan, which has the following objectives;

- To identify Care Homes exhibiting risks associated with poor infection control
- To identify early detection, investigation and management of potential outbreaks.
- To enable the quality and assurance team to determine the issues with infection prevention and control
- To ensure a co-ordinated response from system partners
- To summarise the Sefton Care Home Strategic response

### Liverpool

Liverpool CCG and CSU teams provide Clinical Quality Support to nursing homes with wider clinical quality issues and are working closely with local authority colleagues and wider MDT members with a view to continue to support homes through virtual means, stepping this support up as applicable following relevant guidance.

In terms of medicines management, we agreed as a system that extra capacity (additional 4 pharmacists and 4 technicians) would be deployed from the GP practice team via the Medicines Management Team to support care homes. Risk assessments have also been undertaken to enable care homes to hold a stock of medicines in line with national and local guidance. Local prescribing guidance has also been developed, including covid-19 End of Life guidance.

All Liverpool care homes also have access to Immedicare. Immedicare is a nurse-led, clinical service providing secure video technology between people's places of residence to a Telemedicine Hub. The Hub is staffed 24 hours a day, every day, by a team of multi-disciplinary senior nurses and therapists who are supported by a Consultant. Immedicare is designed to help frail, elderly, disabled and vulnerable residents to live well whilst reducing pressure at key stress points across the local system. The primary driver is to improve patient outcomes. During this crisis, the use of Immedicare has increased rapidly as it has become the default remote system for clinical advice and support.

Throughout the pandemic the system has made extensive use of volunteering. The efforts of our volunteers particularly around the collection and distribution of food parcels to shielded populations have been nothing short of heroic.

Leadership has been mobilised and organisational capacity from the voluntary sector around such things as PPE distribution which we have found invaluable.

Nursing availability in care homes is tracked daily. Although there is a system-wide escalation procedure in place to cover any occasion where a Registered Manager cannot staff the home

adequately with nurses or care staff, volunteer returning clinical staff have not needed to be deployed.

Capacity is regularly reviewed for both nursing and residential carehomes via the Carehome Dashboard developed during the COVID-19 pandemic. The dashboard allowed (and will continue to allow) us to understand available capacity, detailing levels of care and location, but also allows the opportunity to focus on particular carehomes that may be encountering difficulties and need support or have a potential outbreak.

>>> [Additional document](#): See Appendix 8 for Care Home Capacity Dashboard

### Home Care

Home care plays a fundamental role in Adult Social Care and is vital to enable people to remain living in their own homes for as long as possible. Home care is the largest of all social care service areas and will continue to be a focus area over the winter period.

The need for home care increases every year, though the data would suggest that this is as much due to increases in demand for adults with more and more complex needs as it is from the growing volume of older people in our population who are living with frailty and dementia. As demand for residential and nursing care contracts decreases, in the short term at least, due to the impact of COVID-19, we expect demand for home care to exceed pre-pandemic levels.

The longer term plan is to change the way home care is purchased to drive personalised care in the city, offering clients greater control over who delivers their care through increasing the use of direct payments and personal budgets and moving away from the 'time and task' approach to care we have previously employed. Increased use of direct payments and personal budgets will result in a decrease in the level of home care that is commissioned directly by the local authority.

A care home group was also established at the start of the pandemic to respond to the care homes needs and this group continues to meet regular.

Intermediate Care capacity and flow is also closely monitored and supported via the Capacity and Flow Group

Our Plan also aims to ensure availability of interim placements, when required, so that patients ready for discharge can be assessed away from the acute environment.

>>> [Additional document](#): See Appendix 8 for Dom Care Dashboard

### Home First and Home First Plus

Home First and Home First Plus are both a particular type of home care services that provides support to people in their own home following illness or injury, and usually a hospital admission. Home First is a service provided 'in house' by Liverpool City Council and Home First

Plus is a service provided through 4 blocks of care hours delivered through a specific contract. Home First services are vital to reducing the length of time people are required to stay in hospital and therefore support a quicker recovery.

#### Assistive technologies and telecare

Assistive technologies have the capacity to improve people's lives, enable them to feel in control and to overcome some of the barriers caused by disability. They also help our workforce to be more efficient and targeted, enabling care to be delivered where technology cannot help. Over 6,000 people in the City use community alarms and monitoring devices, sensors and automatic switches, memory devices, medication dispensers and a whole variety of helpful daily living aids.

Use of technology to enhance social care provision in Liverpool has, however, got so much more potential to support more people in Liverpool and during the COVID-19 pandemic, remote working proved to have a reach way beyond initial assessments. Over the next 3 years we intend to increase the use of assistive technologies by at least 4,000 to support people to live independently for longer, enabling people to do things for themselves where they can, and in some cases as an alternative to increasing care services.

There are a number of people (although not all) who experience homelessness who also have a range of Multiple and Complex Needs including physical and mental health and addictions to alcohol and other substances. During the covid-19 outbreak, new, successful multi-disciplinary approaches were developed to provide the right support at the right time. We will continue our work with colleagues across health services and within adult social care to ensure that people struggling with physical or mental health needs, or requiring support with addictions have a choice of services and can access the one that is right for them.

We will continue our work with colleagues across health services and within adult social care to ensure that people struggling with physical or mental health needs, or requiring support with addictions have a choice of services and can access the one that is right for them.

### 14. Mental Health

There are a number of areas in which mental health will be affected by winter and COVID-19 pressures.

Mental health issues are already a significant cause of frequent attendances in ED. The established Mental Health Core 24 team has been supplemented by investment in Crisis Resolution Home Treatment (CRHT) which has diverted a significant degree of activity away from Acute Trusts. Since April 2020 two (Adult and CYP) urgent care mental health lines have been established to allow a first point of contact for those requiring urgent support and these lines have helped direct people to appropriate services both within Mersey Care but also VCSE partners. Work is continuing with the service to develop CRHT and the proposed First Response Service to further strengthen this response and ensure people have an appropriate service response either involving Mental Health Services but also wider support (e.g. Substance Misuse). Similarly investment in Police and NWS triage cars has allowed a



community response which is linked to existing and new crisis services with one of the primary objectives being to avoid Acute attendance and admission.

Access to Mental Health beds remains an issue. Plans include supporting proposed developments around step up/step down beds to allow swifter discharge from inpatient beds and admission avoidance. This links to the work around CRHT who are acting as a gatekeeper for inpatient care. Discussions are ongoing with Mersey Care around the capacity of the service and related issues around the avoidance of out of area placements and Psychiatric Intensive Care Capacity (PICU beds)

Access to Mental Health Services has been enhanced through the changes introduced in spring 2020, especially relating to newly developed telephone lines for crisis (adults and C&YP lines) but also psychological support and common mental health disorders. Changes have been widely shared with partners, especially within the local authority, and this has resulted in heavy use of the lines which indicates the increased knowledge and awareness of the options for access. Further work around First Response Service (FRS) is being accelerated. Community Mental Health Transformation, delayed from the planned spring launch is being planned for Autumn launch and this will provide vital support for Primary Care and Mental Health in community settings.

Discussions have been undertaken with Mersey Care around surge planning in recent weeks with strong anticipated demand over and above pre-covid 19 levels the next 18 months with likely peaks in Dec 20/Jan 21. Currently the CCG is planning around potential resources to enable both an effective long term response but also a recognition of short term pressures in the system. Further pressure is anticipated when Schools, FE and HE return and we are also working with partners to anticipate and respond to such likely pressures.

A review was also conducted by LCCG in partnership with Mersey Care Foundation Trust in June 2020 in order to understand current ready for discharge cases and delays.

As part of this review, various teams were contacted to understand the delayed transfers of care current position, processes in place and constraints. The review also aimed to evidence the impact of COVID-19 and any changes or efficiencies which may have been implemented during the crisis that system partners may wish to embed going forward to support ongoing Mental Health resilience.

>>> [Additional document](#): See Appendix 13 for Mental Health DToC Review June 2020

## 15. Out of Hours

PC24 will continue to provide Out of Hours as well in-hours services to support Primary Care such as A&E primary care streaming and extended access. Services will be covered by General Practitioners and Advanced Nurse Practitioners with patient contact being carried out via a combination of telephone and video consultations, Urgent Care Centre appointments and home visits

Service demand figures during winter have been forecasted taking in a range of influencing factors.

Patient activity for all services will continue to be monitored on a weekly basis throughout the winter period and rotas adjusted as required.

PC24 rota planning will ensure that every effort has been taken to guarantee that the required numbers of operational and clinical staff are in place to support a safe and effective service. A focused operational recruitment drive will begin shortly to support this.

An on-call Manager and Director will be available 24/7 throughout the entire winter period. In addition a Manager and Director will be on-site at times of high patient demand.

PC24's communications team have developed a robust social media communications plan to include advice to patients utilising appropriate services and self-help advice across the festive period.

PC24 have committed to providing in-house flu vaccination clinics for all contracted staff. This ensures there is an easy pathway for staff to access. Vouchers will also be available for those staff who prefer that route.

## 16. EU Exit

A key consideration in the delivery of the Winter Plan is the UK's departure from the European Union on 31<sup>st</sup> December 2020. If a trade deal is ratified by 31<sup>st</sup> December 2020 the UK will enter into a new relationship with the EU in January 2021. However, if a trade deal is not agreed the default is a 'disorderly exit' from the EU ('no deal' scenario), which presents a significant amount of risk for the health and care system.

The [EU Exit Operational Readiness Guidance](#) summarises the Government's contingency plans and covers actions that all health and adult social care organisations should take in preparation for EU Exit.

EU Exit risk assessments address the seven areas of activity in the health and care system that the Department of Health and Social Care is focussing on 'no deal' exit contingency planning:

- supply of medicines and vaccines
- supply of medical devices and clinical consumables
- supply of non-clinical consumables, goods and services
- workforce
- reciprocal healthcare
- research and clinical trials
- data sharing, processing and access

The impact of a 'no deal' exit on the health and adult social care sector is not limited to these areas, and contingency plans will also need to be developed to mitigate risks in other areas.

Following on from the extensive 'EU Exit Readiness' planning in 2019, All NHS organisations should have a significant level of insight into the risks their organisations face should a 'no deal' scenario materialise. All organisations across the health and care system should revisit these risks and ensure contingency plans are reviewed as we head towards 31<sup>st</sup> December 2020.

Local actions should include:

- Ensuring Business Continuity and EPRR Plans are up to date;
- Ensure EU Exit SRO and associated SME is in place;
- Robust Communication Plan and key messages for front line staff;
- Operational Guidance and plans are up to date;
- Revisit exercises address outstanding actions;
- Consideration of differences; implications of winter, COVID-19, surge managements, vulnerable population;
- Ensure local risk assessments are up to date

NHS actions will include:

- Prescribe and dispense as normal;
- Do not stockpile locally. Over- ordering of medicines will be investigated;
- Report any shortages through local routes and collaborate locally;
- Organisations will ensure they are familiar with the latest information on supply disruption

## 17. Risks to Delivery

It is recognised that there are many risks across the whole health and care system. The risks highlighted below relate to the key priority areas under the winter plan.

Top Risks	Mitigating Actions	RAG
IPC: Failure to provide adequate estate to meet IPC, social distancing and service demand requirements	Estate solutions in place for essential services. System estates group established to develop options appraisal.  Temporary solutions currently being worked through in areas where large scale, longer term estate works are required.	
WORKFORCE: Failure to provide adequate workforce to support integration in addition to potential impact of Covid/Flu	Collaborative approach with Mersey Care and LUFT to maximise the available skilled workforce to support the model agreed  Liaison with community partners to minimise duplication therefore maximising the available staff groups.	

related sickness/isolation periods  Reduction in workforce capacity (sickness, self-isolation, shielding)	Workforce plan under development to establish high risk areas and recruitment strategy.	
CAPACITY: The right beds, with the right capacity in the right place.  Second wave surge and winter pressure exceed system capacity	Extensive bed modelling undertaken to consider potential demand under a variety of scenarios with possible bed capacity pressures identified.  Group established to assess models and propose solutions to bed base pressure and clinical model to support.  Residual risk remains that flexible bed base may require capital investment and revenue for workforce increase	
IT: Failure to provide adequate IT to support an integrated model with the required access and capability	IT workstream to be implemented to ensure requirements for all areas are prioritised and planned for, supported by C&M programmes  Governance structure in place to give oversight and assurance through to Ops & Clinical Pathways group and NHS 111 Shadow Implementation Group	
INTERDEPENDENCIES: Interdependent risks from ED Admission Avoidance and Full Capacity Work streams create pressure on Capacity and Flow (e.g. implementation of NHS 111 First)	Disposition analysis built in to 111 first design process to assess capacity impact on out of hospital services. Additional data will be examined from 'early mover' sites to compare analysis with actual patient flow.  Comprehensive monitoring tools in use to provide early warning of capacity issues across system. System wide management groups in place to react to capacity, surge or bottleneck issues across all services.	

## 18. Recovery Plans – Diagnostics & Electives

Due to COVID-19 diagnostic and RTT have fluctuated and continue to cause pressure in the system. A system recovery action plan is currently in place which includes the movement of patients for diagnostics under mutual aid, based on where current capacity 'sits' within the system. This approach is being 'piloted' as a proof of concept with both CT (Cardio) and ECHO between LUHFT and LH&C. These are areas of current pressure for the Acute Trust.

Waiting lists for diagnostics continue to present a challenge to enable covid recovery & winter planning. Diagnostics are often the main source of evidence a clinician uses within diagnosis. The greater the delay of diagnostic the more difficult and prolonged the diagnosis and subsequently the treatment. Recent evidence emerging nationally has suggested;

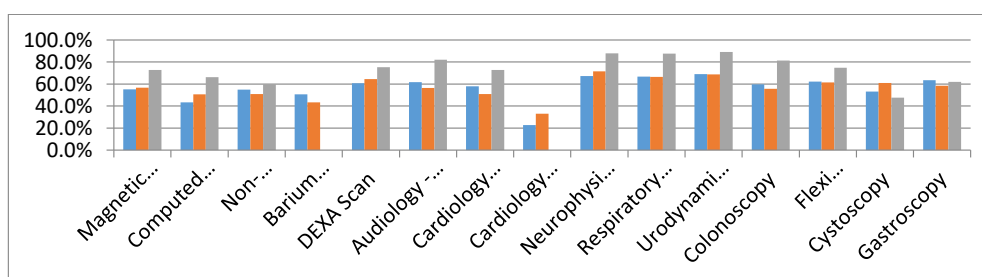
*"For every 100 COVID-19 deaths, the report estimates there were approximately 19 excess non-COVID-19 deaths, with excess non-COVID-19 deaths accounting for approximately 4.4% of all reported deaths in that time in England, with small variations between regions"*

(Imperial College London Science Report, 2020 accessed online <https://www.imperial.ac.uk/news/198444/report-estimates-9000-non-covid-excess-deaths/>).

COVID-19 has exacerbated issues within the system, with diagnostic waits growing exponentially between February 2020 and March 2020 at 125% and again from March 2020 to April 2020 392%.

In April 2020 Liverpool CCG’s waiting times were well above the national and local average for over 6 weeks.

**Diagnostics ‘system’ performance April 2020:  
LCCG vs National vs NW average waiting times 6+ weeks**

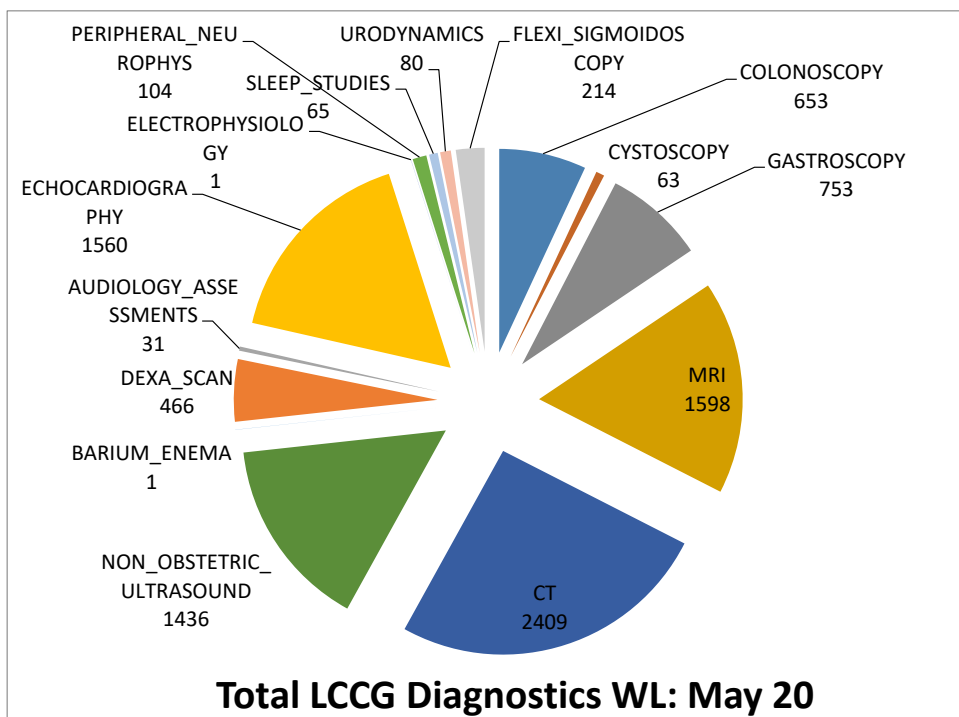


Key

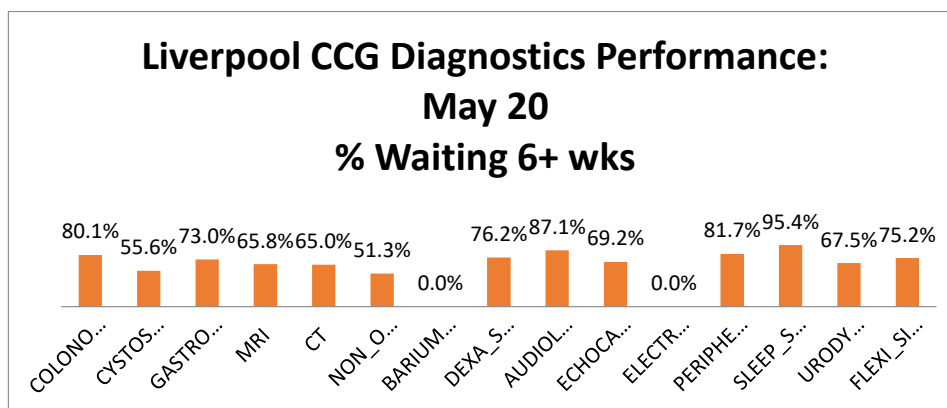
- National Average
- NW Average
- LCCG Average

The chart below outlines the continuing pressures for ECHO, CT and MRI within the Liverpool CCG ‘system’.

**Current Total Catchment Diagnostic Waits – All providers (N=14,139 patients April 2020)**  
**Current Total Catchment Diagnostic Waits – All providers (N=14,139 patients April 2020)**



The below chart outlines the % of patients waiting 6+ weeks for each of the diagnostic areas. The % of patients waiting 6+ weeks dropped from April to May by 3% for CT and 5% for ECHO. However, the number of patients waiting overall continued to rise.



Consequently, this complex project includes understanding and agreeing patient cohorts, risk stratification and patient tracking allowing for the flexible movement of patients across the Trusts, aligning staffing where required, and processes for reporting. Work has previously progressed with LUHFT and CCC including the movement of over 400 LUHFT patients scanned

at CCC but continuing their treatment at LUHFT, this collaboration has supported the Acute Trust during COVID-19 and CCC continues to offer this support.

Furthermore, a joint operational and clinical project group are also currently identifying a pathway for LH&C to 'pull' ECHO patients directly from primary care to support the demand on LUHFT (Acute), whilst ensuring no risk to their own performance. It is hoped this will see 14 patients a week diverted directly to LH&C to alleviate some demand on the local Acute, a positive collaboration between the two operational teams.

Understanding where evening and weekend capacity lies within the system is crucial, and supporting collaboration across sites, where the lack of clinical staffing is an issue i.e. CT (cardio) continues to be a barrier, these issues are being addressed through the recovery planning group.

### **Risks**

It is felt that 'system' recovery plans should rely heavily on cooperation and partnership at this time. The movement of patients across organisations for diagnostics is a complex process with complexities on the reporting of scans, and specifically experienced radiographers and clinicians able to report.

As with all projects, plans may need to be flexed dependent on where future demand outweighs capacity and the recovery meeting develops those relationships across the system, to allow for a more flexible approach. The plans are currently iterative, due to the many barriers that exist, however the 'system' is working towards identifying issues, and finding flexible solutions which aid their partners and peers.

### **Governance**

The mutual aid projects for diagnostics will be managed via the bi-weekly senior leaders recovery call for Liverpool, with key partners working to identify and fill gaps where demand is outweighing capacity, supported by the specialist trusts. The diagnostics collaboration project will also align with current phase 3 planning, which is currently being triangulated in partnership with Trust plans for recovery in the coming months.

### **Linking Phase 3 Recovery**

The phase 3 recovery plan is hugely ambitious and will require a high level of collaboration across the system to achieve individual and system wide levelling out. Using 'lessons learned' from the projects identified above will support future collaborative and integrated system planning. It is important that all Trusts develop and meet their own plans to meet their phase 3 recovery objectives, while continuing to support system pressures.

## 19. Communication & Campaigns Strategy

Our Winter Plan encompasses the objectives of the NHS North West Communications Strategy and Framework for 2020-2021.

Each winter health and social care is put under increasing pressure due to the demand on services. This year will be no exception and the NHS has the added complication of responding to the COVID-19 pandemic.

A potential second wave of COVID-19, a bad flu season and outbreaks of severe weather impacting on people's health across the region will put significant pressure on NHS services.

It is vital that all NHS commissioners and providers from across primary, community and secondary care have robust communications and engagement plans in place, which consider the lessons learned over recent years, as well as recent experiences due to the pandemic, to ensure that urgent and emergency care services are maintained during this period of expected high demand.

The national campaign (Stay Well This Winter and then Help Us Help You) has been used over the past four years to help raise awareness of NHS services, giving people the information, they need to make the right decisions about their healthcare.

This national campaign will evolve in 2020/21 in light of the on-going COVID-19 pandemic to incorporate wider messages around accessing NHS services, with a specific focus on cancer, and promotion of the new NHS 111 First approach

The document sets out a North West approach for communications and engagement, building on lessons learned from previous years; to amplify the national Help Us Help You campaign; and where appropriate tailor this campaign to meet specific local requirements.

This year we will need to consider the following:

- How services are accessed – taking into account digital access
- What will happen when people do attend
  - Safety and reassurance around the risk of COVID-19
- Services working differently
  - Introduction of NHS 111 First
  - Changes to discharge processes
- Expansion of the flu vaccination programme, higher uptake targets and changes to delivery of flu vaccinations
- Potential further outbreaks of the COVID-19 virus (in NHS settings and in the community) potentially leading to localised restrictions that may impact on NHS services
- A potential vaccination programme for COVID-19
- Priority to minimise risks to vulnerable groups – BAME, LD, shielded groups



A key consideration which could affect the delivery of the plan is Britain formally exiting from the European Union. If a trade deal is ratified by 31 December 2020 we will leave and start our new relationship with the EU in January 2021, however if a trade deal is not agreed we will exit without a deal and this could have implications for the NHS.

This plan is a live document and will be updated as more information becomes available.

The approach is designed with the following key themes in mind:

1. **Prevention:** Reducing avoidable hospital admissions by helping people stay well – with a focus on people with respiratory illnesses, especially those who have recovered from COVID-19. This includes the flu vaccination programme.
2. **Signposting:** Reducing inappropriate attendances by helping people choose the right service, linking to the national Help Us Help You campaign (pharmacy, extended GP access, NHS 111) and so on.
3. **Managing expectations:** Messages in relation to changes in the way services are accessed as a consequence of the COVID-19 virus, flu and norovirus, weather; performance and waiting times; changes to how patient discharges are managed; how systems are preparing for winter; what public and stakeholders can expect this winter.

Our specific objectives at a North West level for this winter are:

- Support system communications teams in development of winter comms strategies
- Co-ordinate communications activity:
  - A region-wide over-arching communications plan, with themes and timescales identified, in order to amplify and maximise local and national activity
  - Regional approach underpinned by system-level co-ordination and delivery of communications activity
  - Sharing resources and good practice;
  - Reducing duplication where possible; development of toolkits that can be adopted and adapted at a local level
  - Maximise the reach of owned and earned communications channels
- Reputation management - manage media and stakeholder interest through the following:
  - A pro-active media, social media and stakeholder plan for winter that is consistent
  - A clear protocol supported by all partners, for responding to media and stakeholder enquiries
- Deliver a communications campaign to support national, system and local activity

- Safety and reassurance in relation to NHS services in light of COVID-19, through media and social media activity
- Ensure that communications and engagement plans take in to account the need to minimise the risks faced by our vulnerable communities
- Ensuring effective internal communications is a key part of Trust and CCG communications plans

We will work with partners and local teams, to have a particular focus on how we share and amplify our messaging to vulnerable groups, including the Black, Asian and Minority Ethnic (BAME) community, people living with a learning disability and autism as well as other groups including homeless people.

The plan will underpin and support the work of the local systems and A&E Delivery Boards and Urgent and Emergency Care Networks across our region and aims to supplement the work being carried out in individual places.

The national campaign aims to improve outcomes and reduce NHS pressure by:

**Re-set behavioural norms:**

- Establish NHS 111 as the gateway to safely accessing Emergency Departments (A&E) to maintain the reduction in attendances of low acuity conditions and increase high-acuity presentations to pre-COVID levels;
- Reverse reductions caused by COVID-19 to increase early presentation for cancer, heart attacks and use of maternity and mental health services; and
- Embed positive behavioural shift to digital services amongst public, patients, staff, general practice and wider primary care.

**Reduce operational pressures**

- Increase uptake of flu vaccination across frontline healthcare workers;
- Increase uptake of flu vaccination across expanded priority groups;
- Reduce norovirus impact on NHS services and hospital capacity; and
- Increase use of community pharmacy services for minor ailments to reduce unnecessary general practice appointments.

Aligned with these national priorities, we have identified a number of priority themes for the North West:

**Prevention**

- Flu vaccination
- Respiratory illness (especially for those post COVID)

- Look out for older friends and relatives / shielding
- Gastrointestinal illnesses - Hand washing / hygiene
- Mental Care

#### Self-care

- Promotion of pharmacy
- Gastrointestinal illnesses - Hand washing / hygiene

#### Signposting

- Promotion of NHS 111 first
- Where to access urgent care services:
  - NHS 111 (online and phone service)
  - GP extended access
  - Urgent treatment centres
  - Pharmacy
  - Emergency dental
  - GP and pharmacy availability over Bank Holidays

Communications teams will work in partnership to allow Health and Social Care promote consistent and timely messages. The use of social media will again be a major part of the communications carrying our key messages in a visual and easy to read format.

The Winter Plans will be disseminated through all staff groups and services to encourage awareness and delivery of objectives.

We will use these wider national and regional approaches as the basis for the development of a North Mersey plan which reflects our own services and allows us to be responsive to specific local challenges.

## 20. Digital Infrastructure, Data and Reporting

Liverpool place has identified four Digital priorities outside of the core programmes identified for delivery to support the ambition & priorities of the Winter Plan, they are designed to support with admission avoidance, prevention and self-management. Previous work aligning core elements of the digital strategies across Sefton and Liverpool places allow for these priorities to align and expand across North Mersey where appropriate.

### DIGITAL PRIORITY FOR WINTER 1 - GP PRACTICE WEBSITES DEVELOPMENT

Making the most of GP practice websites we are looking to develop a concept of a Winter Pressures landing pages which will give an opportunity to promote key winter messages

incorporating new digital tools such as the Orcha App Library & Health & Care Video's. There is an opportunity to present some specific local messaging on these landing pages which can be promoted to defined groups of patients through SMS messaging using the iPlato Hub product that the CCG has used for communication with cohorts of patients throughout the Covid-19 crisis.

This piece of work builds on a project that has been piloted in Liverpool throughout the Covid-19 months where news item content has been automatically published on GP practice websites, providing consistent messaging & taking pressure of GP practices to whom the burden of updating websites would normally fall. Websites have been updated with key messages around Bank Holiday opening arrangements, the 'Help Us to Help You Campaign' and support for local Covid-19 outbreaks to name but a few.

There is potential for this work to be adopted across the North Mersey footprint, with conversations already taking place across Sefton & South Sefton CCG's.

Figure 1 – Conceptual design of Winter Pressures Landing Page

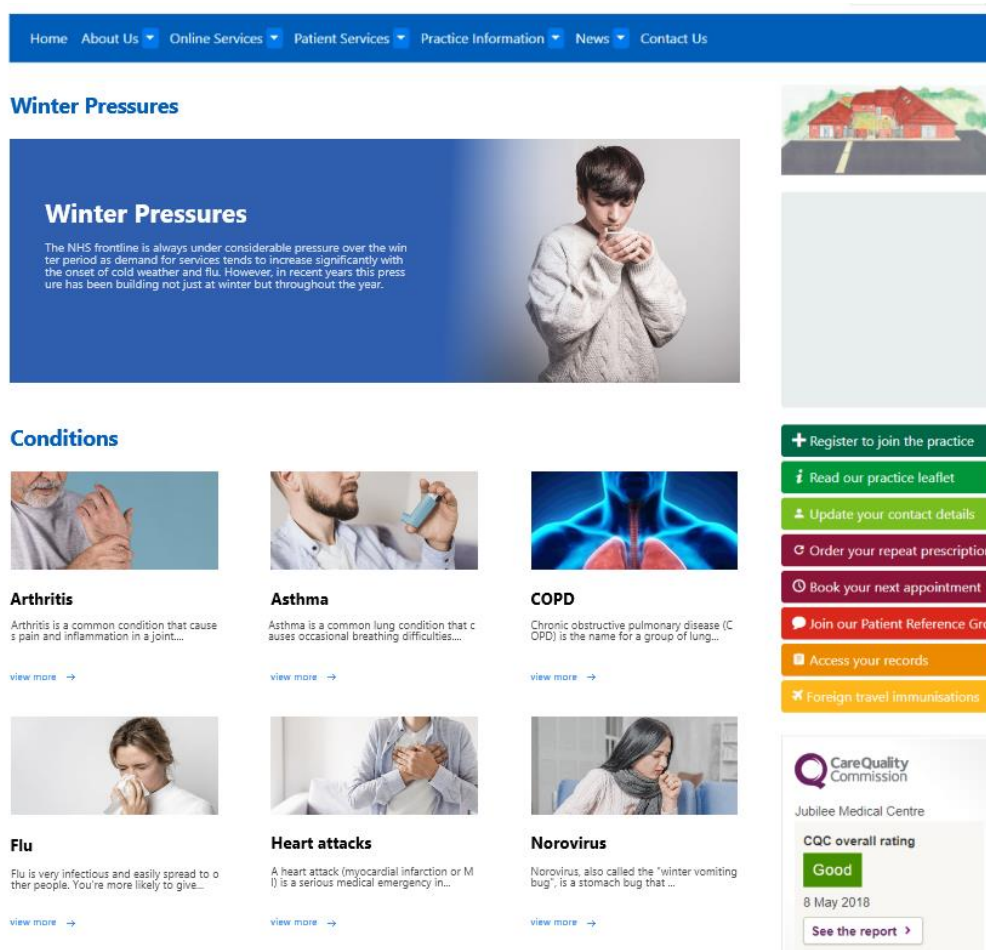


Figure 2 – Conceptual design of landing page for use by respiratory patients:


## GP Website

Search

Select Language | ▼

Home
About Us ▼
Online Services ▼
Patient Services ▼
Practice Information ▼
News ▼
Contact Us

### COPD



## Chronic obstructive pulmonary disease (COPD)


Chronic obstructive pulmonary disease (COPD) is the name for a group of lung conditions that cause breathing difficulties.

It includes:


- Emphysema – damage to the air sacs in the lungs
- Chronic bronchitis – long-term inflammation of the airways

COPD is a common condition that mainly affects middle-aged or older adults who smoke. Many people do not realise they have it.

The breathing problems tend to get gradually worse over time and can limit your normal activities, although treatment can help keep the condition under control.



+ Register to join the practice
i Read our practice leaflet
↑ Update your contact details
🔄 Order your repeat prescriptions
📅 Book your next appointment
🗨️ Join our Patient Reference Group
📄 Access your records
✈️ Foreign travel immunisations



Care Quality Commission

Jubilee Medical Centre

CQC overall rating


Good

8 May 2018


See the report >

### Videos


Videos are created by [Liverpool CCG](#)




How is COPD diagnosed?




What you can do to help your COPD




Pulmonary rehabilitation



Symptoms of COPD



Treatments for COPD




What is COPD?

[View More](#)

### Apps

Find many more apps at [Liverpool ORCHA](#)



my mhealth

Cost: In App Purchases


COVID-19

Comprehensive education, inhaler training and self-management for long-term control of the underlying condition. Includes an online Patient Education Resource.

85%

Level 4

More information



my mhealth

Cost: In App Purchases


COVID-19

Comprehensive education, inhaler training and self-management for long-term control of the underlying condition. Includes an online Patient Education Resource.

85%

Level 4

More information



Zephyr Guide

Cost: Entirely Free

COVID-19

Free Connected Guide for those with Respiratory Related Social Anxiety (RRSA). Offers both free guidance for generalist and specialist services.

76%

Level 3

More information

[View More](#)

Page 221 of 533

45

We will work with GP practices to identify the priorities for the winter pressures landing pages & content. There is an opportunity to promote NHS 111 First in on this platform as well as other areas of the Winter Plan.

#### **DIGITAL PRIORITY FOR WINTER 2 - iPLATO HUB TEXT MESSAGES**

Throughout the first wave of the Covid-19 pandemic Liverpool CCG used the iPlato Hub to send centralised SMS messages to patients who were shielding, providing them with updates on the support available to them. Similarly, the iPlato Hub will be used by Liverpool CCG for particular campaigns to target specific patient groups. In the example above it has been used to promote GP practice 'Winter Pressure' landing pages to provide respiratory patients with access to information & digital resources to support them to manage and monitor their condition at home. We will work with GP practices to identify other areas of priority that can be promoted through the iPlato hub in this way.

The iPlato Hub could also be used to promote prevention, self-care & signposting priority themes of the Winter Plan.

#### **DIGITAL PRIORITY FOR WINTER 3 - CARE HOMES AND DIGITAL OPPORTUNITIES**

Working with our colleagues in the Local Authority we will provide digital solutions, training & support to ensure that Care & Nursing Homes are best placed to face the demands of winter.

All older peoples care & nursing homes across Liverpool have access to the telemedicine system Immedicare, in preparation for Winter additional training is being offered to homes along with awareness sessions to support GP's & Community Matrons to fully exploit the opportunities that telemedicine can offer – reduced conveyances to hospital, reduced attendance at ED, reduced admissions, better patient experience, patient & carer empowerment, reassurance for family members, reduced demand on primary & community care services.

The Primary Care Network DES provides an opportunity to engage with care homes in a more proactive way with a digital first approach to contact through video consultations in the first instance. We aim to provide the most effective way to initiate these calls and ensure that the technical hardware & infrastructure to support them is in place.

Telehealth for the proactive monitoring of frailty within in older peoples care & nursing homes is being piloted in a number of Liverpool homes. This offer will be extended where resources allow whilst we continue to work with Mersey Care NHS Foundation Trust to develop solutions for Telemedicine & Telehealth beyond the winter months.

#### **DIGITAL PRIORITY FOR WINTER 4 - SIMPLE TELEHEALTH (FLO) FOR HYPERTENSIVES**

Florence is a simple telehealth system based around text messaging to monitor patients with poorly managed hypertension. Patients are prompted to submit BP readings using their own BP machines in their own homes.

There is scope to support a small scale roll out of Flo for this winter period with a view to reducing face to face consultations in general practice. A larger scale rollout is possible but would require further investment.

### Data and Reporting

During and following COVID, extensive work has been undertaken to develop a suite of reporting, monitoring, modelling and review tools in order for the system to respond early to trends, understand real time capacity and demand pressures and organise appropriate patient flow and service configuration. There are a number of accessible reports shared within our North Mersey System to ensure this management and oversight of escalation and capacity, many of which have been referenced in this plan. In addition, the following tools will be utilised to support effective system management throughout the winter period:

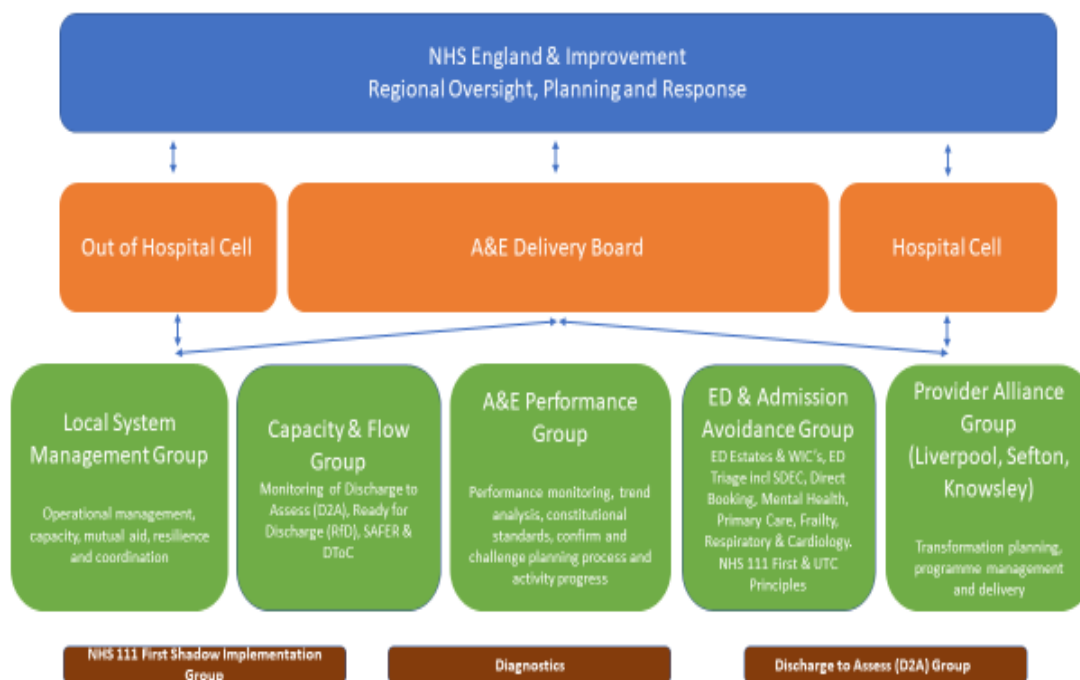
- Escalation Management System Reporting
- OPEL
- AEDB Winter Dashboard – reporting monthly on the outcomes of the objectives *(this is currently under further development to reflect to new objectives)*
- AEDB System Dashboard
- *(this is currently under further development to reflect to new objectives)*
- Care Home Capacity Dashboard  
[>>> Additional document:](#) See Appendix 8 for Care Home Capacity Dashboard
- Cheshire & Mersey Reporting
- Trust attendances and 4 hour targets
- Capacity and Flow – Ready for discharge patients  
[>>> Additional document:](#) See Appendix 9 for RFD Dashboard

## 21. Governance

During the COVID-19 period additional governance groups were established.

As we remain in a Level 3 Command & Control position, the draft governance structure below identifies the changes that have been instigated in the system to allow a clear overview of the system governance to ensure alignment, clear reporting and accountability.

Further work is ongoing via AEDB in the coming weeks to define a clear governance framework.



## 22. Further Support / Clarity Required from NHSE/I

### Additional Workforce Framework:

Support/clarification required with regard to the 'return to work' ongoing program and how this will be continued, managed and accessed throughout the winter period.

### Nightingale:

Clarification sought with regards to the future of the Nightingale Hospital in the North West. In particular with regard to the criteria/triggers for re-opening, access mechanisms and staffing models.



## APPENDICES

## 1. KLOE Reference Points – Index

Key Winter Deliverables	Section	Page
Beds & Capacity	6.System / Full Capacity	15
	20.Data & Reporting	43
	Appendix 7 – Bed Modelling	89
Flu Vaccination	11. Influenza Plan	22
NHS 111 First	4. ED & Admission Avoidance	7
Same Day Emergency Care (SDEC), Direct Booking	4.ED & Admission Avoidance	7
Urgent Treatment Centres	4.ED & Admission Avoidance	7
Hear & Treat, See & Treat Maximisation	8.North West Ambulance Services	16
Delayed Transfers of Care & Flow Management	5.Flow & Discharge Management	14
	Appendix 4 Capacity & Flow TOR	74
	Appendix 9 RFD Dashboard	109
	Appendix 11 Mental Health Review – Action Plan	112
Workforce Health and Wellbeing	12.Workforce	12
Demand & Surge Management	6.System/Full Capacity	15
	7.Resillience	16
	Appendix 5 LSMG TOR	78
	Appendix 12 Surge Management Review/Report	118
Admission Avoidance	4.ED & Admission Avoidance	7
System & Performance Oversight	6.System/Full Capacity	15
	18.Recovery Plans	36
	20. Data and Reporting	43
	21.Governance	46
	Appendix 2 System Plan	50
Respiratory	4.ED & Admission Avoidance	7
	10.Respiratory	21
	Appendix 2 System Plan	50
EU Exit	16.EU Exit	33
Communications Strategy	19. Communications Strategy	40
Mutual Aid	6.System/Full Capacity	15
	18.Recovery Plans	36

	Appendix 5 LSMG TOR & Mutual Aid MOU	78
Recovery Plans & Elective Care	18. Recovery Plans	36
Identified Risks & Mitigating Actions	17.Risks to Delivery	35
Digital Development	20.Digital Infrastructure, Data & Reporting	42
Mental Health Plans	14.Mental Health	32
	4.ED & Admission Avoidance	7
	Appendix 12 Mental Health DToC Review and Action Plan	118
Care Home Support	13.Care Homes & Intermediate Care	24
	Appendix 2 System Plan	50
	Appendix 8 Care Home Capacity Dashboard	94
	Appendix 10 Immedicare Utilisation Dashboard	110

## 2. System Plan

	<b>Priority Area</b>	<b>Named Lead/s</b>	<b>Brief Description</b>	<b>Aim</b>	<b>Impact</b>
				<p><i>Admission avoidance</i></p> <p><i>Patient Flow</i></p> <p><i>Discharge System</i></p>	<ol style="list-style-type: none"> <li><i>Brand New Collaboration for Winter</i></li> <li><i>Existing Program of Work that will impact Winter (we will need to understand what the impact is, what will it give us)</i></li> <li><i>Existing Program of Work that doesn't require any intervention or escalation but will require monitoring as part of the System Plan.</i></li> </ol>
1.	<p><b>ED - Triage, SPC, Respiratory, Cardiology, Mental Health, Social Pathways, Frailty, Primary Care, SDEC &amp; Direct Booking</b></p> <p><b>NHS 111 First</b></p>	<p>Vikki Jackson, LUFTH</p> <p>Dave Horsfield, LCCG</p> <p>Lee Taylor, MCT</p>	<p>To support pathway developments to enhance the choice options for patients. This supports rapid assessment, referral to the right place at the right time, to be assessed and treated by the right staff. If referred to ED, to develop and support appropriate processes to enable a timely review and discharge from ED where an inpatient stay is not clinically required.</p> <p>To agree direct alternative appropriate referral pathways to community providers, including assurance of outcome for patients. To support direct conveyance to all appropriate units.</p> <p>To ensure the environment is fit for purpose, giving consideration to space for social distancing measures across all clinical areas. Flexibly utilising clinical areas to maximise capacity, while delivering a highly desirable, presentable physical environment to instil patient confidence and a great patient experience.</p> <p>To establish a Shadow Implementation Group</p> <p>To provide an initial triage system, to ensure the patient is directed to the appropriate place for their clinical presentation and agree direct alternative</p>	<p><b>Admission Avoidance</b></p>	<p style="text-align: center;"><b>1</b></p>

	ED Triage & Estates  Virtual ED	Dani Jones, AHH	appropriate referral pathways to community providers including assurance of outcome for patient.  To establish a virtual ED approach, in line with international experience (in particular New York Presbyterian/Cornell University) which will provide the opportunity to triage patients in a home setting, enabling patients / carers to book a virtual slot with a clinician, rather than physically attend the department.		
2.	DVT Pathway	Bradley Palin / Anne Lamkin	To agree a standardised of community pathway for this patient group across Liverpool and South Sefton to include: <ul style="list-style-type: none"> <li>- Standardisation of anticoagulants usage as per Pan Mersey Medicine Management work,</li> <li>- Further exploration of near patient testing kits.</li> </ul>	Admission Avoidance	2
3.	Cardiology	Head of Ops Cardiology/ Karina Woodyer Smith	To work with community partners to agree direct route for access to services where appropriate and alternative management pathways for patients to reduce inappropriate ED attendance  <u>Proposals under consideration:</u> <b>Community Heart Failure</b> Lead/s: Rajiv Sankaranarayanan / Jason Pyatt/ Jane O'Connor/Amanda Brookes <ul style="list-style-type: none"> <li>• Develop pathway from A&amp;E/MAU, admission avoidance safe discharge to follow up within 12/24hrs up by community team</li> <li>• Identify patients in AED , MAU may be given dose IV therapy</li> <li>• Review by HF team discharged home for daily rv's by community team – discharge back to GP when resolved</li> </ul> <b>Tele Health-</b> Develop high risk group list Lead/s: Rajiv Sankaranarayanan /Jason Pyatt/ Jane O'Connor/Amanda Brookes <u>Brief Description:</u> <ul style="list-style-type: none"> <li>• Working with acute and community HF teams identify high risk patients at risk of admission</li> <li>• Agree pathway to increase support to these patients</li> </ul>	Admission Avoidance	2  2  2

			<p><b>Develop Community IV Diuretics Pathway with Integrated HF team</b>  <u>Lead</u> – Rajiv Sankaranarayanan /Jason Pyatt/ Jane O’Connor / Karina Woodyer-Smith/Amanda Brookes  <u>Brief Description</u> –</p> <ul style="list-style-type: none"> <li>• Develop and deliver community IV Diuretics service to support a reduction A&amp;D attendances, emergency admissions and LOS</li> <li>• Early supported discharge pathway</li> <li>• Refine pathways to enable a Step up Step down approach from community to acute</li> <li>• Improved patient care</li> </ul>		
4.	Respiratory	Hayley Kendall LHCH	<p>To ensure adequate capacity and a standardised appropriate referral pathway to reduce LOS for patients requiring respiratory treatment when otherwise suitable for discharge and have admission avoidance pathways in place [North and South Sefton]</p> <p><i>Proposals under consideration :</i>          To work with community partners to agree direct route for access to services where appropriate and alternative management pathways for patients to reduce inappropriate ED attendance</p> <p><b>Flu Immunisation for Respiratory population</b>  <u>Lead</u> - Lynn Simpson NHSE, Hayley Edwards NHSE Comms / flu, Emer Coffey Public health - LCC,          (Gemma Melia leads LCCG flu group)  <u>Brief Description:</u>          Flu immunisation is the most cost effective respiratory intervention, however uptake in people at risk (i.e. includes those with known respiratory disease) has been poor – 46.3%, compared to England 56.6% over 10% higher.</p> <p><b>Pulmonary Rehabilitation (PR) -</b>  <b>Target population at highest risk of COPD admission to receive PR before general referrals (lower risk population)</b>  <u>Leads</u> – Sue Renwick (LCCG)          Jonathan Matthews (LHCH)          Justine Hadcroft / Jane O’Connor / Mark Clark (LUFT)</p>	Admission Avoidance	<p style="text-align: center;"><b>1</b></p> <p style="text-align: center;"><b>2</b></p>

			<p><u>Brief Description</u> LUFT / BI team to prioritise creation of high risk of COPD admission list.</p> <p><b>Ensure current 7-day CRT hospital at home response service is funded beyond October 2020 and ensure capacity of CRT to review high risk COPD group pre-winter.</b></p> <p><u>Lead</u> – Justine Hadcroft / Jane O’Connor / Mark Clark (LUFT)</p> <p><u>Brief Description</u> –</p> <ul style="list-style-type: none"> <li>• Deliver community COPD Hospital at Home admission avoidance to reduce NWAS conveyancing, 7-day / week.</li> <li>• Capacity to support telehealth monitoring of covid positive patients discharged from the AED, avoid inappropriate AED attendances and ensure timely admissions,7-days per week.</li> <li>• Capacity to deliver post covid telehealth monitored discharges (and new to home oxygen), avoiding re-admissions and distress, 7-days per week.</li> </ul>		<b>2</b>
5.	<b>LLOS / RFD / DTOC Reduction (D2A/SPC)</b>	Michelle Fanning, MCFT Cathy Long, MCFT Carol Hughes, MCFT Anne Lamkin, MCFT	To work with system partners to ensure all patients are managed and transferred to the appropriate setting by provision of a referral pathway for timely assessment and review	<b>Patient Flow</b> Discharge	<b>2</b>
6.	<b>SAFER - Acute</b>	<b>Acute</b> Jeanette Roberts / Cathy Long	<b>Acute:</b> To demonstrate that the principles of SAFER are applied in all healthcare settings to give assurance that flow through the system is maintained	<b>Patient Flow</b> Discharge	<b>3</b>
	<b>SAFER – Mental Health</b>	<b>Mental Health:</b> Lyndsay Kelly & Pam Duffy	<b>Mental Health:</b> To demonstrate that the principles of SAFER are applied in all healthcare settings to give assurance that flow through the system is maintained		<b>1</b>
	<b>SAFER – ICCB (refresh)</b>	<b>ICCB</b> Cathy Long Lynda Taylor Nicky Ore	<b>ICCB:</b> To demonstrate that the principles of SAFER are applied in all healthcare settings to give assurance that flow through the system is maintained		<b>3</b>

7.	<b>Frailty Geriatrician 'Silver' Phone Line</b>	Head of Ops DMOPS/ Cathy Long	To provide appropriate advice and guidance for patients over 65  To complete action plan from FAU transformation work earlier in the year and also consider how ICRAS could support clinical / therapy/ social discussions where needed.	<b>Admission Avoidance Patient Flow Discharge</b>	<b>2</b>
8.	<b>NWAS Turnaround</b>	NWAS / LUFTH	To maintain and improve ambulance turnaround times at Acute sites	<b>Admission Avoidance</b>	<b>2</b>
9.	<b>TTO Process</b>	LUFTH	To review process for ordering, producing and delivering TTOs to patients as part of their discharge. To established transparent monitoring of TTOs KPIs and agree improvement trajectories	<b>Patient Flow</b>	<b>2</b>
10.	<b>UTC Principles &amp; Facilities</b>	Cheryl Mould / Mary Ryan	For the appropriate provision of services to be offered to manage agreed clinical pathways of care with agreed referral processes to other providers (inc GP/community services)  To also include consideration for AED potential attenders to be diverted to the WIC if telephone triage/NHS111 First.	<b>Admission Avoidance</b>	<b>2</b>
11.	<b>Tele Triage (WIC's)</b>	ED Leads Carol Hughes Rosie Kaur Michelle Fanning Anne Lamkin	Continue with the model of care delivered as part of the Covid response and move closer to a position of e-Consultation and alignment with LUFT ED model	<b>Admission Avoidance</b>	<b>3</b>
12.	<b>IV Pathway</b>	Dave Jones Karina Woodyer-Smith	To ensure adequate capacity and a standardised appropriate referral pathway to reduce LOS for patients requiring IV treatment when otherwise suitable for discharge and have admission avoidance pathways in place	<b>Admission Avoidance</b>	<b>2</b>
13.	<b>Primary Care Hot Hubs</b>	LNA Chair Cheryl Mould Dave Jones Pat McGuinness Michelle Fanning	To build on the experiences and knowledge of Covid response and develop a sustainable new model of 24/7 care between primary care and community services that deals with Covid constraints	<b>Admission Avoidance</b>	<b>2</b>

14.	<b>Tele Health</b>	Dave Jones Jim Hughes Carol Hughes John Webb	To expand the telehealth offer into South Sefton and maximise the roll out across C&M and ensure it is part of the Seacole bed clinical model.	<b>Admission Avoidance</b>	<b>2</b>
15.	<b>Seacole Beds</b>	Dave Horsfield / Liz Harrison	Additional community system step down / rehab beds plan via the Cheshire and Mersey Out of Hospital Cell to support the Phase 2 and Phase 3 COVID Pandemic response. Additional capacity to be available by October 2020.  Consideration of collaborative therapy workforce strategy across North Mersey is required a cross the system to ensure good co-ordination and agreement of how resources are equitably targeted to meet needs.	<b>Patient Flow</b>	<b>1</b>
16.	<b>Mutual Aid Surge (Full Capacity) Management</b>	Dave Horsfield / Liz Harrison	All of the above system areas will require a Full Capacity System Management Plan which will align with the Local System Management Group and the Out of Hospital Cell.  Adherence and C&M understanding of the Safe patient flow and resilience document should be part of this	<b>System</b>	<b>2</b>
17.	<b>EMS – System Escalation Data Management</b>	Anna Roberts, LCCG	For a system process to be implemented by all system partners to agree appropriate actions when a response is required to mitigate the risk of a system surge. To include review of actions taken and impact.	<b>System</b>	<b>3</b>
18.	<b>Swabbing – Satellite Testing Centre (inc Imms/Phlebotomy)</b>	Alison Blundell, LCCG	To ensure a plan is in place to flex capacity for COVID19 swabbing and phlebotomy to accommodate the winter peak and any increase in demand. To include staff coverage for collaborative working and the capacity to accommodate immunisations if required.	<b>System</b>	<b>2</b>
19.	<b>Diagnostics Recovery and Management of Waiting Lists</b>	Sam James LCCG	<b>Recovery &amp; management of waiting lists</b>	<b>System</b>	<b>1</b>
20.	<b>Liverpool City Council</b>	Various – Phil Wong Wendy Kenny	<b>ICB 85 beds</b> <u>Leads:</u> Phil Wong / Wendy Kenny	<b>Flow Discharge</b>	<b>2</b>



		<p>Donna Ryan Verity Price Andrew Lavin Nicola Turpin Gemma Black</p>	<p><b>Brief Description:</b> Agree enhanced model and mutual aid across Sedgemoor, Townsend and Granby reablement hubs in partnership with ICRAS and CCG. Supporting SAFER, prevention and discharge.</p> <p><b>HF+ &amp; Trusted Assessor</b> <u>Leads:</u> Donna Ryan , Verity Price <u>Brief Description:</u> Continued development of HF+ model and Trusted Assessments to support hospital discharge, reduce length of stay and admission avoidance.</p> <p><b>Care Home Market</b> <u>Leads:</u> Donna Ryan, Andrew Lavin <u>Brief Description:</u> Review and development of new and existing projects across Care Home Market to support demand. Ensure CM market is sustainable in response to COVID-19. To continue assessments in community as alternative to remaining in hospital, facilitating timely discharge for short and long term packages of care.</p> <p><b>Social Work Teams D2A</b> <u>Leads:</u> Nicola Turpin, Phil Wong <u>Brief Description:</u> Hospital social work teams supporting D2A pathways to achieve assessment and discharge targets to prevent delays and promote early discharge.</p> <p><b>Commissioning of community rapid response and assessment services</b> <u>Leads:</u> Donna Ryan, Gemma Black, Verity Price <u>Brief Description:</u> Commissioning of community rapid response and assessment services (including technology) to reduce long term dependency through timely reviews, assessments and provision of equipment.</p>	<p><b>Flow Discharge</b></p> <p><b>Flow Discharge</b></p> <p><b>Discharge</b></p> <p><b>Admission Avoidance</b></p>	<p><b>3</b></p> <p><b>3</b></p> <p><b>3</b></p> <p><b>2</b></p>
21.	Sefton Local Authority	Various - Andrew McDonald, Alisa Nile, Karen	<p><b>Sefton LA - Rapid Response Expansion</b> <u>Leads:</u> Andrew McDonald, Alisa Nile</p>	<b>Admission Avoidance</b>	<b>2</b>

		Robinson, Carolyn Moran	<p><b>Brief Description:</b> To expand a pilot scheme currently in place in the North of the borough to cover South Sefton, that can put care in-situ within 2 hours of a referral to prevent hospital admission.</p> <p><b>Sefton LA - Increase in Reablement capacity across Sefton Borough</b>  <u>Leads:</u> Andrew McDonald, Alisa Nile  <b>Brief Description:</b> To increase the reablement capacity within New Directions, thus expanding the Home First capacity across the Sefton Borough.</p> <p><b>Sefton LA - Building on Integrated Care Team approach</b>  <u>Leads-</u> Alisa Nile, Karen Robinson, Carolyn Moran  <b>Brief Description:</b> Following a pilot in South Sefton, Adult Social Care has worked in partnership with the Provider Alliance to assist the development integrated care teams across the Primary care Networks. Regular MDT's are held to ensure complex patients are maintained safely in the community and prevent their admission into hospital.</p> <p><b>Sefton LA - Integrated Care Strategy</b>  <u>Leads-</u> Alisa Nile, Eleanor Moulton, Sharon Forrester  <b>Brief Description:</b> Sefton ASC are currently working in partnership with their CCG colleagues to redesign the Sefton intermediate care offer, to encourage independence, avoid unnecessary admission to hospital and accelerate discharge from hospital, while ensuring that no long-term decisions about care and independence are taken in a hospital setting.</p>	<p><b>Flow Discharge</b></p> <p><b>Admission Avoidance Discharge</b></p> <p><b>Patient Flow Discharge Admission Avoidance</b></p>	<p><b>2</b></p> <p><b>2</b></p> <p><b>2</b></p>
22.	Mental Health	Various - Lynn Hughes, Jimmy Cousineau, Anna Richman, Nish Matthews, Matty Byrne	<p><b>Mental Health ED Triage</b>  <u>Leads:</u> Lynn Hughes, Jimmy Cousineau  <b>Brief Description:</b> To agree and direct alternative appropriate referral pathways to Mental Health Hub providers including assurance of outcome for patient – needs to also link to earlier triage section</p> <p><b>Mental Health Bed Management Support</b>  <u>Leads:</u> Lynn Hughes  <b>Brief Description:</b> Additional matron cover from 5 days to 7 days to provide focussed support to the wards and bed management and improve capacity and flow. Implement 48 hour follow up for discharges to reduce potential for re-admission.</p>	<p><b>Admission Avoidance</b></p> <p><b>Patient Flow</b></p>	<p><b>1</b></p> <p><b>2</b></p>

			<p><b>Additional Consultant Cover</b>  <u>Leads:</u> Anna Richman, Nish Matthews  <u>Brief Description:</u> Increase in Consultant cover from 5 to 7 days per week to support flow on inpatient wards</p> <p><b>Triage Car - NWAS</b>  <u>Leads:</u> Lynn Hughes/Jimmy Cousineau  <u>Brief Description:</u> Working hours increased from 5 days to 7 days to support the increase in Metal Health demand during the Winter period</p> <p><b>Transport</b>  <u>Leads:</u> Matty Byrne  <u>Brief Description:</u> Additional transport secured to support flow out of ED and impact on NWAS</p>	<p><b>Patient Flow</b></p> <p><b>Admission Avoidance</b></p> <p><b>Admission Avoidance</b></p>	<p><b>2</b></p> <p><b>2</b></p> <p><b>2</b></p>
23.	Cancer	<p>Joan Spencer Caroline Brammer</p> <p>Liz Furmedge Caroline Brammer Richard Lacey Joan Spencer Sheena Khandauri</p>	<p><b>CDU/ Triage hot line</b>  <u>Lead/s:</u> Liz Morgan/ Emma Daley  <u>Brief Description:</u> To direct patients with complications of SACT to CDU as per amended access policy/ referral pathways to avoid attendance at A&amp;E depts</p> <p><b>Maintenance &amp; delivery of Systemic Anti Cancer Treatments (SACT) at all CCC treatment sites – Radiotherapy, Chemotherapy, Immunotherapy, Supportive Treatments.</b>  <u>Lead/s:</u> Julie Massey/ Fran Yip/ Liz Furmedge  <u>Brief Description:</u> To ensure all patients have access to timely SACT closer to home when possible. Appropriate provision of services to be offered as per clinical pathways of care.</p> <p><b>OPD Access/ on treatment review and Follow up</b>  <u>Leads</u> Fran Yip/ Fiona Courtnell  <u>Brief Description :</u> To minimise face to face attendances at hospital whilst maintaining timely access to SACT as per CWT guidance</p> <p><b>Support delivery of Seacole Beds</b>  <u>Lead/s:</u> Joan Spencer/ James Thomson</p>	<p><b>Admission Avoidance</b></p> <p><b>Patient Flow</b></p> <p><b>Patient Flow</b></p> <p><b>System</b></p>	<p><b>TBC</b></p> <p><b>TBC</b></p> <p><b>TBC</b></p>

		Joan Spencer Sheena Khanduri	<p><u>Brief Description:</u> Continue to support WCT in the delivery of additional community step down / rehab beds plan via the Cheshire and Mersey Out of Hospital Cell . Continue to support Phase 2 and Phase 3 COVID Pandemic response. Additional capacity to be available by October 2020. Work with AO Teams and Triage Hot Line to support partners by transferring / directing patients who can be managed at the CCCL avoiding A&amp;E attendances and unplanned admissions due complications from SACT.</p>		<b>TBC</b>
--	--	---------------------------------	---	--	------------

### 3. LUHFT COVID FLOW SOP



**Name –SOP Covid - 19 Site /Discharge Management**

Version number	Page	Changes made with rationale and impact on practice	Date
1.0		Changes made to reflect guidance on management of surge	08/08/20

#### Contents

1. Purpose .....	3
3.1 Co flow Current measures .....	4
3.2 Management increased demand .....	5
3.3 Additional capacity needed .....	6
4. Monitoring of Compliance .....	7
5. Relevant Regulations, Standards and References .....	9
6. Equality, Diversity and Human Right Statement.....	7
7. Legal Requirements .....	7
8. Appendices .....	8
Appendix1: Control Front Sheet .....	8
Appendix 2: Equality Impact Assessment .....	8
Appendix 3: Roles and Responsibility .....	13

<b>Author with contact details</b>	Jeanette Roberts		
<b>Lead Executive/ Senior Manager</b>	Victoria Jackson Divisional director of Ops.		
<b>Original Issue date</b>	04/08/2020		
<b>Issue Date:</b>	1.0	<b>Review Date</b>	04/08/2021
<b>Approval Group</b>			
<b>Consultation</b>			
<b>Location of Staff applicable to</b>		<b>Staff groups applicable to</b>	
<b>Equality, Diversity And Human Right Statement</b>	The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This procedure should be implemented with due regard to this commitment.		
<b>To be read In conjunction with / Associated Documents:</b>	<ul style="list-style-type: none"> <li>▪ FCP</li> <li>▪ Trust Escalation policy</li> <li>▪ Co- flow v13</li> <li>▪ TCG TOR</li> </ul>	<b>Information Classification Label</b>	<b>NHS</b> <input checked="" type="checkbox"/> <b>Confidential NHS</b>  <input type="checkbox"/> <b>Protect</b>  <input type="checkbox"/> <b>Unclassified</b>
<b>Access to Information</b>			

### 1.1 Purpose

This SOP describes the procedure for Site /Discharge Team response to surge in the Emergency Department (ED) and additional measures to prevent overcrowding and maintain patient safety

This Plan aims to set out appropriate actions to be taken in the event of short-term over-crowding, by ensuring as far as practicable:

- Emergency Department/AMU/ESAU to provide their high priority services maintain capacity at all times in both ED/ AMU/CDU/MAB/FAB
- To maintain safe, effective, quality care for patients
- Appropriate coordination and leadership during a disruption
- Where practicable any disruption is kept to a minimum

### 2.0. Procedure and Guidance

This standard operational procedure applies to all staff working with Site and Discharge teams across three sites

Following the latest guidance from NHSE released 10/03/2020, it is necessary for the acute and emergency departments to prepare to maximise the capacity available in order to support the assessment, review and screening of patients who are at risk of Covid 19.

Clinical teams have been advised to swab all patients who have the following: - and require admission to hospital

**They have either:-**

Fever

Cough

Anosmia

And/or

Clinical or radiological evidence of pneumonia

Acute respiratory distress syndrome

Influenza like illness.

The result of this change is anticipated to mean increasing numbers of people will need to be assessed swabbed and isolated within acute trusts.

This will ensure that high risk patients are moved into the system as a priority.  
This will follow current co flow phase as listed V13

### **3.1 CO- flow procedure V13 (subject to change, current version will always be available on COVID hub) via trust intranet**

This SOP will give support to clinical teams to enable the safe efficient management of high volumes of patients whilst they are under the Covid 19 clinical pathway, transferring into the bed base safely and effectively

There will be three identified phases:-

#### **Suppression phase**

Suppression phase: There are few COVID-19 cases being admitted to the hospital, such that

They can be largely accommodated in side rooms or a few cohort areas

In suppression phase, probable and confirmed COVID-19 cases can be contained in side rooms or a

Small number of cohort areas. There are only two ward designations in this phase:

1) RED (covid) areas: patients with confirmed (PCR positive) or probable (PCR negative but

Clinical diagnosis) COVID-19

2) Non-covid areas: everywhere else

#### **Transition phase**

Transition phase: in between surge and suppression phase

In transition phase, ward colour designations are defined in the same way as in surge phase.

The main difference is that as COVID prevalence falls, more patients in yellow areas will have a diagnosis other than COVID and so there is a need to cohort high and low risk in yellow wards to protect those without COVID-19

#### **Surge phase**

Surge phase: There is widespread community transmission of COVID-19 with many cases

Being admitted to the hospital, such that it is not possible to isolate cases in side rooms. In surge phase, side room capacity is overwhelmed. Ward areas are divided according to COVID-19 risk and colour-coded

1) RED: patients with confirmed (PCR positive) COVID

2) YELLOW: Patients who have symptoms or signs which could be consistent with COVID and are either awaiting swab results or with a negative swab result but a clinical COVID diagnosis



- 3) GREEN: Patients who have symptoms or signs which could be consistent with COVID but who have a negative swab and who are clinically assessed as low risk for COVID
- 4) Without covid-19: Patients who have no symptoms

### **Management of high volumes of patients requiring admission Covid and non- Covid**

In the event of multiple attendances to the ED, decisions regarding the coordination and management of patient flow, will be between Ed site flow management and bed base speciality leads

In hours they will further be supported by the senior management team either ED/Site

Out of hours GMOC /Silver on Call will liaise with Gold to make out of hours decisions

### **Case Management and discharge team support**

With the use of Medworxx of CUR and RFD dashboard all delayed discharges will be identified and site /discharge teams will proactively work with whole system colleges to support discharges from the bed base to support inflow

Flying squad members will attend ED and ward in reach linking in closely with site teams to match speciality demand and the Discharge Suite hours will be extended as necessary

### **Management of patient surge**

Isolation of high risk patients will take priority, on-going side ward availability will be updated by site teams, Command and control will take the decision of cohorting of high risk patients is needed

The Site lead will link in with ED during this time maintaining patient safety at all times

### **Additional**

Manager of the day is in place for all issues of concern to be communicated to divisional leads attending site meetings through the day escalating issues and communicating outcomes

### **Ability to maintain two empty Resus Spaces**

In line with the ED SOP, the site teams will ensure movement from Resus to support 2 spaces at all times, prioritising moves to the bed base

In order to maintain this, the following actions will be considered:-

- Patients with high NEWS can now be moved in line with the Covid transfer policy
- If there are patients who require a critical care bed, the doctor in charge of Resus will contact the critical care/ speciality HST/ Consultant to discuss a patient care plan.

#### **Action in the event of capacity constraints :-**

- Ensure that ED footprint is utilised
- Early referrals to speciality to support patient flow to the appropriate area
- If patients in walking majors require admission transfer to appropriate area within 1 hour of referral to maintain ED flow
- Identify Clinical Decision Unit space where clinically appropriate
- Identify patients in Walking Majors, Ambulance Triage, Majors and Resus who are clinically appropriate to transfer to CDU

#### **Additional Clinical Capacity**

Executive approval will be established in line with Trust escalation capacity demand management processes.

The ward plan identifies wards that are currently inaccessible it will be the decision of the senior team through TCG to expand capacity as needed

As per Co-Flow document, In the event of no side room capacity, expansion in to cohort bays will be discussed and actioned as per Co Flow guidance (Appendix 1)

#### **Exceptions**

There are no exceptions to this policy

#### **Training**

If there are specific training requirements for staff please include details in this section

## Monitoring of Compliance

Minimum requirement to be monitored	Process for monitoring e.g. audit/ review of incidents/ performance management	Job title of individual(s) responsible for monitoring and developing action plan	Minimum frequency of monitoring	Name of committee responsible for review of results and action plan	Job title of individual/ committee responsible for monitoring implementation of action plan
Co -flow measures during reduction in capacity	Co flow meeting Trust performance Against 4 hour care standard	Jeanette Roberts Head of Operations Discharge and Flow	Monthly	CBU assurance meeting to feed to operational and performance meeting	DDO

### Relevant Regulations, Standards and References

Example:

Regulation 20 of the Health and Social Care Act 2008 (Regulated Activity)

Regulations 2014

<http://www.legislation.gov.uk/ukxi/2014/2936/regulation/20/made>

## Equality, Diversity and Human Right Statement

The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This SOP should be implemented with due regard to this commitment.

## Legal Requirements

This document meets legal and statutory requirements of the EU General Data Protection Regulation (EU 2016/679) and all subsequent and prevailing legislation. It is consistent with the requirements of the NHS Executive set out in Information Security Management: NHS Code of Practice (2007) and builds upon the general requirements published by NHS Digital/Connecting for Health (CfH).

## Appendix 1: co flow V12



20200723covid  
patient flow V12 (6).p

## Appendix 2: Equality Impact Assessment

<b>Title</b>	COVID 19 Site/Discharge
<b>Strategy/Policy/Standard Operating Procedure</b>	SOP
<b>Service change (Inc. organisational change/QEP/ Business case/Project)</b>	Service change
<b>Completed by</b>	Jeanette Roberts
<b>Date Completed</b>	04 08 20

<b>Description</b> (provide a short overview of the principle aims/objectives of what is being proposed/changed/introduced and the impact of this to the organisation)
<p>This sop describes how Multiple COVID and speciality patients will be managed within ED and to maintain flow throughout the Trust</p> <p>This would involve co-opting trust and whole system colleagues to support proactive flow and discharge</p>

<b>Who will be affected</b> (Staff, patients, visitors, wider community including numbers?)
Patients and staff community opted in community staff

The Equality Analysis template should be completed in the following circumstances:

- Considering developing a new policy, strategy, function/service or project (Inc. organisational change/Business case/ QEP Scheme);
- Reviewing or changing an existing policy, strategy, function/service or project (Inc. organisational change/Business case/ QEP Scheme):
  - If no or minor changes are made to any of the above and an EIA has already been completed then a further EIA is not required and the EIA review date should be set at the date for the next policy review;
  - If no or minor changes are made to any of the above and an EIA has NOT previously been completed then a new EIA is required;
  - Where significant changes have been made that do affect the implementation or process then a new EIA is required.

**Please note the results of this Equality Analysis will be published on the Trust website in accordance with the Equality Act 2010 duties for public sector organisations**

Section 1 should be completed to analyse whether any aspect of your paper/policy has any impact (positive, negative or neutral) on groups from any of the protected characteristics listed below.

When considering any potential impact you should use available data to inform your analysis such as PALS/Complaints data, Patient or Staff satisfaction surveys, staff numbers and demographics, local consultations or direct engagement activity. You should also consult available published research to support your analysis.

### Section 1 – Initial analysis

Equality Group	Any potential impact?  Positive,  negative  or neutral	Evidence  (For any positive or negative impact please provide a short commentary on how you have reached this conclusion)

<b>Age</b> (Consider any benefits or opportunities to advance equality as well as barriers across Age ranges. This can include safeguarding consent, care of the elderly and child welfare)	neutral	
<b>Disability</b> (Consider any benefits or opportunities to advance equality as well as impact on attitudinal, physical and social barriers)	Neutral	
<b>Gender Reassignment</b> (Consider any benefits or opportunities to advance equality as well as any impact on transgender or transsexual People. This can include issues relating to privacy of data)	neutral	
<b>Marriage and Civil Partnership</b> (Consider any benefits or opportunities to advance equality as well as any barriers impacting on same sex couples)	Neutral	
<b>Pregnancy and Maternity</b> (Consider any benefits or opportunities to advance equality as well as impact on working arrangements, part time or flexible working)	Neutral	

<b>Equality Group</b>	<b>Any potential impact?</b>  Positive, negative or neutral	<b>Evidence</b> (For any positive or negative impact please provide a short commentary on how you have reached this conclusion)
<b>Race</b> (Consider any benefits or opportunities to advance equality as well as any barriers impacting on ethnic groups including language)	Neutral	
<b>Religion or belief</b> (Consider any benefits or opportunities to advance equality as well as any	Neutral	

barriers effecting people of different religions, belief or no belief)		
<b>Sex</b> (Consider any benefits or opportunities to advance equality as well as any barriers relating to men and women e.g.: same sex accommodation)	Neutral	
<b>Sexual Orientation</b> (Consider any benefits or opportunities to advance equality as well as barriers affecting heterosexual people as well as Lesbian, Gay or Bisexual)	Neutral	

If you have identified any **positive** or **neutral** impact then no further action is required, you should submit this document with your paper/policy in accordance with the governance structure.

You should also send a copy of this document to the equality impact assessment email address

If you have identified any **negative** impact you should consider whether you can make any changes immediately to minimise any risk. This should be clearly documented on your paper cover sheet/Project Initiation Documents/Business case/policy document detailing what the negative impact is and what changes have been or can be made.

**If you have identified any negative impact that has a high risk of adversely affecting any groups defined as having a protected characteristic then please continue to section 2.**

## Section 2 – Full analysis

If you have identified that there are potentially detrimental effects on certain protected groups, you need to consult with staff, representative bodies, local interest groups and customers that belong to these groups to analyse the effect of this impact and how it can be negated or minimised. There may also be published information available which will help with your analysis.

<b>Is what you are proposing subject to the requirements of the Code of Practice on Consultation?</b>	Y/N
<b>Is what you are proposing subject to the requirements of the Trust's Workforce Change Policy?</b>	Y/N
<b>Who and how have you engaged to gather evidence to complete your full analysis?</b>	

(List)	
What are the main outcomes of your engagement activity?	
What is your overall analysis based on your engagement activity?	

### Section 3 – Action Plan

You should detail any actions arising from your full analysis in the following table; all actions should be added to the Risk Register for monitoring.

Action required	Lead name	Target date for completion	How will you measure outcomes

Following completion of the full analysis you should submit this document with your paper/policy in accordance with the governance structure.

You should also send a copy of this document to the equality impact assessment email address

### Section 4 – Organisation Sign Off

Name and Designation	Signature	Date
Individual who reviewed the Analysis		
Chair of Board/Group approving/rejecting proposal		
Individual recording EA on central record		



## Appendix 3: Roles and Responsibility

Role	Responsibility

## 4. North Mersey Capacity & Flow Group Terms of Reference

1.	<b>Entity Name</b>  <b>Type</b>	North Mersey Capacity and Flow Group
2.	<b>Purpose</b>	<p>This document comprises the terms of reference for North Mersey Capacity and Flow Group</p> <p>The purpose of this Group is to ensure the following:</p> <ul style="list-style-type: none"> <li>• Effective response of Mersey Care to NHS England’s Out of Hospital cell to create significantly more capacity in the health system as a response to COVID-19.</li> <li>• Provide oversight and assurance on operational and recovery plans across the health system with regard to ‘ready for discharge’ patients, effective provision of hub beds, Ward 35 and Care Homes.</li> <li>• To work alongside colleagues in Liverpool University Hospitals Foundation Trust (LUFT), Liverpool City Council and Liverpool and South Sefton CCGs to provide a consistent approach to operational and recovery plans and associated triggers across the system.</li> <li>• To review and analyse the Out of Hospital cell performance dashboard and associated local business intelligence in order to have oversight of the current system capacity.</li> <li>• To provide oversight and scrutiny of, and received assurance from, the Seacole Project Clinical / Operations &amp; Estates Oversight Group.</li> </ul> <p>The Group has no executive powers, other than those specifically delegated in these Terms of Reference</p>
3.	<b>Definitions</b>	There are no technical terms within the Terms of Reference that are not widely understood.
4.	<b>Duties and Powers of the Group</b>	<p>The Group has delegated authority from the OOH Cell to make decisions regarding community bed provision within the parameters outlined within these Terms of Reference. The Group is authorised to investigate any activity within its Terms of Reference.</p> <p>All Group members have a duty to comply with these terms of reference and commit to participate actively in the work of the Group.</p> <p>Members are required to ensure that the North Mersey Capacity and Flow Group has regard to the NHS Constitution.</p>
5.	<b>Role of the Group</b>	<p>The role of the Group is to:</p> <ul style="list-style-type: none"> <li>• Oversee the North Mersey element of extra community provision within any co-produced clinical model including staffing, governance and operational requirements.</li> </ul>

		<ul style="list-style-type: none"> <li>• Gain an understanding of the associated operational and clinical risks, finances, quality and clinical governance.</li> <li>• Oversee, scrutinise and sign-off the clinical model and subsequent deployment of bed numbers and associated workforce.</li> <li>• Identify and mitigate any risks associated with the implementation and oversight of the community bed provision.</li> <li>• Provide leadership and assurance to the wider health system of the arrangements for the provision of community capacity, together with ongoing monitoring.</li> <li>• Ensure effective decision-making and governance arrangements are in place to oversee the provision and monitoring of extra community provision.</li> <li>• Oversee the interface between North Mersey and the wider health system.</li> <li>• Develop and standard operating platform for use across the system.</li> <li>• Ensure the decision-making process is in the best interests of patient safety.</li> <li>• <i>Consider the evidence from the Cheshire &amp; Merseyside Out of Hospital cell dashboard for potential proposals to open extra capacity as per the Cheshire &amp; Merseyside Operational Policy.</i></li> <li>• <i>Review and analyse the Out of Hospital cell performance dashboard and associated sitrep in order to have oversight of the current system capacity.</i></li> <li>• <i>Provide oversight and scrutiny of, and received assurance from, the Seacole Project Clinical / Operations &amp; Estates Oversight Group.</i></li> </ul>
6.	Chair / Vice Chair	<p><i>Chair – Chief Operating Officer</i></p> <p><i>Deputy Chair – Deputy COO (LUFT)</i></p>
7.	Membership, including nominated deputies where appropriate	<p>The Group shall comprise of</p> <ul style="list-style-type: none"> <li>• <i>Community Division COO (Chair &amp; Joint-SRO)</i></li> <li>• <i>Deputy COO (LUFT) (Deputy Chair &amp; Joint-SRO)</i></li> <li>• <i>Community Division Deputy COO</i></li> <li>• <i>Medical Leads</i></li> <li>• <i>Head of Specialist Clinical and Support Services</i></li> <li>• <i>Urgent &amp; Intermediate Care Lead</i></li> <li>• <i>Deputy Director of Therapies and Allied Health Professionals</i></li> <li>• <i>Deputy Director of Nursing</i></li> <li>• <i>Project Support</i></li> <li>• <i>CCG representatives</i></li> <li>• <i>MBI Consultant</i></li> <li>• <i>Programme Manager (tbc)</i></li> <li>• <i>Business Intelligence Support</i></li> <li>• <i>LUFT, LCC (to be confirmed)</i></li> </ul> <p><i>Other members will be invited as appropriate.</i></p>

8.	<b>Rules of Membership / Individual's role &amp; responsibilities</b>	<p>Only members of the Group have the right to attend Group meetings. However other individuals may be invited to attend.</p> <p>The role of the Chair of these meetings is to:</p> <ul style="list-style-type: none"> <li>• Set the direction, tone and pace for the work of the meeting;</li> <li>• Ensure members have relevant information to participate in the meeting and carry out their jobs;</li> <li>• Ensure compliance with the approved Terms of Reference and conducted effectively with candour and mutual respect to enable members to challenge within a supportive environment;</li> <li>• Set the agenda, run the meetings, assign work to the Group's members and hold members to account for the completion of this work;</li> <li>• Encourage participation at appropriate level in the meetings from all members;</li> <li>• Action any data integrity issues that may arise;</li> <li>• Orientate new members to the Group;</li> <li>• Provide succession plan to ensure on-going functioning of the Group.</li> </ul> <p>Group members are expected to undertake the following role:</p> <ul style="list-style-type: none"> <li>• Regularly attend meetings in line with Terms of Reference</li> <li>• Make commitment to participate actively in the Group</li> <li>• Report on progress with allocated assignments and complete them as appropriate as the officer/member accountable for the delivery</li> <li>• Maintain up-to-date knowledge about related Group matters and prepare well for meetings, participating fully and providing comments on minutes and reports</li> <li>• Work with other Group members, building effective working relationships to ensure the delivery of objectives</li> <li>• If unable to attend the meeting, to inform the chair, nominate a representative and ensure any actions from previous meeting are forwarded prior to the meeting</li> </ul>
9.	<b>Quorum / Attendance expectations</b>	<p>The meeting will be considered quorate when the following members are present including,</p> <ul style="list-style-type: none"> <li>• Chair or Deputy Chair</li> <li>• At least 1 person from each organisation</li> </ul> <p>Members or their designated deputies must attend at least 75% of meetings.</p>
10.	<b>Frequency &amp; Timing</b>	<p>The Group shall meet at least once every week. If a member is unable to attend, a deputy is to be identified to ensure quoracy.</p>

		Additional “emergency” meetings will be convened by the Chair where necessary.
11.	<b>Reporting Arrangements, both to and from the Group</b>	The North Mersey Capacity and Flow Group will report into the respective organisational groups. It will also link to the Cheshire and Merseyside Out of Hospitals cell to ensure connectivity across the health system.
12.	<b>Ownership of objectives as well as Key Performance Indicators (KPIs ) associated with the meeting</b>	Action notes and by exception to the relevant organisational groups will be produced following each meeting, with identified leads and deadlines, to ensure project governance and compliance.
13.	<b>Recording &amp; storage arrangements</b>	<p>Notice of each of the meetings confirming the venue, time and date, together with the agenda and supporting papers, shall be forwarded in advance of the meeting to each of the members.</p> <p>The actions notes of the Group will be stored within the relevant folder within the Community Division.</p>
14.	<b>Group effectiveness, objectives and monitoring arrangements</b>	This will be completed on an ongoing basis in line with the review of terms of reference.
15.	<b>Review of Terms of Reference</b>	June 2021
16.	<b>Approval of this Document:</b>	<p>Signed:</p> <p>Dated:</p>

### SYSTEM MANAGEMENT GROUP (Capacity & Demand)

#### TERMS OF REFERENCE

##### 1.0 INTRODUCTION

The System Management Group was established to ensure oversight of the current COVID-19 situation, demand and escalation. The Group has now developed into a North Mersey System Management (Capacity & Demand) Group which supports the Out of Hospital Cell and has developed plans for surge and demand management and high capacity peaks including Winter.

The Terms of Reference sets out the membership, remit and responsibilities and reporting arrangements of the Group.

All calls are noted for risk and audit purposes.

##### 2.0 PURPOSE

The primary functions of the Group are to:

- Ensure oversight and support the current, and future, COVID-19 position. This includes issues, risk, demand management and overall system escalation and barriers.
- Manage and identify any system mutual aid requirements.
- Monitor and identify any additional bed capacity requirements.
- Provide CCG assurance in relation to ongoing performance and system sustainability during the current, and future, COVID-19 period.
- Monitor and support Organisation Recovery Plans and any impact on delivery.
- Align plans with the Out of Hospital Cell to ensure that the operational recovery process is co-ordinated across the STP footprint.
- Ensure oversight and support of management of surge capacity and planning.

##### 3.0 ACCOUNTABILITY

The Group is accountable within LCCG's most appropriate Governance Groups and the Out of Hospital Cell.

The Group will ensure continuity of provision and delivery for patients at all times and focus on improving health outcomes and reducing inequalities.

#### 4.0 MEMBERSHIP

The Group will be Chaired by LCCG. In the absence of the designated Chair, LCCG will appoint a deputy.

Required attendance is as follows:

- LCCG Head of Programmes and Transition (Chair)
- LCCG Head of Urgent, Planned and Intermediate Care Services (Deputy Chair)
- LUHFT Deputy Chief Operating Officer
- Alder Hey Associate Chief Operating Officer
- Mersey Care Chief Operating Officer
- Liverpool Heart & Chest Chief Operating Officer
- Walton Centre Chief Operating Officer
- NWS North Sector Manager
- Liverpool City Council Assistant Director
- Liverpool Women's Chief Operating Officer
- PC24 Executive Director of Nursing and Quality
- Sefton CCG Head of Commissioning and Delivery
- Sefton Local Authority Deputy Head of Service
- Liverpool Primary Care – Liverpool Networks Alliance
- Clatterbridge Cancer Centre Director of Operations
- LCCG PPE Lead
- Out of Hospital Cell Director

Other members may be invited to attend as appropriate to enable the Group to discharge its functions effectively.

#### 5.0 DECISION MAKING

Decisions will normally be reached by consensus.

#### 6.0 FREQUENCY

Calls will be agreed dependent on system position, demand and escalation. If deemed necessary the calls will take place 7 days a week. Calls will start at 9.00am for 30 minutes.

Ad hoc planning and management meetings may also be put in place in order to facilitate system planning.

#### 7.0 REMIT AND RESPONSIBILITIES OF THE GROUP

The Group will be driven by the priorities and associated risks identified by the system.

## 7.1 Monitoring and Planning

In particular, the Group will:

- i. Ensure oversight and support the current, and future, COVID-19 position. This includes issues, risk, demand and overall system escalation and barriers.  
Not exhaustive oversight includes:
  - o Workforce - Staffing capacity/sickness/well being
  - o PPE and other equipment needs or issues
  - o Surge Management / Winter position and planning
  - o Swabbing
  - o Acute
  - o Specialist Trusts
  - o Community
  - o Mental Health
  - o Care Homes / Social Care
  - o Out of Hours
  - o Primary Care
- ii. Ensure that where risks are identified, recommendations for remedial actions are agreed by the Group.
- iii. Manage and identify any mutual aid requirements
- iv. Monitor and support organisation recovery plans and implementation of phased business as usual Service Delivery and any impact on delivery
- v. Resolve any issues that may impact on service delivery and patient outcomes.
- vi. Align plans with the Out of Hospital Cell to ensure that the operational recovery process is co-ordinated across the STP footprint.
- vii. Ensure oversight of the introduction of electives is phased and takes into account demand and capacity.
- viii. Ensure oversight and support with management of surge capacity and planning.
- ix. Link with other Groups, Operational Management Cells and Bodies to reduce burden on member organisations wherever possible.

## 8.0 POLICY AND BEST PRACTICE

The Group will seek to apply best practice in any decision making processes,

## 9.0 ADMINISTRATION

The Group will be administratively supported by LCCG staff, who will be responsible for supporting the Chair.



This administrative support will include noting of meetings, actions and any identified risks.

## 9.0 REVIEW

The Group shall review its purpose to ensure it is operating at maximum effectiveness.

Any suggested changes to its Terms of Reference shall be represented to LCCG for formal approval.

## 10.0 CONDUCT

All members are required to make open and honest declarations of their interests at the commencement of each meeting or to notify the Group Chair of any actual, potential or perceived conflict in advance of the meeting.

## 11.0 STATUS OF THESE TERMS OF REFERENCE

Version	Date
Version 1	10/7/2020

## North Mersey Mutual Aid Agreement

### North Mersey Mutual Aid Agreement

#### 1. Introduction

This mutual aid agreement (MAA) sets out the arrangement that may be implemented by any of the organisations listed below, and dovetails into the organisations' business continuity plan.

#### 2. Definition

Mutual aid is defined as

“An agreement between responders, within the same sector or across sectors and boundaries to provide assistance with additional resources during an emergency which may go beyond the resources of an individual respondent”

(DH 2005, NHS Emergency Planning Guidance).

#### 3. Context

Responding to a major or catastrophic incident can quickly overwhelm the initial responding NHS organisation and even a small incident confined to one geographical area may require a multi-agency response. In the majority of cases mutual aid may be required between a local group of NHS organisations. This may be between CCG's only, CCG's and providers of commissioning support functions, or CCG's, providers of commissioning support functions and other NHS organisations e.g. NHS Property Services, NHS England etc.

#### 4. Organisations

The organisations signed up to this mutual aid agreement are:

- NHS Liverpool CCG
- NHS South Sefton CCG
- NHS Southport and Formby CCG
- NHS Knowsley CCG

The organisations aware of this mutual aid agreement who will respond to a request for mutual aid under contract are:

- Alder Hey Children's NHS Foundation Trust
- Lancashire & South Cumbria NHS Foundation Trust
- Liverpool University Hospitals NHS Foundation Trust
- Liverpool Heart and Chest Hospital NHS Foundation Trust
- Liverpool Womens NHS Foundation Trust
- Mersey Care NHS Foundation Trust
- Midlands and Lancashire Commissioning Support Unit
- North West Boroughs Healthcare NHS Foundation Trust
- Southport and Ormskirk Hospital NHS Trust

- The Walton Centre NHS Foundation Trust
- NHS Property Services
- Liverpool City Council
- Sefton Metropolitan Borough Council
- Knowsley Borough Council

## 5. Aim

The aim of this mutual aid agreement is to establish an agreed framework for:

- The request of mutual aid by any organisation signed up to this agreement.
- Arrangements to supply assets/resources to a requesting organisation.
- Arrangements for the receipt of assets/resources within an organisation that have been supplied by another organisation.

## 6. Criteria for Implementation

- The requesting organisation has declared an incident for their organisation which may be related to a business continuity issue or Major incident.
- The requesting organisation can no longer manage the incident due to the lack/full deployment of their resources/assets and prioritisation of their own services.
- When a organisation is potentially or actually unable to maintain a safe level of critical services either through lack of physical or human resources.

## 7. Types of Mutual Aid

- Resources – Equipment including IT, transport, consumables, supply chain
- Staff – Clinical staff, admin staff, management, specialist advice.
- Premises – buildings, locations
- Commissioned Services – IT, clinical services, bed base

Mutual aid is not limited to physical resources such as buildings and equipment, and may include access to staff resources, directly or indirectly, for example through remote access to specialist advice.

## 8. Requesting and Providing Mutual Aid – strategic process description.

Requests for mutual aid will be made at senior management level only; any verbal requests will be reinforced as soon as possible with a written request.

Any organisation receiving a request for mutual aid may decide to meet the request entirely, in part or refuse the request.

The response should be fed back and the details of response/deployment should be agreed. The responsibility for deploying the Mutual Aid resources rests with the receiving NHS organisation. The receiving organisation is also responsible for the command and control of all assets supplied

by other services under the mutual aid arrangements.

Mutual incidents e.g. pandemic flu, affecting more than one organisation should not be considered a reason to deny the request, in these types or incidents available resources should be shared where possible and managed through appropriate joint agency groups.

Any requests for mutual aid that falls outside the scope of the types of mutual aid identified above should not be refused.

The receiving NHS organisation should notify supporting organisations as soon as the need for support can be reduced or ends.

Any organisation providing mutual aid which becomes unable to continue, entirely or at a reduced capacity must inform the receiving organisation as soon as this is identified. Wherever reasonably possible a minimum of 72 hours should be provided.

It is recognised that the level of resources organisations are able to provide will have limits and this is acknowledged and identified at the time of response where practical.

## **9. Requesting and Providing Mutual Aid – operational process description.**

Following the agreement of deployment an NHS lead officer from all involved organisations will be appointed. The NHS lead officer(s) will be responsible for liaising with each other to manage the production and deployment of resource.

The requesting organisation lead officer will be responsible for:

- Acting as the single point of contact for the requesting organisations operational response
- Assuming initial command of the incoming resources
- Managing deployment of the resource
- Ensuring that members of staff are appropriately briefed prior to being deployed
- Ensure rotation of staff throughout the incident response
- Providing an update to the senior management team of the requesting organisation.
- Maintaining an operational overview of the incident
- Initiating confirmation of reduction in need or stand down of response.
- Arranging 'hot debriefs' for staff if rotated back to their own organisation or at the incident stand down.

The responding organisation(s) lead officer(s) will be responsible for:

- Acting as the single point of contact for the responding organisation
- Managing provision of the resource.
- Liaising re rotation of staff throughout the provision of response
- Providing an update to the senior management team of the responding organisation

- Maintaining an operational overview of the response provision.
- Reintegrating staff back into the organisation on close down.
- Provide any external support to staff as required.

## 10. Charging Arrangements for Mutual Aid

This agreement is based on the principle of shared risk, recognising the fact that the risk presented by emergency response to incidents, is equal amongst all organisations.

Any mutual aid provided by organisations will be on the basis of shared risk and costs lie where they fall. Consequently, there will be no cross charging for mutual aid between organisations. These costs need collating for audit purposes.

This mutual aid agreement does not supersede any contractual mutual aid agreements that may be in place.


### Acknowledgement

Acknowledgement is given to NHS Doncaster CCG on whose Mutual Aid Agreement this document is based.

### Glossary

CCG(s)	Clinical Commissioning Group(s)
DH	Department of Health
IT	Information Technology
MAA	Mutual Aid Agreement
NHS	National Health Service

### Version Control

Version	Date	Who By	Approved by
Draft	17 <sup>th</sup> June 2020	Alison Picton, LCCG	Dave Horsfield, Val Attwood, LCCG
Draft	16 <sup>th</sup> July 2020	Gary Price, LWH	 Gary Price, LWH

## 6. Winter Dashboards Overview

In development - imminent		In development - longer term										
Dashboard	Responsibility	Built by	Maintenance	Medium	Frequency	Footprint	Granularity	Coverage (Area)	Coverage (Detail)	Updated	Sources	
Cheshire & Merseyside Out of Hospitals Capacity & Demand Tracker	Cheshire & Merseyside Out of Hospitals Cell	PwC / Cloud2	LCCG	Power BI (LCCG tenancy moving to CIPHA tenancy)	Variable - daily to weekly	Cheshire & Merseyside	LCCG/YLA*	Acute/1's	Bed Availability	weekdays	National daily	
									Ready for Discharge, by need	weekdays	Local flow	
									Length of Stay (stranded/super-stranded)	daily	National A&E Dashboard	
									Bed Availability	daily	tracker	
									Care Homes	Bed Occupancy (COVID/Non-COVID)	daily	supplement by
									Home Status (open/closed/partial)	daily	local flows for	
									Domiciliary Care	Referrals, caseload, waiters, staff absence	daily	Local flow
									Community	CRAS (referrals, current % of max caseload)	weekly	Local flow
										Equipment (waiting times)	weekly	Local flow
										Specialist Nursing (N Therapy, Respiratory)	weekly	Local flow
										District Nursing (referrals, current % of max caseload)	weekly	Local flow
										Community Matrons (referrals, current % of max caseload)	weekly	Local flow
										Therapies	weekly	Local flow
										Mental Health	Beds - Adult Functional (if occupancy, leave)	daily
									Beds - PICU (if occupancy)		daily	Local flow
									CAMHS (referrals, waits)		weekly	Local flow
									Core 24 (referrals, waits)		weekly	Local flow
									GHM (referrals, waits, list size, assessment)		weekly	Local flow
									JAPT (referrals, waits, list size, assessment)		weekly	Local flow
									Single Point of Access (referrals, waits, assessment)		weekly	Local flow
Crisis Line Calls (volume)	weekly	Local flow										
Section 136 (volume)	weekly	Local flow										
Out of Area Placements (people & days)	daily	Local flow										
Social Care	Referrals, caseload, staff absence	weekly	Local flow									
A&E Activity	Activity volumes, trends, and performance	daily	National A&E Dashboard									
CIPHA (Combined Intelligence: Population Health Analysis)	CIPHA steering Group?	Graphnet	TBC	Power BI (CIPHA tenancy)	Variable - daily to weekly	Cheshire & Merseyside	TBC	COVID	Cases and deaths	daily	National flows	
									Epidemiology (age, pop density, ethnicity etc)	TBC	National flows	
								Role-based	Enhanced Casefinding	Tracker (mapping cases)	daily	National flows
										Risk Stratification	TBC	Local Flows
Cheshire & Merseyside Hospitals Cell Dashboard	Cheshire & Merseyside Hospital Cell	PA Consulting	TBC	Power BI (PA tenancy moving to CIPHA tenancy)	TBC	Cheshire & Merseyside	TBC					
Liverpool CCG Recovery Dashboard	LCCG	LCCG	LCCG	Excel (Power-Pivot)	Monthly	Liverpool CCG responsible patients	Provider, speciality	Planned Care	Day Case & elective spells (volumes and Outpatients - Volumes Departments - Virtual/Face to face splits Access - RTT and Diagnostic waits Advice & Guidance A&E - Volumes and waits (and source of ref) Emerg Adm volumes - LoS Emerg Adm volumes - LTCs	Monthly	SUS SUS SUS DMO1 eRS SUS SUS SUS	
LCCG A&E Delivery Board Urgent Care Dashboard/Winter Priorities	LCCG	LCCG	LCCG	Excel/PDF	Monthly	North Mersey	Data shows North Mersey position but narrative includes lower level description.	NWS	HAS: Notify to handover	Monthly	NWAS Portal	
									HAS: Arrival to notification	Monthly	NWAS Portal	
									HAS: Notification to handover	Monthly	NWAS Portal	
									HAS: Handover to clear	Monthly	NWAS Portal	
									HAS: Arrival to clear	Monthly	NWAS Portal	
									PE: H&T calls	Monthly	NWAS Portal	
									PE: S&T calls	Monthly	NWAS Portal	
									PE: S&C calls	Monthly	NWAS Portal	
									A&E	4 Hour Performance: T1	Monthly	NHS stats/local flow for more recent perf.
										4 Hour Performance: Total	Monthly	NHS stats/local flow for more recent perf.
								Average time to be assessed (% within 15 mins)		Monthly	NHS stats/local flow for more recent perf.	
								Average time to treatment (% within 60 mins)		Monthly	NHS stats/local flow for more recent perf.	
								Trolley waits (over 12 hours)		Monthly	NHS stats/local flow for more recent perf.	
								Primary Care Streaming	Appointment utilisation	Monthly	Local flow - PC24/Seftoc	
									Average appointments booked per hour	Monthly	Local flow - PC24/Seftoc	
									Average consultation length	Monthly	Local flow - PC24/Seftoc	
									% referral rate to secondary care	Monthly	Local flow - PC24/Seftoc	
								Primary Care GP Extended Access	Shift fulfilment rate	Monthly	Local flow - PC24/Seftoc	
									Primary care AED attendances as a proportion of all AED attendances	Monthly	SUS	
								NHS 111	% of calls with AED disposition	Monthly	NWAS 111 Direct Access	
Mersey Care Core 24: Referrals seen within 60 mins	Monthly	Contract										
Mental Health	NEL admissions/beddays/LOS with MH primary diagnosis	Monthly	Contract									
	NEL admissions/beddays/LOS with MH secondary diagnosis	Monthly	Contract									
	Hospital Flow AED Attendances	AED Atts: T1	Monthly	SUS/local flow for more recent data								
AED Atts: Total		Monthly	SUS/local flow for more recent data									
AED Atts: Admitted		Monthly	SUS									
AED Atts: Not admitted		Monthly	SUS									
AED Atts: Conversion rate		Monthly	SUS									
Hospital Flow Inpatient Admissions	NEL Adms: Total admissions	Monthly	SUS									
	NEL Adms: Ambulatory care	Monthly	SUS									
	Admission Avoidance: % zero LOS admissions	Monthly	SUS									
	NEL LOS: Total Beddays	Monthly	SUS									
	NEL LOS: Average LOS	Monthly	SUS									

							SAFER				
							Senior review	Monthly Local Flow			
							All patients with EDD and CCD	Monthly Local Flow			
							Flow early from assessment units	Monthly Local Flow			
							Early Discharge	Monthly Local Flow			
							Stranded patients	Monthly SUS			
							NEL admission split by 0 / 1-6 / 7-20 / 21+ days	Monthly SUS			
							LOS 7+ days by age	Monthly SUS			
							LOS 7+ days by primary diagnosis	Monthly SUS			
							Patients delayed (NHS / Social Care / Both)	Monthly NHS Stats			
							Days delayed (NHS / Social Care / Both)	Monthly NHS Stats			
							DTOC Beds (NHS / Social Care / Both)	Monthly NHS Stats			
							Walk in Centres	Monthly SUS			
Merseyside Regional Capacity Management Team Urgent & Emergency Care (UEC) Report	MRCT	MRCT	MRCT	PDF	Monthly	North/Mid Mersey	Trust/CCG Split	NWAS	HAS: Notify to handover	Monthly	
								HAS: Arrival to clear	Monthly		
								PES: H&T calls	Monthly		
								PES: S&T calls	Monthly		
								PES: S&C calls	Monthly		
								Ambulance Response Programme (ARP) category 1 (mean perf)	Monthly		
								Ambulance Response Programme (ARP) category 2 (mean perf)	Monthly		
								Ambulance Response Programme (ARP) category 3 (90th Centile Perf)	Monthly		
								Ambulance Response Programme (ARP) category 4 (90th Centile Perf)	Monthly		
								A&E	4 Hour Performance: TL	Monthly	
								4 Hour Performance: Total	Monthly		
								Trolley waits (over 12 hours)	Monthly		
								A&E Aged 65+: TL 4 Hour Performance	Monthly		
								A&E Aged 65+: Discharge destination	Monthly		
								Primary Care Streaming	Number of patients streamed to primary care (Wirral - mapped, departure method)	Monthly	
								NHS 111	% of calls with clinical triage	Monthly	
								Abandoned calls as a percentage of calls offered (IUC KPIs)	Monthly		
								% of calls answered within 60 seconds (IUC KPIs)	Monthly		
								Recommended to attend A&E/CAS, primary/community, other service or none as % of all calls	Monthly		
								Transferred to 999 Emergency Operations Centre/Ambulance dispatch as a percentage of triaged calls	Monthly		
								Mental Health	% of admissions to acute wards that were gate kept by the CRHT teams (QA)	Monthly	
								Number of discharges of all inpatient admissions to a mental health setting	Monthly		
								Hospital Flow A&E Attendances	A&E Apts: TL	Monthly	
								A&E Apts: Admitted	Monthly		
								A&E Apts: Arrived by ambulance	Monthly		
								A&E Apts: Disposal Method	Monthly		
								A&E Apts: TL attendances with GP as source of referral	Monthly		
								Hospital Flow Inpatient Admissions	NEL Adms: Total admissions	Monthly	
NEL Adms: Ambulatory care	Monthly										
NEL LOS: Average LOS	Monthly										
NEL LOS: Excess Beddays	Monthly										
NEL Adms: Discharge Destination	Monthly										
Readmissions	Monthly										
Same day discharges	Monthly										
Emergency discharge vs emergency admissions	Monthly										
Bed occupancy/Escalation Beds/Spec/Closed Beds	Monthly										
Medical Outliers	Monthly										
SAFER	Early Discharge	Monthly									
NEL admission split by 0 / 1-6 / 7-20 / 21+ days	Monthly										
Delayed Transfers of Care	Patients delayed (NHS / Social Care / Both)	Monthly									
Days delayed (NHS / Social Care / Both)	Monthly										
Walk in Centres	Total attendances	Monthly									
Escalation	Escalation Management System (EMS) Level 4's (Non-acute)	Monthly									
Acute Hospital Number of Days at Escalation Level	Monthly										
Highest Escalation per Acute Trust per Day	Monthly										
Diagnostics	Planned tests/procedures	Monthly									
Unscheduled tests/procedures	Monthly										
Waiting list tests/procedures (excluding planned)	Monthly										
CHAMP Dashboard	LCCG	LCCG	LCCG	Excel	Monthly	LCCG	CareHome	Beds	Number of beds	Monthly	CCQ
								CCQ Rating	Caring	Monthly	CCQ
								Safe	Monthly	CCQ	
								Effective	Monthly	CCQ	
								Responsive	Monthly	CCQ	
								Well-led	Monthly	CCQ	
								Overall	Monthly	CCQ	
								Telemed	Calls/rate per bed	Monthly	Local flow-telemed
								Calls for UTI	Monthly	Local flow-telemed	
								Calls for Chest	Monthly	Local flow-telemed	
								Urgent Care Activity	NWAS Calls	Monthly	Direct Access-NWAS
								NWAS Conveyances	Monthly	Direct Access-NWAS	
								A&E Attendances	Monthly	Direct Access-SUS	
								NEL Admissions	Monthly	Direct Access-SUS	
								NEL Beddays	Monthly	Direct Access-SUS	
NEL Impact Dashboard	LCCG	LCCG	LCCG	Excel	Monthly	LCCG	Provider/Practice	A&E Attendances	Total	Monthly	Direct Access-SUS
								NEL Admissions/Beddays	Total	Monthly	Direct Access-SUS
								Alcohol	Monthly	Direct Access-SUS	
								Asthma	Monthly	Direct Access-SUS	
								Avoidable Admissions	Monthly	Direct Access-SUS	
								CareHomes (ALL)	Monthly	Direct Access-SUS	

							CareHomes (CHAMP)	Monthly	Direct Access - SUS
							CHD (inc MI)	Monthly	Direct Access - SUS
							Chest Pain	Monthly	Direct Access - SUS
							COPD	Monthly	Direct Access - SUS
							Deaths in Hospital	Monthly	Direct Access - SUS
							Diabetes	Monthly	Direct Access - SUS
							Epilepsy	Monthly	Direct Access - SUS
							Falls	Monthly	Direct Access - SUS
							GP Spec	Monthly	Direct Access - SUS
							Heart Failure	Monthly	Direct Access - SUS
							Hip and Vertebral Fractures	Monthly	Direct Access - SUS
							Mental Health (ALL)	Monthly	Direct Access - SUS
							Mental Health (EIP)	Monthly	Direct Access - SUS
							Pneumonia	Monthly	Direct Access - SUS
							Stroke	Monthly	Direct Access - SUS
							Syncope and Collapse	Monthly	Direct Access - SUS
							Suspected/Probable Covid-19	Monthly	Direct Access - SUS



## 7. North Mersey Intermediate Care Beds Modelling

### North Mersey Intermediate Care Beds: Liverpool CCG Model vs. PA Consulting Model comparison

#### 1.0 Background

The Covid-19 pandemic has led to a marked increase in the burden of disease and disability and will continue to do so for the foreseeable future. Modelling has been produced to predict the demand on intermediate care beds across North Mersey. There are scenarios which have been developed independently by Liverpool CCG (LCCG) and PA Consulting (PAC); this paper compares the outputs of these models, and the additional bed provision required to meet this predicated demand.

#### 2.0 The basis for modelling and current capacity

For both models (LCCG and PAC), historic activity gathered during the 1<sup>st</sup> Wave of COVID to generate assumptions was utilised, as well as a variety of other assumptions in order to provide an evidence based approach to modelling. Some of the assumptions taken into consideration are provided below

1. The severity of a second wave of COVID
2. Ratios of Intermediate Care Support required for Elective, Non Elective and Flu admissions
3. Seasonal access rates for Flu
4. Average lengths of stay for COVID, Elective & Non Elective admissions.
5. Occupancy rates.

The current Intermediate Care Bed provision for North Mersey is provided in Table one below. It is worth noting that the capacity for Townsend Lane is described as 25 beds, with an additional 10 beds available as 'surge' capacity. Therefore, bed capacity is 133, and 143 including surge capacity NB: Southport & Formby beds are excluded from the capacity described below; whilst there are 4 Bed Bases within Sefton Local Authority containing a total of 56 beds, these have not been included as they align to the Southport & Formby CCG geography.

Table one: North Mersey Intermediate Care capacity

C&M Sub Area	CCG	Local Authority	Bed Base	Max Capacity
North Mersey	Knowsley CCG	Knowsley Council	St Bartholomews Court Nursing Home	19
North Mersey	Knowsley CCG	Knowsley Council	Appleby Court Nursing Home	4
North Mersey	Liverpool CCG	Liverpool City Council	Granby (Liverpool City Council)	30
North Mersey	Liverpool CCG	Liverpool City Council	Sedgemoor (Liverpool City Council)	30
North Mersey	Liverpool CCG	Liverpool City Council	Townsend Lane (Liverpool City Council)	25
North Mersey	South Sefton CCG	Sefton LA	Ward 35 (Mersey Care)	25
<b>Total</b>				<b>133</b>
<b>Surge capacity available</b>				
North Mersey	Liverpool CCG	Liverpool City Council	Townsend Lane (Liverpool City Council)	10
<b>Total (Including surger capacity)</b>				<b>143</b>

#### 3.0 Modelling Scenarios – High Level

There are common assumptions which were used as inputs for the two models, a comparison of these main factors are provided below:

Table two: Comparison of model assumptions

		PA Consulting: North Mersey	Liverpool CCG: North Mersey
Average LoS	NEL	Provider Specific (2 - 19)	Overall C&M Hospital performance (12.6 - 15.4)
	EL	Provider Specific (3 - 8)	Overall C&M Hospital performance (6.3 - 7)
% of discharges requiring Intermediate Care Beds	Winter / Flu	N/A	5%
	Covid+	22%	65%
	Covid-	3%	NEL: 6%, EL: 20%
Baseline admission numbers		2019 + part 2020 figures	2019/20 figures

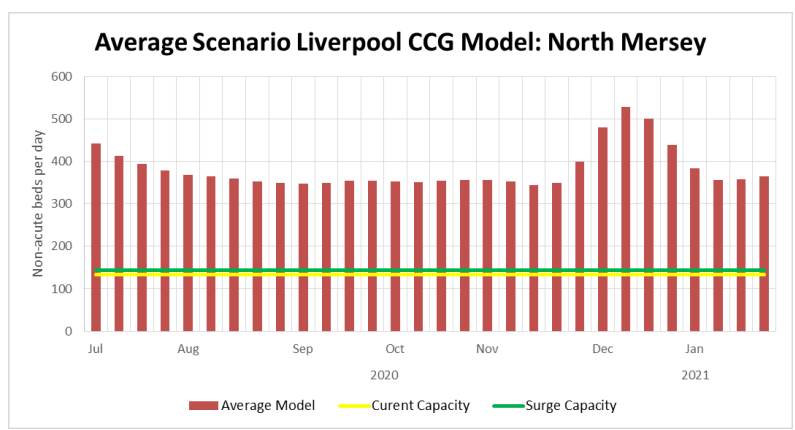
It can be seen above that the average length of stay values used are broadly in line, whilst the baseline admission numbers are using similar quantum's of activity. The largest disparity between the models is the % of discharges requiring intermediate care. The PAC figures are based on national guidance, whilst the LCCG figures are based on local figures and intelligence.

### 3.1 Modelling Scenarios – LCCG Model

The Liverpool CCG model uses the baseline admission numbers as the starting point for the model, with length of stay and discharge destinations layered on top of this to calculate the impact of the 1<sup>st</sup> wave. There are distinct additions to the model for the 2<sup>nd</sup> wave and the impact of flu which are based on average number of admissions per 100,000 population. Some of the assumptions detailed in section 3.0 are adjusted to calculate 13 separate scenarios to provide a range of reasonable to worst case predictions.

The chart below provides the typical bed requirements over time which the model outputs to give an idea of the curve seen.

Chart one: Typical curve of graph for Liverpool CCG model – North Mersey population



NB: The graph above excludes Southport and Formby beds and population

### 3.2 Modelling Scenarios – PAC Model

The PA Consulting model is similar to the Liverpool CCG model in that it uses the baseline admission numbers as the starting point for the model, with length of stay and discharge destinations layered on top of this to calculate the impact of the 1<sup>st</sup> Wave. However, rather than build in distinct 2<sup>nd</sup> wave and flu impacts, the 2<sup>nd</sup> wave is built into projections to provide a 'smoother' curve.

Overall there are 4 'scenarios' to the PAC model, the outputs of these are provided below:

Chart 2: Flatline Model: N. Mersey pop.

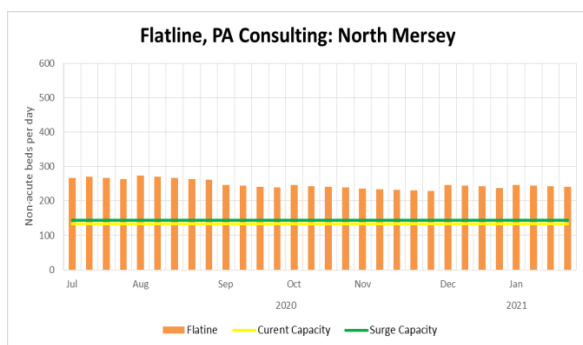


Chart 3: Lower Second Peak Model: N. Mersey pop.

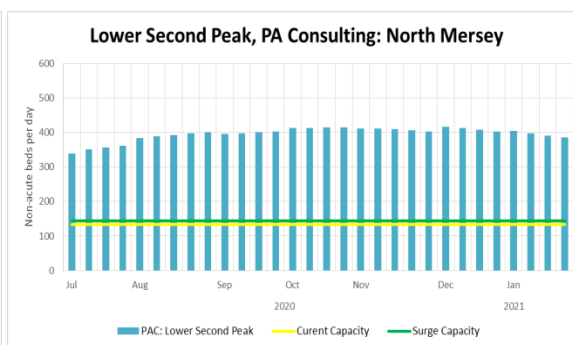
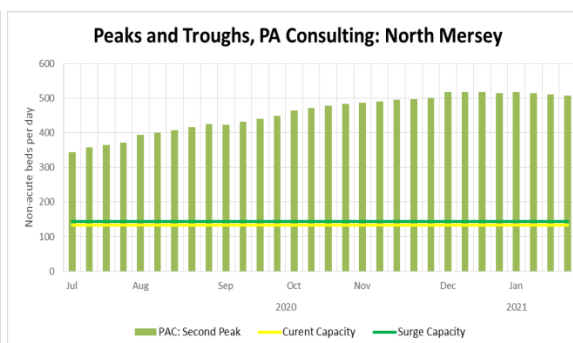
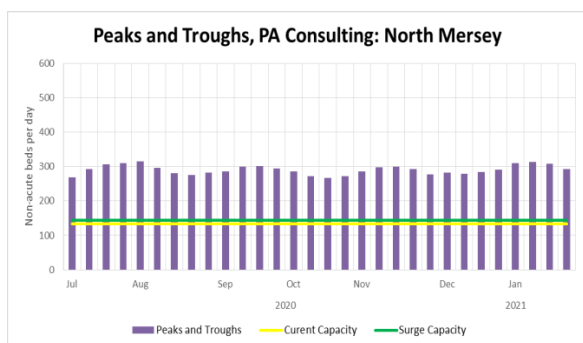


Chart 4: Peaks and Troughs Model: N. Mersey pop. Chart 5: Second Peak Model: N. Mersey pop.



NB: The four graphs above exclude Southport and Formby beds and population

The four models provide different shaped curves which are based on initial feedback on how Covid-19 could play out over the rest of the year and into 2021. However, it is clear the Lower Second Peak and Second Peak Models align to the shape of the LCCG Model curve.

#### 4.0 Model comparisons

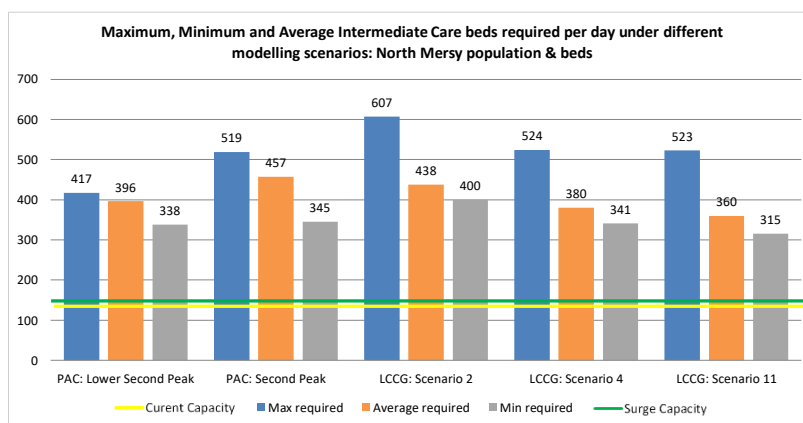
Section 3 of this paper clearly shows that there is alignment between the LCCG model and the PAC Second Wave models; therefore, these models will be compared. As there were 13 different scenarios to the LCCG model, 3 have been picked out from these scenarios, these are:

- Scenario 2: Chosen as this shows the ‘worst case’ scenario for intermediate bed requirements
- Scenario 4: Chosen as this shows the mid-point scenario.
- Scenario 11: Chosen as this appears to be the most representative scenario.

#### 4.1 Model comparisons: Max, Min and Average comparison

The maximum, minimum and average intermediate care bed requirements are compared across the chosen models and scenarios in order to provide a high level comparison:

Chart 6: Comparison of max, min and average from modelling scenarios: North Mersey



When observing the different models, it can be seen that they are broadly in line, with the following points to note:

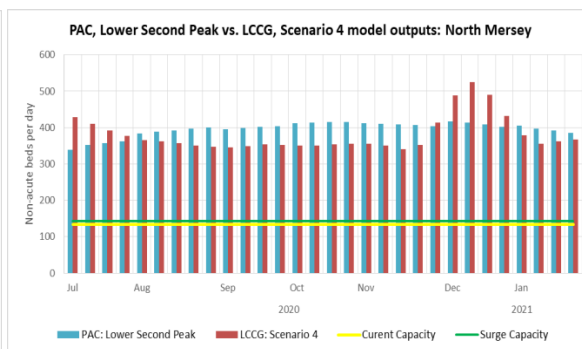
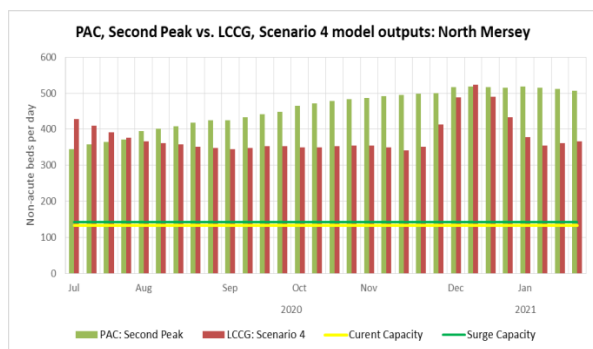
- PAC: Lower Second Peak shows the closest gap between max and min intermediate care bed requirements, which reflects a ‘dampened’ 2<sup>nd</sup> wave scenario.
- LCCG: Scenario 2 shows a greater demand when compared to all other models and scenarios; this reflects the ‘worst’ case scenario it predicts.
- PAC: Second Peak is broadly in line with LCCG: Scenario 4 and Scenario 11
- Southport & Formby population and beds are excluded

#### 4.2 Model comparisons: PAC: Second Peak models and LCCG: Scenario 4

The LCCG: Scenario 4 model most closely aligns to the two PAC: Second Peak Models, they are therefore compared below to see how their curve on a graph correlates.

Chart 7: PAC, Second Peak vs LCCG, S4: North Mersey

Chart 8: PAC, Lower Second Peak vs LCCG, S4: North Mersey



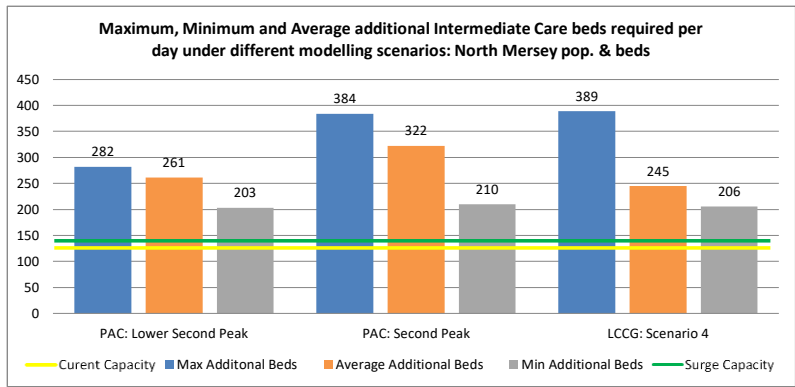
NB: The two graphs above exclude Southport and Formby beds and population.

For the PAC: Second Peak model (Chart 7), it can be seen that whilst the maximum number of beds required is similar, this model shows an extended rise and more consistent and greater demand for beds than the LCCG Scenario 4 model. Meanwhile, the PAC: Lower Second Peak model (Chart 8) shows that the number of beds required aligns more closely to the LCCG Scenario 4 model with the exception of the short sharp peak being predicted in the LCCG model.

#### 5.0 Predicted bed requirement vs. current capacity

In order to determine the additional bed capacity based on these models, the current bed capacity (135) has been compared to the model outputs from Section 4.2, with the additional requirements summarised below.

Chart 9: Additional Intermediate Bed Day requirement: North Mersey



NB: The graph above excludes Southport and Formby beds and population

It can clearly be seen that under all 3 model outputs, the minimum number of additional beds predicted to be needed is between 203 and 210. The average (245 to 322) and maximum (282 to 389) number of additional beds required varies depending on the model being used. However, it is clear that the PAC: Second Peak and LCCG: Scenario 4 predict similar maximum number of additional beds; 384 and 389 respectively.

### 6.0 Summary

When comparing the LCCG to PAC models, there is alignment where there is an expectation of a clear 2<sup>nd</sup> wave. However, the LCCG model shows a distinct, short lived impact of any prospective 2<sup>nd</sup> wave, whereas the two PAC models show a more sustained gradual build up and a slower drop off in intermediate care bed requirements.

With the above in mind, the LCCG model could be adapted to reflect a more dampened, but gradual and sustained rise to a 2<sup>nd</sup> wave to more closely mirror the PAC models.

## 8. Care Home Capacity Dashboard

**SPECIALIST RESIDENTIAL AND NURSING COVID 19 DASHBOARD - 19/08/2020****Today's Bed Availability Summary**

	Homes	Total Beds	Beds Available
INFECTION CONTROL CLOSED with Vacancies	1	60	20
Open to Admissions with Vacancies	10	258	36
Open to Admissions but no Vacancies	9	166	
Vacancies but Home Not Open to New Admissions	3	46	9
Not Open to New Admissions but no Vacancies	5	41	
Status Not Known	3	25	5

**Liverpool Specialist Care Homes Bed Availability Summary**

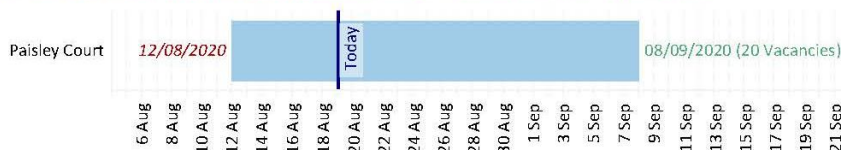
Open Status	Care Home Name	CQC Latest Rating	Home Type	Total Beds	Beds Available
Open to Admissions with Vacancies	16 Crompton Street	Good	Residential Home	7	2
	Beechwood Specialist Services	Requires improvement	Nursing Home	60	5
	Brook View	Not Inspected	Nursing Home	32	8
	Cherry Cottage	Good	Residential Home	7	2
	Gordon House Care Home	Good	Nursing Home	20	2
	Ms June Dunne - 26 Huntly Road	Good	Residential Home	3	1
	Redford Court	Good	Residential Home	29	2
	Rockfield House	Good	Residential Home	14	3
	The Orchard	Good	Residential Home	27	3
	Turner Home	Requires improvement	Nursing Home	59	8
Open to Admissions but no Vacancies	31 St Domingo Grove	Good	Residential Home	6	
	Glenarie Manor Nursing Home	Good	Nursing Home	26	
	Kavanagh Place	Good	Nursing Home	42	
	Laburnum Cottage	Good	Residential Home	6	
	Mayfield Court	Outstanding	Residential Home	35	
	Naylorfield and Hartsbourne	Not Inspected	Residential Home	8	
	Oak Cottage	Good	Residential Home	7	
	Oak Vale Gardens	Good	Nursing Home	18	
St Josephs	Good	Residential Home	18		
INFECTION CONTROL ..	Paisley Court	Good	Nursing Home	60	20
Vacancies but Home Not Open to New Admissions	Lilac Cottage	Requires improvement	Residential Home	6	2
	Vancouver House	Requires improvement	Nursing Home	32	6
	Walker Lodge	Good	Residential Home	8	1
Not Open to New Admissions but no Vacancies	Bankfield Apartments Care Centre	Not Inspected	Nursing Home	6	
	Glenarie House	Good	Nursing Home	20	
	Jasmine House	Good	Residential Home	7	
	Minshull House	Good	Residential Home	5	
	Salisbury Terrace	Good	Residential Home	3	
Status Not Known	Lorenzo Drive	Good	Residential Home	12	
	Mencap Respite Service Liverpool	Good	Residential Home	5	5
	Tate Lodge	Good	Residential Home	8	
<b>Grand Total</b>				<b>596</b>	<b>70</b>

### Current RAG Rating and Bed Available/Lost per Care Home

	Care Home Name	Home Closed - Infection Control	Single Case - Infection Control	Death from Covid-19	Resident Reported Cases in Last 24hrs	Staff Reported Cases in Last 24hrs	Home Closed for other Reasons	10-19% Staff Absence COVID	20%+ Staff Absence COVID	
R.	Paisley Court	Yes	.	.	.	.	.	.	RED (20 Vacancies)	
	Bankfield Apartments Care ...	.	.	.	.	.	Yes	.	AMBER (0 Vacancies)	
AMBER	Glenarie House	.	.	.	.	.	Yes	.	AMBER (0 Vacancies)	
	Jasmine House	.	.	.	.	.	Yes	.	AMBER (0 Vacancies)	
	Lilac Cottage	.	.	.	.	.	Yes	.	AMBER (2 Vacancies)	
	Minshull House	.	.	.	.	.	Yes	.	AMBER (0 Vacancies)	
	Oak Vale Gardens	.	Yes	.	.	.	.	.	AMBER (0 Vacancies)	
	Salisbury Terrace	.	.	.	.	.	Yes	.	AMBER (0 Vacancies)	
	Vancouver House	.	.	.	.	.	Yes	.	AMBER (6 Vacancies)	
	Walker Lodge	.	.	.	.	.	Yes	.	AMBER (1 Vacancies)	
	16 Crompton Street	.	.	.	.	.	.	.	GREEN (2 Vacancies)	
	31 St Domingo Grove	.	.	.	.	.	.	.	GREEN (0 Vacancies)	
GREEN	Beechwood Specialist Servi..	.	.	.	.	.	.	.	GREEN (5 Vacancies)	
	Brook View	.	.	.	.	.	.	.	GREEN (8 Vacancies)	
	Cherry Cottage	.	.	.	.	.	.	.	GREEN (2 Vacancies)	
	Glenarie Manor Nursing Ho..	.	.	.	.	.	.	.	GREEN (0 Vacancies)	
	Gordon House Care Home	.	.	.	.	.	.	.	GREEN (2 Vacancies)	
	Kavanagh Place	.	.	.	.	.	.	.	GREEN (0 Vacancies)	
	Laburnum Cottage	.	.	.	.	.	.	.	GREEN (0 Vacancies)	
	Lorenzo Drive	.	.	.	.	.	.	.	GREEN (0 Vacancies)	
	Mayfield Court	.	.	.	.	.	.	.	GREEN (0 Vacancies)	
	Mencap Respite Service Liv..	.	.	.	.	.	.	.	GREEN (5 Vacancies)	
	Ms June Dunne - 26 Huntly ..	.	.	.	.	.	.	.	GREEN (1 Vacancies)	
	Naylorsfield and Hartsbour..	.	.	.	.	.	.	.	GREEN (0 Vacancies)	
	Oak Cottage	.	.	.	.	.	.	.	GREEN (0 Vacancies)	
	Redford Court	.	.	.	.	.	.	.	GREEN (2 Vacancies)	
	Rockfield House	.	.	.	.	.	.	.	GREEN (3 Vacancies)	
	St Josephs	.	.	.	.	.	.	.	GREEN (0 Vacancies)	
	Tate Lodge	.	.	.	.	.	.	.	GREEN (0 Vacancies)	
	The Orchard	.	.	.	.	.	.	.	GREEN (3 Vacancies)	
Turner Home	.	.	.	.	.	.	.	GREEN (8 Vacancies)		

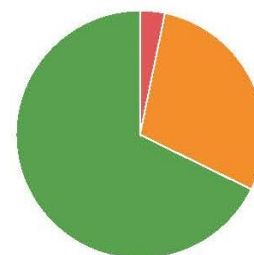
### Homes Closed to New Admissions due to Infection Control

Red Date = Date of First Reported Case; Green Date = Anticipated Re-Open Date



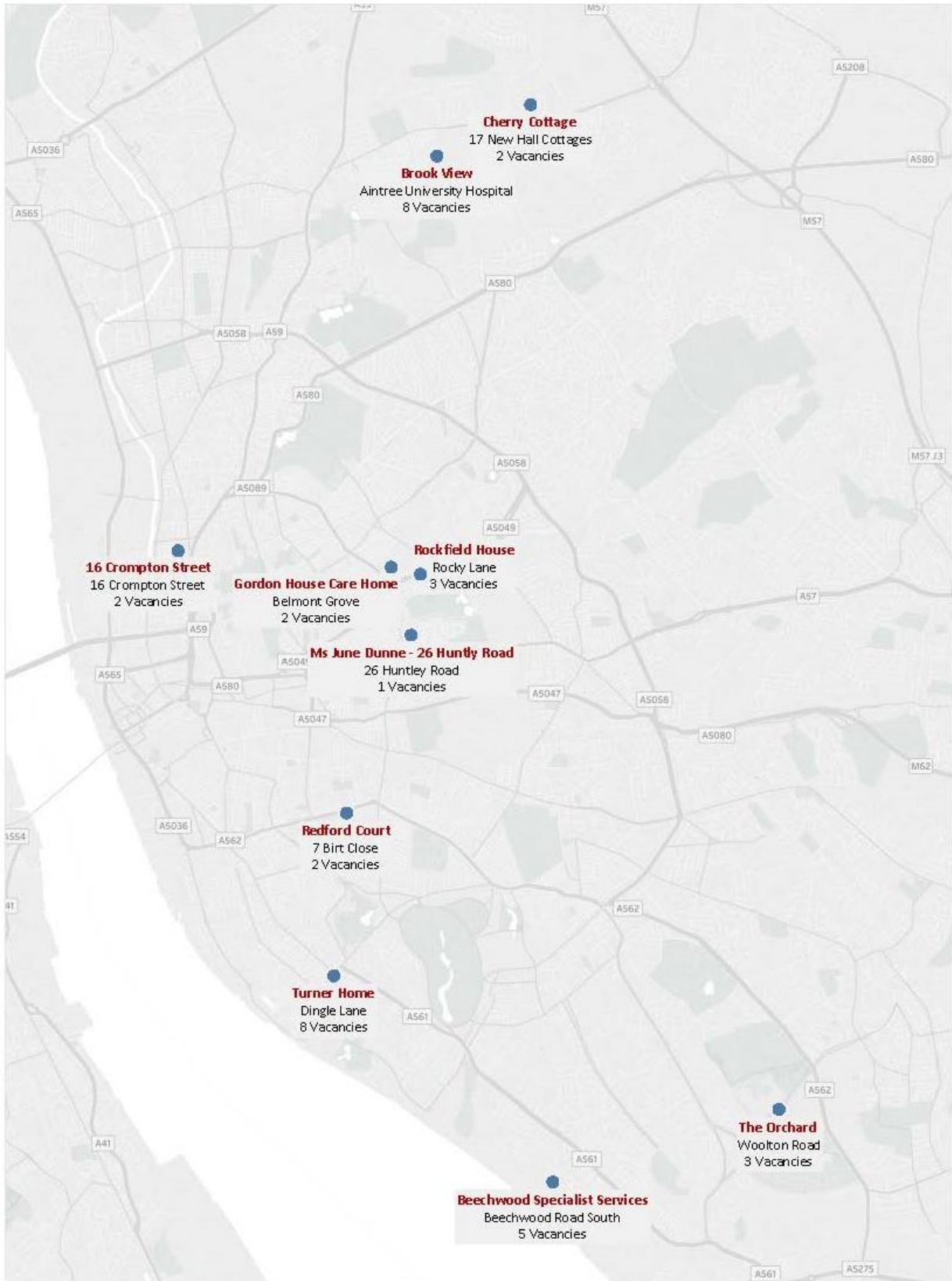
### Current RAG Status

RED	1
AMBER	9
GREEN	21



### Current Vacancies in Specialist Residential and Nursing Homes

Homes Accepting Admissions Only







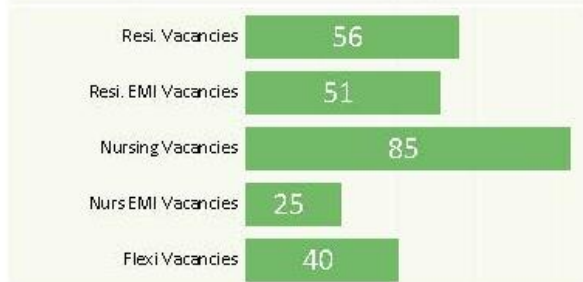
19/08/2020

## Older People's Residential and Nursing Covid-19 Daily Dashboard

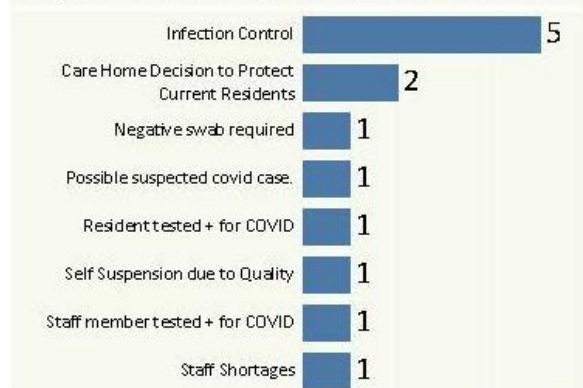
### Today's Bed Availability Summary

	Homes	Total Beds	Beds Available
Open to Admissions with Vacancies	41	1,761	257
Open to Admissions but no Vacancies	6	203	
INFECTION CONTROL CLOSED with Vacancies	4	210	44
Vacancies but Home Not Open to New Admissions	11	451	82
Not Open to New Admissions but no Vacancies	1	30	

### Summary of Available Beds by Type



### Why Homes are not Taking New Admissions



Data sourced from Merseycare Bed Brokerage, Infection Control and CQC  
Data refreshed at approx midday Monday to Friday and aimed to be distributed by 2pm

Homes have been RAG Rated on the following methodology:

Home Closed due to Infection Control = RED  
A new confirmed case for Staff or Residents in the last 24hrs = RED  
More than 20% of Staff Unavailable due to Covid-19 = RED

Home not Accepting New Admissions = AMBER  
A Single Case Reported (but not classed as 'Outbreak') = AMBER  
More than 10% but less than 20% of Staff Unavailable = AMBER

None of the Above = GREEN

#### Paul Madden

Senior Project Manager  
Liverpool City Council Adult Services  
paul.madden@liverpool.gov.uk

### Current RAG Status

RED	4
AMBER	16
GREEN	43



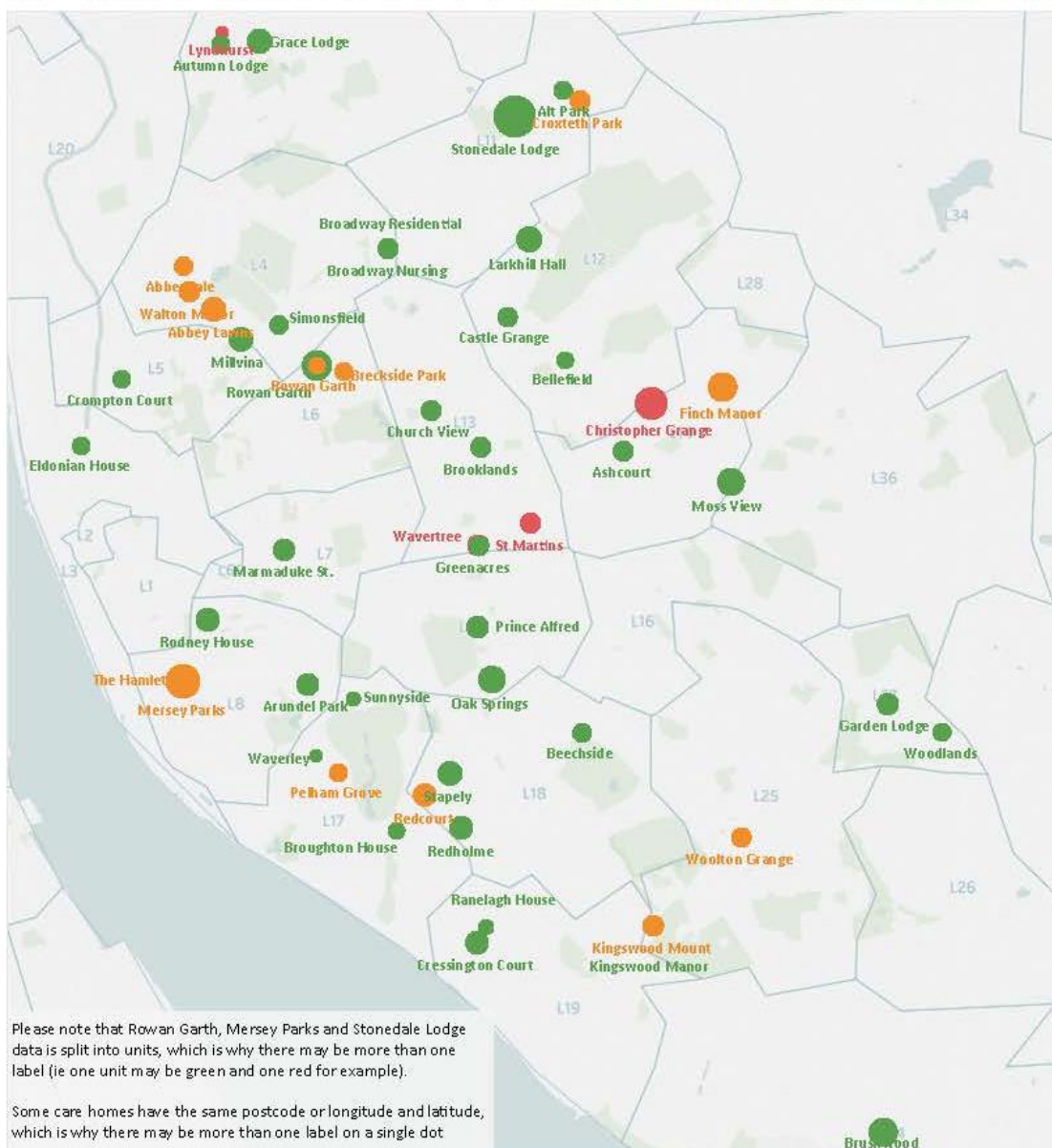
## Liverpool Older Peoples Care Homes Bed Availability Summary

Open Status	Care Home Name	CQC Latest Rating	Home Type	Total Beds	Beds Available
Open to Admissions with Vacancies	Abbeydale	Requires improvement	Nursing Home	36	2
	Arundel Park	Good	Nursing Home	50	5
	Ashcourt	Good	Residential Home	42	7
	Autumn Lodge	Good	Residential Home	34	1
	Bellefield	Good	Residential Home	30	5
	Broadway Nursing	Good	Nursing Home	43	1
	Broughton House	Good	Residential Home	30	4
	Brushwood	Not Inspected	Nursing Home	84	2
	Castle Grange	Good	Nursing Home	40	6
	Church View	Good	Nursing Home	42	4
	Cressington Court	Requires improvement	Nursing Home	54	7
	Crompton Court	Good	Residential Home	33	3
	Eldonian House	Good	Residential Home	33	1
	Garden Lodge	Good	Residential Home	48	3
	Grace Lodge	Requires improvement	Nursing Home	62	25
	Kingswood Manor	Good	Nursing Home	44	1
	Larkhill Hall	Good	Residential Home	66	30
	Marmaduke St.	Good	Nursing Home	48	2
	Millvina	Not Inspected	Nursing Home	60	1
	Moss View	Requires improvement	Nursing Home	77	23
	Oak Springs	Good	Nursing Home	74	5
	Prince Alfred	Good	Residential Home	50	6
	Ranelagh House	Good	Residential Home	24	1
	Redcourt	Good	Residential Home	53	10
	Redholme	Good	Nursing Home	55	2
	Rodney House	Good	Residential Home	57	2
	Rowan Garth - Heather	Good	Nursing Home	30	9
	Rowan Garth - Moss House	Good	Nursing Home	30	6
	Simonsfield	Good	Residential Home	36	6
	Stapely	Good	Nursing Home	60	7
	Stonedale Lodge - Anderton	Requires improvement	Nursing Home	30	4
Stonedale Lodge - Blundell	Requires improvement	Nursing Home	30	8	
Stonedale Lodge - Clifton	Requires improvement	Nursing Home	30	9	
Stonedale Lodge - Sherbourne	Requires improvement	Nursing Home	30	9	
Stonedale Lodge - Townley	Requires improvement	Nursing Home	30	6	
Stonedale Lodge - Dalton	Requires improvement	Nursing Home	30	12	
Sunnyside	Requires improvement	Residential Home	22	1	
Walton Manor	Good	Nursing Home	44	2	
Waverley	Requires improvement	Nursing Home	17	2	
Woodlands	Good	Residential Home	34	3	
Woolton Grange	Good	Nursing Home	39	14	
Open to Admissions but no Vacancies	Alt Park	Good	Nursing Home	35	
	Beechside	Good	Residential Home	37	
	Broadway Residential	Good	Residential Home	17	
	Brooklands	Good	Residential Home	43	
	Greenacres	Good	Residential Home	41	
INFECTION CONTROL CLOSED with Vacancies	Rowan Garth - Beech	Good	Nursing Home	30	
	Christopher Grange	Good	Nursing Home	106	30
	Lyndhurst	Good	Residential Home	16	1
	St Martins	Good	Nursing Home	42	10
Vacancies but Home Not Open to New Admissions	Wavertree	Good	Nursing Home	46	3
	Abbey Lawns	Good	Nursing Home	61	15
	Brecksid Park	Requires improvement	Residential Home	33	4
	Croxteth Park	Requires improvement	Residential Home	42	9
	Finch Manor	Inadequate	Nursing Home	86	12
	Kingswood Mount	Good	Nursing Home	45	6
	Mersey Parks - Princes	Requires improvement	Nursing Home	30	10
	Mersey Parks - Sefton	Requires improvement	Nursing Home	30	5
	Mersey Parks - Springfield	Requires improvement	Nursing Home	30	10
	Mersey Parks - Stanley	Requires improvement	Nursing Home	30	4
Not Open to New Admissions..	Pelham Grove	Good	Residential Home	34	4
	The Hamlets	Good	Nursing Home	30	3
	Rowan Garth - Oak House	Good	Nursing Home	30	

Current RAG Rating and Bed Available/Lost per Care Home (Methodology Outlined on Cover Sheet)

Care Home Name	Home Reopened	Home Closed - Infection Control	Single Case - Infection Control	Resident Reported Cases in Last 24hrs	Staff Reported Cases in Last 24hrs	Home Closed for other Reasons	20%+ Staff Absence COVID	10-19% Staff Absence COVID		
RED	Christopher Grange	..	Yes	.	.	.	.	.	RED (30)	
	Lyndhurst	..	Yes	.	Yes	.	.	.	RED (1)	
	St Martins	..	Yes	.	.	.	.	Yes	RED (10)	
	Wavertree	..	Yes	.	.	.	.	.	RED (3)	
AMBER	Abbey Lawns	Reopened	.	.	.	Yes	.	.	AMBER (15)	
	Abbeydale	Reopened	.	Yes	.	.	.	.	AMBER (2)	
	Brecksdale Park	..	.	.	.	Yes	.	.	AMBER (4)	
	Croxth Park	Reopened	.	.	.	Yes	.	.	AMBER (9)	
	Finch Manor	Reopened	.	.	.	Yes	.	.	AMBER (12)	
	Kingswood Mount	Reopened	.	Yes	.	Yes	.	.	AMBER (6)	
	Mersey Parks - Princes	Reopened	.	.	.	Yes	.	.	AMBER (10)	
	Mersey Parks - Sefton	Reopened	.	Yes	.	Yes	.	.	AMBER (5)	
	Mersey Parks - Springfield	Reopened	.	.	.	Yes	.	.	AMBER (10)	
	Mersey Parks - Stanley	Reopened	.	Yes	.	Yes	.	.	AMBER (4)	
	Pelham Grove	..	.	.	.	Yes	.	.	AMBER (4)	
	Redcourt	Reopened	.	Yes	.	.	.	.	AMBER (10)	
	Rowan Garth - Oak House	Reopened	.	Yes	.	Yes	.	.	AMBER (0)	
	The Hamlets	..	.	.	.	Yes	.	.	AMBER (3)	
	Walton Manor	Reopened	.	Yes	.	.	.	.	AMBER (2)	
	Woolton Grange	Reopened	.	.	.	.	.	Yes	AMBER (14)	
RAG	Alt Park	Reopened	.	.	.	.	.	.	GREEN (0)	
	Arundel Park	Reopened	.	.	.	.	.	.	GREEN (5)	
	Ashcourt	Reopened	.	.	.	.	.	.	GREEN (7)	
	Autumn Lodge	Reopened	.	.	.	.	.	.	GREEN (1)	
	Beechside	..	.	.	.	.	.	.	GREEN (0)	
	Bellefield	Reopened	.	.	.	.	.	.	GREEN (5)	
	Broadway Nursing	Reopened	.	.	.	.	.	.	GREEN (1)	
	Broadway Residential	..	.	.	.	.	.	.	GREEN (0)	
	Brooklands	Reopened	.	.	.	.	.	.	GREEN (0)	
	Broughton House	..	.	.	.	.	.	.	GREEN (4)	
	Brushwood	Reopened	.	.	.	.	.	.	GREEN (2)	
	Castle Grange	..	.	.	.	.	.	.	GREEN (6)	
	Church View	..	.	.	.	.	.	.	GREEN (4)	
	Cressington Court	Reopened	.	.	.	.	.	.	GREEN (7)	
	Crompton Court	Reopened	.	.	.	.	.	.	GREEN (3)	
	Eldonian House	Reopened	.	.	.	.	.	.	GREEN (1)	
	Garden Lodge	..	.	.	.	.	.	.	GREEN (3)	
	Grace Lodge	Reopened	.	.	.	.	.	.	GREEN (25)	
	Greenacres	Reopened	.	.	.	.	.	.	GREEN (0)	
	Kingswood Manor	..	.	.	.	.	.	.	GREEN (1)	
	GREEN	Larkhill Hall	Reopened	.	.	.	.	.	.	GREEN (30)
		Marmaduke St.	Reopened	.	.	.	.	.	.	GREEN (2)
		Millvina	..	.	.	.	.	.	.	GREEN (1)
		Moss View	Reopened	.	.	.	.	.	.	GREEN (23)
		Oak Springs	Reopened	.	.	.	.	.	.	GREEN (5)
		Prince Alfred	..	.	.	.	.	.	.	GREEN (6)
		Ranelagh House	Reopened	.	.	.	.	.	.	GREEN (1)
		Redholme	Reopened	.	.	.	.	.	.	GREEN (2)
		Rodney House	Reopened	.	.	.	.	.	.	GREEN (2)
		Rowan Garth - Beech	Reopened	.	.	.	.	.	.	GREEN (0)
		Rowan Garth - Heather	..	.	.	.	.	.	.	GREEN (9)
		Rowan Garth - Moss House	Reopened	.	.	.	.	.	.	GREEN (6)
Simonsfield		Reopened	.	.	.	.	.	.	GREEN (6)	
Stapely		Reopened	.	.	.	.	.	.	GREEN (7)	
Stonedale Lodge - Anderton		Reopened	.	.	.	.	.	.	GREEN (4)	
Stonedale Lodge - Blundell		Reopened	.	.	.	.	.	.	GREEN (8)	
Stonedale Lodge - Clifton		..	.	.	.	.	.	.	GREEN (9)	
Stonedale Lodge - Sherbourne		Reopened	.	.	.	.	.	.	GREEN (9)	
Stonedale Lodge - Townley	Reopened	.	.	.	.	.	.	GREEN (6)		
Stonedale Lodge - Dalton	Reopened	.	.	.	.	.	.	GREEN (12)		
Sunnyside	..	.	.	.	.	.	.	GREEN (1)		
Waverley	Reopened	.	.	.	.	.	.	GREEN (2)		
Woodlands	..	.	.	.	.	.	.	GREEN (3)		

Mapping Liverpool's Older Peoples Care Homes (Colour = RAG Rating; Larger Care Home = Larger Circle)



RAG Ratings per Postcode

	RED	AMBER	GREEN
L3			1
L4		3	3
L5			2
L6		2	3
L7			1
L8		5	2
L9	1		2
L11		1	8
L12			2
L13	2		3
L15	1	1	4
L17		1	3
L18		1	3
L19			2
L24			1
L25		2	1
L27			2

Home Status per Postcode

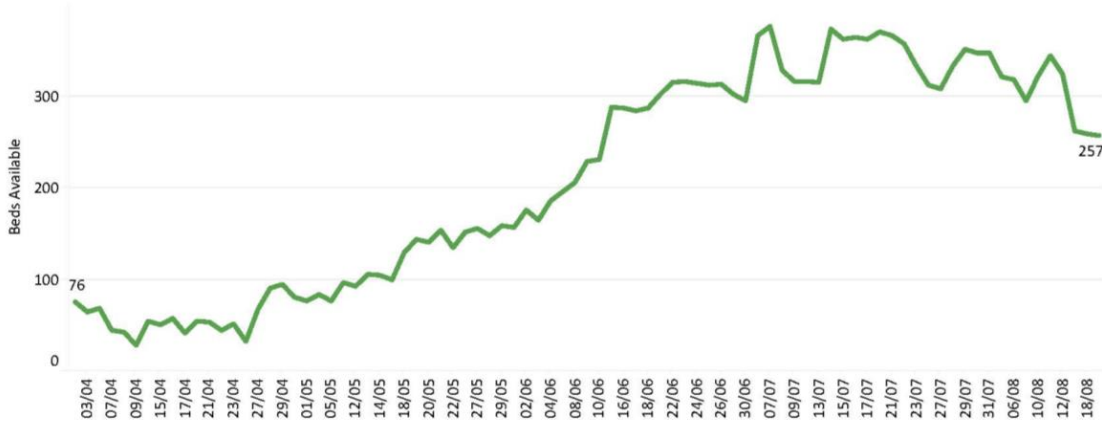
	Home Closed - Infection Control	Homes Accepting Admissions	Home not Accepting New Admissions
L3		1	
L4		5	1
L5		2	
L6		3	2
L7		1	
L8		2	5
L9		3	
L11		8	1
L12		2	
L13	2	3	
L15	1	4	1
L17		3	1
L18		4	
L19		2	
L24		1	
L25		2	1
L27		2	

## Active Current Vacancies

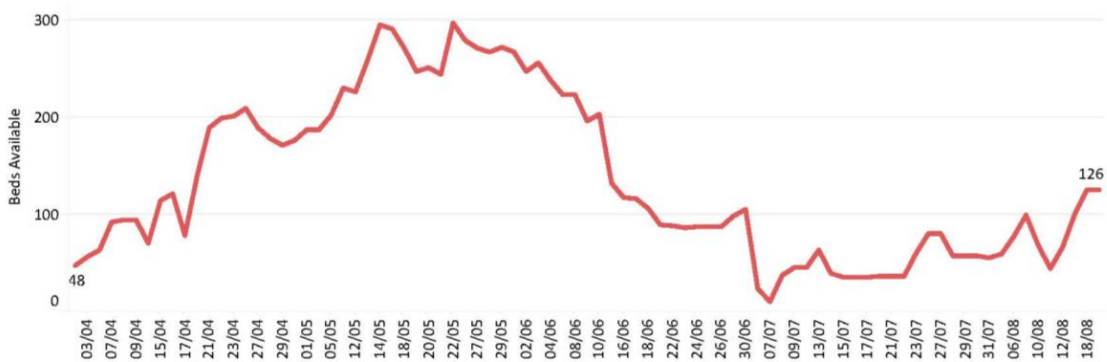
	Resi. Vacancies	Resi. EMI Vacancies	Nursing Vacancies	Nurs EMI Vacancies	Flexi Vacancies
<b>Residential Home</b>	Ashcourt	7			
	Autumn Lodge	1			
	Bellefield	5			
	Broughton House	4			
	Crompton Court	3			
	Eldonian House		1		
	Garden Lodge		1		2
	Larkhill Hall				30
	Prince Alfred	6			
	Ranelagh House	1			
	Redcourt		10		
	Rodney House	2			
	Simonsfield	6			
	Sunnyside				1
Woodlands				3	
<b>Nursing Home</b>	Abbeydale				2
	Arundel Park			5	
	Broadway Nursing			1	
	Brushwood				2
	Castle Grange	1		5	
	Church View			4	
	Cressington Court			7	
	Grace Lodge			25	
	Kingswood Manor			1	
	Marmaduke St.			1	1
	Millvina				1
	Moss View		4	19	
	Oak Springs		5		
	Redholme				2
	Rowan Garth - Heather				9
	Rowan Garth - Moss House		6		
	Stapely	4		3	
	Stonedale Lodge - Anderton		4		
	Stonedale Lodge - Blundell			8	
	Stonedale Lodge - Clifton				9
	Stonedale Lodge - Sherbourne	9			
	Stonedale Lodge - Townley			6	
	Stonedale Lodge - Dalton		12		
Walton Manor	1			1	
Waverley					2
Woolton Grange	6	8			
<b>Grand Total</b>	<b>56</b>	<b>51</b>	<b>85</b>	<b>25</b>	<b>40</b>

Please note there are now too many vacancies to have the list of homes and map on the same page

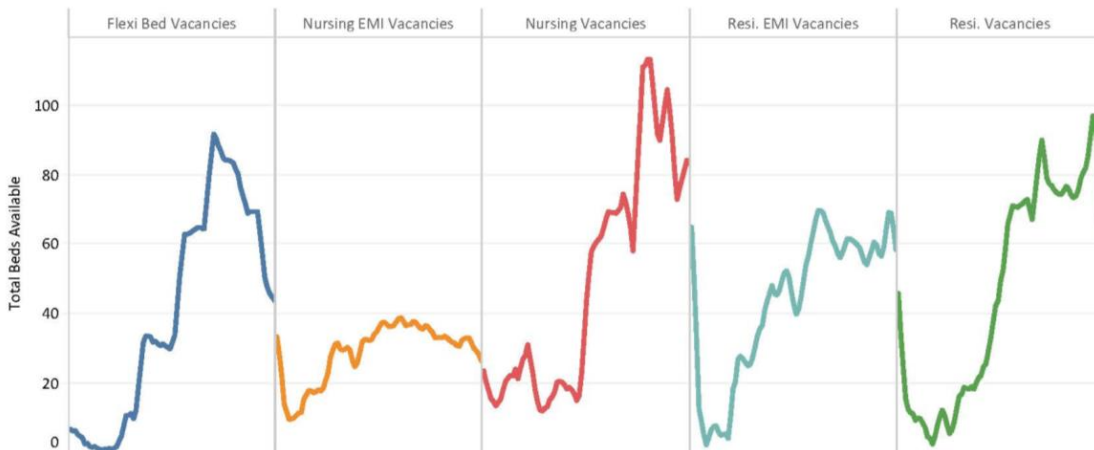
**Beds Available per Day**  
(Vacancies for Homes Accepting Admissions)



**Vacancies Lost due to Home Situation**  
(Available Beds but home Not Accepting Admissions)

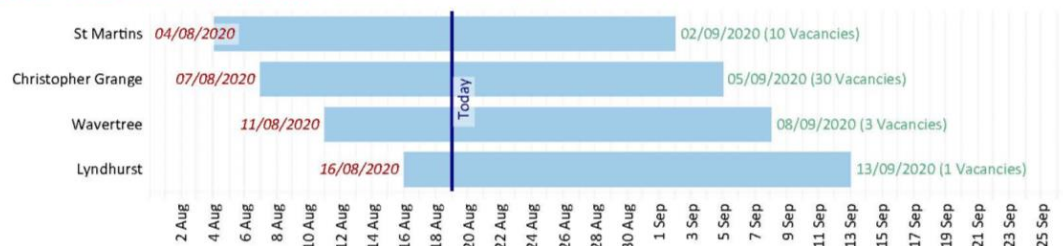


**Available Beds per Day - by Bed Type - 3 Day Rolling Average** (Only Beds in Homes who are Taking Admissions)



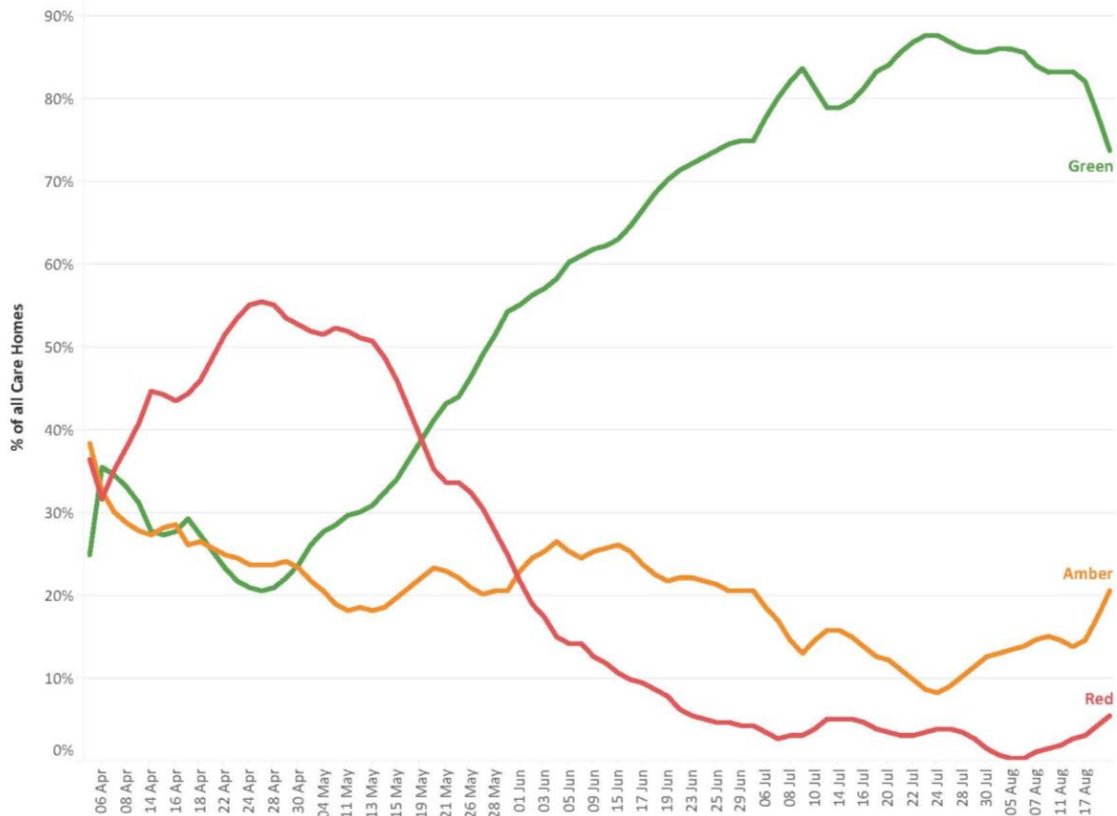
**Homes Closed to New Admissions due to Infection Control**

Red Date = Date of First Reported Case; Green Date = Anticipated Re-Open Date

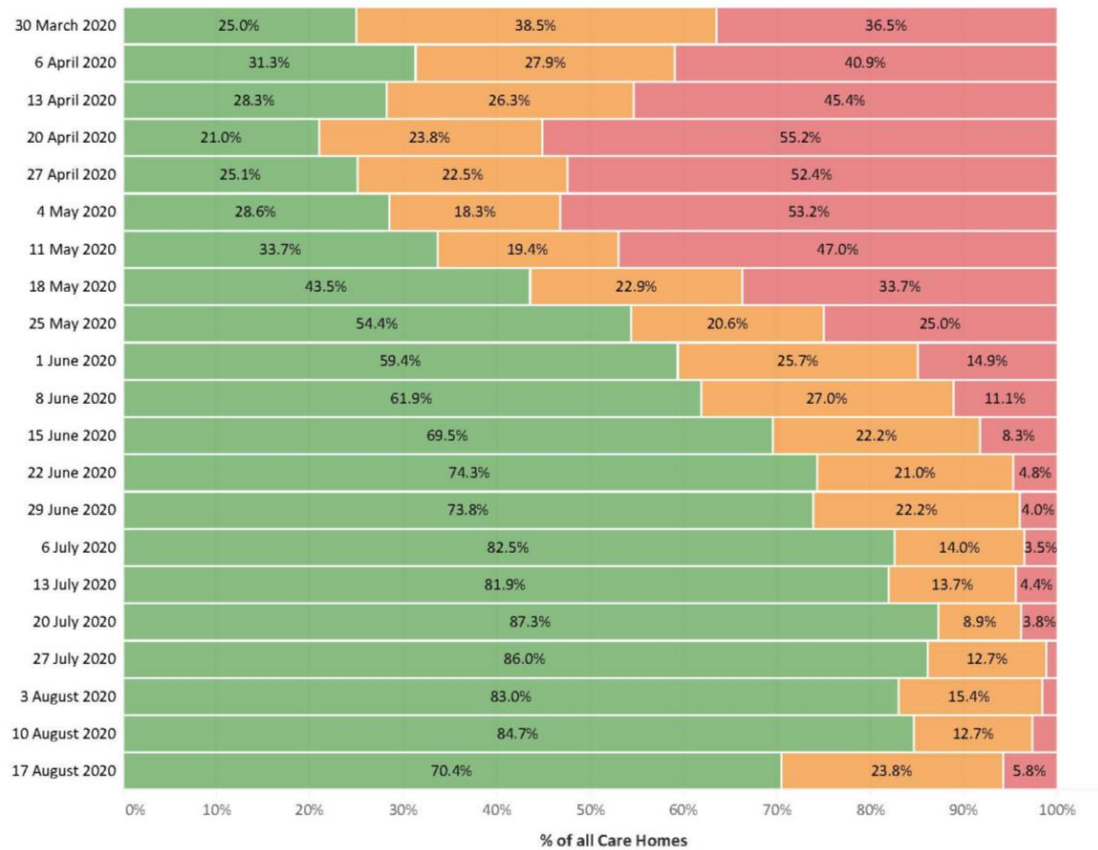


### How OP Residential and Nursing Home RAG Ratings have Changed over Time

\* 3 day rolling average



### Weekly Analysis How OP Residential and Nursing Home RAG Ratings have Changed over Time



### How the Admission Status of Each Home has Changed Over Time

Please note that these are **NOT** the same as RAG Ratings, as RAG Ratings take into Consideration Staff Sickness, Deaths, Recent Cases etc.

The Key for the Colours is Below







Liverpool  
City Council

## 27th July Liverpool Domiciliary Care Market Covid 19 Update

Responses based on survey completed on 27th  
July. Dashboard produced 28th July 2020

Paul Madden  
Senior Project Manager  
Liverpool City Council Adult Services  
paul.madden@liverpool.gov.uk



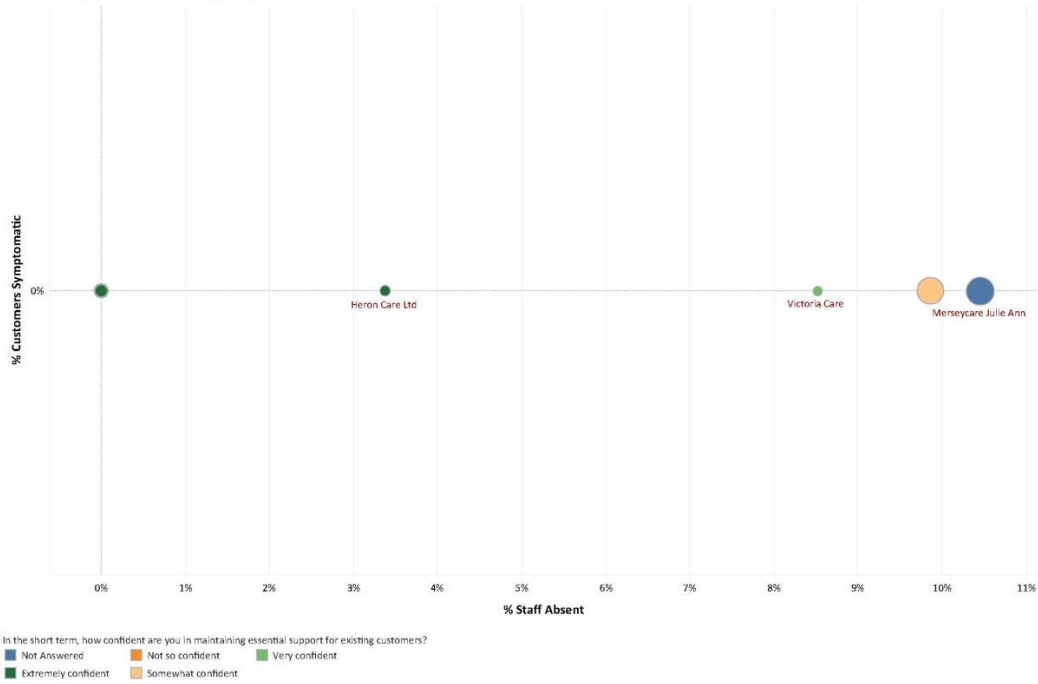
### Summary of Domiciliary Care Market in Liverpool

...Data based on providers who responded to latest survey

Do you have capacity to take on new customers?	Provider	LCC Funded Care Packages	Liverpool Based Customers Symptomatic	% Customers Symptomatic	Liverpool Customers Cancelling Calls	% Customers Cancelling Calls	% Staff Absent
<b>Yes - We have lots of capacity</b>	Connected Health Care	19	0	0.0%	2	10.5%	0.0%
	Merseycare Julie Ann	570	0	0.0%	20	3.5%	10.4%
	ADEX Care	112	0	0.0%	0	0.0%	0.0%
	Alpha Care	21	0	0.0%	2	9.5%	0.0%
	Apollo Care South Liverpool	13	0	0.0%	0	0.0%	0.0%
<b>Yes - We have limited capacity</b>	BE Caring Home Care (CASA)	144	0	0.0%	1	0.7%	0.0%
	Executive Home Care Services Limited	10	0	0.0%	0	0.0%	0.0%
	Heron Care Ltd	80	0	0.0%	0	0.0%	3.4%
	Liver Care Ltd	12	0	0.0%	0	0.0%	0.0%
	Local Solutions	517	0	0.0%	60	11.6%	9.9%
	MCCDA	23	0	0.0%	0	0.0%	0.0%
	Victoria Care	61	0	0.0%	4	6.6%	8.5%
<b>No - We have no capacity</b>	Aroma Care People Ltd	37	0	0.0%	0	0.0%	0.0%
	Sabaath Care Ltd	14	0	0.0%	1	7.1%	0.0%
<b>Grand Total</b>		1,633	0	0.0%	90	5.5%	6.4%

*If there is a percentage of more than 100% above, it is because the provider has more private customers than LCC customers, so therefore percentages will be inflated.*

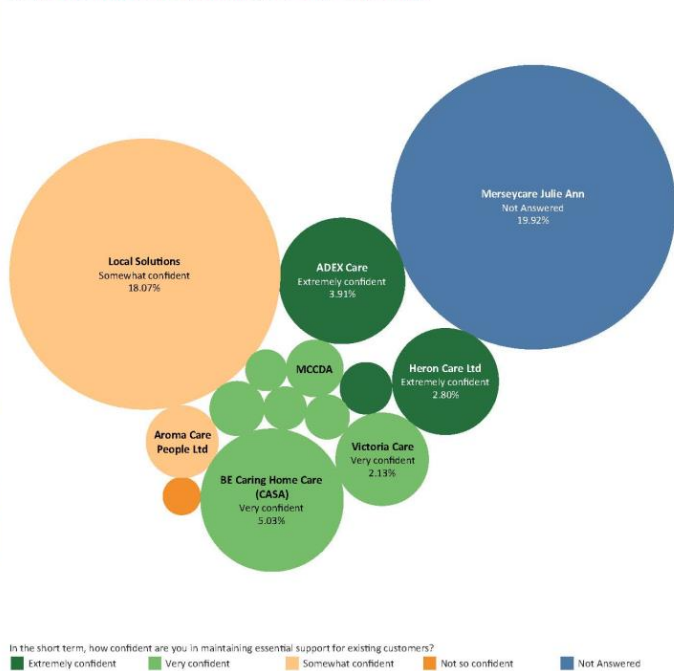
**Scatter Graph Showing % of Staff Absence vs Customers Symptomatic and Size of Provider**  
*Colour Indicates Confidence in being able to Maintain Existing Services*



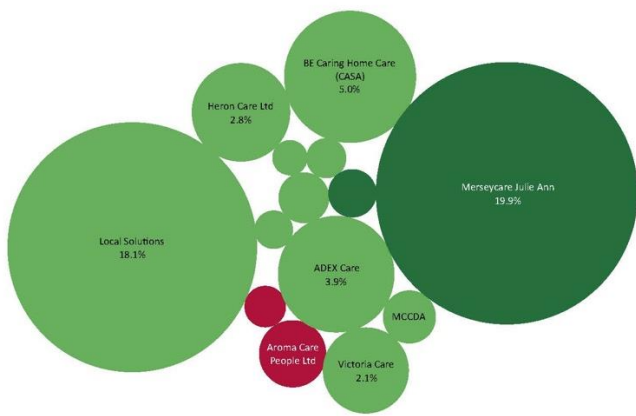
**Short Term Confidence Levels of Providers**  
 ....Number = Current LCC Supported Individuals

<b>Extremely confident</b>	ADEX Care	112
	Connected Health Care	19
	Heron Care Ltd	80
<b>Very confident</b>	Alpha Care	21
	Apollo Care South Liverpool	13
	BE Caring Home Care (CASA)	144
	Liver Care Ltd	12
	MCCDA	23
	Sabaath Care Ltd	14
	Victoria Care	61
<b>Somewhat confident</b>	Aroma Care People Ltd	37
	Local Solutions	517
<b>Not so confident</b>	Executive Home Care Services Limited	10
<b>Not Answered</b>	Merseycare Julie Ann	570

**Short Term Confidence Levels of Providers**  
 ...Larger Circle Represents Larger Providers; Percentage = Market Share

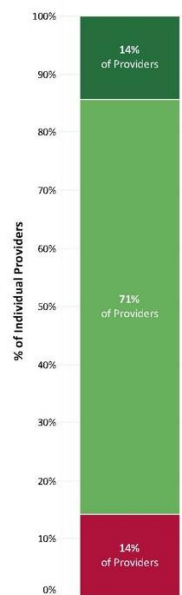


**Capacity to Accept new Customers per Provider**  
Larger Bubble = Larger Market Share

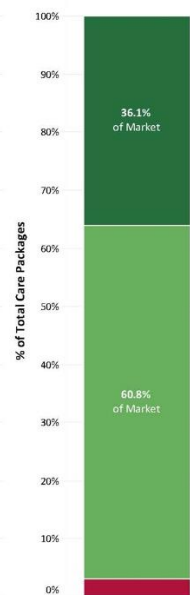


Do you have ... ■ Yes - We have lots of capacity ■ Yes - We have limited capacity ■ No - We have no capacity

**Capacity to Accept new Customers**  
Segments based on Individual Provider Numbers



**Capacity to Accept new Customers**  
Segments based on Market Share



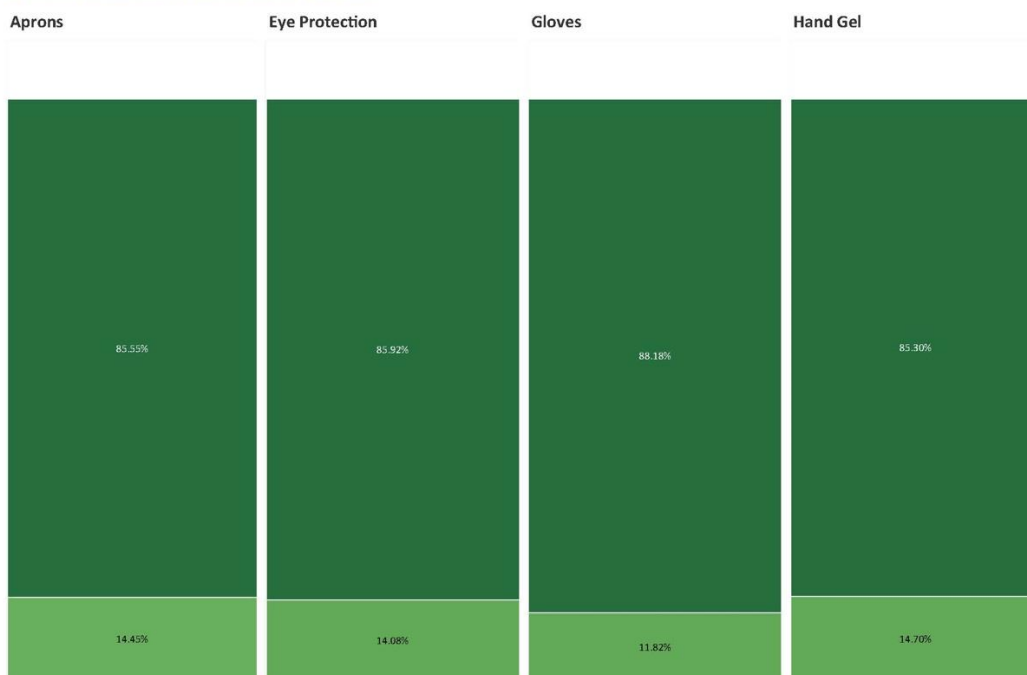
**PPE Stock Levels per Provider**

Score is Out of a Max 12: No Stock = 0, Less than a Days Worth = 1, Between 2 and 6 Days Worth = 2, 7+ Days Worth = 3

Provider	Gloves Availability	Aprons Availability	Face Protection Availability	Hand Gel Availability	Score
BE Caring Home Care (CASA)	Between 2 and 6 days worth	Between 2 and 6 days worth	Between 2 and 6 days worth	Between 2 and 6 days worth	8
Liver Care Ltd	Between 2 and 6 days worth	Between 2 and 6 days worth	Between 2 and 6 days worth	Between 2 and 6 days worth	8
Apollo Care South Liverpool	Between 2 and 6 days worth	7+ days worth	Between 2 and 6 days worth	Between 2 and 6 days worth	9
Executive Home Care Services Limited	Between 2 and 6 days worth	7+ days worth	7+ days worth	Between 2 and 6 days worth	10
Victoria Care	7+ days worth	7+ days worth	Between 2 and 6 days worth	Between 2 and 6 days worth	10
Heron Care Ltd	7+ days worth	Between 2 and 6 days worth	7+ days worth	7+ days worth	11
Sabaath Care Ltd	Between 2 and 6 days worth	7+ days worth	7+ days worth	7+ days worth	11
ADEX Care	7+ days worth	7+ days worth	7+ days worth	7+ days worth	12
Alpha Care	7+ days worth	7+ days worth	7+ days worth	7+ days worth	12
Aroma Care People Ltd	7+ days worth	7+ days worth	7+ days worth	7+ days worth	12
Connected Health Care	7+ days worth	7+ days worth	7+ days worth	7+ days worth	12
Local Solutions	7+ days worth	7+ days worth	7+ days worth	7+ days worth	12
MCCDA	7+ days worth	7+ days worth	7+ days worth	7+ days worth	12
Merseycare Julie Ann	7+ days worth	7+ days worth	7+ days worth	7+ days worth	12

### PPE Summary Across the Sector

Segments are based on Aggregated Market Share of Providers

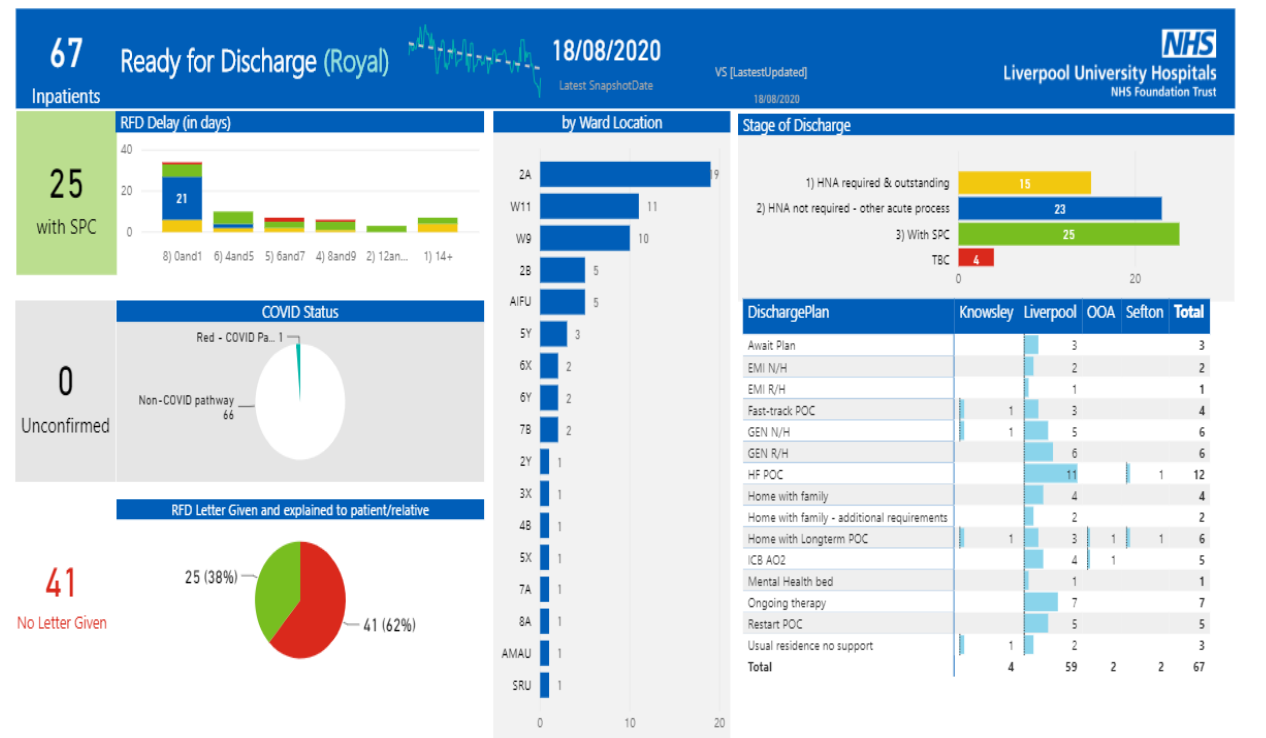
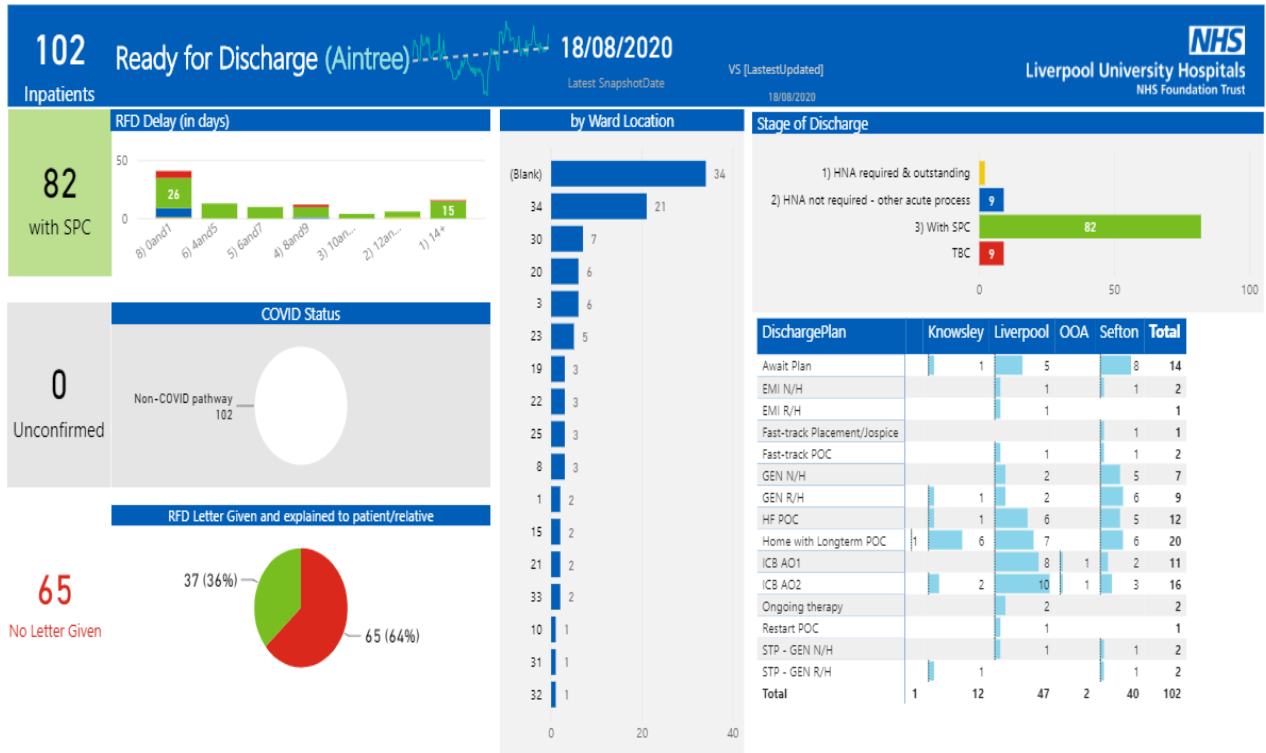


### PPE Stock Levels per Provider - Comparing Week to Week

Score is Out of a Max 12

Provider	07/05/2020	14/05/2020	21/05/2020	29/05/2020	04/06/2020	11/06/2020	19/06/2020	25/06/2020	02/07/2020	09/07/2020	17/07/2020	27/07/2020
ADEX Care	12	12	12	12	12	12	12	12	12	12	12	12
Alpha Care	11	11	12	12		12		12			12	12
Apollo Care North Liverpool	12											
Apollo Care South Liverpool	5	9	8	5	2	6		7	8	6	9	9
Aroma Care People Ltd	12	12	8	9	12	12	12	12	12	12	12	12
Ava Care	12	12	12			12	12				12	12
BE Caring Home Care (CASA)	8	8	9	5	10	9		9	8	8	8	8
Best Care Ltd	8	7	7	6	6	9		8	12		8	
Bluebird Care	12	12	12			12	12	12	12	12	12	
CRG Homecare Ltd		8	9	8	8				11		10	
Comfort Call Extra Care	12	12					12	12	12			
Comfort Call Home Care	12	11	8									
Connected Health Care	12		12		12							12
Dendera Care	12	11		12								
Executive Home Care Services Limited	9	9	9	6	6	6	12	8	9	8	11	10
Hannah's Homecare Ltd		9		8		9		11	11	11		
Heron Care Ltd	10	8	10	8	6	12	12	12	12	12	11	11
Homecarers (Liverpool)	12	12	12	12	12	12	12	12	12	12		
Housing 21	11	12	12	12	12	12		12		8	12	
Liver Care Ltd		9									10	8
Local Solutions	10	10	10	12	11	11	12	10	12	10	12	12
MCCDA	12	12	12	12	12	12	12	12	12	12	12	12
Merseycare Julie Ann	11	8	8	12	11			12	12	12	12	12
New Day Care Ltd	12	8		12	12	12	12					
Rainbow Care Solutions	12	12	11	10	12	12		12		10	12	
Sabbath Care Ltd	12	12	12	12	12	12	12	12	12	12	12	11
Sterling Care							12					
Victoria Care	10	11	11	11	11	11	11	11	11	11	11	10
Yes Care	8	9				9				12		
iCare Solutions		8	8	9	12	12			9			
Average (Out of 12)	11	10	10	10	10	11	12	11	11	11	11	11

# 9. LUHFT Ready For Discharge Daily Dashboard



# 10.Immedicare Utilisation

Care Home Dashboard - LIVERPOOL TOTAL  
Reporting Month: June 2020



Clinical Commissioning Group

URGENT CARE ACTIVITY: Rolling 12m (Apr-20)

\* NWAS data for Feb only, data source under investigation

PCN *	Location Name	Care Home Beds	CQC RATING: JUNE 2020						TELEMEDICINE USAGE: MAY 2020			URGENT CARE ACTIVITY: Rolling 12m (Apr-20)											
			Caring	Safe	Effective	Responsive	Well led	Overall	Count	Rate	Trend	Chest	UTI	Count	Rate	Count	Rate	Count	Rate	Count	Rate		
									(per 10 Beds)			(per month)		(per 10 Beds)		(per 10 Beds)		(per 10 Beds)		(per 10 Beds)			
Amfield & Everton, Central Liverpool, North Network	Abbey Levens Care Home	61	Good	Good	Req Imp	Good	Good	Good	42	7		Yes	No	48	8	39	6	370	61	--	--		
Walton, Central Liverpool, Amfield & Everton	Abbeyside Nursing Home	36	Good	Req Imp	Good	Good	Req Imp	Req Imp	24	7		No	Yes	32	9	24	7	272	76	--	--		
Croxteth & Norris Green, Aintree	Air Park Nursing Home	35	Good	Good	Good	Good	Good	Good	16	5		No Calls	No Calls	42	12	38	11	242	69	--	--		
Central Liverpool, Picton	Arundel Park Residential and Nursing Home	50	Good	Good	Good	Good	Good	Good	2	0		No	No	55	11	50	10	270	54	--	--		
Childwall & Wavertree Knowsley PCN	Ash Court Care Home	42	Good	Good	Good	Good	Good	Good	10	2		No Calls	No Calls	55	13	42	10	426	101	98	23	64	15
Aintree	Autumn Lodge Residential Home	34	Good	Good	Good	Good	Good	Good	12	4		No Calls	No Calls	41	12	38	11	295	87	72	21	40	12
IGPC	Barkfield Apartments Care Centre	6	No Rating	No Rating	No Rating	No Rating	No Rating	No Rating	--	--		--	--	--	--	--	--	--	--	--	--		
Swaggs, Central Liverpool	Beechside Residential Care Home	37	Good	Good	Good	Good	Good	Good	2	1		No	No	27	7	19	5	52	14	27	7	16	4
Swaggs, Central Liverpool	Beechwood Specialist Services	60	Req Imp	Req Imp	Req Imp	Req Imp	Req Imp	Req Imp	0	0		No Calls	No Calls	54	9	28	5	217	36	--	--		
IGPC, Croxteth & Norris Green	Bellefield Residential Home	31	Good	Req Imp	Good	Good	Good	Good	7	2		No Calls	No Calls	62	20	47	15	485	156	90	29	53	17
Amfield & Everton, Central Liverpool	Brackside Park Residential Home	33	Good	Req Imp	Good	Good	Req Imp	Req Imp	6	2		No Calls	No Calls	15	5	15	5	74	22	26	8	17	5
Amfield & Everton, Liverpool First, Aintree	Broadway Nursing/Broadway Residential	65	Good/Good	Req Imp/Good	Good/Good	Good/Good	Good/Good	Good/Good	45	7		No	No	77	12	72	11	391	60	115	18	88	14
Aintree	Brook View	52	No Rating	No Rating	No Rating	No Rating	No Rating	No Rating	0	0		No Calls	No Calls	5	2	4	1	25	8	--	--		
Care Enterprise	Brooklands Care Home	43	Good	Good	Good	Good	Good	Good	6	1		N/A	No	54	13	50	12	725	169	--	--		
Swaggs	Broughton House Residential Home	30	Good	Good	Good	Req Imp	Good	Good	25	8		Yes	Yes	16	5	13	4	219	73	52	17	24	8
Swaggs	Bruelwood	60	No Rating	No Rating	No Rating	No Rating	No Rating	No Rating	73	12		No	Yes	--	--	--	--	--	--	--	--		
Care Enterprise, IGPC, Croxteth & Norris Green	Castle Grange	40	Good	Good	Good	Good	Req Imp	Good	15	4		No	No	45	11	41	10	504	126	--	--		
Aintree, Knowsley PCN	Cherry Cottage/Laburnum Cottage/Ultic Cottage/Dak Cottages	26	Good/Good/Good/Good	Good/Good/Good/Good	Good/Good/Good/Good	Good/Good/Good/Good	Req Imp/Req Imp/Req Imp/Req Imp	Good/Good/Good/Good	--	--		--	--	--	--	--	--	--	--	--	--		
IGPC, Liverpool First, Care Enterprise	Christopher Grange Residential Care/Phone House	106	Good/Good	Req Imp/Good	Good/Good	Good/Good	Good/Good	Good/Good	13	1		Yes	No	29	3	36	3	509	48	122	12	77	7
Care Enterprise	Church View	45	Good	Good	Good	Good	Good	Good	0	0		No Calls	No Calls	43	10	40	9	313	70	--	--		
Swaggs, Central Liverpool, Picton	Cressington Court Care Home	56	Req Imp	Req Imp	Req Imp	Good	Req Imp	Req Imp	42	8		Yes	No	65	12	41	7	453	81	--	--		
Walton, Central Liverpool	Crompton Court/18 Crompton Street	41	Good	Good	Good	Good	Good	Good	2	0		No Calls	No Calls	57	14	36	9	209	51	152	37	77	19
Croxteth & Norris Green	Croxteth Park Care Home	42	Good	Req Imp	Req Imp	Req Imp	Req Imp	Req Imp	42	10		No	No	119	28	95	23	894	213	219	52	132	31
Central Liverpool	Eldon House Care Centre	33	Good	Good	Good	Good	Good	Good	14	4		No Calls	No Calls	53	16	33	10	294	89	92	28	53	16
Liverpool First, Care Enterprise	Finch Manor Nursing Home	69	Req Imp	Inadequate	Req Imp	Req Imp	Inadequate	Inadequate	0	0		No Calls	No Calls	66	7	60	7	534	60	--	--		
Swaggs	Garden Lodge Care Home	48	Good	Req Imp	Good	Good	Good	Good	1	0		No Calls	No Calls	51	11	32	7	275	57	73	15	47	10
Central Liverpool	Glenrie House Nursing Home Limited	20	Good	Good	Good	Good	Good	Good	--	--		--	--	--	--	1	1	0	0	--	--		
Picton, Central Liverpool	Glenrie Manor Nursing Home	28	Good	Req Imp	Good	Good	Good	Good	--	--		--	--	--	--	1	0	21	8	--	--		
Liverpool First, Amfield & Everton, Care Enterprise	Gordon House Care Home	20	Good	Good	Good	Good	Good	Good	--	--		--	--	--	--	4	2	17	9	--	--		
Aintree	Grace Lodge Nursing Home	65	Good	Good	Req Imp	Good	Req Imp	Req Imp	20	3		No	No	46	7	49	8	997	153	--	--		
Amfield & Everton	Grassfield Health Care Limited (GHC) - 31 St Domingo Grove	6	Good	Good	Good	Good	Good	Good	--	--		--	--	--	--	8	13	131	218	61	102	22	37
Central Liverpool	Granby Care Home	30	Good	Good	Good	Good	Good	Good	14	5		No Calls	No Calls	0	0	0	0	0	0	--	--		
IGPC, Care Enterprise, Childwall & Wavertree, Picton	Greenacres Care Home/Wavertree Nursing and Care Home	87	Good/Good	Good/Good	Good/Good	Good/Good	Good/Good	Good/Good	71	8		Yes	Yes	67	8	48	6	495	57	120	14	78	9
Aintree, Knowsley PCN	Jasmine House	7	Outstanding	Good	Good	Good	Good	Good	--	--		--	--	--	--	5	7	13	19	18	26	6	9
Amfield & Everton, Central Liverpool, North Network	Kearagh Place	42	Good	Good	Good	Good	Good	Good	0	0		No Calls	No Calls	11	3	8	2	36	9	--	--		
Swaggs	Kingswood Manor/Kingswood Mount	69	Good/Good	Good/Good	Good/Good	Req Imp/Good	Good/Good	Good	1	0		No	No	46	5	33	4	295	33	--	--		
Croxteth & Norris Green	Larkhill Hall	66	Good	Good	Good	Good	Good	Good	360	55		Yes	Yes	141	21	111	17	825	125	199	30	119	18
Croxteth & Norris Green	Lawrence Drive	12	Good	Req Imp	Good	Good	Good	Good	--	--		--	--	--	--	0	0	0	0	--	--		
Central Liverpool	Lattis Care Marmaduke Street	48	Good	Good	Good	Good	Req Imp	Good	41	9		No	No	68	14	56	12	658	137	--	--		
Aintree	Lymington Residential Care Home	20	Good	Good	Good	Good	Good	Good	43	22		No	No	23	12	16	8	140	70	38	19	27	14
IGPC, Care Enterprise, Knowsley PCN	Manap Respite Court	35	Outstanding	Good	Outstanding	Good	Outstanding	Outstanding	0	0		No Calls	No Calls	6	2	5	1	9	3	53	15	25	7
N/A	Manap Respite Service Liverpool	5	Good	Req Imp	Good	Good	Good	Good	--	--		--	--	--	--	0	0	0	0	0	0	0	0
Central Liverpool, Picton	Marney Park Care Home/The Hamlets	180	Req Imp/Good	Req Imp/Good	Req Imp/Good	Req Imp/Good	Req Imp/Good	Req Imp/Good	24	1		No	No	136	8	95	5	976	54	--	--		
Amfield & Everton	Milvina House	60	No Rating	No Rating	No Rating	No Rating	No Rating	No Rating	19	3		No	Yes	0	0	0	0	0	0	--	--		
N/A	Mishuk House	5	Good	Req Imp	Good	Good	Good	Good	--	--		--	--	--	--	1	2	25	50	8	16	3	6
Care Enterprise	Moss View	78	Good	Req Imp	Good	Req Imp	Good	Req Imp	2	0		No Calls	No Calls	40	5	51	7	364	47	--	--		

Care Home Dashboard - LIVERPOOL TOTAL  
Reporting Month: June 2020



PCN * <small>(to be revised w/c 29/06/20)</small>	Location Name	Care Home Beds	CQC RATING: JUNE 2020					TELEMEDICINE USAGE: MAY 2020			URGENT CARE ACTIVITY: Rolling 12m (Apr-20)												
			Caring	Safe	Effective	Responsive	Well-led	Overall	Chats Count	Chats Rate <small>(per 10 Beds)</small>	Trend 2019	Chats for Chest/UTI Chest <small>(latest month)</small>	Chats for Chest/UTI UTI <small>(latest month)</small>	A&E Attendances Count	A&E Attendances Rate <small>(per 10 Beds)</small>	NEL Admissions Count	NEL Admissions Rate <small>(per 10 Beds)</small>	NEL Beddays Count	NEL Beddays Rate <small>(per 10 Beds)</small>	NWAS Incidents Count	NWAS Incidents Rate <small>(per 10 Beds)</small>	NWAS Conveyances Count	NWAS Conveyances Rate <small>(per 10 Beds)</small>
Liverpool First	M+Jane Dunne - 26 Huntly Road	3	Good	Good	Good	Good	Good	Good	Good	Good	Good	0	0	0	0	0	0	0	0	49	163	21	70
??	Nyberfield and Hartsbourne	8	Good	Good	Outstanding	Good	Good	Good	Good	Good	Good	0	0	0	0	0	0	0	0	0	0	0	
Childwall & Wavertree, Pictou	Oak Springs Care Home	74	Good	Good	Good	Good	Req Imp	Good	Good	Good	367	50		Yes	Yes	105	14	71	10	674	91	0	0
ISPC	Oak Vale Gardens	18	Good	Good	Good	Good	Good	Good	Good	Good	0	0		No Calls	No Calls	6	3	5	3	24	13	0	0
ISPC	Paisley Court	60	Good	Good	Good	Good	Good	Good	Good	Good	227	38		No	Yes	78	13	53	9	274	46	0	0
Swagga, Central Liverpool, Pictou	Pelham Grove Care Home	35	Good	Good	Good	Good	Good	Good	Good	Good	19	5		No	Yes	33	9	27	8	350	100	55	16
Childwall & Wavertree, Pictou, ISPC	Prince Alfred Residential Care Home	50	Outstanding	Good	Good	Good	Good	Good	Good	Good	0	0		No Calls	No Calls	52	10	31	6	230	46	36	7
Swagga	Ruleigh House	28	Good	Req Imp	Good	Good	Good	Good	Good	Good	11	4		No	No	71	27	56	22	434	167	133	51
Swagga, Central Liverpool, Childwall & Wavertree	Redoubt Care Home	53	Good	Good	Req Imp	Good	Good	Good	Good	Good	6	1		No	No	38	7	29	5	321	61	55	10
Swagga	Redford Court	29	Good	Good	Good	Good	Good	Good	Good	Good	0	0		No Calls	No Calls	0	0	0	0	0	0	0	0
Swagga	Rudholme Memory Care Limited	55	Good	Good	Good	Good	Good	Good	Good	Good	0	0		No Calls	No Calls	0	0	1	0	24	4	0	0
Liverpool First	Rockfield House	34	Good	Good	Good	Good	Good	Good	Good	Good	0	0		No Calls	No Calls	0	0	0	0	44	31	14	10
Central Liverpool, Pictou	Rodley House Care Home	57	Good	Req Imp	Good	Good	Good	Good	Good	Good	0	0		No Calls	No Calls	113	20	48	8	526	92	273	48
Anfield & Everton, North	Rowan Grange Care Home	150	Good	Req Imp	Good	Good	Good	Good	Good	Good	16	1		No	No	165	11	139	9	1750	117	0	0
Childwall & Wavertree	Selisbury Terrace	3	Good	Good	Good	Good	Good	Good	Good	Good	0	0		No	No	0	0	0	0	0	0	0	0
Central Liverpool	Selkirkmoor Care Home	30	Outstanding	Good	Good	Good	Good	Good	Good	Good	44	15		No Calls	No Calls	0	0	0	0	0	0	0	0
Anfield & Everton, Central Liverpool, Care Enterprise	Simonsfield Residential Care Home	36	Good	Good	Good	Good	Good	Good	Good	Good	14	4		No	No	40	11	30	8	375	104	58	16
Pictou, SWAGGA, Central Liverpool	St Josephs	18	Good	Good	Good	Good	Good	Good	Good	Good	0	0		No	No	0	0	0	0	30	17	23	13
ISPC	St Martin's Care Home	42	Good	Good	Good	Good	Good	Good	Good	Good	0	0		No Calls	No Calls	48	11	37	9	175	42	0	0
Swagga, Central Liverpool, Childwall & Wavertree	Stapely Residential and Nursing Home	37	Good	Good	Good	Good	Req Imp	Good	Good	Good	19	2		No Calls	No Calls	48	5	42	4	356	37	0	0
Croxteth & Norris Green	Stonedale Lodge Care Home	180	Good	Req Imp	Req Imp	Req Imp	Req Imp	Req Imp	Req Imp	Req Imp	248	14		Yes	No	146	8	122	7	947	53	0	0
Central Liverpool, Childwall & Wavertree, Pictou	Sunnyside Residential Home	22	Good	Req Imp	Good	Good	Req Imp	Req Imp	Req Imp	Req Imp	5	2		No	No	18	8	14	6	161	73	54	25
Croxteth & Norris Green	Talk Lodge/Walker Lodge	16	Good	Good	Good	Good	Good	Good	Good	Good	0	0		No Calls	No Calls	0	0	0	0	0	0	26	16
Swagga	The Orchard - Care Home Physical Disabilities	27	Good	Good	Good	Good	Good	Good	Good	Good	0	0		No Calls	No Calls	12	4	10	4	74	27	60	22
Liverpool First	Townsend Hub	35	Good	Good	Good	Good	Good	Good	Good	Good	44	13		No	No	30	9	26	7	466	133	120	34
Central Liverpool, Pictou	Turner Home	59	Req Imp	Req Imp	Req Imp	Req Imp	Req Imp	Req Imp	Req Imp	Req Imp	0	0		No Calls	No Calls	71	12	47	8	370	63	0	0
Swagga	Vancouver House	32	Good	Req Imp	Good	Good	Req Imp	Req Imp	Req Imp	Req Imp	0	0		No Calls	No Calls	18	6	13	4	137	43	0	0
Anfield & Everton, Central Liverpool, Pictou, North	Walton Manor Residential and Nursing Home	49	Good	Good	Good	Good	Req Imp	Good	Good	Good	10	2		No	No	60	12	39	8	397	81	0	0
Central Liverpool	Waverley Care Home	20	Req Imp	Req Imp	Req Imp	Req Imp	Req Imp	Req Imp	Req Imp	Req Imp	1	1		No	No	9	5	8	4	106	53	0	0
Swagga	Woodlands Residential Care	34	No Rating	No Rating	No Rating	No Rating	No Rating	No Rating	No Rating	No Rating	0	0		No	No	0	0	0	0	0	0	0	0
Swagga	Watson Grange Care Home	43	Good	Good	Good	Good	Good	Good	Good	Good	4	1		No	No	19	6	12	4	115	34	22	6
LIVERPOOL TOTAL		1462									2074	6				2930	8	2262	7	21779	63	2841	8

Immediate Monthly Telemedicine Usage Report  
<http://www.cqc.org.uk/content/how-get-and-re-use-cqc-information-and-data#directory>  
 DA\_SUS  
 DA\_NWAS Data

## 11. Mental Health DToC Review – June 2020

### Mersey Care Foundation Trust Ready For Discharge (RFD) Mental Health Delays Review June 2020

#### Introduction

This review has been conducted by LCCG in partnership with Mersey Care Foundation Trust in order to understand current ready for discharge cases and delays.

As part of this review, various teams were contacted to understand the delayed transfers of care current position, processes in place and constraints. The review also seeks to evidence the impact of COVID-19 and any changes or efficiencies which may have been implemented during the crisis that system partners may wish to embed going forward.

#### Feedback

It is understood that the Crisis Resolution Home Treatment Team (CRHT) 'gate keep' all admissions 24/7 for both adult and older adult admissions. Referrals can be received from multiple sources. A SOP has been received which outlines the access processes and criteria.

Pre-COVID all in patient wards would accept admissions directly, however since COVID MCFT have reconfigured this process and Service Users are now admitted to an admissions ward where they are isolated and swabbed. Once a negative result is received, they are then transferred to a recovery ward for further assessment and treatment. This is now the agreed process for all adult and older adult admissions. It is confirmed that the swabbing process currently does not create any delays. Ward staff are trained and swabbing packs are available. Results can be received same day, sometimes overnight. Initially there were some delays of 2-3 days but this is now resolved. It is the responsibility of the ward to chase the results.

The wards have implemented the SAFER Red to Green principles with an added Mental Health element. This is believed to have happened 2-3 years ago although no SAFER/Red to Green data is available to reflect the initial impact against the current position.

It was established that two RADAR meetings are held weekly across the Mersey Care in patient footprint. They take place at Liverpool (Broadoak) unit and Sefton (Clock View) Hospital every Wednesday. All service users are discussions in these meetings and the meetings last around 2 hours. Usual practice would be for the MDT to agree that a service user is medically optimised and all assessments completed prior for discharge.

There is a weekly local divisional Delayed Transfers of Care (DToC) meeting which takes place every Thursday morning. Delays identified within the RADAR meetings are then discussed at the DToC meeting.

There is a clear lack of awareness around individual partner's processes and timeframes which is making it difficult to discharge plan effectively and agree timescales.

#### Landscape of Beds

Broadoak Unit				
Ward	Bed Criteria	Total Beds Pre-COVID	Current Beds	Bed Loss
Albert	Male	24	14	10
Brunswick	Mixed	23	15	8
Harrington	Female	19	11	8
Windsor House				



Ward	Bed Criteria	Total Beds Pre-COVID	Current Beds	Bed Loss
Windsor House (Toxteth)	Adult In Patient – Mixed	24	15	9
<b>Mossley Hill Hospital (Older Adult Inpatient Unit)</b>				
Ward	Bed Criteria	Total Beds Pre-COVID	Current Beds	Bed Loss
Acorn	Dementia	15	15	0
Oak	Functional Older Adult	20	20	0
<b>Clock View Hospital (Walton)</b>				
Ward	Bed Criteria	Total Beds Pre-COVID	Current Beds	Bed Loss
Newton	Adult PICU - Mixed	17	17	0
Alt	Adult - Mixed	17	17	0
Dee	Female	17	17	0
Morris	Male	17	17	0
Irwell	Organic Assessments	17	17	0
<b>Hartley Hospital (Southport)</b>				
Ward	Bed Criteria	Total Beds Pre-COVID	Current Beds	Bed Loss
Dunes	Older Adult Assessment, Functional - Mixed	20	20	0
Pine	Adult Assessment	20	20	0
<b>Stepping Stones (YMCA, Garston)</b>				
Ward	Bed Criteria	Total Beds Pre-COVID	Current Beds	Bed Loss
10 x Step Down & Crisis beds commissioned by MCFT. Beds can be flexed to meet both step down and crisis to support demand. Single rooms in a 3 storey house. Used for short term placements for patients already known to CRHT. Flow around 7-14 days. No MDT in place – all managed by CRHT				

During discussions, teams fed back that there are a number of barriers that they encounter on a regular basis. This includes (but not exhaustive):

- Asylum Seekers
- Delays with Bidding process and awaiting providers to pick up cases. At the time of this report further clarification and detail is still being sourced around the processes from Liverpool Local Authority.
- Housing / Accommodation / White Goods / Viewing properties / Hostel Availability
- Delays with private providers
- Complex cases – statutory limitations and obligations
- Intermediate Care – patients are refused access to the Liverpool Intermediate Care Bed base due to Mental Health needs even though they have rehab potential before they return home and do not require a specific EMI registered placement.

## Summary

From the information available, it is recognised that the processes for Mental Health are multi-faceted and it is important that all agencies are aware of this. It is apparent that whilst a number of teams have been working very differently during COVID across the North Mersey System, with new supportive measures in place, Mental Health has not necessarily received the same focus or support. As a result no changes have been made to processes or response times during COVID despite a reduction in the bed base due to social distancing measures.

This is further evidenced, disappointingly so, by the new Discharge to Assess (D2A) National Guidance published on 19<sup>th</sup> March 2020 which seemingly excludes Mental Health from this new approach.

However, having reviewed the guidance this does not have a blanket exclusion for Mental Health. The guidance specifically sets about implementing a new discharge to assess model with a primary focus on rapid, safe discharges from both Acute & Community Hospitals which has proved extremely successful from LUHFT.

The guidance states:

#### **What services/activities are excluded?**

- Requirements under the Mental Capacity Act 2005 continue to apply and, if you suspect that a person lacks the relevant capacity to make decisions about their ongoing care, a capacity assessment should be made, and a best interests decision made in the usual way.
- Procedures relating to Deprivation of Liberty Safeguards remain in place.

#### **What are the arrangements for patients in Mental Health Trusts? Do section 117 assessments need to be carried out?**

- These requirements only apply to Acute and community providers. They do not apply to mental health trusts and section 117 assessments should be carried out.

Whilst Mental Health is indeed referenced in the new National D2A Guidance, this specifically relates to Mental Health Capacity Assessments and Section 117 Assessments which need to be completed prior to discharge. However, the completion of the MCA is still a requirement from an acute setting if a patient lacks capacity. The MCA is therefore currently completed by LUHFT and included with the Health Needs Assessment (HNA) which acts as the referral form. This process has been successful and no issues have been highlighted by the teams that follow out into the Community.

With this in mind, it also became apparent during the review that pre-COVID a small cohort of patients, usually via the Mental Health Older Persons Acute Units, had access to the 28 day discharge to assess older persons pathway. This was usually for patients that were heading for long term care and their needs could be met by a standard contract in an EMI Residential or EMI Nursing home setting. Whilst these referrals were infrequent, due to a possible lack of awareness, they are now not included in the new D2A SPC process. Findings during this review have established that these patients, albeit possibly small in numbers, would be deemed suitable for the new D2A pathway and would ensure that access is equitable.

An observation from the weekly DToC meeting highlighted that the delays appeared very minimal in numbers. Over the last 3 weeks these ranged from between 5 to 9 delays in total. Firstly, it is recognised that whilst these numbers appear low, in comparison to the bed base (and added recent loss of beds) they are creating a significant issue. However, the second observation would be that these are only the patients identified as delays in the RADAR meeting. Therefore clarity is required on how are these decisions are made and how potential delays can be identified further 'up stream' in the process to ensure that when a patient becomes medically optimised a plan is already in place and therefore delays are reduced.

A final observation would be that the DToC meeting was cancelled one week due to the low number of discharges. It was agreed that updates would take place without a meeting.

The minutes shared from the DToC meeting have limited information and actions, accountability and timeframes for resolution are not included.

A TOR was received for the DToC meeting and listed key objectives which included:

- Reduced delays
- Ensure timely decisions
- Escalation and
- Outcomes

No specific escalation point is apparent for the issues the teams are encountering. It is not clear how constraints are escalated, how they are resolved, how barriers are addressed and how findings then determine future needs for the Service.

A significant and positive finding from this brief review is that there is no lack of willingness or skill from any part of the system. Team members are frustrated and are extremely keen to look at new ways of working and building in possible efficiencies which may support them going forward during what is expected to be an extremely difficult winter. On this basis, it is entirely feasible that the processes can be moved to a much more effective state by implementing the suggested recommendations below and close monitoring of communication and data processing.

These unprecedented and challenging times have brought about an appetite for change and acceptances of different ways of working. There has never been a better time to use this opportunity to review what is in place and consider new approaches.

## Recommendations

It is suggested that an agreed action plan be put in place with a designated lead to implement the following proposed recommendations. Please note it is envisaged that the action plan will become more extensive and involved as planning starts to include additional medium and longer term actions and proposals. LCCG are happy to undertake the monitoring process and support partners to implement changes where necessary in the immediate, medium and longer term.

1. **SAFER Red to Green re-fresh** – SAFER Red to Green principles are specifically designed to capture early discharge planning and required interventions by reviewing all patients every day. The red to green principles are evidenced to have significant, successful impact on discharges and flow if adopted correctly. Successful SAFER also highlights constraints to allow support and interventions to be put in place where needed both immediate and medium/longer term. It is unknown at the point of this report when the principles were implemented within the units, but it is known that the approach needs to be re-visited on a continued basis to maximise impact and ensure that teams don't revert back to previous ways of working. Reminding staff, old and perhaps new, of the SAFER principles and expectations on a regular basis have previously proved extremely successful in other areas. It may also be a further consideration to involve ECIST and LCCG will be happy to instigate these conversations.
2. **Point Prevalence** – It is recommended that an audit should be undertaken of all current inpatients. This would provide a much needed profile of all inpatients needs, regardless of RFD status, and identified discharge pathways. The point prevalence will evidence if the red to green principles are in fact still embedded and will also support profiling patients for the D2A pathway (as per the next recommendation). At the time of this report, this suggestion has already been discussed and agreed and MCFT have identified an experienced member of staff to be involved in the Point Prevalence. In addition, ICRAS have also confirmed that they are keen to be involved to understand if there are any potential patients they may be able to support with, in the Community or Intermediate Care.
3. **Discharge to Assess (D2A) Pathway via Single point of Contact (SPC)** – As indicated earlier in the report, there are a small cohort of patients that would be deemed appropriate for the D2A via SPC. These patients would previously be referred via the Older Persons Units on a 28 day discharge to assess pathway into an EMI Residential or EMI Nursing home placement. It has been agreed that as long as the numbers are closely monitored, the patients do not required S117 and are not in receipt of an existing package, then they can follow the D2A COVID process. This has been agreed on the basis that both the CHC framework and means testing by the LA are stood down at the moment. There needs to be various actions that would need to be undertaken beforehand including:
  - ❖ Ward MDT would decide which patients would be considered 'appropriate' for the D2A pathway. Therefore training to raise awareness about appropriateness would have to take place.
  - ❖ For those that are not considered appropriate, these patients would have to remain within current processes and statutory obligations and limitations.
  - ❖ For those considered appropriate we would need to agree who completes the HNA. Conversations that have already taken place have confirmed this could be carried out by MCFT.
  - ❖ Patient accessing the D2A pathway via SPC would have to adhere to the D2A principles which would include 'no choice'. Discharge leaflets are already available to support this and these would have to be slightly adapted.
  - ❖ If a patient is deemed to have no capacity then a MCA will still need to be completed and should accompany the HNA.
  - ❖ Communications will need to be issued to the teams to raise awareness – LCCG are happy to support with this.
  - ❖ Letters are also given out at point of discharge stating:

*You have been assessed as needing a package of care either at home or within a care setting. As you know, we are currently in an emergency period because of Coronavirus (COVID-19). To help the NHS and social care deal with Coronavirus, the way that we usually decide how your care is paid for has temporarily changed. Because of this, the NHS will pay for your full package of care from (DATE) until the end of the current coronavirus emergency period.*

*Once this emergency period comes to an end, we will do a full review to decide whether you are eligible to receive funding for your package of care. This could mean that in the future you might need to pay for some or all of your care. However, if this happens you would still not need to pay for any care you received during the emergency period.*

*At the moment we don't know exactly when the emergency period will end, but we will write to you when it does, and you and your family will be involved in the review of your funding. We will use a national Continuing Healthcare pathway to do this review – you can find out more by visiting [www.gov.uk](http://www.gov.uk) and searching for 'National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care'.*

4. **Terms of Reference** – It is suggested that the TOR for both the RADAR and divisional DToC meeting should be revised. TOR should reflect (and include) partners individual processes, timescales involved, SAFER, accountability, KPI's and escalation.
5. **Senior Management Escalation** – It is recommended that a Senior Management Team Escalation MDT is implemented. This should involve all partners to address constraints and issues but with a clear focus on solutions and future planning. In addition, a further terms of reference for this meeting is suggested again to outline expectations for the group and accountability. The Escalation MDT for LUHFT has proved extremely successful and has allowed a forum to raise and discuss issues but also had resulted in solutions, system collaboration and creating more effective ways of working.
6. **Intermediate Care** – The mental health practitioner that currently supports the Liverpool Intermediate Care Units should be available to act as a point of contact for the Mental Health MDT if they require guidance for any IC referrals that are identified. In addition, if there are referrals that may be refused by the units, the Mental Health Practitioner should be involved in these discussions / triage to review not only suitability but to provide assurance to the receiving IC Hub that they are in fact appropriate. Currently the Practitioner is not involved in any discussions pre-referral, or at point of referral, only when a patient arrives and there seems to be some reluctance from Intermediate Care to accept patients due to inaccurate perceived complexity of care needs which needs to be addressed.
7. **Acute alignment** – A medium to longer term solution would be to ensure Mental Health alignment, wherever possible and feasible, with the Acutes going forward. We need to ensure that processes and access are equitable. LCCG (UEC) are happy to take the lead on this to ensure future system alignment and support.
8. **Full Capacity / Winter Planning** – In addition to the above, LCCG (UEC) will ensure that there is Mental Health inclusion with the System Full Capacity / Winter Planning to ensure ongoing system alignment and plans.

### North Mersey COVID-19 Surge Management Report

Friday 29<sup>th</sup> May, 2020

#### Introduction

At the start of the COVID-19 period LCCG set up daily SitRep Calls with all Chief Operating Officers 7 days a week. The calls, led by LCCG, ensure real time, daily responses to resolve, or escalate regionally, identified issues. The calls have reduced due to de-but can be increased dependent on system demand. Partners included within these calls are:

- LCCG
- LUHFT
- Alder Hey Hospital
- Liverpool Heart & Chest
- Walton Centre
- NWAS
- Mersey Care – Community and Mental Health
- Liverpool LA
- Liverpool Women’s Hospital
- PC24
- Clatterbridge
- Liverpool Primary Care
- Sefton CCG and Sefton LA

All system partners continue to respond to the COVID-19 situation and expected demand. Clear plans are in place across the system and established relationships and integrated working very much reflected in all conversations, responses and mutual aid actions. LCCG UEC & System Resilience Team continue to liaise with all partners to monitor and support the COVID-19 position.

Surge Management calls were set up with each of the above providers to understand organisation positions in relation to preparedness for a potential second surge and time periods to be considered to establish the levels of capacity, patient flow and infection control that was established for the first COVID-19 outbreak.

#### Summary and Themes

There are no specific identified preparedness issues in the event of a second surge. All Trusts and organisations are confident that responses would be timely as newly implemented principles, re-configuration of estates and staffing had remained in place.

It was also felt that a lot of the changes implemented by the COVID-19 situation had improved some accessibility and flow and requests were made for some of these changes, where feasible to do so, should stay in place.

The main risks and issues identified across the system were as expected and these are summarised as follows:

- Staffing / Workforce (sickness, fatigue, mental health, training)
- PPE in general but higher usage expected for electives and push delivery stock levels do not currently support this.
- Managing 'business as usual demand' with COVID-19 demand
- Infection control
- Diagnostics – cleaning equipment in between procedures and scans had not initially been a consideration but can affect efficiencies
- Supply Limitations – renal replacements has never been an issue before but is a particular priority for Liverpool Heart & Chest due to factory closures in Italy.
- Recognise that surge plans are interdependent on other Trusts and organisations able to offer the same mutual aid support and local agreements need to be maintained.
- Testing can be a limiting factor.

All Trusts and organisations felt that they were fully aware of the triggers points that would indicate a second wave and had confidence in the data flows, dashboards and well connected conversations already in place to support tracking any potential rising tide.

There were no additional requests of support from LCCG at this time but it was acknowledged that the SitRep calls were recognised as fundamental to the system co-ordination and management and the dissemination of information during these calls was deemed integral.

LCCG were also asked to continue facilitating mutual aid and other conversations where multiple partners may be involved.

Department of Medicine for the Elderly



Aintree University Hospital **NHS**  
NHS Foundation Trust

Issue number: 5<sup>th</sup>

**Edition Subject:** **Clinical Guidelines for the Management of Ischemic Stroke and**

**Transient Ischaemic Attack (TIA)**

**Objective:** To ensure prompt, safe and effective management of Ischemic stroke and TIA by clinical staff throughout the hospital

**Target Level:** Trust Wide

**Prepared by:** **Dr Claire Cullen, Consultant Physician.**

Contact [claire.cullen@aintree.nhs.uk](mailto:claire.cullen@aintree.nhs.uk) (office hours)

Dr Raj Kumar, Consultant Physician  
Dr Thant Hlaing, Consultant Physician  
Dr Jolanta Webb, Consultant Radiologist  
Ms Sharon Smyth, Stroke Clinical Nurse Specialist

**Evidence Base:** **Rank: A**

**CG APPROVED** ★

**Associated Documents:** Stroke Clerking Proforma, Use of Alteplase in Acute Ischemic Stroke

**Information Classification Label**

**Unclassified**

**Date of Issue:** June 2017

**Review Date:** June 2020

REVIEW HISTORY			
Issue No	Page	Changes made with rationale and impact on practice	Date
5		Changes in recommended statin Changes in CT scan timing (all patients to be scanned in 1 hour) DOACs included as an option for anticoagulation In cases of Intra-Cerebral Haemorrhage hypertension treatment updated VTE prophylaxis guidance updated to include intermittent	June 2017

**STROKE IS A MEDICAL EMERGENCY**

- **Stroke** is characterised by **rapidly** developing clinical symptoms and/or signs of **focal** and at times global loss of cerebral function, with symptoms lasting **more than 24 hours** with no apparent cause other than that of vascular origin.
- Transient Ischemic Attack (**TIA**) is defined as stroke symptoms and signs that **recover fully, when assessed** within **24 hours**.
- Immediate involvement of the stroke team is essential to facilitate the early management of acute stroke.
- **CALL 2222** and ask for **STROKE TEAM** if you encounter patients suspected of stroke **within 4 hours** of onset.

## **PATIENTS WITH A DIAGNOSIS OF ACUTE STROKE NEEDS DIRECT ADMISSION TO AINTREE STROKE CENTRE WITHIN 4 HOURS OF**

**PRESENT** Uncontrolled copy when printed  
Current version held on intranet

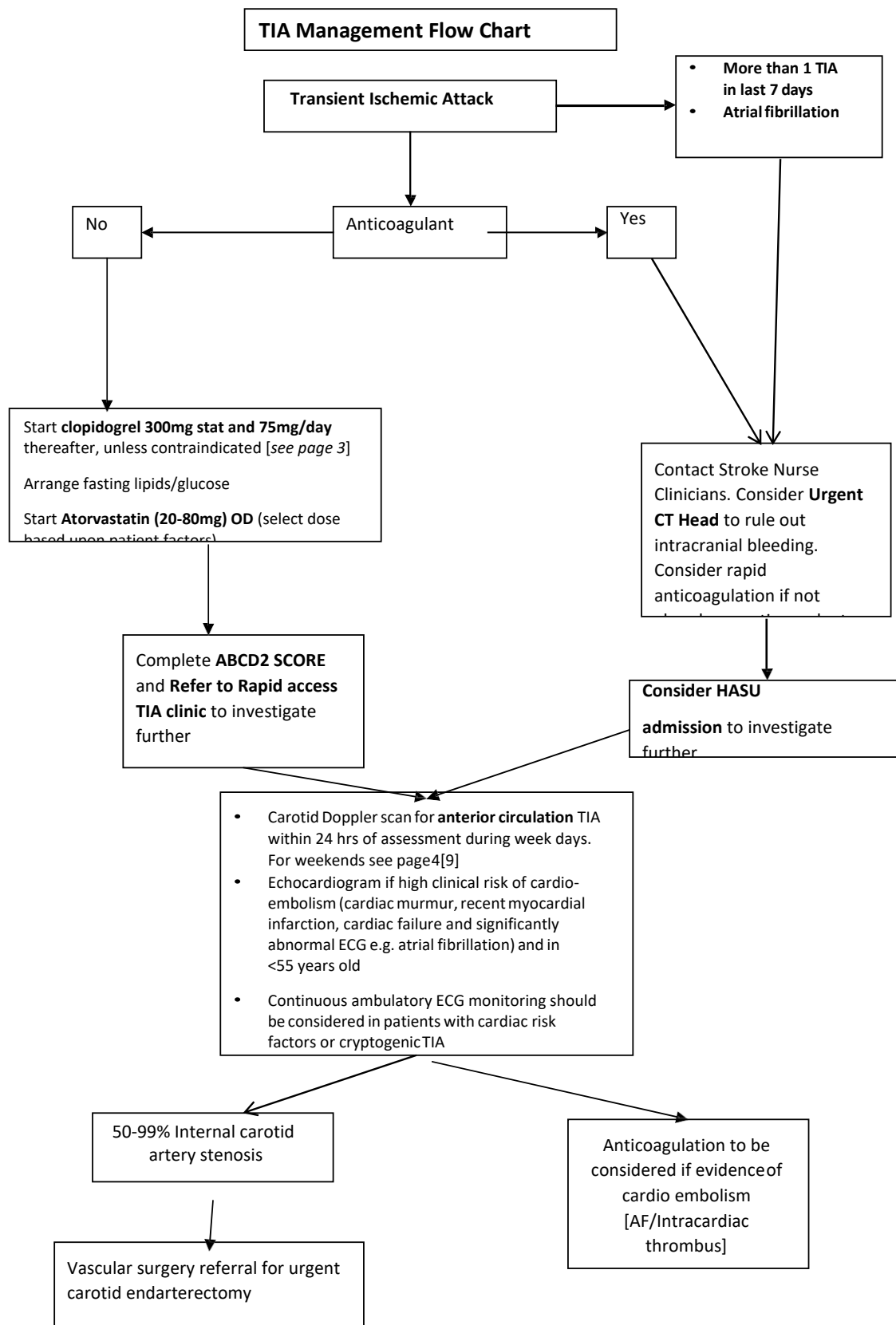
Stroke/TIA Guidelines

Page 1 of 9

Valid from: Jun 17 to Jun 20

CG APPROVED ★





## MANAGEMENT OF TRANSIENT ISCHEMIC ATTACK

1. Diagnosis of transient ischemic attack can only be made if there has been a complete recovery of presenting neurological symptoms.
2. All patients with diagnosis of TIA should start Clopidogrel 300mg stat [if no history of intolerance] and 75mg OD thereafter. Aspirin in the same dose of 300mg stat and 75mg/day from day 2 can be substituted if clopidogrel is contraindicated.
3. Atorvastatin 20-80mg nocte should be started immediately after diagnosis unless contraindicated.
4. Risk assessment should be carried out to ascertain the urgency of further management by the stroke team. Hence early involvement of the stroke team is essential to co-ordinate all the relevant investigations, especially out of hours.

### HIGH RISK GROUPS

5. Patients satisfying the following criteria should be considered for admission to the Hyper- acute stroke unit for **urgent investigations** and treatment.
  - Age less than 55 years
  - More than one TIA in the last seven days
  - Atrial fibrillation
  - Patient on anticoagulation

### ABCD 2 Score should be calculated:

ABCD 2 Scoring system to identify high risk patients			
ABCD 2 score variable			Score given
Choose appropriate single score from each section			
Age	<60 years	0	
	60 or above	1	
<b>Blood pressure</b>			
SBP >140 mmHg or DBP >90 mm Hg BP		1	
below these levels		0	
<b>Clinical features</b>			
Any unilateral weakness (face/hand/arm/leg)		2	
Speech disturbance (without motor weakness)		1	
Other weakness		0	
Duration of symptoms		>60 minutes	2
		10-59 minutes	1
		<10 minutes	0
Diabetes		Yes	1
		No	0
		<b>Total</b>	<input type="text"/>

Patient with an ABCD 2 score of 4 or above but who are not in any of the high risk groups above (see bulleted list above) can be discharged home with urgent follow up in Rapid access stroke clinic within 24 hours.

## 6. Urgent CT scan of the brain for TIAs

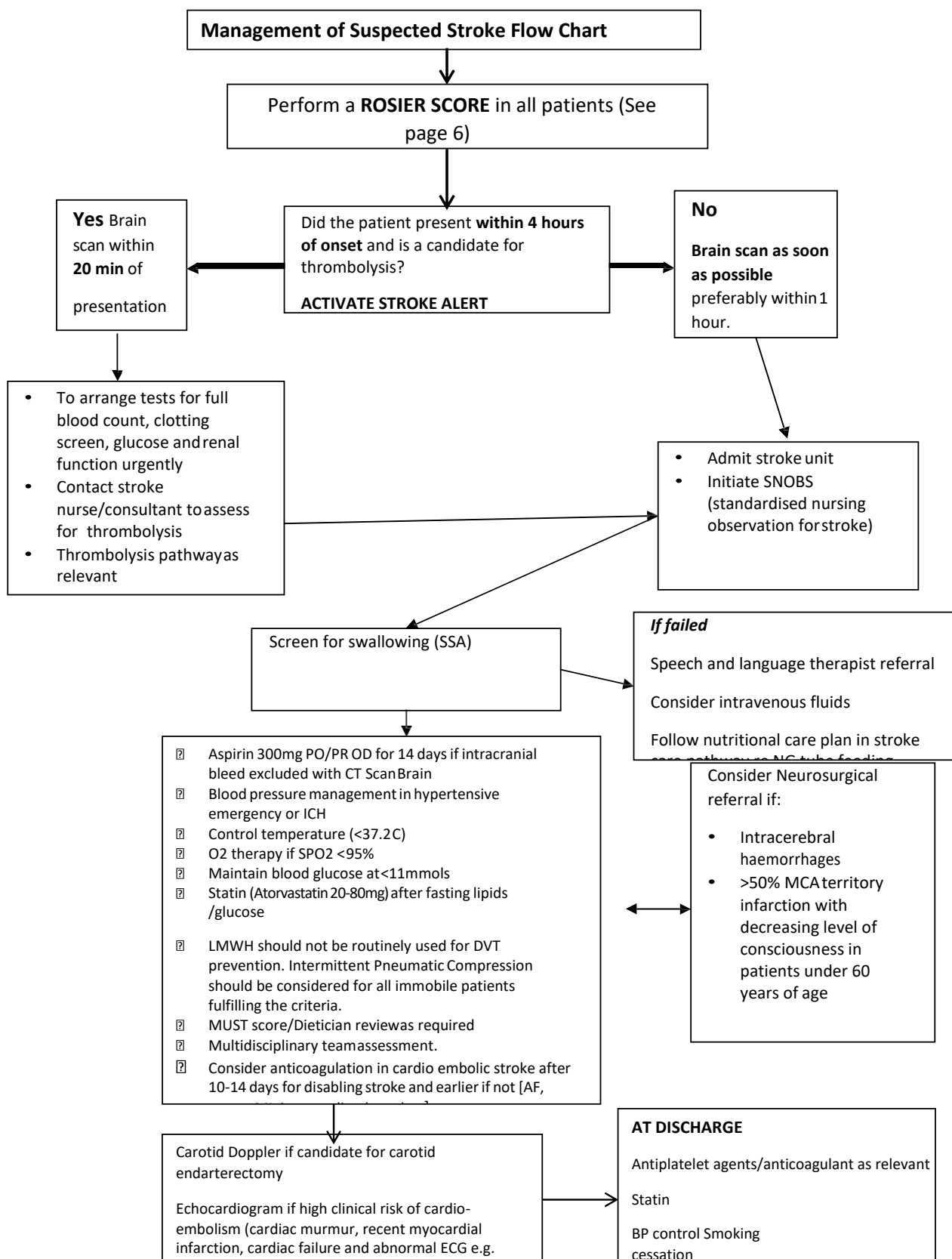
- If Patient is on anticoagulation – contact on call radiologist
- More than 1 TIA in the last 7 days
- TIA and atrial fibrillation

Contact Stroke Nurse clinicians as urgent anticoagulation (if intracranial bleed is ruled out) needs to be considered after urgent CT Scan of brain

- Patients who report more than **1 episode of TIA in 7 days** or who are **in atrial fibrillation**, should be considered for intravenous continuous unfractionated heparin therapy adjusted to regular APTT monitoring for 3-5 days **after discussion with the stroke physician on call**. It is imperative to rule out an intracranial haemorrhage or a major infarction in the brain before starting this treatment.
- Patients, who have had a suspected TIA and in whom, the vascular territory or the pathology is uncertain, should be referred for diffusion-weighted MRI of the brain unless contraindicated. If contraindicated, CT scan of the head should be organised.
- Doppler ultrasonogram of carotid arteries should be performed within 24 hours of presentation of anterior circulation TIA during week days and evaluated for carotid endarterectomy by the stroke physician on call. Patients presenting with TIA over the weekend, should benefit from a reserved slot for carotid imaging on Monday mornings. However patients presenting with multiple TIA or following a fluctuating course at the weekend should be risk assessed by the stroke physician on call to evaluate the need for imaging of carotids on a more urgent basis. If such imaging [eg. CT Angiogram] was deemed necessary, it should be discussed with the Consultant Radiologist on call. Carotid imaging is not routinely available in weekends.
- Echocardiogram is needed for patients less than 55 years of age and with high risk of cardioembolic stroke (significant ECG abnormality e.g. atrial fibrillation, cardiac murmur, recent myocardial infarction, cardiac failure). Rapid anticoagulation should be achieved with heparin (either therapeutic SC LMWH or IV infusion of unfractionated heparin) and initiation of oral anticoagulants considered as early as possible.
- Follow up of patients in the stroke clinic to address blood pressure management and life style modification as relevant.

## LOWER RISK GROUP

- Patients not fulfilling the high risk criteria should be referred urgently to the daily **Rapid Referral Stroke Clinic** for further assessment. Referral should be faxed to extension 8707
- All patients should be discharged on the appropriate antiplatelet agent +/- a statin as advised earlier.



# MANAGEMENT OF ACUTE STROKE

1. The ROSIER SCORE should be applied to all suspected stroke patients at initial contact to make a provisional diagnosis of stroke

ROSIER SCORE [Recognition Of Stroke In Emergency Room]			
Assessment	Score		
1) Has there been loss of consciousness or syncope?	Yes (-1 point)		No (0 point)
2) Has there been seizure activity	Yes (-1 point)		No (0 point)
<b>Is there a new acute onset (or on awakening from sleep) in the following:</b>			
Asymmetrical facial weakness	Yes (+1 point)		No (0 point)
Asymmetrical arm weakness	Yes (+1 point)		No (0 point)
Asymmetrical leg weakness	Yes (+1 point)		No (0 point)
Speech disturbance	Yes (+1 point)		No (0 point)
Visual field defect	Yes (+1 point)		No (0 point)
<b>Patient's total score =</b>			
<b>TOTAL SCORE..... (-2 to =+5)</b>			
Consider stroke if score is greater than zero. NB: Stroke is unlikely but not excluded if total score is less than or equal to zero			
Provisional Diagnosis Stroke	<input type="checkbox"/>	Non Stroke	<input type="checkbox"/>
<b>IF STROKE IS LIKELY CONTACT STROKE TEAM</b>			

2. If a provisional diagnosis of stroke is made, **urgent CT scan of the brain** should be arranged in the following group of patients [**within 20 minutes of presentation**].
  - Patients presenting to hospital within 4 hours of onset of the stroke symptoms, who are candidates for thrombolysis
3. The CT scan of the brain should be performed as soon as possible preferably within 1 hour of presentation to hospital in any patient diagnosed with stroke. Patients presenting with suspected stroke while on warfarin or other anticoagulants (including DOACs or LMWH) should undergo CT scan of their brain on a urgent basis to rule out intracerebral bleed.
4. **If a stroke patient presents within four hours of onset of symptoms, following actions should be undertaken on an urgent basis**
  - Activate **stroke alert**: Call 2222 and ask for stroke team
  - Arrange blood tests for full blood count, clotting screen, random glucose group and save and renal function immediately.
  - Consult stroke thrombolysis pathway to ensure the patient fulfils the inclusion and exclusion criteria. This is available in the intranet.
  - Discuss with Stroke team/ consultant and if a candidate for thrombolysis follow the thrombolysis pathway
  - Do not prescribe aspirin in any dose before a decision is made on thrombolysis. It is better to avoid aspirin in the first 24 hours after thrombolysis though pre-hospital treatment with aspirin is not a contraindication to thrombolysis.

## 5. Following applies to all strokepatients

- All patients admitted with a diagnosis of stroke should be transferred to the stroke unit within 4 hours of presentation to hospital. This is essential to enable the close monitoring of acute stroke patients and to start multidisciplinary assessment at the earliest opportunity.
- All patients should be monitored using SNOBS [standardised nursing observation for stroke] up to 48 hours after stroke. This is best carried out in the stroke unit. In all patients awaiting transfer to stroke unit, neurological monitoring is best done by four hourly scoring of Glasgow coma scale.
- Blood pressure should be monitored along with other neurological signs at a frequency prescribed by the SNOBS assessment. Initiation of treatment for hypertension in the first week after stroke is not desirable unless there is evidence of hypertensive crisis or intracerebral haemorrhage. For patients with ICH urgent blood pressure lowering is required within 6 hours of stroke onset for all patients with a blood pressure of >150mmHg. (target 140mmHg) Systolic. Continuation of the usual antihypertensive therapy in known hypertensive patients, is at the discretion of the physician in charge of the patient. Antihypertensive treatment can be started after 2 weeks from onset or to maintain the blood pressure below 130/80 mm Hg. Thiazide diuretics with or without ACE inhibitors, preferably Perindopril, would be the first drug of choice unless contraindicated
- All acute stroke patients should have their capillary blood glucose maintained at less than 11 mmols/l. Follow trust guidelines on management of inpatient diabetes to achieve the necessary control irrespective of the patient being known to have diabetes or not.
- Screening for dysphagia should be done as early as possible. This can be carried out by any member of the stroke team. If the patient fails the swallow test, formal assessment by the speech and language therapist will be arranged on an early basis. The patient will be kept nil by mouth until such assessment is undertaken and intravenous fluids should be administered to maintain hydration during this period. Further management of dysphagia will be based on the nutritional care pathway which forms part of stroke carepathway.
- Nutritional screening should be undertaken in the first three hours of admission and followed up with the action indicated by the score.
- Low Molecular Weight Heparin or TED stockings should not be used for DVT prophylaxis Patients with Immobility after stroke should be offered Intermittent Pneumatic Compression within 3 days of hospital admission if there are no contraindications. IPC should be continued for 30 days or until the patient is mobile or discharged. LMWH can be considered for thromboprophylaxis after 3 weeks if risk assessment allows.

- All ischemic stroke patients, not being considered for thrombolysis should be prescribed Aspirin 300mg per orally or per rectally if dysphagic, preferably after CT scan of brain to rule out intracerebral bleeding. If the patient has history of intolerance to Aspirin, clopidogrel should be used with a first day dose of 300mg followed by 75 mgs/ day long term. Aspirin is given at a dose of 300mg/day for 14 days only and patient is started on clopidogrel 75mg/day after that. If clopidogrel is used from onset, first dose of 300mg stat is followed by clopidogrel 75mg per day from next day.
- In ischemic stroke patients with cardiac source of emboli [patient with risk factors like atrial fibrillation, severe cardiac failure, recent myocardial infarction, cardiac thrombus and congenital heart disease], anticoagulant therapy with Warfarin or a NOAC should be considered from 10 to 14 days after a disabling stroke (sooner if not) following the initial treatment with the antiplatelet agents.
- Urgent referral to the Neurosurgical team may be indicated in certain situations such as malignant MCA syndrome (*a decline in consciousness from admission, demonstrated as at least 1 point on the level of consciousness item on the NIHSS\*, in conjunction with >50% infarction in MCA territory with compression of ventricles or midline shift*) in patients under 60 years of age and intracerebral haemorrhage with or without evidence of obstructive hydrocephalus. The stroke team is trained to do NIHSS scoring and it is anticipated that they would be involved in management of stroke patients at the earliest opportunity.
- Investigations targeted at secondary prevention should include fasting lipid profile, fasting glucose, carotid dopplers in patients fit for carotid endarterectomy both clinically and functionally and echocardiogram if cardiac source of emboli is suspected. Screening for thrombophilia should be undertaken in patients under 55 years of age.
- Life style modification is an important aspect of secondary prevention. Smoking cessation, exercise and dietary advice should be arranged and the effectiveness of these interventions should be followed up in the stroke review clinic.

All ischemic stroke patients should be discharged on antiplatelet agents and lipid lowering therapy unless there are compelling contraindications. All stroke patients need to be assessed for antihypertensive therapy with the target blood pressure being less than 130/80 mm Hg. Optimising the control of metabolic syndromes such as diabetes is important.

Note

\* NIHSS = National Institute of Health Stroke Scale [Glasgow coma scale is not a reliable indicator of consciousness level in acute stroke and hence NIHSS needs to be used]

## References

1. National clinical guidelines for diagnosis and initial management of acute stroke and transient ischemic attack (TIA). RCP 2012
2. Diagnosis and initial management of acute stroke and transient ischemic attack (TIA). Nice guidelines 2008.
3. Rothwell PM et al. Effect of urgent treatment of transient ischemic attack and minor stroke on early recurrent stroke (EXPRESS study). *Lancet* 2007;370: 1432-1442
4. Rothwell PM et al. A simple score (ABCD) to identify individuals at high early risk of stroke after transient ischemic attack. *Lancet* 2005;366(9479):29-36
5. International stroke trial collaborative group. *Lancet* 1997;349(9065):1569- 1581
6. Chinese acute stroke trial (CAST): *Lancet* 1997;349(9066):1641-1649#
7. Amerenco P et al. Statins in stroke prevention and carotid atherosclerosis: systematic review and up-to-date meta-analysis. *Stroke* 2004(12):2902-2909
8. Vahedi K et al. Early decompressive surgery in malignant infarction of the middle cerebral artery: a pooled analysis of three randomised controlled trials. *Lancet Neurology* 2007;6(3):215-222



## 14. IPC management and investigation of cases and outbreaks of COVID

Infection Prevention  
and ControlLiverpool University Hospitals  
NHS Foundation Trust

Issue number: Version 1

**Subject:** IPC management and investigation of cases and outbreaks of COVID**Objective:** To ensure appropriate reporting of COVID cases and reduce the transmission of infection**Target Level:** Trust-wide**Prepared by:** Debbie Lankstead, Deputy DIPC[Debbie.lankstead@liverpoolft.nhs.uk](mailto:Debbie.lankstead@liverpoolft.nhs.uk)

0151 529 4930

**CG Approved' logo will be added by CG Dept.****Evidence Base:** Rank: A, B, C or D (CSG/CG Dept will categorise evidence base)**Associated Documents:** COVID PPE Policy**Information Classification Label** **Unclassified****Date of Issue:** month and year**Review Date:** month and year + 3

Review History			
Issue No.	Page	Changes made with rationale and impact on practice	Date
		NA – new guideline	

Content	Page Number
Purpose	2
Identification of COVID patients	2
Internal reporting process for a single case of probable or definite health care associated cases	2
External reporting processes for individual cases	2

Valid from: July 2020 to July 2023

Uncontrolled copy when printed  
Current version held on intranetPage 10 of 152  
[CG Approved logo here](#)

IPC management of an individual COVID case	<b>3 &amp; 4</b>
Identification, notification and management of COVID-19 outbreak	<b>5</b>
Serious Incident Reporting	<b>5</b>

### 1. Purpose

This document outlines the process of identification, management and reporting of COVID-19 cases and the required escalation routes for potential outbreaks.

### 2. Identification of COVID patients

There are four categories of COVID infection based on time between first positive specimen and admission to hospital. The first day of admission counts as day one. In the event of patients testing positive on the day of admission this also counts as day one;

1. Community-Onset – First positive specimen date  $\leq$  2 days after admission to trust
2. Hospital-Onset Indeterminate Healthcare-Associated – First positive specimen date 3-7 days after admission to trust
3. Hospital-Onset Probable Healthcare-Associated – First positive specimen date 8-14 days after admission to trust
4. Hospital-Onset Definite Healthcare-Associated – First positive specimen date 15 or more days after admission to trust.

### 3. Internal reporting process for a single case of probable or definite health care associated cases

The IPC Team will inform the Executive Team when there is a positive probable or definite healthcare associated case.

A post infection review (PIR) will be undertaken for all cases of probable and definite healthcare associated cases (post day 8 and day 15 cases). Due to the aetiology of COVID 19 it may be challenging to establish how the transmission has occurred, however the post infection review process will aim to identify any areas for improvement and whether there are any other linked cases that might indicate ongoing transmission within an area. The post infection review template is based on the Northwest tool and also includes the IPC COVID audit tool (Appendix 1).

The IPC team will;

- Inform the clinical team and the Divisional Leadership Team of the case.
- Undertake the PIR and feedback with lessons learned.
- Identify and action any themes
- Request an action plan if required.
- Add all healthcare associated cases onto Datix.

The Divisions are required to report COVID associated cases to their Divisional Assurance Groups and the Trust IPC Group and to escalate any outstanding actions.

#### 4. External reporting processes for individual cases

Daily national reporting of cases is undertaken as per national sitrep requirements; this is undertaken by the Business Intelligence teams and validated by the Infection Prevention and Control Teams.

COVID-19 is a notifiable organism and as such Public Health England (PHE) is made aware via laboratory reporting as routine.

#### 5. IPC management of an individual COVID case

Independent from the reporting requirements, there are scenarios whereby patients with COVID will be identified and actions need to be taken to reduce the risk of transmission. Table 1 outlines potential scenarios which may occur. This is not an exhaustive list, and is aimed as a guide; a local risk assessment will be undertaken by the IPC Team, which will include an assessment of the individual's likelihood of transmission.

In all scenarios, consideration to any positive results for the patient must be considered as ongoing carriage may be present.

Scenario	Implications	Actions
1. Asymptomatic patient on a non Covid pathway – patient identified as positive from admission swab (<24 hours of admission)	Lack of symptoms and limited time in the bay; Low risk for potential transmission of infection.	<ul style="list-style-type: none"> <li>Isolate or cohort the positive patient.</li> <li>Clean bed space and change the bed space curtains.</li> <li>Do not close the bay to admissions.</li> </ul>
2. Patient admitted and screened positive >24 hours of admission	Implications dependent on symptoms and duration of patient stay; Low to medium risk for potential transmission of infection.	<ul style="list-style-type: none"> <li>Isolate or cohort the positive patient in the red stream (if not already done).</li> <li>Clean bed space and change the bed space curtains (if not already done)</li> <li>Swab contacts in the bay and other inpatient contacts on previous wards within the previous 2 days.</li> <li>Close the bay to admissions for 14 days or isolate all contacts for 14 days</li> <li>Isolate contacts on other wards for 14 days from contact with positive patient</li> <li>Ward staff to inform any contacts within the previous 2 days who have been discharged; advise to self isolate for 14 days following contact with positive patient</li> <li>If contacts are discharged, 14 days isolation is advised</li> </ul>

		<ul style="list-style-type: none"> <li>• Ward staff to inform any visitors to the bay over the past 2 days and advise to self isolate</li> <li>• Enquire about staff symptoms/sickness</li> <li>• Determine any potential breaches in PPE</li> <li>• IPC team to undertake IPC Covid Audit (if not been completed within the past 7 days)</li> <li>• If positive results from contact screening – IPC to review and action will be advised (see 3 below)</li> <li>• Complete Covid PIR tool if <math>\geq 8</math> days (Appendix 1)</li> <li>• If no positive screens or clinically COVID patients for 14 days, bay to be cleaned and re opened.</li> </ul>
3. Two patients identified within ward environment identified as positive (on or after day 8 of admission)	Potential transmission event; Medium/high risk for potential transmission of infection.	<ul style="list-style-type: none"> <li>• Isolate or cohort the positive patients in the red stream</li> <li>• Clean bed spaces and change the bed space curtains.</li> <li>• Swab all contacts in the ward and other inpatient contacts on previous wards within the previous 2 days</li> <li>• Close bay (or ward if patients in separate bays) to admissions for 14 days or isolate contact for 14 days</li> <li>• Isolate contacts on other wards for 14 days from contact</li> <li>• Ward staff to inform any contacts within the previous 2 days who have been discharged; advise to self isolate for 14 days following contact with positive patient</li> <li>• Enquire about staff symptoms/sickness</li> <li>• Determine any potential breaches in PPE</li> <li>• Swab all staff members</li> <li>• Rescreen all contacts on day 2 post contact screen</li> <li>• Complete Covid PIR (Appendix 1)</li> <li>• Complete the aide memoire (Appendix 4)</li> <li>• If positive results from any contact screening – IPC to review and action will be advised.</li> <li>• IPC will advise if further follow up screening is to be undertaken.</li> <li>• If no positive screens or clinically COVID patients for 14 days, bay to</li> </ul>

		be cleaned, HPV misted/fogged and re opened.
--	--	--

#### 4. Identification, notification and management of COVID-19 outbreak

An outbreak is defined as two or more people experiencing a similar illness that are linked in time and or place. Where there are endemic rates of a specific infection it can also be considered to be where there is a greater than expected incidence of infection compared to the background rate for the infection.

**For the purposes of HOCl, the definition is for two or more cases to occur within the same ward environment within 14 days**

PHE should be notified promptly of COVID-19 Outbreaks by the Trust and this will be communicated to the Consultant in Communicable Disease Control (CCDC). In addition, the Trust is required to escalate information about their outbreaks to the CCG, CQC and NHSE/I as soon as they themselves are aware of a potential issue via the mechanisms outlined within the algorithm in Appendix 2.

As part of the outbreak management the Trust will enact the Outbreak Management SOP and ensure that;

- A post infection review is undertaken on patients where a transmission has occurred.
- Patient and staff screening is undertaken.
- There is the correct patient placement of patients.
- Actions are implemented to reduce the risk of transmission
- Internal and external communications are undertaken
- IIMARCH Template (Appendix 3) and Aide Memoir Template (Appendix 4) is completed and sent to the relevant bodies (NHSE, NWICC, PHE, CQC, ICS, CCG).

Regular meetings take place where minutes are recorded and at the end of the outbreak a report is provided, in line with established PHE guidance on outbreak management.

#### 5. Serious Incident Reporting

Serious incidents can extend beyond incidents that affect patients directly and include incidents, which may indirectly impact patient safety or the organisation's ability to deliver ongoing healthcare. In terms of Patient safety incident reporting during the COVID-19 Pandemic, the Trust will continue to report anything of concern. Clinical and professional judgement will be used when considering what to identify as a Serious Incident (SI). The 2015 SI Framework promotes identification and reporting of SIs based on the potential for learning, future risk reduction and the consequences of any recurrence of the incident.

Where there is any evidence that the COVID-19 infection may have been healthcare associated and a death from COVID-19 has resulted, then there is clearly scope for learning. This is potentially a Serious Incident if the infection was acquired due to problems in healthcare care provision.

### COVID 19 Post-infection Review Tool

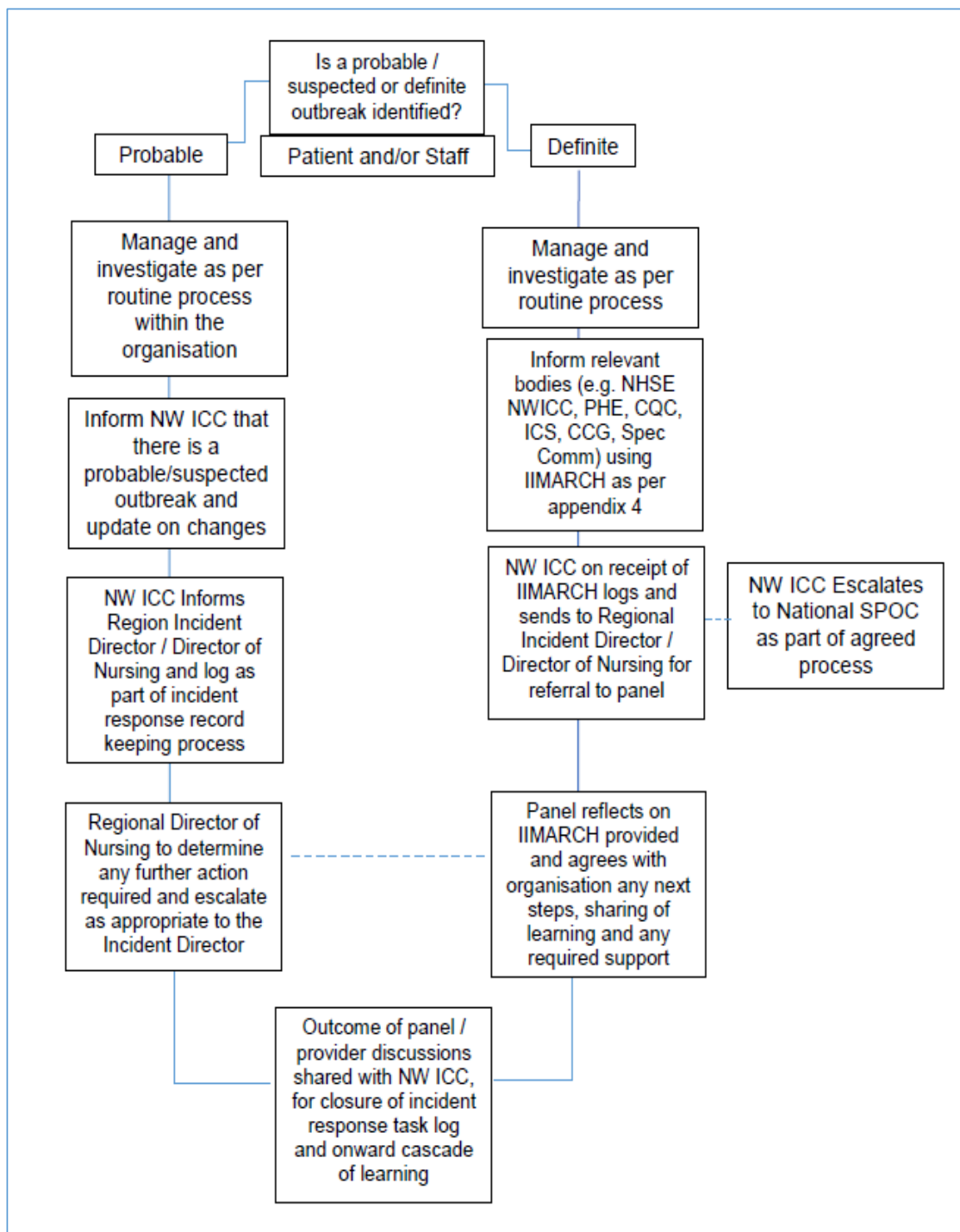
<b>Name of investigator:</b>	<b>Job Title:</b>	<b>Date:</b>
<b>Demographics</b>		
Patient Name:	Hosp No:	
Age:	Gender:	
Ethnicity (e.g. BAME, white etc):		
Reason for Admission:		
Past Medical History:		
Date of Admission:	Current ward:	
Screened on Admission?    Y    N Screening history:	Date of positive specimen:	
Date of Discharge/Death:	COVID on death cert?    Y    N    NA	
<b>COVID Infection</b>		
<b>Symptoms:</b>		
Date started _____	Cough    Y    N	Temperature    Y    N
Anosmia (loss of smell)    Y    N		
<b>Category of Infection (circle):</b>		
Probable 8-14 days	Definite 14+ days	
<b>Risk Factors</b> e.g. immunosuppressed, organ transplant, cancer treatment, high dose steroids lung disease, heart disease, diabetes, CKD, pregnant, obese, over 70, nursing home resident.		
<b>Chronology – patient journey</b>		

<b>Isolation/Patient Placement</b>			
Date Isolated or cohorted:		Appropriate patient placement: Y N	
Any issues identified?			
Has the patient shared a space with a COVID-19 positive person e.g. toilet/bathroom, X-ray?			
Has the patient maintained social distance of 2m to other patients & their beds?			
Patient contacts? Y N		Name	
		Hosp Number	
Name		Name	
Hosp Number		Hosp Number	
Name		Name	
Hosp Number		Hosp Number	
Name		Name	
Hosp Number		Hosp Number	
<b>Environmental</b>			
COVID IPC audit – <b>embed here</b>			
<u>Comments/compliance issues:</u>			
<b>Organisational Issues</b>			
Ask ward manager if any issues regarding:			
<ul style="list-style-type: none"> <li>• Availability of PPE, alcohol gel, wipes etc</li> <li>• Bed capacity</li> <li>• Staffing availability</li> <li>• Recent symptomatic staff/known positive COVID tests</li> </ul>			
<u>Comments:</u>			

Have any relevant issues been escalated to the IPC Team?    Y    N	
<u>Comments:</u>	
<b>Communication &amp; Escalation</b>	
IPCC	
PHE	
NHSE/I	
CQC	
CCG	



Appendix 2 – Outbreak reporting process



## Appendix 3 – IIMARCH Template

Element	Key questions and considerations	Action
I	<b>Information</b> <b>What, where, when, how, how many, so what, what might?</b> Timeline and history (if applicable), key facts reported using M/ETHANE	
I	<b>Intent</b> <b>Why are we here, what are we trying to achieve?</b> Strategic aim and objectives, joint working strategy	
M	<b>Method</b> <b>How are we going to do it?</b> Command, control and co-ordination arrangements, tactical and operational policy and plans, contingency plans	
A	<b>Administration</b> <b>What is required for effective, efficient and safe implementation?</b> Identification of commanders, tasking, timing, decision logs, equipment, dress code, PPE, welfare, food, logistics	
R	<b>Risk assessment</b> <b>What are the relevant risks, and what measures are required to mitigate them?</b> Risk assessments (dynamic and analytical) should be shared to establish a joint understanding of risk. Risks should be reduced to the lowest reasonably practicable level by taking preventative measures, in order of priority. Consider the hierarchy of controls. Consider Decision Controls	
C	<b>Communications</b> <b>How are we going to initiate and maintain communications with all partners and interested parties?</b> Radio call signs, other means of communication, understanding of inter-agency communications, information assessment, media handling and joint media strategy	
H	<b>Humanitarian issues</b> <b>What humanitarian assistance and human rights issues arise or may arise from this event and the response to it?</b> Requirement for humanitarian assistance, information sharing and disclosure, potential impacts on individuals' human rights	

When using IIMARCH, it is helpful to consider the following:

- Brevity is important - if it is not relevant, leave it out

- Communicate using unambiguous language free from jargon and in terms people will understand
- Check that others understand and explain if necessary
- Consider whether an agreed information assessment tool or framework has been used

#### Appendix 4 - COVID aide memoir

This Aide Memoire is intended to be a prompt sheet of questions that can be used by the NW ICC SPOC or member of staff receiving the initial call or following up investigation of the initial reported concern or case.

Question	Response
1. Date Identified	
2. How many patients do you think are involved, and what wards/departments are involved, and over what time period?	
3. Has ward/department been closed to admissions/ a. If so, date closed b. Numbers of patients affected c. Numbers of staff affected?	
4. How many staff members do you think are involved?	
5. Do you think this is an outbreak? If so, have you involved PHE?	
6. Do you have any concerns with compliance with Infection Prevention? d. Hand Hygiene e. Environmental cleanliness	
7. What immediate actions have you taken, and when?	
8. What further actions do you plan to take, and when?	
9. Have you started staff or patient screening?	
10. Where are you with staff/patient swabbing?	
11. Have you briefed your board and comms? If so, can we have a copy of the briefing?	

**STANDARD OPERATING PROCEDURE**

**OUTBREAK OF INFECTION – RECOGNITION,  
INVESTIGATION, NOTIFICATION AND  
MANAGEMENT IN HOSPITAL STANDARD  
OPERATING PROCEDURE**

Standard Operating Procedure Details	
<b>Author with contact details</b>	Debbie Lankstead, Assistant Director for Infection Prevention and Control
<b>Version Number</b>	Version: 10
<b>Original Issue date</b>	This was originally an Infection Prevention Guideline in 1996
<b>Issue Date</b>	February 2019
<b>Review Date</b>	3 years (unless there is legislation in place to state that the Trust must review the Standard Operating Procedure more frequently).
Target Audience Details	
<b>Level</b>	Trust wide
<b>Location of Staff applicable to</b>	Does it apply to all staff across the Trust or staff within a particular directorate.
<b>Staff groups applicable to</b>	All staff groups.
Additional Details	
<b>To be read in conjunction with / Associated Documents:</b>	Incident Reporting and Management Policy.
<b>Information Classification Label</b>	<input type="checkbox"/> <b>NHS Confidential</b> <input type="checkbox"/> <b>NHS Protect</b> <input checked="" type="checkbox"/> <b>Unclassified</b> Tick which ever classification this document applies to
<b>Access to Information</b>	To access this document in another language or format please contact the policy author.

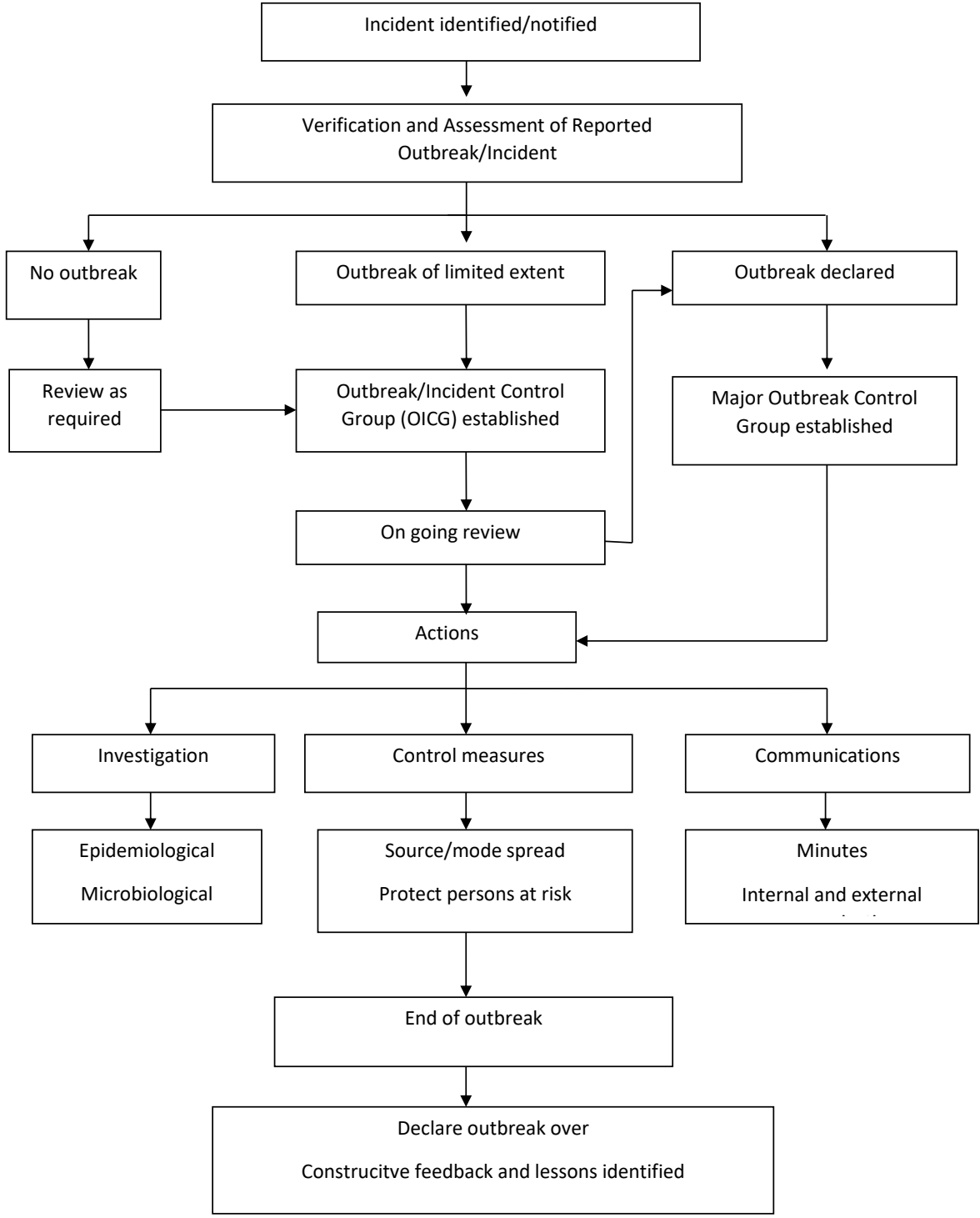
Review History			
Issue Number	Page	Changes made with rationale and impact on practice	Date
9	Whole document	The SOP has been reviewed in line with regional guidance. Additional clarity added regarding roles and responsibilities of staff and the identification, investigation and management of an outbreak.	8.2.16
10	4	Name change	

## CONTENTS

<b>TABLE OF CONTENTS</b>		
<b>Section</b>	<b>Section Heading</b>	<b>Page No</b>
1.	Summary page	3
2	Introduction	4
3	Roles and responsibilities	4
4	Definition of an outbreak	5
5	Investigation of an outbreak	5
6	Management of an infectious incident	6
7	Management of an outbreak	6
8	Closure of an outbreak	8
9	Monitoring of compliance	8
10	Equality, diversity and human rights statement	9
11	References	9
<b>Appendices</b>		<b>Page No</b>
1	Incident/Major Outbreak Group Member Responsibilities	10
2	Terms of Reference for Outbreak/Incident Control Group	11
3	Agenda for Outbreak/Incident Control Group	12

1.0 SUMMARY PAGE

Outbreak Management overview



Uncontrolled copy when printed - Current version held on intranet

## 2.0 INTRODUCTION

This policy relates specifically to the recognition, investigation, notification and management of outbreaks due to infectious disease within the Trust.

Outbreaks of healthcare associated infection vary considerably in terms of patient morbidity and mortality and the impact on Aintree University Hospital. Outbreaks/Incidents may be caused by a variety of micro-organisms (bacterial, viral or fungal) and the potential severity of an outbreak is classified according to the pathogenicity of the micro-organism, the potential for spread, geographical location and population group involved. There may be difficulty in defining an outbreak and the control procedures can be simple or extended depending on the circumstances and pathogen. Therefore, the level of response will depend largely upon the causative agent as much as the number affected.

The majority of infection problems are dealt with on a day to day basis by the clinical team in conjunction with the Infection Prevention and Control Team (IPCT). Surveillance and monitoring of all healthcare related infections is undertaken by the IPCT which can help identify any untoward increases in any area.

The plan need not be activated automatically in every outbreak situation. An assessment of the significance of the outbreak in terms of public health, taking into account the number, distribution and nature of the cases involved, must be made. Small scale outbreaks involving a discreet cohort of people or a closed setting may be managed on a less formal basis, by agreement between the Consultant Microbiologist, IPCT and/or the Director of Infection Prevention and Control.

## 3.0 ROLES & RESPONSIBILITIES

### 3.1 Chief Executive (CE)

The CE has overall responsibility for bed management and the management of patients who have infectious conditions. He/she has overall responsibility for the effective implementation of this policy.

### 3.2 Chief Nurse

The Director of Nursing and Quality has delegated responsibility as the Director of Infection Prevention and Control (DIPC). The DIPC is responsible for undertaking the strategic management of any major outbreak situation.

### 3.3 Assistant Director of Infection Prevention and Control

The ADIPC works in support of the DIPC and manages the Infection Prevention and Control Team actions.

### 3.4 Infection Prevention & Control Team (IPCT)

It is the responsibility of the IPCT to provide advice and support on methods for eliminating/reducing the risk of the spread of infection and ensuring effective communication with all key individuals including support services. This includes the effective management and co-ordination of infection incidents and outbreak situations ensuring they are brought to a timely end.

### 3.5 Infection Control Doctor/Consultant Microbiologist

The Infection Control Doctor is responsible for directing and co-ordinating the management of major outbreaks of infection, advising on the most appropriate methods of investigation and control and supporting the IPCT in collation of relevant data. The consultant microbiologists will give advice on individual specimens. He/she is responsible for liaising with key individuals e.g. Consultant in Communicable Disease Control (CCDC) in Public Health England. The CCDC should be contacted for the advice on the management of major outbreaks.

### 3.6 Managers

It is the responsibility of all Managers to:

- a) Ensure that this document is brought to the attention of all their staff, and that they understand and adhere to the guidance contained within;
- b) Ensure that infection incidents and outbreaks are reported promptly and the necessary precautions taken as outlined in this policy including the prompt isolation of patients, obtaining of relevant samples etc.



- c) Ensure that all adverse incidents relating to the prevention of infection are reported as per the Incident Reporting and Management Policy and support the IPCT in completing the relevant investigations.

### 3.7 All clinical staff

It is the responsibility of all clinical based staff to:

- a) Co-operate with Managers and the IPCT in achieving compliance with this policy.
- b) Ensure that infection incidents and outbreaks are reported promptly and the necessary precautions taken as outlined in this policy.
- c) Ensure that accurate patient records are kept and maintained for use by the IPCT.
- d) Report all adverse incidents relating to the prevention of infection as per the Incident Reporting and Management Policy

## 4.0 DEFINITION OF AN OUTBREAK

### 4.1 An outbreak is said to occur when;

- The number of cases of infection observed is greater than the number expected over a given time period or two or more cases are linked by epidemiological, clinical or microbiological features.
- Clearly one case of a serious unusual illness (e.g., legionnaire's disease) is of concern for public health but since this cannot be technically termed an outbreak it is instead referred to as an 'incident'. These incidents are managed in the same way as an outbreak.
- Some outbreaks can take weeks or months to develop before they become apparent (e.g. hepatitis) or if the infections occur in out-patients (e.g. adenovirus conjunctivitis) these types of outbreaks are frequently detected by laboratory surveillance.
- Routine surveillance carried out by the IPCT and vigilance on the part of nursing, medical and other staff can lead to the early identification of a problem and this is in fact part of our more universal surveillance system i.e. all staff must be vigilant at all times and must report any concerns to the IPCT, either directly or via their Ward Managers, by day or the on-call Consultant Microbiologist by night and weekends via the hospital switchboard. Similarly, members of staff who develop symptoms must report them to their team leader or ward/department manager and Occupational Health.
- In the case of a statutorily notifiable disease the attending doctor has a responsibility to inform the Consultant in Communicable Disease Control (CCDC)

Please Note: In the event of being notified by the Chief Medical Officer of a communicable disease outbreak/incident (e.g. SARS, Pandemic Flu) or an untoward release of biological terrorism (e.g. Smallpox, Anthrax) please refer to Information and Risk Management Emergency Preparedness Policies.

## 5.0 INVESTIGATION OF AN OUTBREAK

### 5.1 Verification and Assessment of Reported Outbreak/Incident

5.1.2 The IPCT will carry out an initial assessment of a reported outbreak as soon as possible. During normal working hours this will be one of the Infection Prevention & Control Team (IPCT) and out of hours via consultation with the on-call Microbiologist.

5.1.2 An assessment of the situation will be undertaken which will include reviewing the definition of an outbreak. It is very important to consider the mode of spread of infection in the light of the nature of the infecting organism and the distribution of cases. It will normally be possible for the IPCT to categorise the incident into one of the following:

- (a) No outbreak exists
- (b) Outbreak of limited extent
- (c) Major outbreak

5.1.3 If the decision is made to close a bay or ward an e-mail will be sent the same day by the IPCT to the relevant Associate Directors, Bed Managers, Matrons, and anyone else appropriate to the location affected.

5.1.4 If possible samples should be collected immediately patients become symptomatic. This may be before control measures are introduced. The ability of the microbiology laboratory to process the additional specimens should be assessed. Typing of the isolates is often an essential part of tracing sources and routes of transmission of infection. It is therefore important that all laboratory results are channelled through the Infection Control Doctor (ICD).

5.1.5 Epidemiological investigation is an essential part of outbreak investigation and the CCDC will contribute valuable expertise in epidemiological studies. As cases are identified and analysed by time, place and person the population at risk will be defined and a list of affected individuals, their contacts and others at risk drawn up and kept up to date by the relevant ward/department.

## 6.0 MANAGEMENT OF AN INFECTIOUS INCIDENT

6.1 On suspicion of an infectious incident, ward/department staff should immediately take precautions to prevent further spread by instigating appropriate isolation and infection prevention precautions and informing the IPCT.

6.2 Members of the IPCT will carry out initial investigation and their findings will be conveyed to the Director of Infection Prevention and Control (DIPC), Divisional Management Team Ward, Matrons Ward manager and Department Managers, Microbiologist/Infection Control Doctor and CCDC as appropriate.

6.3 The IPCT will liaise with the Ward Manager or deputy of the affected area regarding collection of appropriate specimens and further infection prevention precautions after the initial clinical assessment of the case.

6.4 If there are no further developments, which warrants upgrading of the infectious incident to outbreak status, then at the conclusion of the incident a brief report will be produced by the IPCT for the Infection Prevention and Control Operational Group and the Executive Lead Infection Prevention and Control Group.

6.5 Incidents and outbreaks should be reported as per the Incident Reporting and Management Policy.

## 7.0 MANAGEMENT OF AN OUTBREAK

### 7.1 Management of an Outbreak of Limited Extent

7.1.1 In cases where an 'incident' reaches a level where the IPCT classifies the situation as an outbreak of limited extent (e.g. the outbreak is limited to one ward) the IPCT will co-ordinate communication with relevant individuals and monitor to ensure that all necessary actions are undertaken. In some cases it may be necessary to form an Outbreak/Incident Control Group (OICG) and the Director of Infection Prevention and Control may decide to inform the Chief Executive as necessary.

7.1.2 The OICG should consist of the;

- Director of Infection Prevention and Control
- IPCT
- Infection Control Doctor/Consultant microbiologist
- The manager responsible for the affected area of the hospital
- Senior nurse from the affected area of the hospital
- The clinicians responsible for the affected patients
- Site Manager

7.1.3 The IPCT will present the information that is available and future plans are formulated for the management of the outbreak. In the case of small localised outbreaks the Outbreak Control Group may not need to meet again if the IPCT can manage the situation.

7.1.4 At the conclusion of the outbreak a report should be prepared by the IPCT and distributed to the members of the Outbreak Control Group. It may be beneficial to reconvene the group to discuss the findings of the report.

## 7.2 Management of a Major Outbreak

7.2.1 In cases where an outbreak reaches a level where the IPCT classifies the situation as a major outbreak it is necessary to form Major Outbreak Control Group (MOCG) to oversee management. The decision on what constitutes a major outbreak involves consideration of the nature of the disease, the number of people involved and the potential for spread within the hospital and community. For example, in a Norovirus outbreak a major outbreak would constitute infection occurring on two or more wards where there is a clear epidemiological link i.e evidence that infection has spread from one ward to another.

7.2.2 The MOCG will consist of;

- the Chief Executive or deputy (Chair)
- the DIPC
- the Infection Control Doctor/ Consultant Microbiologist
- Senior nurse from the affected area of the hospital
- Matron
- the Consultant in Communicable Disease Control
- the manager responsible for the affected area of the hospital
- the clinicians responsible for the affected patients
- Medical Director
- Occupational Health Physician or Nurse
- Bed Manager
- Environmental Health Officer if the infection is likely to be food or water- borne
- Health and Safety
- Clerical and administrative support
- Trust Communications Lead/Press Officer

Where applicable the following may be coopted to attend as required:

- Consultant virologist
- Supplies manager
- Estates Department
- Catering manager
- Decontamination Lead
- Pharmacist
- Laundry services manager
- Domestic Services manager
- Human resources manager

7.2.3 Additional expertise may be required in particular types of infections (e.g. regional epidemiologist). The Regional office of Public Health England will be informed by the IPCT when a major outbreak occurs as appropriate. The CCDC may be consulted and/or invited to join the MOCG. Detailed responsibilities of members of the MOCG can be found in Appendix 1. The Coordinating Commissioning Organisation should also be informed.

7.2.4 Once a major outbreak has been identified, the function of the MOCG is:

- To agree on a working case definition for outbreak management.
- To collate all results from the clinical area(s) and laboratory.

- To agree and co-ordinate policy decisions on the investigation and control of the outbreak and ensure they are implemented, allocating responsibility to specific individuals who will then be accountable for taking action.
- To take all necessary steps to ensure optimal continuing clinical care of all patients during the outbreak.
- To take all necessary steps to ensure the well being and safety of staff involved.
- To ensure additional cleaning measures are undertaken and monitored.
- To assess the resource implications of outbreak management, and how these will be met.
- To agree arrangements for providing information to patients, relatives and visitors if required.
- To meet on a regular basis to review progress on outbreak investigation and control.
- To establish a system for press release as necessary during the course of the outbreak.
- To consider the need for outside help and expertise.
- To define the end of the outbreak and evaluate the lessons learned.
- To inform regarding ward closures.
- To inform partner organisations.
- To prepare preliminary and final report for submission to the Executive Led Infection Prevention and Control Sub Group Group.

7.2.5. The MOCG terms of reference is in Appendix 2. All meetings of the MOCG will have a clear agenda (Appendix 3), minutes and action notes must be produced. Members of the IPCT will be responsible for providing status reports at each meeting for the MOCG deliberation.

Where an outbreak involves the wider community, the CCDC may take the lead role. The CCDC will inform the Department of health and any other organisation as he deems necessary.

#### 7.2.6 Outbreaks of Viral Gastroenteritis

Outbreaks of Viral Gastroenteritis once reviewed may be classified by the IPCT as either an outbreak of limited extent or a major outbreak. Further guidance on outbreaks of gastroenteritis is detailed in the Clinical Guideline Prevention and Control of Viral Gastroenteritis.

#### 7.2.7 Clostridium difficile infection (CDI)

Individual cases and periods of increased infection of CDI are managed in accordance with the Clinical Guideline *To improve clinical management and prevention of Clostridium difficile Infection*

#### 7.2.8 Influenza

Cases of Influenza must be managed on an individual basis. The IPCT in conjunction with the Infection Prevention and Control Doctor/ Consultant Microbiologist will review regarding declaring an Outbreak.

## 8.0 CLOSURE OF THE OUTBREAK

The MOCG will define the end of the outbreak and mechanism for returning to normal service. This will depend on the micro-organism involved, its pathogenicity, potential for spread, geographical location and population group involved.

## 9.0 MONITORING OF COMPLIANCE

Minimum requirement to be monitored	Process for monitoring e.g. audit/ review of incidents/ performance management	Job title of individual(s) responsible for monitoring and developing action plan	Minimum frequency of monitoring	Name of committee responsible for review of results and action plan	Job title of individual/ committee responsible for monitoring implementation of action plan
Major outbreak	Outbreak report	DIPC	When major outbreak occurs	Infection Prevention and Control Executive lead Group	DIPC

## 10.0 EQUALITY, DIVERSITY AND HUMAN RIGHT STATEMENT

The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This policy should be implemented with due regard to this commitment.

## 11.0 REFERENCES.

Ayliffe G.A.J (2000) *Control of hospital infection: a practical handbook*. 4th ed. Arnold London

Cheshire and Merseyside Resilience Forums (2014) Multi Agency Outbreak Control Plan.

Department of Health (1995). Hospital Infection Control - Guidance on the Control of Infection in Hospitals. DH/PHLS. Hospital Infection Working Group. HMSO, London

Department of Health (2015) Health and Social Care Act 2008, Code of Practice on the Prevention and Control of Infections and related guidance. Department of Health. London.

National Audit Office (2000) The Management and Control of Hospital Acquired Infections in Acute NHS Trusts in England. HMSO: London

Public Health England (2014) Communicable Disease Outbreak Management, Operational Guidance. Public Health England

Rebmann T (2005) Management of patients infected with airborne-spread diseases: An algorithm for infection control professionals *Am J Infect Control* 33 (10): 571-9

Shaw K (2006) The 2003 SARS outbreak and its impact on infection control practices. *Public Health* 120 (1): 8-14

**Appendix 1 Incident/Major Outbreak Group Member Responsibilities**

Director for Infection Prevention and Control	Infection Control Doctor/ Consultant Microbiologist	Infection Prevention & Control Team	Head of Service, Service Managers and Ward Managers	Facilities Managers
<p>Acts as Chairman of O/ICG or nominates deputy</p> <p>Ensure members of the control group understand their role and responsibilities</p> <p>Ensures appropriate staff are informed of the resources required by ward/unit</p> <p>Provides adequate accommodation and clerical support to the O/ICG</p> <p>Ensure a full record of the meetings is maintained.</p> <p>Communicates with the Managing Director and Communications Officer</p> <p>Responsible for report the outbreak as Serious Incident as appropriate.</p> <p>Determine the frequency of subsequent meetings Any other necessary duties</p>	<p>Attend all meetings</p> <p>Consider the most appropriate method of investigation of the outbreak.</p> <p>Advise the Infection Prevention Control Specialist of the taking of the relevant diagnostic specimens</p> <p>Consider whether the local laboratory resources are adequate to cope with the situation</p> <p>Liaise with CCDC as necessary</p> <p>Responsible for epidemiological investigations (data collation daily)</p> <p>Initiate the necessary control measures pending laboratory investigation and identification.</p> <p>Responsible for declaring conclusion of the outbreak</p>	<p>Direct and co-ordinate the management of the outbreak</p> <p>Liaise with the Clinical staff and arrange the taking of the relevant diagnostic specimens</p> <p>Monitor the implementation of control measures and provide support and advice for staff</p> <p>Liaise with CCDC as necessary</p> <p>Responsible for ensuring communication between members of the Outbreak/ Incident Control Group and others such as Health Protection Agency</p> <p>Ensure a full record of the incident is maintained</p> <p>Ensure a full report is written at the end of the outbreak for submission to IPC Group.</p> <p>Any other duties deemed necessary by the O/ICG</p>	<p>Attend all O/ICG meetings</p> <p>Give daily updates on the outbreak in their department</p> <p>Implement the recommended control procedures</p> <p>Supervise and liaise with the cleaning team</p> <p>Ensures all specimens are collected as necessary</p> <p>Communicates daily and offer support to relevant staff, patients and relatives</p> <p>Responsible for implementing ward closures or visitor restrictions as recommended by O/ICG</p> <p>Any other necessary duties</p>	<p>Attend all O/ICG meetings</p> <p>Organises staff for enhanced and terminal cleaning as necessary</p> <p>Ensures cleaning and disinfection procedures are carried out according to guidelines</p> <p>Ensure extra supply of linen is available</p> <p>Update their staff daily</p> <p>Any other actions recommended by O/ICG</p>

## **Appendix 2 Terms of Reference for Outbreak/Incident Control Group**

The objectives of the O/ICG will be to:

- Ensure that all necessary steps are taken to provide for the continuing clinical care of patients during the outbreak;
- Co-ordinate arrangements for the investigation of the source and cause of the outbreak and the control measures to be implemented;
- Establish clear communication channels and to consider the need for outside help and expertise.

The Outbreak/Incident Control Group will:

1. Review the epidemiological, microbiological and environmental evidence and verify an outbreak is occurring
2. Agree a case definition.
3. Agree data collection and reporting processes in order to:
  - measure the extent of the outbreak
  - monitor progress of the outbreak
  - monitor effectiveness of control measures
  - monitor staff levels
4. Investigate the source of infection and method of spread
5. Assess risks to patients and staff and define control measures.
6. Review admissions and transfers.
7. Assess the need for additional supplies and staff.
8. Implement agreed control measures.
9. Monitor the effectiveness of the control measures.
10. Liaise with the Infection and Control Executive Led Group.
11. Establish clear channels of communication and provide clear instructions and information for staff, patients, visitors, GPs and other partners.
12. Ensure timely reporting to external agencies.
13. Agree a media spokesperson and strategy for dealing with media and other enquiries in the event of a major outbreak.
14. Define the end of the outbreak and mechanism for returning to normal service.

Outbreak of Infection Policy 10<sup>th</sup> Edition –  
Date

Page 32 of 152

Uncontrolled copy when printed - Current version held on intranet

15. Review the management of the outbreak; produce a report, to include recommendation for future outbreak management.

### **Appendix 3 Agenda for Outbreak/Incident Control Group**

**Outbreak Control Team Meeting  
Agenda  
(Title)  
(Date, time and venue)**

1. Introductions
2. Apologies
3. Minutes of previous meeting (for subsequent meetings)
4. Purpose of meeting
  - At first meeting agree chair and terms of reference
5. Review of evidence
  - Epidemiological
  - Microbiological
  - Environmental and food chain
6. Current risk assessment
7. Control measures
8. Further investigations
  - Epidemiological
  - Microbiological
  - Environmental and food chain
9. Communications
  - Internal
  - External
10. Agreed actions
11. Any other business
12. Date of next meeting

Outbreak of Infection Policy 10<sup>th</sup> Edition –  
Date

Page 33 of 152

Uncontrolled copy when printed - Current version held on intranet



## MEETING OF THE GOVERNING BODY November 2020

<b>Agenda Item:</b> GB20/152	<b>Author of the Paper:</b> Terry Stapley Corporate Business Manager <a href="mailto:Terry.Stapley@southseftonccg.nhs.uk">Terry.Stapley@southseftonccg.nhs.uk</a>	<b>Clinical Lead:</b> N/A						
<b>Report date:</b> November 2020								
<b>Title:</b> Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map: Q2 2020/21								
<p><b>Summary/Key Issues:</b></p> <p>The members are presented with the updated Corporate Risk Register (CRR) and GBAF for Q2 2020/21 as at 30 September 2020. 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 is an update on the position of the risks for COVID-19, SEND and Fraud, Bribery and Corruption.</p>								
<p><b>Recommendation</b></p> <p>Following review and scrutiny, the Governing Body is asked to:</p> <ul style="list-style-type: none"> <li>• approve the report content and actions</li> <li>• note the actions of the Audit Committee</li> <li>• make recommendation for any further updates and actions</li> </ul>		<table border="1"> <tr><td>Receive</td><td><input type="checkbox"/></td></tr> <tr><td>Approve</td><td style="text-align: center;">X</td></tr> <tr><td>Ratify</td><td><input type="checkbox"/></td></tr> </table>	Receive	<input type="checkbox"/>	Approve	X	Ratify	<input type="checkbox"/>
Receive	<input type="checkbox"/>							
Approve	X							
Ratify	<input type="checkbox"/>							

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

X	To support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To ensure delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.

X	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
X	To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.
X	To progress a potential CCG merger to have in place an effective clinical commissioning group function.

Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement			X	
Clinical Engagement			X	
Equality Impact Assessment			X	
Legal Advice Sought			X	
Quality Impact Assessment			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	<b>X</b>			Reviewed by the respective risk leads, committees and Leadership Team. The documents are as presented to the Audit Committee in October 2020

## Report to the Governing Body November 2020

### 1. Executive Summary

The paper provides an updated Corporate Risk Register (CRR), Risk Heat Map and Governing Body Assurance Framework (GBAF) as at 30<sup>th</sup> September 2020 (Q2 2020/21).

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

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

Also presented is an update on the COVID-19 risks which have now been incorporated into the main CRR and the latest SEND Risk Register which is reviewed by the SEND Continuous Improvement Board.

### 2. Position Statement 30<sup>th</sup> September 2020 (Q2 2020/21)

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

There are a total of 12 risks against the 6 revised and updated strategic objectives for 2020/21.

#### **GBAF Risk Positions (*appendix A*)**

Risk	Score	Number of Risks
Low	1-3	0
Moderate	4-6	0
High	8-12	7
Extreme	15 - 25	5

#### **GBAF Highlights**

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

## 2.2 COVID/Corporate Risk Register (CRR) and Risk Heat Map

The COVID risks ('C' reference) have been incorporated into the Corporate Risk Register and aligned to the CCG committees to be presented through the review and scrutiny process. These will be monitored to ensure aligned correctly and reviewed by the risk leads in terms of risk themes. Of the 29 COVID-19 risks, there are 7 rated as high (score of 12) or above and currently aligned to:

- Finance and Resource: 1
- Quality and Performance: 5
- Primary Care Commissioning: 1
- 

Of the 54 operational risks on the CRR as at 30<sup>th</sup> September 2020 (Q2 2020/21), there are 27 rated high (score of 12) or above:

- Finance and Resource: 2
- Quality and Performance: 17
- Primary Care Commissioning: 8

The CRR presented (**appendix D**) now includes any risks reduced below the normal reporting threshold of 12 for one cycle. This is following discussion at Audit Committee of the process for removing risks from the register and to assure the committee on mitigation of that risk before removal, as included in the below:

Recent Movement of Operational Risks	
<ul style="list-style-type: none"> <li>• 10 new risks</li> </ul>	<ul style="list-style-type: none"> <li>• JC31: <u>PTII confidential</u> - Audit Committee received detail.</li> <li>• JC32: <u>PTII confidential</u> - Audit Committee received detail.</li> <li>• JC33: <u>PTII confidential</u> - Audit Committee received detail.</li> <li>• JC34: <u>PTII confidential</u> - Audit Committee received detail.</li> <li>• JC35: <u>PTII confidential</u> - Audit Committee received detail.</li> <li>• AC009: Risk of commissioning fraud due to CCGs looking pragmatically at supporting their health economy and promoting new ways of working. This may have meant new contracts being established at short notice.</li> <li>• AC010: Risk of CHC and PHB fraud due to lack of assessments and new ways of working.</li> <li>• AC011: Risk of Primary Care Contractor Fraud, resulting in increased expenditure in GP primary care services.</li> <li>• QUA81: Adult ASD service is reporting waits of 6 years for assessment with demand far outstripping capacity. This has a risk to reputation for both CCGs. The high waits will also impact on SEND arrangement in particular the transition of CYP to adult services.</li> <li>• QUA82: Eating Disorder service has had long standing challenges around achieving 18 hour waits. In addition the service is not NICE compliant.</li> </ul>
<ul style="list-style-type: none"> <li>• 2 risks increased</li> </ul>	<ul style="list-style-type: none"> <li>• QUA070: There is a risk that the CCG will continue to fail the 62 day constitutional access target for cancer resulting in delays to cancer diagnosis and treatment and associated poorer clinical outcomes <ul style="list-style-type: none"> <li>○ Rationale: Strengthened process for harm review of very long waiting cancer patients</li> <li>○ Cancer Alliance Restoration plan with focus on reducing numbers of patients waiting &gt; 104 days and recovery of endoscopy services</li> <li>○ Trajectories received for reduction of very long waiters &gt; 104 days</li> </ul> </li> <li>• JC32: PTII confidential - Audit Committee received detail.</li> </ul>

<ul style="list-style-type: none"> <li>42 risks remained static of which 4 have been recommended for removal:</li> </ul>	<ul style="list-style-type: none"> <li>QUA011: Risk of infection/ hospital admission caused by poorly maintained nebuliser equipment resulting in harm to patients. <ul style="list-style-type: none"> <li>Rationale: .All work completed to date apart from reviewing nebuliser use for specialist groups such as bronchiectasis. A task and finish group will be set up to conduct a review and develop guidance for clinicians. Task group to be set up August 2020. Request closure of this risk.</li> </ul> </li> <li>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. <ul style="list-style-type: none"> <li>Rationale: Recommended for closure at JQPC in June 2020. Awaiting confirmation at Audit Committee.</li> </ul> </li> <li>JC25: <u>PTII confidential</u> - Audit Committee received detail.</li> <li>JC30: <u>PTII confidential</u> - Audit Committee received detail.</li> </ul>
<ul style="list-style-type: none"> <li>0 risks have reduced to below the reporting level</li> </ul>	N/A
<ul style="list-style-type: none"> <li>Of the risks below the reporting level of 12: 4 have been recommended for removal (<i>see register</i>)</li> </ul>	<ul style="list-style-type: none"> <li>QUA020a: There is a risk to mental health patients caused by the 12 hour waiting time in A&amp;E resulting in compromised quality of patient care. <ul style="list-style-type: none"> <li>Rationale: Request closure of the risk due to reducing number of 12 hour breaches and ongoing work supporting processes and reporting including AED delivery board, escalation processes and improved reporting/learning mechanisms.</li> </ul> </li> <li>QUA025a: Risk that patients could be harmed or receive inadequate care caused by a lack of assurance and capacity within the commissioned Looked After Children's Health Team resulting in potential negative effect on outcome. <ul style="list-style-type: none"> <li>Rationale: The LAC health team has recruited to the additional CCG funded posts and is now its full complement of staff. The risk has therefore reduced and can be closed.</li> </ul> </li> <li>QUA062: There is a risk of not achieving full utilisation of ERS caused by a number of South Sefton GPs still using paper referrals resulting in referrals not being processed and accepted by Aintree University Hospital. <ul style="list-style-type: none"> <li>Rationale: Request to close due mandated usage of ERS by GPs.</li> </ul> </li> <li>JC26: <u>PTII confidential</u> - Audit Committee received detail.</li> </ul>
<b>COVID Risks</b>	
<ul style="list-style-type: none"> <li>8 risks have been recommended for removal</li> </ul>	<ul style="list-style-type: none"> <li>C2: Some care home providers will not accept patients needing to be transferred from hospital without a negative Covid 19 swab result. <ul style="list-style-type: none"> <li>Rationale: Request closure - this no longer poses a risk to the system as there is now provision for Covid positive patients within Southport and Formby</li> </ul> </li> <li>C5: LUHFT have implemented a restriction on the accepting of routine elective referrals, and have requested referrers to hold onto referrals unless the patients cannot wait or be seriously compromised if not assessed within 6-12 months. This is against national guidance as per Adam Andrews (Head of planned care ? -NHSE/I) <ul style="list-style-type: none"> <li>Rationale: This risk is to be closed due to reopening of services and referrals being allowed</li> </ul> </li> <li>C13: Second stage letter received from Simon Stevens 29th April, requesting plans to be developed for Urgent and where possible routine activity to resume. Plans are to be developed with local and</li> </ul>

	<p>regional teams, however, no local guidance has been issued, which could lead to different providers prioritising different services going live, leading to surge in activity that providers may not be able to deal with.</p> <ul style="list-style-type: none"> <li>○ Rationale: Request to close due to progression to Phase 3 planning and restoration supporting hcp.</li> </ul> <ul style="list-style-type: none"> <li>● C14: During the initial period of the COVID pandemic, planned care staff have been redeployed to support IMT duties. As recovery activities ramp up, the planned care team will be required to support the development and implementation of the recovery plan. Redeployment of staff was enacted before the redeployment policy was enacted. Therefore a disproportionate amount of resource from the commissioning team was allocated to the care home cell. Therefore, the team does not have the resilience/resource to pick up required activities whilst team members are redeployed. <ul style="list-style-type: none"> <li>○ Rationale: Request to close due to staff recruitment and step down of IMT.</li> </ul> </li> <li>● C29: There is a risk that staff are not fully protected due to the current lack of PPE supplies particularly in primary care, CHC/PHB/Care Homes/Domiciliary Care/Pharmacies. <ul style="list-style-type: none"> <li>○ Rationale: National solution have now been set up and each practice has access to supplies. Risk reduced. Supplies of PPE have returned to normal level. No further risk - Proposal to close risk.</li> </ul> </li> <li>● C30: There is a risk that patients will not be shielding due to delays in national EMIS searches being available <ul style="list-style-type: none"> <li>○ Rationale: Weekly list have been sent electronically to practice via EMIS. Practice able to monitor shielding patients. National guidance has relaxed shielding guidance allowing patients to go outdoors and mix in bubbles of 6. Proposal to close risk.</li> </ul> </li> <li>● C31: Risk to sustainability of General Medical Service due to COVID-19 <ul style="list-style-type: none"> <li>○ Rationale: On-line consultations and video consultations has allow more mobile working for staff. Antibody test has been completed and swabbing is more readily available. Proposal to close risk.</li> </ul> </li> <li>● C32: There is a risk that patients will not be seen for essential ongoing appointments due to availability of staff in primary care <ul style="list-style-type: none"> <li>○ Rationale: Practices are utilising more online and video consultations to allow for more agile working. Proposal to close risk.</li> </ul> </li> </ul>
--	--

### COVID-19 Risk Positions (12+)

Risk	Score	Number of Risks
High	8-12	11
Extreme	15 – 25	7

## CRR Details and Highlights

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

### 3. SEND Risks

The Audit Committee is presented with a copy of the latest confidential SEND Continuous Improvement Board (CIB) risk register as at 7<sup>th</sup> July 2020, which sits separate due to the differing risk score matrix.

### 4. Fraud, Bribery and Corruption Risks

The fraud risks devised by MIAA have been incorporated into the CCGs risk register and are all a low to moderate level. As part of the main register the risks are presented through the risk review process and will be monitored by the respective committee.

### 5. Risk Review: Process Monitoring

A review has been carried out on the process for the management of the risks. Further work will be done on this over the coming months and will include:

- Timeline of submission dates and mapping of process so as to ensure the risks are reviewed and updates submitted at each stage of the process
- Responsibilities of each committee lead/contact
- Review of content and process for each committee, ensuring continual review by each committee of 'all' risks within the register or their domain, which will now include:
  - COVID risks
  - Fraud, Bribery and Corruption risks
  - SEND risks (*sits as a separate document due to the differing risk matrix used*)
- Process and review support for risk owners and committee leads
- Review at Senior Management Team meetings on a monthly basis to allow review and scrutiny to take place.

### 6. Audit Committee Recommendation: 14<sup>th</sup> October 2020

At the Audit Committee meeting in October 2020 the membership:

- GBAF and CRR are to be received by Leadership Team to review an error with risk scoring, noting issues in relation to the colour coding on the Risk Heat Map.
- Reference was made to risk JC30 (Private PII). This risk had been proposed for removal due to mitigating actions being applied. It was felt that the Heat Map provided conflicting information as the risk was marked as green which suggests the risk scoring is low, although it has a score of 25. The members asked that a review of the colours used takes place to avoid any further confusion.
- Reference was made to risk CR35 (Risk home providers will not accept patients without a negative Covid 19 swab). This risk had been mapped incorrectly on the Heat Map. This has now been amended.
- The members did not approve the following risks for removal as listed in section 2:
  - C2
  - C5
  - C13
  - C14
  - C29
  - C30
  - C31
  - C32
  - QUA011

- QUA020a
  - QUA022
  - QUA058
  - QUA025a
  - QUA062
  - JC25 (PTII confidential)
  - JC26 (PTII confidential)
  - JC30 (PTII confidential)
- The above risks will continue to be shown on the Corporate Risk Register until approved for removal at the next Audit Committee (January 2021).
  - The Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map will be reviewed at Senior Management Team on a monthly basis for completeness.

## 7. Appendices

Appendix A – Governing Body Assurance Framework

Appendix B – Risk Heat Map

Appendix C – Risk Themes

Appendix D – Corporate Risk Register

Appendix E – Risk Matrix

**Terry Stapley**  
**Corporate Business Manager**  
**October 2020**





## South Sefton CCG

### Governing Body Assurance Framework

2020/21

Update as at: 30<sup>th</sup> September 2020 (Q2 2020/21)

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

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

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
1. To support the implementation of the Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.	1.1 Diversion of supporting and recovering from COVID-19	Cameron Ward	12	12	<ul style="list-style-type: none"> <li><del>Sefton2gether plan agreed by all partners</del></li> <li><del>Implementation plan prepared.</del></li> <li>Implementation suspended due to Covid-19 (national request)</li> <li><del>Recovery underway to incorporate Sefton2gether implementation</del></li> <li>Phase 3 planning includes recovery and focus on addressing health inequalities incorporating Sefton2gether objectives</li> <li>Planning underway for 2021/22 commissioning intentions to re-focus on Sefton2gether ambitions and objectives</li> <li>Maintain communications with all stakeholders</li> </ul>
	1.2 Reconfigurations of organisations detract from implementation agenda	Cameron Ward	9	9	<ul style="list-style-type: none"> <li>Review implementation approach alongside potential organisational changes</li> </ul>
2. To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.	2.1 There is a risk that identified areas of adverse performance are not managed effectively or initially identified	Cameron Ward Martin McDowell	16	16	<ul style="list-style-type: none"> <li>Joint Quality and Performance committee meetings continuing</li> <li>Review of performance and shortfall areas identified and pursued.</li> <li>Covid-19 will impact on provider abilities to meet standards</li> <li>Cancer Alliance supporting providers on cancer performance shortfalls</li> </ul>

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
	2.2 Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category 2 responder.	Debbie Fairclough	16	8	<ul style="list-style-type: none"> <li>• Statutory Lead in place</li> <li>• NHSE approval of assurance against key standards.</li> <li>• Full incident management team and cell arrangements established in response to of C-19</li> <li>• AO lead role for Sefton in wider system c-19 response</li> </ul>
	2.3 Failure to have in place plans in the event of a no-deal Brexit after the transition period may result in adverse consequences for patients due to potential medicines supply issues	Jan Leonard	20	20	<ul style="list-style-type: none"> <li>• EU exit event attended</li> <li>• NHSE sitrep procedure now paused</li> <li>• NHSE EU exit webinars scheduled for forthcoming months for CCG leads</li> <li>• EU planning arrangements to be reinstated</li> <li>• Business continuity exercise for leadership team completed for February 2020</li> <li>• EU Exit planning arrangements to recommence</li> <li>• UK left EU on 31.1.20</li> <li>• NHSE will issue guidance in October 2020 setting out the NHS operational response requirements.</li> <li>• Interim Programme Lead – Corporate Services is the identified “UK end of transition SRO” for the CCG.</li> <li>• <del>CCG responding to c-19 response through establishment of IMT and key cells</del></li> </ul>

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
	2.4 Failure to have in place care home provider failure plans could adversely affect continuity of care for patients.	Jane Lunt	9	20	<ul style="list-style-type: none"> <li>Care home provider failure plan in place and has been tested</li> <li>CCG and LA lead have met to consider and review risks and remain in contact to ensure any new risks are identified and managed</li> <li>The COVID19 outbreak will have a significant and adverse impact on delivery of this objective.</li> </ul>
3. 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.	3.1 Failure to deliver the CCGs overall QIPP plan	Martin McDowell	9	20	<ul style="list-style-type: none"> <li>The COVID19 outbreak will have a significant and adverse impact on delivery of this objective.</li> </ul>
	3.2 There is a risk that financial pressures across health and social care impacts negatively on local services and prevents the future development of integrated commissioning and the implementation of integration plans. (prev 6.1)	Tracy Jeffes	9	9	<ul style="list-style-type: none"> <li><b>Integrated Commissioning Group membership expanded and joint development programme commenced. established and plan for more ambitious joint working</b></li> <li><del>Pooled budget arrangements within BCF agreed and plan for more pooled budget arrangements</del></li> <li>Working together on implementation plan for the Health &amp; Wellbeing strategy and the 5 year plan</li> <li><b>BCF steering group is actively reviewing commissioning activity in BCF plan</b></li> <li><b>ICG role and function review completed and workplan established with clear objectives for the three new joint commissioning posts. in place and AQuA sessions agreed.</b></li> <li><del>New BCF approved by council and governing bodies with s75 agreed</del></li> </ul>

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
					<ul style="list-style-type: none"> <li>Many areas of development are paused to enable c-19 response, however now recommencing.</li> </ul>
<p>4. To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).</p>	<p>4.1 Current work pressures reduce ability to engage on the transformation agenda.</p>	<p>Jan Leonard/ Tracy Jeffes</p>	<p>9</p>	<p>9</p>	<ul style="list-style-type: none"> <li>PCN expectation document completed</li> <li>LQC for 2019/20 operational and schemes live</li> <li>PCN Social prescribing link workers commenced in post December and now supporting C-19 response for most vulnerable are working to further develop the service offer, but are constrained by more limited onward referral routes due to C-19. Two additional roles commenced and a further two in recruitment.</li> <li>Social prescribing link workers commenced in post December and now supporting C-19 response for most vulnerable</li> <li>Extended access schemes all live. Monitoring of impact. Proposal for Formby to be presented to JOG</li> <li>Draft quality dashboard being presented to PCCiC</li> <li>PCNs have been completed plans and a maturity matrix for NHSE which will assist with planning and support from the CCG</li> <li>Many areas of the PCN DES are now suspended due to C-19 but work on care homes continues.               <ul style="list-style-type: none"> <li>Collaborative work across Sefton with partners to deliver the PCN care home DES is progressing</li> <li>PCNs with CCG co-ordination</li> </ul> </li> </ul>

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
					have submitted PCN additional roles allocation plans to NHSE.
5. 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.	5.1 Lack of engagement of all providers in the development of the Provider Alliance.	Jan Leonard	12	12	<ul style="list-style-type: none"> <li>Supporting the development of the Provider Alliance</li> <li>Producing a project initiation document and project plan for the development of the Provider Alliance</li> <li>Supporting monthly meetings of the Provider Alliance and the Operational Group</li> <li>CCG co-Charing (with Public Health) Falls Work Stream, Comms and Engagement and Social Prescribing</li> <li>Work streams in place for falls and childrens and social prescribing</li> <li>Operational Delivery Group being reviewed to improve effectiveness</li> <li>The COVID19 outbreak has had a significant and adverse impact on delivery of this objective but work has now recommenced</li> </ul>
	5.2 Ability and capacity of PCNs to develop and to contribute to the integration model.	Jan Leonard	16	20	<ul style="list-style-type: none"> <li>Phased development of PCNs</li> <li>PCN progress reviewed by Prim</li> <li>3 PCNs now authorised</li> <li>MOUs in place for Medicines Hub</li> <li>Contractual monitoring in place for 7 day access service</li> <li>Development sessions with Wider Group</li> <li>The COVID19 outbreak will have a significant and adverse impact on delivery of this objective.</li> </ul>
6. To progress a potential CCG merger to have in place an	6.1 Organisation reconfiguration detracts from strategic	Tracy Jeffes	9	9	<ul style="list-style-type: none"> <li>Working together on developing the Health &amp; Wellbeing strategy and the 5</li> </ul>

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
effective clinical commissioning group function.	commissioning (prev 6.2)				<p>year plan</p> <ul style="list-style-type: none"> <li>• Ensuring the primacy of “place” within NHS guidance as the key planning and integrated commissioning footprint, regardless of larger commissioning footprints for some other services.</li> <li>• Timescales for possible reorganisation of CCGs allows for the strengthening of place / integrated commissioning arrangements in advance of organisational change.</li> <li>• Joint Integration Commissioning Workshop action plan complete.</li> <li>• Ongoing positive engagement at Integrated Commissioning Group meetings.</li> <li>• <a href="#">Merger process was paused due to c19 response and strategic discussions now underway to agree way forward.</a></li> </ul>

<b>Strategic Objective 1</b>	<b>To support the implementation of the Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.</b>			
<b>Risk 1.1</b>	Diversion of supporting and recovering from COVID-19			
<b>Risk Rating</b>	<b>Lead Director</b>			
Initial Score	<b>3 x 4 = 12</b>	Cameron Ward		
Current Score	<b>3 x 3 = 9</b>	<b>Date Last Reviewed</b>		
		30 September 2020		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Informal Senior Leaders Oversight Group to be established with independent facilitator</li> <li>Regular liaison with partners including Board to Board meetings and co-ordination meetings</li> <li>Recovery groups in place for the S&amp;O and Liverpool systems involving providers and commissioner</li> <li>Implementation Plan prepared</li> <li>Five year plan Sefton2gether agreed by partners.</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		Preparing commissioning intentions for 2021/22	Cameron Ward	31.12.20
		Await feedback on Phase 3 Sefton Place Plan, activity and finance submissions	Cameron Ward	31.10.20
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Monthly IPR approach and reporting</li> <li><a href="#">Review progress at Leadership Team</a></li> </ul>				
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		



<b>Strategic Objective 1</b>	<b>To support the implementation of the Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.</b>		
<b>Risk 1.2</b>	<b>Reconfigurations of organisations detract from implementation agenda</b>		
<b>Risk Rating</b>	<b>Lead Director</b> Cameron Ward		
Initial Score	<b>3 x 3 = 9</b>	<b>Date Last Reviewed</b> 30 September 2020	
Current Score	<b>3 x 3 = 9</b>		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>	
<ul style="list-style-type: none"> <li>Focussing on business as usual</li> <li>Increased focussed on performance levels</li> <li>Clarity of roles and responsibilities during times of change</li> <li>Increased engagement and communications between partners</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>
		Continuing to emphasise business as usual in all CCG dealings	Cameron Ward
		<b>Due By</b>	31.12.20
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>			
<ul style="list-style-type: none"> <li>Reviews of performance levels across the system and of individual organisations</li> <li>Board to board meetings</li> <li>Meetings within Cheshire &amp; Merseyside Health &amp; Care Partnership</li> </ul>			
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>	

<b>Strategic Objective 2</b>		<b>To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.</b>		
<b>Risk 2.1</b>		<b>There is a risk that identified areas of adverse performance are not managed effectively or initially identified</b>		
<b>Risk Rating</b> Initial Score <b>4x4 = 16</b> Current Score <b>4x4 = 16</b>		<b>Lead Director</b> Cameron Ward/Martin McDowell <b>Date Last Reviewed</b> 30 September 2020		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Roll out of Aristotle Business Intelligence portal makes performance information available to all CCG staff at all times</li> <li>New Integrated Performance Report framework means all key constitutional and other performance is reported on, and actions agreed at monthly Integrated Performance meeting with leads allocated</li> <li>Performance Exceptions formally considered through respective CCFs and Joint Quality and Performance committee</li> <li>Performance is standing agenda item at Leadership Team/Senior Leadership Team/Senior Management Team meetings each week.</li> <li>New management structure put in place with clear lines of accountability and responsibility</li> <li>Identified individuals update monthly through integrated performance meetings and SMT</li> <li>Links between Contracting team and CQPG to triangulate on quality aspects of performance</li> <li>CCG Improvement and Assessment Framework performance reported to Governing Body quarterly</li> <li>Continued monthly performance meetings internally</li> <li>On-going review of all standards by governing body</li> <li>Newly established escalation process has been developed for performance issues</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		Continued monitoring of associated risks	All	On-going
		Monthly performance calls with NHSE to review all constitutional targets. Key areas are highlighted as exceptions: <ul style="list-style-type: none"> <li>A&amp;E performance</li> <li>Diagnostic test waits performance</li> <li>Cancer wait times performance</li> <li>RTT performance</li> </ul>	All	On-going
		Performance issues highlighted during weekly meetings with CCG commissioning staff (initiated form November 2019)	Cameron Ward	On-going
		Potential impact on performance with efforts focussed on Covid-19		
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Weekly discussions of performance issues at LT/SLT/SMT and progress on actions checked</li> <li>Integrated Performance Report shows CCG understanding of issues and oversight of actions</li> <li>Integrated Performance Reports may show improved performance as a result of robust management by CCG</li> <li>Performance continues to be maintained</li> <li>Monthly check and challenge meetings with planned/unplanned care leads will become part of the QIUPP and Financial recovery meeting</li> </ul>				

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

<b>Strategic Objective 2</b>	<b>To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.</b>		
<b>Risk 2.2</b>	<b>Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category 2 responder.</b>		
<b>Risk Rating</b>	<b>Lead Director</b>		
Initial Score	4x4=16	Tracy Jeffes-Debbie Fairclough	
Current Score	2x4=8	<b>Date Last Reviewed</b>	
		30 September 2020	
<b>Controls (what are we currently doing about the risk?):</b>	<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>CCG Commissions EPRR and Business Continuity support from MLCSU</li> <li>CCG has in place business continuity plans with plans and strategies refreshed September 2018</li> <li>Emergency Planning training</li> <li>CCG Statutory Lead Director of Place – South Sefton</li> <li>NHSE Self-Assessment Assurance process completed. Development Plan in place.</li> <li>Business Continuity Plans exercised, with an action plan being progressed as a result of the plan being implemented.</li> <li>Mutual aid confirmed with neighbouring CCGs</li> <li>Fast access laptops now in place to enable working at remote locations at all times</li> <li>Deep Dive assessment of severe weather impact undertaken</li> <li>Leadership Training completed in February 2020 for Programme Lead for Corporate Services</li> </ul>	<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
	Action plan from exercising from Business Continuity Plans being implemented	Lisa Gilbert	Ongoing
	On-going training for key staff – multiagency response training event.	Tracy Jeffes	Ongoing
	Leadership training to take place in February 2020 – completed	Programme Lead for Corporate Services	Completed
	AO lead role for Sefton in wider system c-19 response		
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>	<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>NHSE assurance through self-assessment and improvement plan</li> <li>Response received from NHSE assuring our assessment and plans. Substantial assurance received from NHSE against the EPRR core standards for 2018/19.</li> </ul>	<ul style="list-style-type: none"> <li>System wide Pan Flu planning to be established</li> </ul>		
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>		

<b>Strategic Objective 2</b>	<b>To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.</b>			
<b>Risk 2.3</b>	<b>Failure to have in place plans in the event of a no-deal Brexit after the transition period may result in adverse consequences for patients due to potential medicines supply issues</b>			
<b>Risk Rating</b>	<b>Lead Director</b>			
Initial Score	4x5=20	Jan Leonard– <a href="#">Debbie Fairclough</a>		
Current Score		Date Last Reviewed 30 September 2020		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>CCG continues to participate in NHSE events on planning</li> <li>CCG MM lead is linked into national programme</li> <li>MM hub model will provide medicines resilience in primary care</li> <li>Communication from NHS England shared with practices and LMC asking for feedback on any specific issues.</li> <li>EU no deal NHSE Sitrep procedure now implemented</li> <li>EU exit lead attended planning workshop</li> <li>Business continuity plans and strategy have been updated and approved by LT 8.10.19</li> <li>Business continuity exercise for leadership team held February 2020.</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		NHSE sitrep procedure now paused.	Programme Lead for Corporate Services	tbc
		EU Exit planning arrangements to recommence		
		COVID19 outbreak will have a significant and adverse impact on delivery of this objective. The DH and NHSE have issued mandated models of care and delivery that have now been implemented. Impact assessments of how those models will affect the objective will be undertaken.		
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		

<b>Strategic Objective 2</b>		<b>To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.</b>		
<b>Risk 2.4</b>		<b>Failure to have in place care home provider failure plans could adversely affect continuity of care for patients</b>		
<b>Risk Rating</b>		<b>Lead Director</b>		
Initial Score	3 x 3 = 9	Jane Lunt		
Current Score	4x5=20	<b>Date Last Reviewed</b>		
		10 October 2019		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Care home provider failure plan in place and has been tested: enacted in the last 12 months with the safe transfer of patients. This was followed with a Lessons Learnt even to identify any areas of improvement. Actions were identified and put in place to mitigate for any future care home failures.</li> <li>CCG and LA lead have met to consider and review risks and remain in contact to ensure any new risks are identified and managed</li> <li>Plans taken through IPA (Individual Patient Activity Programme Board) for annual review.</li> <li>Good engagement with CSU and colleagues leading on patient assessment and placement</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		COVID19 outbreak will have a significant and adverse impact on delivery of this objective. The DH and NHSE have issued mandated models of care and delivery that have now been implemented. Impact assessments of how those models well affect the objective will be undertaken.		
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>A successfully tested care home provider failure plan in place</li> <li>Review of plans through IPA</li> </ul>				
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		

<b>Strategic Objective 3</b>		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.		
<b>Risk 3.1</b>		Failure to deliver overall QIPP plan		
<b>Risk Rating</b> Initial Score     3 x 3 = 9 Current Score     4 x 5 = 20		<b>Lead Director</b> Martin McDowell <b>Date Last Reviewed</b> 30 September 2020		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>STB with independent chair meets monthly to progress the transformation plan</li> <li>Working groups established to progress key aspects of the programme</li> <li>Maximising the existing resources and managing workloads within budget.</li> <li>Additional support staff now in place for Sefton provider Alliance, integrated commissioning, digital and Shaping Care Together. Recruitment underway for comms</li> <li>Additional links with Liverpool system</li> <li>Revisions to financial regime to be fully considered</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		Transition Plan for 2020/21 being considered with partners for associated staffing support being quantified.	Cameron Ward	
		Financial approaches to take into account service delivery	Cameron Ward	31.12.20
		Chief Officer oversight of transition continues with independent support	Fiona Taylor	31.12.20
		COVID19 outbreak will have a significant and adverse impact on delivery of this objective. The DH and NHSE have issued mandated models of care and delivery that have now been implemented. Impact assessments of how those models will affect the objective will be undertaken.		
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Monitoring performance of transformation programme milestones</li> </ul>				
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		

<b>Strategic Objective 3</b>	<b>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.</b>			
<b>Risk 3.2</b>	<b>There is a risk that financial pressures across health and social care impacts negatively on local services and prevents the future development of integrated commissioning and the implementation of integration plans</b>			
<b>Risk Rating</b>	<b>Lead Director</b>			
<b>Initial Score</b>	3x3=9	Tracy Jeffes		
<b>Current Score</b>	3x3=9	<b>Date Last Reviewed</b>		
		30 September 2020		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Health and wellbeing board executive in place</li> <li>Review of current BCF and Section 75 arrangements <b>now complete; approved and signed off.</b></li> <li>Integrated Commissioning Group established and plan for more ambitious joint working</li> <li>Making It Happen – joint approach to integration approved, with implementation agreed.</li> <li>Pooled budget arrangements within BCF agreed and plan for more pooled budget arrangements</li> <li>Finalised iBCF and BCF and aligned to “Making it Happen”</li> <li><b>Implementation plan for the</b> <del>Working together on developing the</del> Health &amp; Wellbeing strategy and the 5 year plan</li> <li>Steering Group established to monitor and further develop the ambitions within the pooled budget</li> <li>Joint planning group established (refresh of HWB strategy and development of underpinning Sefton 5 year plan).</li> <li>ICG role and function review completed</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		<del>Working together on implementation plan for the Health &amp; Wellbeing strategy and the 5 year plan</del>	Cameron Ward	Complete
		<del>Joint planning group continue to meet to refresh HWB approved by governing body and HWB Board. Joint delivery plan to de-agreed</del>	Cameron Ward	July 2020
		Membership widened and arrangements strengthened. Joint commissioning posts in place, Aqua session planned and joint work programme established		July 2020
		<del>New BCF approved by council and governing bodies and new S.75 now signed.</del>	Tracy Jeffes	Complete
		Many areas of development are paused to enable c-19 response but recommencing in July 2020		July 2020
			<b>Review of joint integrated commissioning workplans</b>	Cameron Ward
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Senior leader meetings</li> <li>Health &amp; Wellbeing Executive meetings</li> </ul>		<ul style="list-style-type: none"> <li>Capacity to deliver on all priority areas.</li> </ul>		
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		



<b>Strategic Objective 4</b>	<b>To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs)</b>		
<b>Risk 4.1</b>	<b>Current work pressures reduce ability to engage on the transformation agenda.</b>		
<b>Risk Rating</b> Initial Score <b>3x3=9</b> Current Score <b>3x3=9</b>	<b>Lead Director</b> Jan Leonard / Tracy Jeffes <b>Date Last Reviewed</b> 30 September 2020		
<b>Controls (what are we currently doing about the risk?):</b>	<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Delegated Commissioners of Primary Medical Care services</li> <li>Primary Care Commissioning Committee reviewed by MIAA</li> <li>LQC for 20/21 reviewed as a result of COVID and revised, changes agreed by Approvals Panel and scheme now live.</li> <li>Work plan for transformation in place</li> <li>New GP contract in place</li> <li>PCNs reauthorized with the merger of Crosby &amp; Maghull PCN with Bootle PCN. Seaforth and Litherland continue.</li> <li>Medicines Hub operational and medicines offer to PCNs has been accepted.</li> <li>Engagement plans for PCN covering non participating practices to go to PCCC</li> <li>Contractual monitoring in place for 7 day access service</li> <li>Working with PCNs to support their development</li> </ul>	<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
	Additional roles reimbursement returns being worked through and plans in place with PCNs to support plans.	Jan Leonard / Tracy Jeffes	Oct 20
	Social prescribing remains in place	Jan Leonard / Tracy Jeffes	On going
	Changes to QoF being reviewed as local agreement with commissioners required for income protected indicators.	Jan Leonard	Nov 20
	IIF fund launched by NHSE in October 20. Targeted at PCNs, impact on non participating practices	Jan Leonard / Tracy Jeffes	Oct 20
	Enhanced Health in Care Homes service to commence in October	Jan Leonard / Tracy Jeffes	Oct 20
	Plans to maintain and expand COVID response through winter being mobilised	Jan Leonard	Oct 20
	PCN additional roles allocation plans submitted to NHSE/I	Tracy Jeffes / Jan Leonard	Sept 20
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>			
<ul style="list-style-type: none"> <li>Primary Care Dashboard in development in Aristotle</li> <li>Transformation agenda monitored through Primary Care Commissioning Committee</li> <li>LQC Monitoring</li> </ul>			
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>		

<b>Strategic Objective 5</b>	<b>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.</b>			
<b>Risk 5.1</b>	<b>Lack of engagement of all providers in the development of the Provider Alliance.</b>			
<b>Risk Rating</b> <b>Initial Score</b> <b>Current Score</b>	3 x 4 = 12 3 x 4 = 12	<b>Lead Director</b> Jan Leonard <b>Date Last Reviewed</b> 30 September 2020		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Supporting the development of the Provider Alliance</li> <li>Supporting monthly meetings of the Provider Alliance and the Operational Group</li> <li>CCG co-Charing (with Public Health) Falls Work Stream</li> <li>Ensuring alignment of provider alliance priorities with work of Integrated Commissioning Group</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		Work on priorities being reviewed post COVID	Jan Leonard / Tracy Jeffes	Nov 20
		New Chair in place presents opportunity to refocus group	Jan Leonard / Tracy Jeffes	Nov 20
		Establishment of Partnership Assembly via HCP reinforces importance of Place / Borough	Jan Leonard / Tracy Jeffes	Dec 20
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Regular review by the STB of Provider Alliance progress</li> </ul>				
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		

<b>Strategic Objective 5</b>	<b>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.</b>		
<b>Risk 5.2</b>	<b>Ability and capacity of PCNs to develop and to contribute to the integration model.</b>		
<b>Risk Rating</b> <b>Initial Score</b> <b>Current Score</b>	<p>4 x 4 = 16</p> <p>3 x 4 = 12 20</p>	<b>Lead Director</b> Jan Leonard <b>Date Last Reviewed</b> 30 September 2020	
<b>Controls (what are we currently doing about the risk?):</b>	<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Phased development of PCNs</li> <li>PCN progress reviewed by Primary Care Commissioning Committee</li> <li>3 PCNs now authorised</li> <li>MOUs in place for Medicines Hub</li> <li>Contractual monitoring in place for 7 day access service</li> <li>MOU in place with SF Health to offer network services to non-participating practices</li> </ul>	<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
	Regular meetings in place with CDs to support PCN development, opportunity to expand to Sefton wide meetings	Jan Leonard / Tracy Jeffes	
	Work on ICT development with community provider recommenced post COVID	Jan Leonard / Tracy Jeffes	
	Workforce support and Development being progressed	Jan Leonard / Tracy Jeffes	
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>	<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Review of PCN progress</li> </ul>			
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>		
Links to risk 4.1			

<b>Strategic Objective 6</b>	<b>To progress a potential CCG merger to have in place an effective clinical commissioning group function.</b>		
<b>Risk 6.1 (prev 6.2)</b>	<b>Organisation reconfiguration detracts from strategic commissioning</b>		
<b>Risk Rating</b> <b>Initial Score</b> 3x3=9 <b>Current Score</b> 3x3=9	<b>Lead Director</b> Tracy Jeffes <b>Date Last Reviewed</b> 30 September 2020		
<b>Controls (what are we currently doing about the risk?):</b>	<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Focussing on business as usual</li> <li>Increased focussed on performance levels</li> <li>Clarity of roles and responsibilities during times of change</li> <li>Working with neighbouring CCGs to design a larger CCG which ensured locally responsive planning / commissioning through clear governance arrangements.</li> <li>Ensuring the primacy of “place” within NHS guidance as the key planning and integrated commissioning footprint, regardless of larger commissioning footprints for some other services.</li> <li>Timescales for possible reorganisation of CCGs allows for the strengthening of place / integrated commissioning arrangements in advance of organisational change.</li> <li>Joint Integration Commissioning Workshop action plan complete. <a href="#">Paper presented to cabinet and governing body.</a></li> <li><a href="#">Joint Commissioning Intention for 2020/21 developed and available</a></li> <li><a href="#">Joint integrated commissioning posts now operational</a></li> </ul>	<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
	<del>Paper to go to both cabinet and governing body recommendations for more integrated working.</del>	Cameron Ward	Complete
	<del>Joint commissioning intention for 2020/21 in development and to be available from February 2020.</del>	Cameron Ward	Complete
	<del>Integrated Commissioning Group plans to be progressed with support from HWBB Executive</del>	Cameron Ward	June 2020
	Development work on hold to deal with Covid 19 but now recommencing	Stephen Williams	July 2020
	<a href="#">Integrated Commissioning workplans to be reviewed</a>	Cameron Ward	30.11.20
	<a href="#">Strategic discussions underway regarding future configuration of CCGs</a>	Fiona Taylor	On-going
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>	<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Reviews of performance levels across the system and of individual organisations</li> <li>Board to board meetings</li> </ul>	Capacity to deliver on all priority areas.		
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>		

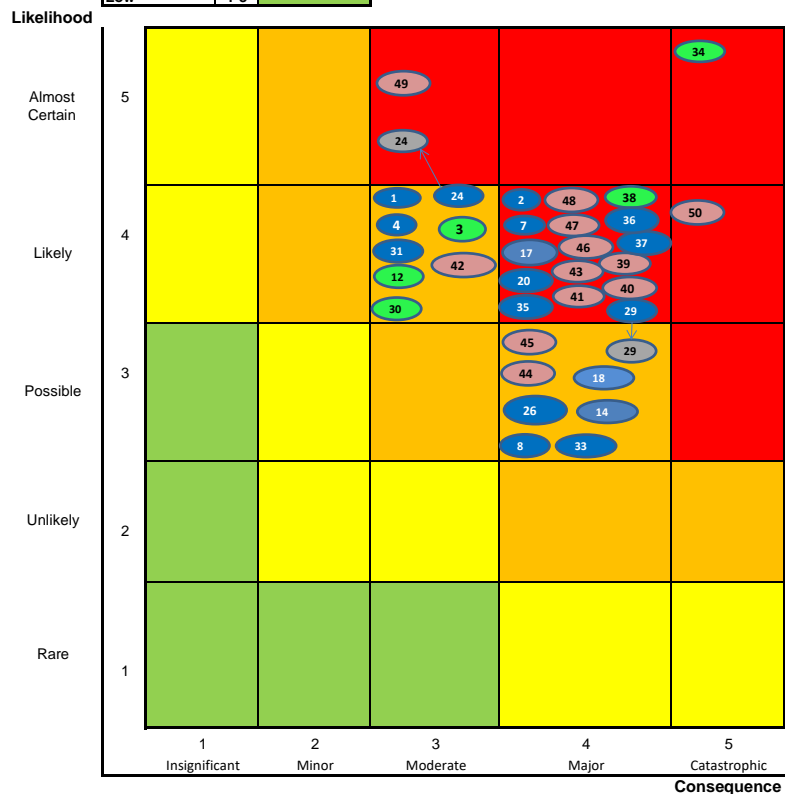
SOUTH SEFTON CCG - SUMMARY OF CORPORATE RISKS HEAT MAP Q2 2020/21  
(MITIGATED SCORES - 12 AND ABOVE)

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



Significant Risks

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

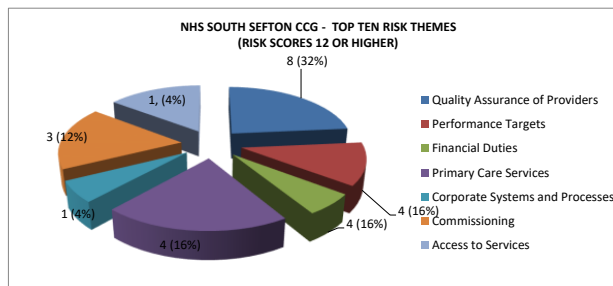


Key Risks	Risk	Score	Risk Owner	Equivalent SF Key
1 Not delivering National KPI Access Psychological Therapies	QUA002	12 (4x3)	KMcC	1
2 Non delivery A&E target - patient flow	QUA009	16 (4x4)	KMcC	4 - similar
3 Infectory hospital admissions - poorly maintained nebuliser equipt	QUA011	12 (4x3)	JO	5
4 Not meet Constitutional/RTT 18wk target - lack clinical capacity	QUA014	12 (4x3)	KMcC	x (N)
5				6
6				7
7 Extra service pressures due to lack of workforce planning and financial pressures	QUA026	12 (4x3)	TJ	8
8 Non delivery of SEND recommendations	QUA033	12 (3x4)	MMcD	9
9				10
10				11
11				12
12 Safe and appropriate patient care - nursing capacity at S&O	QUA058	12 (4x3)	BP	14
13				15
14 Failure to meet national emergency ambulance responses - ARP	QUA063	12 (3x4)	JS	16
15				17
16				18
17 Non delivery of GP medical services in future	JC03	16 (4x4)	JL	19
18 Records transfer issues.	JC05	12 (3x4)	JL	20
19				x (N)
20 Ability of hospice to sustain provision relating to financial resource	QUA068	16 (4x4)	MH	x (N)
21			MMcD	21
22			MMcD	22
23				21
24 Non delivery of 62 day target for cancer impacting diagnosis, treatment and outcomes	QUA070	15(5x3)	KMcC	23
25				x (N)
26 Risk to IAPT service delivery following notice by provider to cease provision 1.4.2020	QUA076	12 (3x4)	KMcC	27
27				28
28				13
29 Risk to Mental Health LTP ambitions due to lack of finances re challenging QIPP for 2021	QUA077	12(3x4)	JL	29
30 Confidential - Private	JC25	12 (4x3)	JL	x (N)
31 Risk to sustainability of a number of SS GP practices as a result of O of Hours procurement	JC27	12 (4x3)	JL	x (N)
32			MMcD	26
33 Performance and quality at AUH site LUHFT due to service reconfiguration from merger	QUA078	12 (4x3)	BP	30
34 Confidential - Private	JC30	25 (5x5)	JL	31
35 Risk to performance, quality and delivery of the CHC programme caused by COVID-19	QUA079	16 (4x4)	JLiu	32
36 Non delivery of CCG control total/savings plan in 2020/21 due to emerging pressures	FR0011	16 (4x4)	MMcD	33
37				
37 Not deliver planned QIPP target in 2020/21 due to non-delivery of high risk QIPP	FR0011a	16 (4x4)	MMcD	34
38 Risk home providers will not accept patients without a negative Covid 19 swab	C2	16(4x4)	CW	35
39 Increase in size of elective care waiting lists, caused by reduced activity due to COVID-19	C3	16(4x4)	BD/TH	36
40 Risk of reduced survial outcomes due to delays in diagnosis and treatment of cancer	C10	16(4x4)	SMc	37
41 Risk of delays to cancer diagnosis and treatment	C11	16(4x4)	SMc	38
42 Risk that there is insufficient capacity within the CCGs to manage HR	C25	12(4x3)	HR Lead	39
43 Risk regarding primary care access to routine referrals into secondary care	C33	16(4x4)	AP	40
44 Risk to security of the site in terms of antisocial behaviour, theft and criminal damage.	C35	12(3x4)	MW	41
45 Significant loss in capacity and potential increases in access times - phlebotomy service	QUA080	12(3x4)	JS	42
46 Confidential - Private	JC32	16(4x4)	JL	43
47 Confidential - Private	JC33	16(4x4)	JL	44
48 Confidential - Private	JC34	16(4x4)	JL	45
49 Adult ASD service, waiting times continue to remain under review	QUA81	15(5x3)	GJ	46
50 Adult Eating Disorder service has long standing challenges around achieving 18 hour waits.	QUA82	20(4x5)	GJ	47

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

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

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



Key Risks	Risk	Owner	Risk Owner	
1	Not delivering National KPI Access Psychological Therapies	QUA002	KMcC	Quality Assurance of Providers
2	Non delivery A&E target - patient flow	QUA009	KMcC	Performance Targets
3	Infectory hospital admissions - poorly maintained nebuliser equipt	QUA011	JO	Quality Assurance of Providers
4	Not meet Constitutional/RTT 18wk target - lack clinical capacity	QUA014	KMcC	Performance Targets
5				
6				
7	Extra service pressures due to lack of workforce planning and financial pressures	QUA026	TJ	Quality Assurance of Providers
8	Non delivery of SEND recommendations	QUA033	MMcD	Quality Assurance of Providers
9				
10				
11				
12	Safe and appropriate patient care - nursing capacity at S&O	QUA058	BP	Quality Assurance of Providers
13				
14	Failure to meet national emergency ambulance responses - ARP	QUA063	JS	Quality Assurance of Providers
15				
16				
17	Non delivery of GP medical services in future	JC03	JL	Primary Care Services
18	Records transfer issues.	JC05	JL	Corporate Systems and Processes
19				
20	Ability of hospice to sustain provision relating to financial resource	QUA068	MH	Quality Assurance of Providers
21			MMcD	
22			MMcD	
23				
24	Non delivery of 62 day target for cancer impacting diagnosis, treatment and outcomes	QUA070	KMcC	Performance Targets
25				
26	Risk to IAPT service delivery following notice by provider to cease provision 1.4.2020	QUA076	KMcC	Commissioning
27				
28				
29	Risk to Mental Health LTP ambitions due to lack of finances re challenging QIPP for 2021	QUA077	JL	Commissioning
30	Confidential - Private	JC25	JL	Primary Care Services
31	Risk to sustainability of a number of SS GP practices as a result of O of Hours procurement	JC27	JL	Primary Care Services
32			MMcD	
33	Performance and quality at AUH site LUHFT due to service reconfiguration from merger	QUA078	BP	Performance Targets
34	Confidential - Private	JC30	JL	Primary Care Services
35	Risk to performance, quality and delivery of the CHC programme caused by COVID-19	QUA079	Jiu	Commissioning
36	Non delivery of CCG control total/savings plan in 2020/21 due to emerging pressures	FR0011	MMcD	Financial Duties
37	Not deliver planned QIPP target in 2020/21 due to non-delivery of high risk QIPP	FR0011a	MMcD	Financial Duties
38	Risk home providers will not accept patients without a negative Covid 19 swab	C2	CW	Access to Services
39	Increase in size of elective care waiting lists, caused by reduced activity due to COVID-19	C3	BD/TH	Quality Assurance of Providers
40	Risk of reduced survival outcomes due to delays in diagnosis and treatment of cancer	C10	SMc	Access to Services
41	Risk of delays to cancer diagnosis and treatment	C11	SMc	Access to Services
42	Risk that there is insufficient capacity within the CCGs to manage HR	C25	HR Lead	Corporate Systems and Processes
43	Risk regarding primary care access to routine referrals into secondary care	C33	AP	Access to Services
44	Risk to security of the site in terms of antisocial behaviour, theft and criminal damage.	C35	MW	Access to Services
45	Significant loss in capacity and potential increases in access times - phlebotomy service	QUA080	JS	Commissioning
46	Confidential - Private	JC32	JL	Primary Care Services
47	Confidential - Private	JC33	JL	Primary Care Services
48	Confidential - Private	JC34	JL	Primary Care Services
49	Adult ASD service, waiting times continue to remain under review	QUA81	GJ	Commissioning
50	Adult Eating Disorder service has long standing challenges around achieving 18 hour waits.	QUA82	GJ	Commissioning

Committee	Area/Team Ref	SS	date	Details of Risk		Owner	Initial Score			Key controls and assurances in place (and actions completed) (What controls/systems are already in place to prevent the risk from being realised...)	Residual Score Q2 2020			Lead Review Date	Comm Review Date	Mitigating Actions							
				Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)		Likelihood	Consequence	Score		Likelihood	Consequence	Score			Review							
																Proposed Action	Action Owner/Lead	Q4 19/20	Q1 2021	Trend to prior Q	Overall Trend	Theme	
COVID	Quality and Performance Committee	C2	SS	Q1 15/4/20 (C-19)	Unplanned Care	Some care home providers will not accept patients needing to be transferred from hospital without a negative Covid 19 swab result.	Cameron Ward / Sharon Forrester / Jane Keenan	5	4	20	Implement pre discharge swabbing guidance. Provide FIT testing support to care homes and ensure adequate PPE. Timely commission of an alternative to patients needing to isolate for 7 - 14 days in an acute hospital environment	4	4	16	Sep-20								Sep-20
COVID	Quality and Performance Committee	C3	SS	Q1 15/4/20 (C-19)	Planned care	There is a risk that an Increase in size of elective care waiting lists, caused by reduced activity during COVID-19 pandemic, will have adverse effects on wait times for patients and possibly health outcomes.	Billie Dodd / Terry Hill	4	4	16	Weekly calls with Acute Trust (S&O) and neighbouring GCGs needs Liverpool CCG to understand impacts of COVID19 and signpost strategies. S&O to provide elective care update, including data re: waiting lists (as waiting list numbers of 8 weeks behind current position). The CCG are working with its Acute/community providers on QIPP programmes area's under the auspices of the system management group to deliver transformational change that will bring about both reduced demand and improved productivity that will support recovery.	4	4	16	Sep-20	Understand potential size of waiting list in conjunction with capacity available within the system to deliver activity, and in line with developing recovery plans with providers. Deliver proposed QIPP transformational projects and support the trusts to release capacity that will reduce waiting lists.	Billie Dodd/Terry Hill	NA	16	N/A	→		
COVID	Quality and Performance Committee	C5	SS	Q1 15/4/20 (C-19)	Planned care	LUMFT have implemented a restriction on the accepting of routine elective referrals, and have requested referrals to hold onto referrals unless the patients cannot wait or be seriously compromised if not assessed within 6-12 months. This is against national guidance as per Adam Andrews (Head of planned care - NHSE)	Billie Dodd / Terry Hill	3	4	12	Conversations between LCCG and Sefton GB chairs have taken place, along with exec conversations between Fines Lommens (LCCG Chair) and Deputy medical director for LUMFT. Additionally, weekly calls with elective care leads at LCCG are taking place to understand change to policy. Expectation that national guidance will be published imminently, which will clarify expectations regarding process Acute trusts should follow during the pandemic.	3	3	9	May-20	Executive leadership (LCCG & SS CCG) engaging with LUMFT regarding implemented, elective routine referral processes. This risk is to be closed due to reopening of services and referrals being allowed	Billie Dodd/Terry Hill	NA	9	N/A	↓		
COVID	Quality and Performance Committee	C10	SS	Q1 15/4/20 (C-19)	Planned Care/Cancer	There is a risk of reduced survival outcomes due to delays in diagnosis and treatment of cancer	Sarah McGrath	5	4	20	Guidance on stratification for treatment. Cancer Alliance STREP weekly reporting referrals, waiting times and waiting list sizes. Use of surgical hubs to provide safer capacity. Established Endoscopy Recovery Team	4	4	16	Sep-20	Introduction of use of symptomatic FIT testing to risk stratify colorectal patients. Expectation of public facing comms to encourage primary care presentation with symptoms suspicious of cancer. System overview being taken on serious incidents associated with harm resulting from delayed cancer diagnosis and treatment in patients waiting 104 days or longer from referral	Cancer Alliance NHSE	NA	16	N/A	↓	Access to Services	
COVID	Quality and Performance Committee	C11	SS	Q1 15/4/20 (C-19)	Planned Care/Cancer	There is a risk of delays to cancer diagnosis and treatment from gaps in safety netting processes between primary and secondary care	Sarah McGrath	4	4	16	EMIS safety netting system communications to primary care	4	4	16	Sep-20	Need for consistent referral management processes across providers, work with Liverpool CCG. Communications encouraging patients to take ownership and make contact if they have not heard from hospital or have worsening symptoms	Sarah McGrath	NA	16	N/A	→	access to Services	
COVID	Quality and Performance Committee	C13	SS	Q1 15/4/20 (C-19)	Planned care	Second stage letters received from Simon Stovens 26th April requesting plans to be developed for urgent and where possible routine activity to resume. Plans are to be developed with local and regional teams, however no local guidance has been issued, which could lead to different providers prioritising different services going live leading to surge in activity that providers may not be able to deal with.	BD/TH	4	2	8	Weekly calls with Southport & Ormskirk and West Lancs are progressing discussions regarding plans for opening up further urgent and no urgent services with an expectation that the lead will provide further clarity early 14th May. This does not provide sufficient time to try to coordinate with neighbouring commissioning providers to align and establish a plan to ensure that demand can be managed appropriately.	2	2	4	May-20	Continue weekly discussions and seek assurance from neighbouring CCGs that plans are currently being developed in line with national guidance re: opening up to referrals to primary care) and that a clear co-ordinated plan is devised across local providers. Understand IS national contract to gauge what activity and support IS can provide during recovery phase. Escalate to leadership team, a proposal for temporarily pausing Choice to provide resilience in secondary care during COVID recovery. CLOSE DUE TO PROGRESSION TO PHASE 3 planning and restoration supporting HCP.	BD/CW/TH	NA	4	N/A	↓		
COVID	Quality and Performance Committee	C14	SS	Q1 15/4/20 (C-19)	Planned care	During the initial period of the COVID pandemic, planned care staff have been redeployed to support IMT duties. As recovery activities ramp up, the planned care team will be required to support the development and implementation of the recovery plan. Redeployment of staff was created before the redeployment plan was created. Therefore a disproportionate amount of resource from the commissioning team was allocated to the care home call. Therefore the team does not have the resilience resource to pick up required activities whilst team members are redeployed.	BD/TH	3	3	9	Redeployment has been escalated to CCCLT for discussion.	2	2	4	May-20	Recruitment of 2 x band 7 project manager and 1 x project facilitator is under way and will support the delivery of QIPP recovery, however will not provide the resilience in the team in the short term. Proposal for redeployment of team members to support recovery post 15th May. CLOSE DUE TO STAFF RECRUITMENT AND STEP DOWN OF IMT	CW/BD/TH	NA	4	N/A	↓		
COVID	Finance and Resource	C15	SS	Q1 15/4/20 (C-19)	Finance	Failure to identify all costs associated with the COVID pandemic for recovery under guidance issued by NHSE may lead to increased financial pressure	Martin McDowell	3	4	12	Finance involvement in working groups to design and implement reporting mechanisms to capture all COVID related costs.	2	3	6	Apr-20	Jul-20	Links established with DDA working group and with MLCBU regarding discharge tracker and ongoing monitoring to ensure all associated packages of care are captured and cost reported appropriately. Communications established to ensure COVID related costs are notified to the Finance team. Monthly reporting of COVID costs and review of cost base to identify COVID related spend.	Martin McDowell MOVED TO FR0011	NA	6	N/A	↑	Corporate Systems and Processes Financial Duties

COVID-19										Update: Q2 2020/21: 30 September 2020														
Details of Risk										Initial Score		Residual Score Q2 2020				Lead Review Date		Comm Review Date		Mitigating Actions				
Committee	Area/Team Ref	SS	date	Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Likelihood	Consequence	Score	Key controls and assurances in place (What controls/ systems are already in place to prevent the risk from being realised...)	Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Proposed Action	Action Owner/Lead	Q4 19/20	Q1 2021	Trend to prior Q	Overall Trend ↑ ↓	Theme		
COVID	Finance and Resource	C16a	SS	Q3-8/20	Finance	Failure to accurately and fully identify packages of care for all patients discharged from hospital under the COVID emergency response guidance may mean that funds associated are not recovered from the appropriate NHS England improvement funding streams leading to increased risk of financial pressure to the CGG.	Alison Ormsod	3	4	12	- Multi-disciplinary work streams have been developed to monitor discharge arrangements and ensure that information is captured and disseminated appropriately to ensure that related expenditure is identified. - The ADAM system is being used to capture all associated packages of care based on information provided via discharge to assess processes through MCOB.	2	3	6	Jul-20	Jul-20	- Ongoing review of systems and processes across North Mersey via MLCSU and CGG during the emergency response period. - Monthly reporting processes established via NHS England. - Regular review of cost base for packages of care to identify COVID related spend and ensure inclusion through the monthly process to recover COVID associated costs.	Alison Ormsod MOVED TO FR0011	N/A	N/A	N/A			
GOVID	Finance and Resource	C16	SS	Q1-15/4/20 (C-19)	Finance	Failure to progress with the Sefton financial recovery plan which may result in risk to long term financial sustainability across the health economy	Martin McDowell	4	4	16	- Continued focus on QIPP through CGG PMO/ Committee meetings and ongoing discussions with providers to ensure progression with QIPP activities where appropriate and to understand timescales for the recovery plan to plan for securing work on further QIPP schemes. - Develop an understanding of Provider QIP schemes which will continue during the COVID period	4	4	16	Jun-20	Jul-20	- QIPP progression suspended during the COVID emergency response and revised financial regime implemented nationally - Contracting process for 2020/21 suspended - Further guidance regarding the financial regime for the remainder of 2020/21 expected in July 2020 - PMO work to develop QIPP processes and governance arrangements has progressed in Q1	Martin McDowell MOVED TO FR0011a	N/A	16	N/A	→	Financial Duties Commissioning	
COVID	Finance and Resource	C16	SS	Q1-15/4/20 (C-19)	Finance	Risk that progress with transformation/ QIPP schemes which are not affected by COVID is stalled as a result of COVID activities.	Cameron Ward/ Martin McDowell	4	4	16	- PMO and commissioner to develop an understanding of which QIPP activities can continue to be progressed and maintain communications with all parties through the COVID period	4	4	16	Jun-20	Jul-20	- QIPP progression suspended during the COVID emergency response and revised financial regime implemented nationally - Contracting process for 2020/21 suspended - Further guidance regarding the financial regime for the remainder of 2020/21 expected in July 2020 - PMO work to develop QIPP processes and governance arrangements has progressed in Q1	Cameron Ward/ Martin McDowell MOVED TO FR0011a	N/A	16	N/A	+	Financial Duties Commissioning	
GOVID	Finance and Resource	C16	SS	Q1-15/4/20 (C-19)	Finance	Failure to review and assess long term changes to medium long term health needs through the COVID period may impact the CGG financially in the longer term	Cameron Ward/ Martin McDowell	4	4	16	- Work closely with CGG and provider colleagues to understand the medium term implications changes to practice as a result of GOVID	3	3	9	Jun-20	Jul-20	- Communications and engagement with CGG and provider recovery calls will be key in determining financial limits of future changes as part of QIPP work and contracting processes going forward...	Cameron Ward/ Martin McDowell MOVED TO FR0011a	N/A	9	N/A	+	Financial Duties Commissioning	
COVID	Finance and Resource	C25	SS	Q1 15/4/20 (C-19)	Human Resources	There is a risk that there is insufficient capacity within the CCGs to manage HR as a business as usual function, given the increase in national guidance and local demands, resulting in a failure to adequately support staff.	HR Lead	5	3	15	- Additional interim leadership support has been provided during the Covid-19 response by the Project Director (Place). This will continue on an interim basis until a decision regarding ongoing support is formally made. - A review of the CCGs HR and OD function has been produced (May 2020) with a series of recommendations made to support a transition to business as usual activity and recovery. - The CSU has started to provide fortnightly virtual HR support sessions for CCG staff and line managers. Clarification of roles and responsibilities between the CSU and CCGs is one of the report's recommendations.	4	3	12	Sep-20	Jul-20	- To consider and implement the recommendations of the HR and OD review. - To consider additional external support if necessary. - To continue to work with the CSU to ensure that staff and line managers are provided with the support they need. - HR function now managed by CCG Interim Programme Lead Corporate Services and HR services continue to be commissioned from the CSU.	HR Lead	N/A	12	N/A	↓		
COVID	Finance and Resource	C27	SS	Q1-15/4/20 (C-19)	Medicine Management	Financial risk on prescribing spend	Suzanne Lynch	4	3	12	- Monitoring of prescribing changes due to COVID19 in development with B1 - Monitoring which will be available mid May will provide a more accurate assessment of level of risk	4	3	12	May-20	Jul-20	- Plan in place for QIPP work post COVID-19 support	Suzanne Lynch MOVED TO FR0011	N/A	12	N/A	→		
GOVID	Primary Care Commissioning Committee in Common	C29	SS	Q1-15/4/20 (C-19)	PPE	There is a risk that staff are not fully protected due to the current stock of PPE supplies particularly in primary care (GPHD/ Core Homes/ Domestic/ Care/ Pharmacies)	Fiona Taylor	6	4	24	Legal and clinical advice sought and position statement drafted for CGG - currently with LT for approval - Clear position now on ability to source PPE and level of demand - Revised supply chain plan in movement - Although the piece of work has not resulted in us being able to assess any more PPE per se it has resulted in a robust defensible statement on when and to whom we will supply PPE from the Local Resilience Forum in line with current legal guidance	2	3	6	Aug-20	Aug-20	Risk has been mitigated as much as possible, but a small residual risk remains in the event of a surge in PPE which must be accepted - The National Supply Direction Flow remains an option should available supplies run out - National solution have now been set up and each practice has access to supplies. Risk reduced. Supplies of PPE have returned to normal level. No further risk - Proposal to close risk.	Mel Wright	N/A	6	N/A	+		
COVID	Primary Care Commissioning Committee in Common	C30	SS	Q1-15/4/20 (C-19)	Primary Care	There is a risk that patients will not be shielding due to delays in national EMIS searches being available	AD/UE	5	5	25	The CGG worked with clinicians supported with meds management input to create searches to identify patients at highest clinical risk during COVID-19. Patients were identified from the BMA/BCGP and NHS guidance issued in March 'Unshieldable Patients - The Role of General Practice during COVID-19' and those patients thought to be clinically appropriate. CCGs were asked not to develop searches until further guidance was made available, but due to the central searches that had been run which had not been accurate and the time delay putting vulnerable groups of patients at significant risk, practices ran locally developed searches to identify their cohort. QIP practices ran searches and communicated with patients identified on 4-6-20. Practices were asked to review their list of patients prior to sending the letter to ensure accuracy of the list produced once National codes were released practices were asked to ensure all shielding patients had the appropriate code on to ensure they synchronise with national list	2	2	4	Jul-20	Jul-20	Practices were asked to continue to review patient in line with national guidance to ensure those all new patients are identified and added to the shielding list quickly. Practices receive weekly lists of patients who have self identified, they review the list and make a clinical decision on whether or not they should shield. Weekly list have been sent electronically to practice via EMIS. Practice able to monitor shielding patients. National guidance has relaxed shielding guidance allowing patients to go outdoors and mix in bubbles of 6. Proposal to close risk.	AD	N/A	4	N/A	+		
COVID	Primary Care Commissioning Committee in Common	C34	SS	Q1-15/4/20 (C-19)	Primary Care	Risk to sustainability of General Medical Service due to it.	it	6	5	30	Relationships between practice in locality/PCNs will allow partnership working	2	2	4	Jul-20	Jul-20	CGG and Practices are following changes to guidance as it happens. A check list for action to be considered in a continuity plan has been drawn up and will be shared with the practice - Merseyside has given assurance on IT solutions to enable remote working including an increase in bandwidth to accommodate higher usage. Community setting has been put into place to enable patients to be managed in the community. Hot/Red sites have now been established. PPE, workforce and antibody testing remain risks to the system and delivery of these plans. Practice have now activated standard access for buddy practices - sharing agreements are in place and a resilience platform has been developed to allow practice to highlight problems before reaching crisis point - On-line consultations and video consultations has allow more mobile working for staff. Antibody test has been completed and swabbing is more readily available. Proposal to close risk.	it	N/A	4	N/A	+		



COVID-19										Update: Q2 2020/21: 30 September 2020													
Details of Risk										Initial Score		Residual Score Q2 2020			Lead Review Date		Comm Review Date		Mitigating Actions				
Committee	Area/Team Ref	SS	date	Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Likelihood	Consequence	Score	Key controls and assurances in place (and actions completed) (What controls/ systems are already in place to prevent the risk from being realised...)	Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Proposed Action	Action Owner/Lead	Q4 19/20	Q1 2021	Trend to prior Q	Overall Trend	Theme	
COVID	Primary Care Commissioning Committee in Common	C32	SS	Q1-15/4/20 (C-19)	Primary Care	AP	4	4	16	Practices are following the national primary care standard operating procedures utilising digital first options for patients to access general practice, enabling flexible working solutions for clinicians. Video consultation solutions have been identified and utilised in general practice.	4	4	8	Jul-20	Jul-20	Practices have budding partners in place and video/ambulance appointments and visit arrangements identified. The CGC have facilitated a list of local clinicians who have identified themselves as having additional capacity to support local practices. This list is available on the CGC internet for practices to use. Practices are utilising more online and video consultations to allow for more agile working. Proposal to close risk.	AP	N/A	8	N/A	+		
COVID	Primary Care Commissioning Committee in Common	C33	SS	Q1 15/4/20 (C-19)	Primary Care	AP	5	5	25	NHSE guidance to primary care is to continue referring as normal however no similar instruction has been issued to trusts who were advised to stop elective activity at the beginning of the COVID outbreak. North Mersey -CCOs are in discussion with LIFT and other Trusts to ensure all services are open again ASAP. Advice given to primary care regarding use of Advice and Guidance, adding as much detail as possible to referral letter to aid secondary care triage, use of 24/7 urgent pathways, and safety netting processes within general practice	4	4	16	Sep-20	Sep-20	Further discussions have resulted in a consensus for secondary care/primary care to work together to enable a seamless interface. Meetings continue between secondary and primary care to establish safe working mechanisms to return to BAU. Risk remains the same. Referrals are being sent back to practices without the patient being seen. Risk increased	AP	N/A	9	N/A	↓		
COVID	Quality and Performance Committee	C35	SS	Q1 15/4/20 (C-19)	Satellite Test Centres	Mel Wright	4	4	16	Risk to security of the site in terms of antisocial behaviour, theft and criminal damage. Site in Bootle particularly identified as problematic by both Police and Army.	3	4	12	May-20	Jul-20	Recruitment of stewards to control access to the site and Youth Offending Team to deal with anti social behaviour planned. Night security to be engaged for out of hours. Appropriate fencing being considered to facilitate security. Consideration of security cost and risk versus locating STC at an alternative site. Not possible to remove risk entirely, recommend accepting level of risk with planned security.	Mel Wright	N/A	12	N/A	↓		
PTI	Quality and Performance Committee	QUA002	SS	Jan 15: Q4 2014/15	Commissioning and Delivery	Karl McCluskey (Jan Leonard & Geraldine O-Carroll)	4	3	12	There is risk of patients being harmed or receiving inadequate care caused by failure to deliver against National Key Performance Indicator for IAPT (Improving Access to Psychological Therapies) resulting in the potential for reduced levels of patient care.	4	3	12	Nov-19	Apr-20	<ul style="list-style-type: none"> <li>Early indications of reduced DNAs and significant heightened levels of self-referral. New Access Target remain challenging in terms of patient numbers. requested expert team to support the CGC in improving performance. Year to date performance 18/19 (August) was suboptimal but improved when compared to similar period of 17/18.</li> <li>Self referrals have increased within the Access Sefton service in August 17.</li> <li>Further initiatives in place focusing on specific GP practices, community groups and local employers. Group sessions are also in place.</li> <li>Access target increases to 19% in 2018/19. 2/3 of the increase are LTC/IAPT as part of the NHSFYV commitment to integrated Long Term Condition working</li> <li>Business case has been approved, recruitment of additional staff will be commencing.</li> <li>Additional staff have been recruited however there remains a risk that the 23% access target for 2019/20 will not be achieved.</li> <li>Nov 19</li> <li>Expressions of interest invited following Provider giving notice to cease provision, evaluation currently being undertaken with outcome expected to inform procurement approach.</li> <li>Additional focus on reducing Internal Waits and Did Not Attend</li> <li>Increased IAPT group work.</li> </ul>		12	12	↔	↔	Quality Assurance of Providers	
PTI	Quality and Performance Committee	QUA009	SS	Apr 2015: Q1 2015/16	Commissioning and Delivery	Karl McCluskey (Janet Spallen)	3	3	9	There is a risk of not meeting the A&E target caused by an increase in demand on the service resulting in a decrease in the quality of the service. (SS)	4	4	16	Sep-20	Jul-20	<ul style="list-style-type: none"> <li>Workforce issues reviewed at trust level and skill mix required to improve A&amp;E pathway flow.</li> <li>Enhanced recruitment of nursing staff to support ambulance turnaround times</li> <li>A&amp;E staff resource reviewed with focus on medical staffing needs particularly to support ambulatory care unit.</li> <li>ICRAS (Integrated Care Reablement and Assessment) model well established and evidencing timely discharge from inpatient beds and retrieval at A&amp;E front door units.</li> <li>Multi-agency Discharge events (MADE) on a weekly basis with representation from health and social care to review practice at ward level. Supplemented by weekly patient flow telephone meetings to facilitate and support discharge processes with multi-agency representation. There has only been one 12 hour breach in 2018/19 with reassurance provided that quality and safety of patient care maintained.</li> <li>Aintree part of NM urgent care review with opportunities to decrease A&amp;E activity through redesign of whole system pathways of care.</li> <li>Despite above actions Aintree have not met 4 hour target for 2018/19 with M12 performance of 80.8%. Within national context there were only a small number of trusts who met target which is being reviewed nationally as to whether to maintain. Pilots are planned to consider more appropriate measures e.g. average time to treatment, response to specific conditions.</li> <li>Work will continue at Aintree to improve performance whilst national work on-going.</li> <li>Review of risk scores post mitigation in triangulation factors e.g. 12 hour breaches, serious incidents etc. We expect the trust to be challenged in meeting 95% target but will focus on assurance of appropriate patient pathways within A&amp;E to deliver safe / clinically appropriate models of care. Sept-19 ongoing Nov 19 - ongoing- 28 day bed process and CHC to be reviewed for implementation of new pathway March 2020.</li> <li>Wide range of initiatives which have been underway in last year to improve internal A&amp;E processes and general patient flow</li> </ul>		16	16	↔	↑	Performance Targets	
										11/19/20 - continuation of work above													

COVID-19										Update: Q2 2020/21: 30 September 2020													
Details of Risk										Initial Score		Residual Score Q2 2020				Lead Review Date		Comm Review Date		Mitigating Actions			
Committee	Area/Team Ref	SS	date	Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Likelihood	Consequence	Score	Key controls and assurances in place (What controls/ systems are already in place to prevent the risk from being realised...)	Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Proposed Action		Action Owner/Lead	Q4 19/20	Q1 2021	Trend to prior Q	Overall Trend ↑ ↓	Theme
PTI	Quality and Performance Committee	QUA011	SS	Sep 2016: Q2 2016/17	Commissioning	Risk of infection/ hospital admission caused by poorly maintained nebuliser equipment resulting in harm to patients.	Jenny Owen	4	3	12	4	3	12	Nov-19	Jul-20	<p>Primary Care presenting - Following the completion of the search it was identified that MerseyCare Management did not have the capacity to take through - As a result the MerseyCare Practice will review the data as part of the practice patient annual review and complete the process - Should a patient be identified as needing a full review they will be referred to the appropriate specialist team - The referral process will be completed by April 2018 - July 2018 - This process went to the LMC in Feb 18 and was approved - Issues in CCG given deadline for referral in for Sept 2018 - Audit process put in place to review activity and effectiveness will report Nov 18 - Work being undertaken with providers and primary care to identify and put in place safe patient pathways across the system - in line with best practice - Sep 18 - Email sent direct to GPs and practice Nurses to outline the review process along with referral forms and leaflet 17th April 2018 - This was also put in the bulletin - The Community respiratory Team agreed to do the reviews during the summer period therefore the referrals need only be written until end of August 2018 - Current status - referral process is complete and commissioners are awaiting for a feedback report on numbers identified, referred and reviewed from the respiratory team and practice facilities - Nov 18 - CCG still awaiting the report from MerseyCare re numbers of patients received, reviewed and sent back to primary care with a plan - Not all patients have been reviewed to date this has been discussed with the clinical lead for Southport Dr Kai Schultz and she advised that the remaining patients could be reviewed over the summer months next year 2019 - all patients however will have received a leaflet to show them how to clean the nebulisers and a name of a company they can get replacement tubing from - Report received from the provider - The service only received one third of the number that were identified - The reasons behind this are inconclusive - The service have agreed to extend the referral process out so there is no time limit to sending referrals to try to capture as many patients as possible - 10 to resend communications out to practices - Nov 19 - Mersey Care respiratory team will take ongoing referrals for nebuliser use review as opposed to a limited timeframe for review - All work completed to date apart from reviewing nebuliser use for specialist groups such as bronchiectasis - A task and finish group will be set up to conduct a review and develop guidance for clinicians. Task group to be set up August 2020. REQUEST CLOSURE OF THIS RISK</p>			12	12	→	→	Quality Assurance of Providers
PTI	Quality and Performance Committee	QUA014	SS	Sep 2016: Q2 2016/17	Commissioning and Delivery	There is a risk the CCG will not meet the constitutional RTT target for 18 weeks caused by lack of clinical capacity resulting in delayed treatment for patients (SSCCG) this risk is superseded by that described in the COVID related risks	Karl McCluskey (Terry Hill)	4	4	16	4	3	12	Sep-20	Sep-20	<ul style="list-style-type: none"> <li>The Trust is reviewing long waiting patients and capacity within the Divisions in the Trust RTT action plan.</li> <li>C&amp;MHCP identified Dermatology and Gastroenterology as priority programmes and will work closely to implement remedial actions to support RTT performance</li> <li>CCG have recruited 3 project managers to support QIPP delivery (of which Dermatology and Gastroenterology are key priorities).</li> <li>Reviews of individual specialities and escalated through CQPG or Contract Review Meetings</li> <li>Aintree Planned Care Group has been re-established, with ToR to be agreed and action log developed</li> <li>SEPT 19 update- south Sefton and Mersey Gastro event 09/09/19 resulting in a commitment to work together to improve pathways, paper to go to Committee in common re future co-commissioning strategy. Planned care group continues to support the trust and manage CPN action plans.</li> <li>Nov 19 - Improvement plan and trajectory received from the trust which was discussed at Aintree Collaborative commissioning forum. Aintree CCF suggested that the recovery trajectory was not satisfactory and for the CCG to write back to trust CEO requesting a revised trajectory.</li> </ul>			12	12	→	↓	Performance Targets
PTI	Quality and Performance Committee	QUA020a	SS	Jan 2016: Q4 2015/16	Commissioning and Delivery	There is a risk to mental health patients caused by the 12 hour waiting time in A&E resulting in compromised quality of patient care.	Karl McCluskey (Gordon Jones)	4	3	12	3	3	9	Nov-19	Jul-20	<p>CORE 24 funding now in place (Sept 2018) to enable 24/7 mental health liaison in Aintree and Southport. Discussions on sustainability on-going.</p> <ul style="list-style-type: none"> <li>1 x 12 hour mental health breach reported in SDGH in June 2018. Severe bed pressures contributed to the delay (previous one reported in October 2018). Zero 12 hour breaches have been reported in Aintree in over 12 months.</li> <li>Trust is aiming to fully implement CRHT model from October 2018 - this should enable crisis interventions to be undertaken in a community setting.</li> <li>SDGH and Mersey care are establishing closer working links.</li> <li>Mersey Care are working to draft business case to seek gold standard CRHT response. In addition they are seeking to fund to main stream NNAS Triage Care</li> <li>Nov 19 - CCG meeting NHSE to discuss Mental Health 12 hour breaches to establish consistency in reporting and discuss issues with flow and AMHP availability and patient safety - Meeting 20/11/2019</li> <li>REQUEST CLOSURE OF THE RISK DUE TO REDUCING NUMBER OF 12 HOUR BREACHES AND ONGOING WORK SUPPORTING PROCESSES AND REPORTING INCLUDING A&amp;E DELIVERY BOARD, ESCALATION PROCESSES AND IMPROVED REPORTING/LEARNING MECHANISMS</li> </ul>			9	9	→	↓	Quality Assurance of Providers

COVID-19										Update: Q2 2020/21: 30 September 2020													
Details of Risk										Initial Score			Residual Score Q2 2020			Mitigating Actions							
Committee	Area/Team Ref	SS	date	Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Likelihood	Consequence	Score	Key controls and assurances in place (and actions completed) (What controls/systems are already in place to prevent the risk from being realised...)	Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Review							
Proposed Action																Action Owner/Lead	Q4 19/20	Q1 2021	Trend to prior Q	Overall Trend ↑ ↓	Theme		
PTI	Quality and Performance Committee	QUA025a	SS	Jun 2015: Q1 2015/16	Quality	Risk that patients could be harmed or receive inadequate care caused by a lack of assurance and capacity within the commissioned Looked After Children's Health Team resulting in potential negative effect on outcome.	Brendan Prescott (Helen Case)	4	4	16	<ul style="list-style-type: none"> <li>Action plan aligned to Business Continuity Plan</li> <li>KPIs in contract for Looked After Children and monitored through Quality Committee and contract meetings.</li> <li>CCG concerns raised by Chief Nurse via meetings with Director of Operations and Integration at NWS</li> <li>Chief Nurse concerns reported to both JQC and Governing Body.</li> <li>Designated Doctor for LAC now in post</li> <li>NWS restructure now complete</li> <li>Designated Nurse oversight and support in place for the team</li> <li>Commissioner/Provider update meetings held every 3 months</li> <li>Band 7 and 6 now in post</li> </ul>	1	4	4	Aug-20	Aug-20	<ul style="list-style-type: none"> <li>LAC now at full establishment - does not meet guidance for numbers of LAC.</li> <li>Designated Nurse for Children in Care escalated to the Chief Nurse who has recommended a business case to be undertaken for additional funding.</li> <li>Also briefing paper for the leadership team to be presented in June 2019.</li> <li>Jun 19 - Briefing paper to LT was deferred due to provider organisation being asked to review their financial position provided to them by the CCG. The CCG have discussed this with the provider and the possibility of recruited additional staff with the available monies. As such the business case has been temporarily put on hold.</li> <li>September 19 - Extra capacity within the LAC team agreed with plan for 2 Band 5 LAC nurses to be recruited. Full service capacity expected by December 2019. Senior leadership within the team is changing so risk until recruitment remains the same.</li> <li>November 2019 - Two band 5 posts are in the process of being recruited to. Ongoing issues with long term sickness and staffing stability within the LAC team with a further member of the team leaving a band 6 post. Trust has back-filled reduced staffing capacity with some secondment posts however current staffing resource remains below required capacity.</li> <li>CCG business case for additional funding for the LAC team has been agreed and Mersey Care has been informed of CCG intention to increase funding. CCGs have communicated with Mersey Care that Mersey Care need to recruit additional 3 full time posts (x1 band 7; x1 band 6 and x1 band 5) with additional funding based on recommendations of the Designated Nurse CCG. Due to ongoing staffing capacity issues and reduced performance issues within the LAC contract, risk to remain the same.</li> <li>Mar 20 - still some discussion between CCG and Mersey Care finance leads about the level of funding into the LAC team but once this has been agreed then this risk can be removed as no further mitigating action will be required.</li> <li>Jun 20 - The LAC contract has now received additional financial resource from the CCG. Recruitment to additional CCG funded posts has been progressed with one new nurse commencing in post in December 2019, a further nurse due to start on 22.06.2020 and an administrator expected to start in July 2020. Therefore the staffing resource is improved and the risk is reducing.</li> <li>August 20 - the LAC health team has recruited to the additional CCG funded posts and is now its full complement of staff. The risk has therefore reduced and can be closed.</li> </ul>	8	4	↓	↓	Quality Assurance of Providers	
PTI	Quality and Performance Committee	QUA026	SS	Jun 2016: Q1 2016/17	Corporate	There is a risk that gaps in workforce across the healthcare system caused by insufficient national workforce planning and funding pressures resulting in additional pressure on services.	Tracy Jeffes	4	3	12	<ul style="list-style-type: none"> <li>Link into C&amp;M Healthcare Partnership Workforce Development work stream.</li> <li>Continue to work with Sefton Council on wider strategies to promote Sefton as a 'great place to work'</li> <li>Development of workforce element in Sefton Transformation Programme</li> <li>Sefton Transformation programme work force group established and working on the development of a workforce plan for Sefton</li> </ul>	4	3	12	Jun-20		<ul style="list-style-type: none"> <li>Greater connection with wider strategic HR Workforce and OD groups through COVID response to be maintained.</li> <li>Baseline work completed on current workforce challenges in Sefton as part of Transformation Programme. System response and action plan to be developed as part of Provider Alliance work stream on HR and OD.</li> </ul>		12	12	↔	↔	Quality Assurance of Providers
PTI	Quality and Performance Committee	QUA033	SS	Mar 2017: Q4 2016/17	Commissioning	There is a risk of non-delivery of recommendations from the joint SEND CCG/OFSTED inspection caused by a lack of implementation and the CCG financial position resulting in loss of reputation and non-compliance.	Jane Lunt	3	3	9	<ul style="list-style-type: none"> <li>Monitoring of SEND Action Plan via local and internal governance arrangements (including JQC) with regular progress updates being reported to Chief Officer</li> <li>Formal monitoring meetings established with DfE &amp; NHS with outcome reporting to DoH in place.</li> <li>New model for DCO developed across the health system. Funding arranged from existing resource within the CCG and providers.</li> <li>Letter received from the Minister in March 2018 acknowledging the progress to date.</li> <li>ASD Diagnostic element of the pathway approved by CCG</li> <li>Health SEND strategic Group established and meet bi-monthly</li> <li>Financial position reported through to SMT, SLT and governing body.</li> <li>Commitment made for up to £100k recruitment for NDP / ASD / ADHD and up to £50k recruitment to support SALT reducing waiting lists / input into the NDP diagnostic pathway.</li> <li>Included as regular agenda item for governing body meetings, senior leadership team, leadership team and joint quality committee in order to monitor and review action plan and progress.</li> </ul>	3	4	12	Aug-20	Aug-20	<ul style="list-style-type: none"> <li>Nov 18 - Chief Nurse as current DCO undertaking operational visits to health professionals across local system. New DCO to commence in role December 2018.</li> <li>DCO for Sefton and Liverpool now in post</li> <li>May 19 - SEND re-inspection took place April 19.</li> <li>Jun 19 - SEND inspection report published 13/06/19. SEND action plan reviewed and amended to reflect the inspection report completed by CCG COO. SEND strategic group now led by CFO to oversee implementation of new action plan.</li> <li>MMcD:</li> <li>Additional investment secured for key services (SALT) to reduce waiting times.</li> <li>Review of waiting times for other key services underway, expected to report end of July.</li> <li>Initial response being prepared by CCG/LA for sending to DfE/DH ahead of meeting on 18 July 2019.</li> <li>Focus on performance escalated with all providers involved in delivering SEND services.</li> <li>Nov 19 - Long waiters list results reduced and action plan in place to reach 18 week trajectory by 2020.</li> <li>SENDIAS embedded</li> <li>Jul 20 - A restoration and recovery report has been produced for the SEND Continuous Improvement Board on July 7th 2020 outlining plans for all health related actions contained in the improvement plan. The report confirms restoration of services post COVID and planning of recovery position for health related actions that are not in line with improvement plan timescales</li> </ul>	12	12	↔	↑	Performance Targets	
PTI	Quality and Performance Committee	QUA058	SS	Mar 18: Q4 17/18	Quality	There is a risk to deliver appropriate patient care caused by the high number of nursing vacancies at Southport and Ormskirk Trust resulting in compromised quality of care.	Brendan Prescott	4	3	12	<ul style="list-style-type: none"> <li>Monitoring of Safer staffing reports developed by Trust via CCORM on monthly basis with one to one meetings with CCG ON and Trust DoN to ensure delivery of quality of care to patients at the Trust.</li> </ul>	4	3	12	Aug-20	Aug-20	<ul style="list-style-type: none"> <li>Nov 19 - trust continue recruitment and retention work. Recognition that this is a national issue of registered nurse vacancies. This is being regularly monitored via CCORM.</li> <li>Mar 20 - It is recommended this be removed as the CCG are not directly mitigating against this risk. Assurances and updates are being obtained via meetings like CQPG and CF.</li> <li>April 20 - this was reviewed by Audit Committee and it was requested to remain for further discussion.</li> <li>Jun 20 - This is ongoing risk for all Providers and will continue to be monitored via CCORM and the SOB.</li> <li>Recommended for closure at JQPC in June 2020. Awaiting confirmation at Audit Committee.</li> </ul>		12	12	↔	↔	Quality Assurance of Providers
PTI	Quality and Performance Committee	QUA062	SS	Jun 2018: Q1 2018/19	Commissioning and Delivery	There is a risk of not achieving full utilisation of ERS caused by a number of South Sefton GPs still using paper referrals resulting in referrals not being processed and accepted by Aintree University Hospital.	Terry Hill	3	4	12	<ul style="list-style-type: none"> <li>Review of Practice level utilisation of ERS on a monthly basis.</li> <li>Within the Local Quality Contract (LQC), incentivising contract holders to prepare for full utilisation of ERS.</li> <li>On-going work with a training team.</li> <li>Proposal agreed regarding the escalation process and timescales for issuing notices for review by CEO/CO</li> <li>Planned care group review of ERS performance</li> </ul>	2	4	8	Nov-19	Sep-20	<ul style="list-style-type: none"> <li>Use practices responses commensurate to on using service by users etc. Progress agreed regarding the escalation process and timescales for issuing notices for review by CEO/CO</li> <li>GPs are now contracted to use ERS from October 2018 - Latest utilisation is 80.8% and likely to increase. There are still issues with ERS access to some services which will be monitored.</li> <li>Sept 20 - 19 ongoing</li> <li>Next 19 - A case study of all appointment slot issues was conducted and identified specialities with high number of ASIs and no ERS bookings made within month suggestive of a closure in services. The CCG will follow its escalation policy and link in with the trust lead to investigate the issue and where possible put corrective measures in place. Trust to provide an update on the planned care group in December 2019.</li> <li>REQUEST TO CLOSE DUE MANDATED USAGE OF ERS BY GPs</li> </ul>	8	8	↔	↓	Primary Care Services	

COVID-19										Update: Q2 2020/21: 30 September 2020															
Details of Risk										Initial Score			Residual Score Q2 2020				Lead Review Date		Comm Review Date		Mitigating Actions				
Committee	Area/Team Ref	SS	date	Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Likelihood	Consequence	Score	Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Proposed Action				Action Owner/Lead	Q4 19/20	Q1 2021	Trend to prior Q	Overall Trend ↑ ↓	Theme	
PTI	Quality and Performance Committee	QUA063	SS	Jun 2018: Q1 2018/19	Commissioning and Delivery	There is the risk of failure to provide emergency ambulance responses that meet the national ARP programme. At a local level delays in handover times at providers impacts on ARP and ambulance availability resulting in decreased standards of patient care and safety. There has been a refocus of target deadlines for the ARP programme following difficulty in implementing in 2018/19	Janet Spalten	3	4	12	3	4	12	Sep-20	Sep-20	<ul style="list-style-type: none"> <li>Weekly and daily performance monitoring</li> <li>Information shared with all CCGs on monthly basis at NWS/NHS111 meeting with NM commissioners present.</li> <li>Collaboration with other Providers who contribute to the Pathway e.g. acute trusts and ambulance handovers times, introduction of alternatives to transfer with community trust.</li> </ul>	<ul style="list-style-type: none"> <li>24/6/20 - In addition to above there has been a renewed focus in 19/20 with Ambulance Response Programme agreed and range of initiatives introduced to improve service delivery. Action plan agreed with commissioners with timescales for achievement up to end of Q1 2021</li> </ul>	<ul style="list-style-type: none"> <li>24/6/20 Ambulance Response Programme agreed (19/20) and range of initiatives introduced to improve service delivery:                             <ul style="list-style-type: none"> <li>Reprofiling vehicle fleet to increase response vehicles</li> <li>Improving call pick up times in Emergency Operation Centres</li> <li>Use of Manchester triage tool to support hear and treat and see and treat and reduce conveyances to hospital</li> <li>Re-alignment of staffing resources to meet demand with roster review</li> <li>Local initiatives/pathways introduced to provide alternatives to conveyancing</li> </ul> </li> <li>11/9/20 - No further update on above due to COVID 19 stand down of formal reporting. Plans in place to return reporting to business as usual</li> </ul>			12	12	→	→	Quality Assurance of Providers
PTI	Primary Care Commissioning Committee in Common	JC03	SS	Mar 2017: Q4 2016/17	Commissioning	Pressure in primary medical care services resulting from workload, workforce and funding. Risk that GP Practices will be unable to continue to provide medical services.	Jan Leonard	4	4	16	4	4	16	Sep-20	Sep-20	<ul style="list-style-type: none"> <li>Strategic priority of the CCG. Discussed at Joint Commissioning Committee. GP5YFV plans. LOC funding to support transformation.</li> <li>7 day access Hub is now live and offering appointment between 5pm and 8pm weekday evenings and 10am to 1pm weekends. staff include GP, ANP, PN and physio from November 2018. Working through implications of new GP contract and changes regarding PCN formation. LT will review applications on behalf PCCC. 7 PCNs have been authorised by the CCG and plans in place to cover populations of non PCN practice populations. PCNs asked to confirm plans to mobilise extended hours. CCG support offer made to PCNs for medicines management and social prescribing.</li> <li>Resilience funding secured for several practice with further application to be submitted by Sept 2019. PCNs have secured funding to enable a first five scheme and a last five scheme to be implemented which will support new GP's in their first five years and also GP's who are approaching retirement.</li> </ul>			16	16	→	→	Primary Care Services		
PTI	Primary Care Commissioning Committee in Common	JC05	SS	Apr 2017: Q1 2017/18	Commissioning	Risk to continuity of patient care due to impact of delays in records transfers.	Jan Leonard	5	4	20	3	4	12	Sep-20	Sep-20	<ul style="list-style-type: none"> <li>Attendance at meeting by CCG reps. JL has written to T Knight at NHSE regarding on-going situation and lack of progress, awaiting formal response. Issues raised at Regional Meeting, similar issues in other areas, await formal response. Issues continue with concerns over performers lists - meeting with NHSE Jan 16 to discuss actions. Issues continue to be raised and forwarded to NHSE / PCSE. JL to escalate to FT. No further update although PCSE staff now based within Regatta Place with NHSE which may help with resolving issues.</li> <li>Issues continue, committee felt risk of likelihood has increased.</li> <li>Further incidents have been identified around children not being invited for screening. A subgroup has been set up to reduce further incidents. Practice views to be sought re current situation with PCSE in practice. It was agreed at PCIC that practices should be contacted on a quarterly basis to establish if problems are resolving with PCSE or if they continue.</li> <li>The first survey will take place in October 2019. The survey demonstrated that whilst some practices hadn't had an incident in recent months, those that did continued to struggle to get any resolution. Issue will be raised again with NHSE. The PCCC reviewed the survey and agreed that the risk can be reduced. Escalation process with T Knight at NHSE agreed. There is no escalation process in place at PCSE. Confirmation received that individual issues to be shared with NHSE on an individual basis. A further survey will be undertaken within general practice to establish current situation.</li> </ul>			12	12	→	↓	Corporate Systems and Processes		
PTI	Quality and Performance Committee	QUA068	SS	Q4 - Mar 19	Quality	<p>There is a risk that Woodlands Hospice will not be able to sustain the level of provision caused by lack of financial resource resulting in the potential closure of Woodlands Hospice.</p> <p>Risk changed by lead:</p> <p>Woodlands have advised of piloting a new model of care to ensure the future of Woodlands Hospice.</p>	Moira Harrison	4	4	16	4	4	16	June 20		<ul style="list-style-type: none"> <li>Woodlands Hospice have advised of the closure of 5 beds due to staff shielding and clinically vulnerable staff. Due to the latest government guidance re COVID 19 it is thought the closures will be for a limited (short period).</li> <li>From July-September 2020, Working in collaboration with LUFT and Mersey Care, Woodlands Hospice will be piloting a new model of care - MPACT. This will mean utilising the Wellbeing and Support Centre to house the model. Patients from the Wellbeing Centre will be contacted virtually. Further details of plans between LUFT are awaited.</li> <li>Woodlands have contacted Hospice UK to see if there is any support available. They have also approached AUH to discuss finances.</li> <li>Leadership agreed to the change of use of the Wellbeing Centre and the close of 5 beds. The impact of both will need to be monitored closely.</li> <li>Impact of Community Services</li> <li>Impact of CH bed requests</li> <li>Delayed Discharge</li> <li>Increased avoidable hospital admissions</li> <li>Quality</li> </ul>			16	16	→	→	Quality Assurance of Providers		

COVID-19										Update: Q2 2020/21: 30 September 2020												
Details of Risk										Initial Score			Residual Score Q2 2020			Mitigating Actions			Review			
Committee	Area/Team Ref	SS	date	Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Likelihood	Consequence	Score	Key controls and assurances in place (and actions completed) (What controls/ systems are already in place to prevent the risk from being realised...)	Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Proposed Action	Action Owner/Lead	Q4 19/20	Q1 2021	Trend to prior Q	Overall Trend	Theme
PTI	Quality and Performance Committee	QUA070	SS	refreshed 8.5.19	Commissioning and Delivery	Karl McCluskey (Sarah McGrath)	5	3	15	Aintree CRM and CQPG (monthly) Aintree Planned Care Group (monthly) Aintree Cancer Improvement Group (quarterly) RLBHNT Collaborative - Cancer Performance meeting (monthly) Strengthened process for sharing pathway level and 104-days breaches with CCG Internal to CCG - HR meetings monthly fed through to Quality and Performance Committee and at NHSE performance calls through KLOEs CPN updates (see per agreement) Supervised by Covid arrangements led by Cheshire and Merseyside Cancer Alliance Weekly Sinsp reporting Focus on PTL size rather than performance	5	3	15	Sep-20		Strengthened process for harm review of very long waiting cancer patients Cancer Alliance Restoration plan with focus on reducing numbers of patients waiting > 104 days and recovery of endoscopy services Trajectories received for reduction of very long waiters > 104 days		12	12	↔	↓	Performance Targets
PTI	Quality and Performance Committee	QUA077	SS	Nov-19	Commissioning	Gordon Jones	4	4	16	- Phase 3 guidance and Health Care Partnership exercise - Ongoing dialogue with providers aimed at part year investment M108	3	4	12	Sep-20	Sep-20	Mental Health commissioning working with finance to understand the financial envelope for 2021 and beyond. - Ongoing dialogue with providers aimed at part year investment M108		16	16	↔	↔	Commissioning
PTI	Quality and Performance Committee	QUA080	SS	NEW 01/08/2020	Commissioning	Janet Spallen	3	4	12	Leadership Team and SMT briefed on immediate issues and impact on service delivery. Remedial work to be progressed both locally and as part of collaborative work with LCCG, LUHFT, MCF, LSCFT and Clinical Labs and engagement with primary care. Local action plan to be developed.	3	4	12	Sep-20	Sep-20	Collaborative project group established across Sefton and Liverpool Local capacity and demand exercise underway Opportunities to increase workforce short term being explored Issues more prominent in south Sefton at present but Southport & Formby also included in scope as may also be affected as routine referrals re-incorporated into service going forward 11/9/20 Detailed action being progressed with additional capacity created through COVID initiatives supported by GP Federations in S&F and SS. Focus on workforce, profiling future demand and capacity required to support.		NA	9	↓	↓	Commissioning
PTI	Quality and Performance Committee	QUA078	SS	Mar-20	Commissioning	Brendan Prescott	4	3	12	Enhanced surveillance at CQPG. NHSE/ oversight at LUHFT CQPG Work ongoing	4	3	12	Aug-20	Aug-20	Feb 20 - Risk of performance presented and discussed at monthly CQPG, quarterly QSG and monthly JQPC with feedback into combined CF for provider action. Provider updates on monthly basis at CQPG on merger progress and any issues identified. Jun 20 - LUHFT DoN and CCG Chief Nurse to review and agree on enhanced surveillance indicators to provide assurance on KLOEs as a result of the newly merged organisation. This agreement has been delayed by COVID-19 but forms part of the recovery plans for the Trust and will be monitored by recovered CQPG Jul 20 - LCCG has revised the agenda and work plan for the CQPG and Commissioning Forum (CF) meetings so as to focus on areas of greatest risk post COVID19. The current administration arrangements have been revised to reduce risk and fragmentation of approach, with LCCG leading this		12	12	↔	↔	Performance Targets
PTI	Quality and Performance Committee	QUA079	SS	Mar-20	Commissioning	Jane Lunt	4	4	16	SFs; SOs; Established Financial Controls; Audits of Financial Systems; Completion of Starter / Leaver Documentation	4	4	16	Aug-20	Aug-20	- continue to Checklist and retain checklists) - telephone calls with clients/families to ensure package meets needs - Quality of services - monitor standards even if they are not reported formally - finance, time and staffing will be required to address backlog Jun 20 - The suspension of statutory processes for CHC remains in place. CCG have submitted estimated backlog of cases for September 2020 in preparation for return to pre-COVID process. End to end service development will resume Q2/Q3 2021. Twice weekly calls with MLCSU are in place to review any operational issues caused by COVID.		16	16	↔	↔	COVID-19
PTI	Finance and Resource	FR0011	SS	Q1 2020/21	Finance	Martin McDowell	4	4	16	- Robust review of all CCG expenditure through monthly management accounting routines. - Examination of QIPP savings and opportunities at beginning of financial year as part of financial planning. On-going monitor throughout the year. - Scheme of delegation in place internally to limit authority to commit CCG resources to senior management. - Revised QIPP reporting arrangements through FAR Committee anticipated to enable greater impact of 'check and challenge' - Monthly reporting process to the Governing Body. - Finance involvement in multi-disciplinary COVID working groups to monitor discharge arrangements and to design and implement information capture/reporting mechanisms to ensure that all COVID related expenditure is recorded appropriately. - Use of the ADAM system to capture all COVID associated packages of care based on information provided via discharge to assess processes through MLCSU. - Monitoring of prescribing charges due to COVID-19 in development with the SI team. Monitoring information will provide a more accurate assessment of level of risk.	4	4	16	Aug-20	Jul-20	- On-going review and monitor of cost behaviours to provide an early warning system regarding emerging financial pressures. - Opening plan likely case deficit reported as £8.9m. (£9.8m adrift from plan). - Revised financial guidance for period April to July 2020 reduces risk to financial position as a consequence of non-delivery of QIPP schemes. - Links established with DZA working group and with MLCSU regarding discharge tracker and ongoing monitoring to ensure all COVID associated packages of care are captured and costs reported appropriately. - Communications established to ensure that COVID related costs are notified to the Finance team. - Monthly reporting of COVID costs and review of cost base to identify COVID related spend. - Ongoing review of systems and processes across North Mersey via MLCSU and CCGs during the emergency response period. - Monthly reporting processes established via NHS England. - Plan in place for Medicines Management QIPP work post COVID-19 support.	Martin McDowell	NA	16	↔	↔	Financial Duties

COVID-19										Update: Q2 2020/21: 30 September 2020														
Details of Risk										Initial Score			Key controls and assurances in place (and actions completed) (What controls/systems are already in place to prevent the risk from being realised...)				Residual Score Q2 2020		Lead Review Date	Comm Review Date	Mitigating Actions			
Committee	Area/Team Ref	SS	date	Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Likelihood	Consequence	Score	Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Proposed Action	Action Owner/Lead	Q4 19/20	Q1 2021	Trend to prior Q	Overall Trend	Theme			
PTI	Finance and Resource	FR0011a	SS	Q1 2020/21	Finance	There is a risk that the CCG will not fully deliver its planned QIPP target in 2020/21 caused by non-delivery of high risk QIPP schemes resulting in a failure to deliver required levels of savings.	Martin McDowell Cameron Ward	4	4	16	4	4	16	Sep-20	Sep-20	<ul style="list-style-type: none"> <li>Monthly review and monitoring of all QIPP schemes to assess delivery in year and highlight risks and issues affecting delivery of planned QIPP savings.</li> <li>Revised QIPP reporting arrangements through F&amp;R Committee anticipated to enable greater impact of "check and challenge".</li> <li>Continued focus on QIPP through the emergency response through COG PMOI Committee meetings. Ongoing discussions with system partners to ensure progression with QIPP activities where appropriate and to understand timescales for the recovery period and work on further QIPP schemes in the recovery period.</li> <li>PMO to develop an understanding of system partner QIPP schemes which will continue to be progressed during the COVID response period and maintain communications with all parties.</li> </ul>	Martin McDowell	N/A	16	↔	↔	Financial Dutes		
PTI	Quality and Performance Committee	QUA081	SS	New Sep 20	Commissioning and Delivery	Adult ASD service, waiting times continue to remain under review	Gordon Jones	3	5	15	5	3	15	Sep-20	Sep-20	<ul style="list-style-type: none"> <li>Provider has undertaken capacity and planning exercise</li> <li>Provider is developing investment case</li> <li>Investment will have to be considered by CCG and if approved funding can be released to reduce waits with an agreed improvement trajectory.</li> </ul>	Access to services	N/A	N/A	N/A	N/A	Commissioning		
PTI	Quality and Performance Committee	QUA082	SS	New Sep 20	Commissioning and Delivery	Adult Eating Disorder service has had long standing challenges around achieving 18 hour waits. In addition the service is not NICE compliant	Gordon Jones	4	5	20	4	5	20	Sep-20	Sep-20	<ul style="list-style-type: none"> <li>Provider has developed investment case</li> <li>Investment will have to be considered by CCG and if approved funding can be released to reduce waits with an agreed improvement trajectory.</li> </ul>	Access to services	N/A	N/A	N/A	N/A	Commissioning		

## Risk Matrix

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

## Risk Ratings

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

↓ Significant Risks

## Significant Risks

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

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

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

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



## MEETING OF THE GOVERNING BODY November 2020

<b>Agenda Item:</b> GB20/153	<b>Author of the Paper:</b> Jane Lunt Director of Quality, Outcomes & Improvement (Chief Nurse Liverpool / Interim Chief Nurse, Sefton CCG's) <a href="mailto:Jane.lunt@liverpoolccg.nhs.uk">Jane.lunt@liverpoolccg.nhs.uk</a>	<b>Clinical Lead:</b> Jane Lunt Director of Quality, Outcomes & Improvement (Chief Nurse Liverpool / Interim Chief Nurse, Sefton CCG's) <a href="mailto:Jane.lunt@liverpoolccg.nhs.uk">Jane.lunt@liverpoolccg.nhs.uk</a>
<b>Report date:</b> November 2020		

**Title:** Children and Young Peoples Delivery Plan 2020 – 2025

**Summary/Key Issues:**

Welcome to 'My Sefton: happy, healthy, achieving, heard', our 2020-2025 plan for all children, young people and their families that sets out how we intend to maximize the health and wellbeing of all our children and young people living in Sefton.

Together, we at Sefton Council, NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG, have agreed a series of priorities for future services and support. These priorities are based on what children, young people, their families and their Carers have told us of their experiences and what we know about their current care.

Sefton Council led on the development of an exciting partnership vision for the Borough of Sefton called Sefton 2030. When developing the vision partners worked closely with our communities, including children and young people, to understand what was important to them.

This is our single strategic and overarching plan for all services which affect children and young people across Sefton. It sets out how the Council, with its strategic partners, intends to achieve improvements.

**Recommendation**

The Governing Body is asked to receive this report.

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 (x those that apply)
Patient and Public Engagement				
Clinical Engagement				
Equality Impact Assessment				
Legal Advice Sought				
Quality Impact Assessment				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees	<b>X</b>			Children's Partnership Board



# My Sefton

HEARD, HAPPY, HEALTHY, ACHIEVING

The plan for all children, young people and their families living in Sefton

Children and Young People's Plan  
2020/25

*"A hundred years from now, it will not matter what my bank account was, the sort of house I lived in, or the kind of car I drove..... but the world may be different because I was important in the life of a child."*

*Forest E Witcraft*

## Foreword and Introduction

Welcome to 'My Sefton: happy, healthy, achieving, heard', our 2020-2025 plan for all children, young people and their families that sets out how we intend to maximize the health and wellbeing of all our children and young people living in Sefton

Together, we at Sefton Council, NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG, have agreed a series of priorities for future services and support. These priorities are based on what children, young people, their families and their Carers have told us of their experiences and what we know about their current care.

Sefton Council led on the development of an exciting partnership vision for the Borough of Sefton called Sefton 2030. When developing the vision partners worked closely with our communities, including children and young people, to understand what was important to them.

This is our single strategic and overarching plan for all services which affect children and young people across Sefton. It sets out how the Council, with its strategic partners, intends to achieve improvements.

We have used information from our Joint Strategic Needs Assessment to inform the plan and will seek to ensure that children and young people's needs are understood and met. This information together with what we already know about our area from previous work and conversations has informed the priorities in this document. This plan, therefore, has been written around the four themes of:

- Heard
- Happy
- Healthy
- Achieving

We have also set out clear actions for how we will address the priorities under each theme and how we will measure the progress of these actions. While it is important to measure progress, we acknowledge there has to be a balance with how children and young people experience life and what is important to them. These priorities incorporate the seven principles for corporate parenting:

1. To act in the best interests, and promote the physical and mental health and well-being, of those children and young people.
2. To encourage children and young people to express their views, wishes and feelings.
3. To consider the views, wishes and feelings of children and young people.
4. To help children and young people gain access to and make the best use, of services provided by the local authority.
5. To promote high aspirations, and seek to secure the best outcomes, for children and young people.

6. For children and young people to be safe, and for stability in their home lives, relationships and education or work, and
7. To prepare children and young people for adulthood and independent living

Alongside this, we have a plan for the whole of the local NHS called Sefton 2gether, led by the CCGs. Like Imagine Sefton, the plan is rooted in all that we know from the JSNA and then goes further, based on discussions with our health and care partners in the borough and from speaking with our residents about what they would like for the future. Sefton 2gether’s ambitious priorities for children, young people, their families and Carers are reflected in and complement those contained in this plan – My Sefton: happy, healthy, achieving, heard.

We know we cannot achieve our priorities without working together with our wider partners across health and care in Sefton. Working together is important in times of challenge, austerity has seen significant cuts in the money going to public services so there is a need to work differently and achieve better with less. Organisations from the public sector, schools, voluntary, community and private sector have been working together to provide support to children and young people and their families as we understand that it is our collective responsibility to ensure we can create the right conditions for children and young people to thrive in Sefton.

We recognise that each organisation is just one part of a whole system and that by working together we can make the best use of the resources available to provide support where it is most needed.

These organisations are committed to maintaining, strengthening and maximising partnership working to best support the children and young people of Sefton. This plan will build upon the strength we have in Sefton around our partnership working and what we already do well.

Fiona Taylor, Chief officer of NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG, Vicky Buchannan, Interim Director of Children’s Social Care and Education, Cllr John Joseph Kelly



## What's the story in Sefton?

The Sefton Children's JSNA, complete in August 2018 highlights the following key points for us grouped by our themes:

Heard:	Happy:	Healthy:	Achieving:
Child Sexual Exploitation referrals fluctuate with the highest count being 97 in Quarter 4 of 2015/16 and the lowest 43 in Q3 of 2016/17.	Children looked after rate per 10,00 was 85 in 2017, compared to 61.7 nationally again this continues to rise.	In Sefton in 2017 2.4% of Pupils had a Statement of Special Educational Needs or EHC Plan, compared to a national average of 2.8%	In 2017 95% benefited from funded early education (24% more than the English average). 98% of 3 and 4 year olds also benefited. Pupils in these early years phase development attainment was in line with national averages.
The Carers Trust 2019 reported that there are an estimated 700'000 young Carers in the UK, 68% are bullied and miss an average of 48 schools' days per year, 48% reported being stressed. Sefton Carers support 600 young carers.	In 2016/17 the rate of Family Homelessness was at 0.3 per 1000, nationally this was 1.9. This equates to a count of 31 households. For Young people aged 16 -24 this rate was 0.16 per 100,000 in 2016/17 (19 individuals) below national average.	In 2017 3.6% of our pupils had a Learning Disability (this figure has consistently been around 4% since 2013).	In Key Stage 4 the % of Pupils attaining Grade 9 to 5 or 9 to 4 in English and Maths was below the national average at 37% and 60% (English averages were 43% and 64% in 2016/17). 94% went on to education or training after this stage
	The of Children living in poverty in 2017/18 in Bootle was 28% before housing costs and 31% after housing costs, for Sefton Central this is recorded as 15 % and 19% and for Southport 21 %	In 2017 15.5 children in every 1000 pupils enrolled in one of Sefton's state funded schools were recognised as having autistic spectrum disorders, this has risen from 14.4 in 2015.	In Key Stage 2 pupils attainment in Reading, writing and Maths were all above national averages.

and 30%.

Hospital Admissions for Mental Health Conditions are higher than national averages at 97.5 per 100,000 in 2016/17 down from 146.6 in the previous year. 1 in 10 Children are affected by Mental Health Problems. Self-Harm has increased and is higher than national averages

Rates are continually higher than England and the North West

Our LA's Overall Absence has decreased by 0.16% from 4.94% in 2017/18 to 4.78% in 2018/19, which is 0.24% higher than the National average of 4.54% and equivalent to 21,128 more missed sessions in your LA than the National cohort, with pupils at our LA missing an average of 12.3 sessions (this is 1.7 more than the National cohort)Our LA's average for the last 3 academic years is 4.88% and we have been consistently higher than the National average in the last 3 academic years for Overall Absence.

The rate of NEET for 16 -24 years olds was at 4.5 % in 2017. This figure has improved between 2013 and 2017 but still remains higher than national averages

First time entrants to the Youth Justice System aged 10 – 17 was at 220.2 in 2016 this had fallen since 2012 when it was at 578.7. The rates are below national averages

The overarching aims for starting well in Sefton, taken from the Health and Well Strategy:

- Every child will achieve the best start in their first 1001 days
- Education and training will enable every young person to unlock the door to more choices and opportunities
- Every child and young person will have a successful transition to adulthood

In 2025 we will know we have made a difference by raising the % of Children achieving a good level of development from 69% to 74%. Continue to reduce the proportion of our 16 – 17 Not in Education and Training. Improve the experience of Transitions experience as measured by our annual survey and by having a fully adopted joint transitions pathway.



## About the plan

We have looked at the last plan and what is still important to our children, young people and their families. This plan has been shaped by the analysis of our performance and progress to date, alongside the trends identified in the Joint Strategic Needs Assessment (JSNA) which allows us to establish trends across a wide range of data.

More importantly through Consultation with a wide range of Youth Groups, Schools and Key Stakeholders and Professionals.

we have also listened and what children, young people and families tell us has led us to identify a number of priorities for action over the course of this Plan. We recognise achievements from the last plan to include:

- Early Years Foundation Stage (EYFS), achieving a good level of development, we are the highest in the North West (NW) and above the regional average
- Sefton's Not in Employment Education or Training (NEET) group has improved over the 3 year period, performing better than Liverpool City Region (LCR) and staying in line with the North West
- Sefton has consistently exceeded the England and North-West numbers, for children benefitting from the "Two Year Old Offer". Since the introduction of the Two Year Old Offer in 2009, Sefton has worked in close partnership with Health and Early Years settings to identify and engage with the families of rising two year olds who meet the criteria
- We have seen a decrease in young people being involved with Anti-Social Behaviour, one significant reason could be we have issued Gang Injunctions along with the police, which have significantly decreased youth Anti-Social Behaviour in the Area. (80% of the cases are adults)

We recognise that some areas from our previous plan still need our focus and these are reflected in the 2020 – 2025 plan.

Child health and wellbeing are dependent on supportive and safe homes; studies repeatedly show the importance of having at least one supportive caring adult to establishing childhood resilience. This is critical so that children are able to bounce back when difficulty threatens that happiness. Through access to play, leisure, sport, cultural activities and positive interaction in families that spend time together, there are opportunities for happy memories to be made and resilient capacities to be built, all of which greatly enhance the foundation for happiness and lifelong wellbeing.

Our ambition is to improve outcomes for all children as we want to break the link between a person's background and where they get to in life.

We will be child focused, children and young people are our primary concern, we will listen and respond to children and young people and we will focus on strengths and building resilience. We will support our children, young people and their families to lead healthy lifestyles and have good emotional wellbeing and mental health.

We will do this through the actions in 12 priority areas under each of the headings Heard, Happy, Healthy, and Achieving shown below. These 12 priorities are based on what the evidence in the JSNA and our consultation tells us we need to get better at.

We have identified a short set of indicators where we want to see real positive change. There is a detailed action plan being developed in draft which describes the actions in terms of steps of delivery and impact Some of these we are able to deliver through the services we directly provide, and others require us to a combined effort to influence wider changes. Importantly, we will always look at the story behind the data through the eyes and voice of children, young people and families.

## Heard

*Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.*

*United Nations Convention on the rights of a child. Article 12*

These are our priorities:

**Priority 1. Ensure children’s voices are heard and families will get the right support and help at the right time.**

We will give children and young people opportunities to be engaged in decision making processes and give them as much influence as possible.

Children and young people will be treated respectfully as we recognise that children, young people, parents and Carers (including Young Carers) are experts by experience

We will take time to listen, it is a two-way conversation.

We will do what we say we are going to do and recognise that involvement is a continuous process and not just a one off exercise.

**Priority 2. Engage with a wide range of youth networks and groups that support young people**

We will work with children and young people to understand what works for them in terms of involvement and will we also accept. that children and young people are not always going to tell us what we want to hear – in the way we want to hear it

We will be respectful of difference and celebrate diversity.

Based on our localities model and primary care networks we will continue to provide universal services that are accessible to everyone in the borough.

**Priority 3. Place children and young people at the core of decisions we make about them.**

We will ensure that children and young people will always be central to decisions we make about them and their journeys will be shaped by their voice and experience. Children will be supported by professionals they trust who listen to them, made to feel their opinion is valued and take actions to meet their needs and tackle concerns they raise.

Young people say: Everyone wants to feel safe (Imagine Sefton 2030). Sefton value, we listen value and respect each others views. Look at info from youth groups e.g. Symbol, Chameleons.

**The actions we will take:**

We will listen to children and young people by ensuring that barriers to participation and progress are addressed using multiple techniques and methods so we can hear the voice of the child. We will work closely with Young Advisers at Sefton CVS and key youth groups in the Borough to ask questions, clarify understanding and give them the opportunities to be engaged in decision making processes and have as much influence as possible. We will support families to access the right help at the right time, through activity such as the redesign of integrated advocacy services, improving our local offer, and ensuring equality of access to our universal services. We will help build tolerant communities that value all children and young people as members and give them positive opportunities to contribute. We will be joined up and inclusive and challenge poor practice and accept challenge constructively. More children and young people will express satisfaction with our services and we can evidence improvements. The SEND continuous improvement work has the voice of the child at its heart.

An action plan will be developed to show where any measures we look at are held to account.

## Happy

*Every child has the right to relax, play and take part in a wide range of cultural and artistic activities.  
United Nations Convention on the rights of a child, Article 31*

These are our priorities.

**Priority 4. Ensure positive emotional health and wellbeing of children and young people by empowering families to be resilient.**

We will create and promote children and young people’s emotional health and wellbeing by supporting them and their families to make positive choices. We will have strength informed approaches to ensure engagement and strengthening of families including promoting healthy relationships.

We will improve access to the right support from the right service at the right time and build on the strength of families and their inclusive networks.

This will be a key consideration at points of transition.

**Priority 5. Protect those at risk of harm**

We want all children and young people to be safe and to feel safe. We will help children live in safe and supportive families and ensure the most vulnerable are protected by tackling those factors which risk harming their life chances, including those children and Young People acting as carers. We will reduce the impact on children living in households which experience neglect, domestic abuse or parental substance use by the provision of a range of support and services. We will prevent and safeguard all children from exploitation and safeguard individual children who are identified as at risk.

We will work to address the concerns expressed to us through the consultation on Gangs and Knife Crime in our communities.

**Priority 6. Encourage fun, happiness and enjoyment of life**

We want children and young people to live in a good environment that they can enjoy. Sefton is a great place to live and grow up. We have a wealth of resources and assets in the community such as the coast and green spaces that can be used for pleasure, sport and other leisure opportunities.

We will encourage and provide or commission a diverse range of culture, exercise and socially connective activities in our borough ensuring a One Council approach with Green Sefton and Localities

Young people say: Being near the river and coast makes me feel happy and well. Young People told us feeling safe has a direct link to feeling happy. “If you are happy all other things will fall into place”

## The actions we will take:

We will have a family approach and will work with our partners to develop vibrant communities that take responsibility for the aspirations, opportunities and achievements of their young people so families and children experience a positive home life.

We will promote partnership working including joint commissioning so we can invest in children and young people's futures. We will improve information and advice on access to play, leisure, sport and cultural opportunities. We will utilise Early Intervention and Prevention services such as the roll out of Adverse Childhood Experiences (ACE's) working to help build resilience and strengthen protective factors in the lives of children and young people and their families to reduce the impact of these experiences on future life chances.

We want to develop a confident and competent workforce to ensure all professionals working with children and young people have appropriate awareness, training and ongoing support, that's built around the needs and outcomes of each individual. The outcomes and impact we are aiming for will be monitored by the Health and Wellbeing Board to ensure we are supporting positive social connections and relationships.

## Healthy

Every child has the right to the best possible health, (United Nations Convention on the rights of a child, Article 24)

These are our priorities:

**Priority 7. To enable positive mental health and Wellbeing through prevention where ever possible and to provide timely support and access to services when needed.**

We will do all we can to identify problems early as we know the vast majority of mental health problems experienced in adult life emerge before young people reach adulthood. We will ensure high quality specialist services for those who need them.

We will strengthen the protective factors of mental health and wellbeing by enabling children and young people to develop skills around building friendship, self-esteem, resilience and mindset.

**Priority 8. To Enable children’s health and development.**

We will promote positive health choices by parents, especially during pregnancy. We will encourage care that keeps children healthy and safe and promote children’s health and development. Where problems are identified in health and development they can get support as early as possible. Focusing efforts on the 1<sup>st</sup> 1000 days and school readiness.

We will encourage children and young people to achieve and maintain a healthy weight through education, support and commissioned services.

**Priority 9. Reduce health inequalities so children and young people can achieve good health.**

We will endeavour to offer the right infrastructure to promote good health behaviours and reduce lifestyle factors that lead to early illness such as smoking and poor diet that will affect young people into adulthood.

We will reduce a range of risk taking behaviours including, alcohol and other drug use and unhealthy Sexual Activity.

We will take a preventative approach to manage rising demand across education, health, social care and SEND from the earliest point in a child’s life through focused operational improvement in this area and ensuring the system works together, for example linking economic growth Agenda, Living Well Sefton and Active Sefton to

contribute to the environment we need to achieve this.

gYoung people say: “I play rugby”; e.g. being fit and healthy (Sefton Imagine 2030), more youth friendly things for people to do are our priorities.

The 2019 Health and Wellbeing Strategy Consultation identified the top issue under “Start Well, Grow Well” to be help Children and Young People with Mental Health Problems including problems with drink drugs and self harm. The CYPP consultation told us “if children are protected and preventions have been put in place children will have better mental health”

## The actions we will take:

We want children and young people to be healthy and will promote healthy eating, delivery of the North Mersey Prevention Programme and a review of mental health services recognising the importance and significance of getting this right. We will seek to reduce hospital admissions for children and young people around alcohol and will continue to commission services and use campaigns such as Responsible Drinking and Challenge 25.

We will develop locality profiles in order to understand what the current risks are to young people including that young people know about healthy relationships and issues relating to consent. This will allow us to provide a quality provision targeted to local needs and inequalities and we will also focus on transitions from primary to secondary school, starting school further education and working life to improve outcomes. We will clearly measure and demonstrate improved relevant Child Health Profiles Indicators from the Baseline.



## Achieving

*Every child has the right to an education. Education must develop every child's personality, talents and abilities to the full.  
United Nations Convention on the rights of a child, Articles 28 and 29*

These are our priorities:

### **Priority 10. Children are ready for school**

A great start will shape children's lifelong health and wellbeing. We will ensure that all children are ready for school with good social and emotional development. We will secure and sustain better all-round outcomes for babies and children which narrows the gap between vulnerable children and others.

We will take a preventative approach from the earliest point in a child's life in order that we can identify problems in children's health and development so they can get help with their problems as early as possible.

### **Priority 11. Raise achievement and ensure young people have the life skills so they are well prepared for adulthood.**

We will have a clear understanding of the aspirations of our young people and what they have told us is important to them. We will respect and encourage the hopes and dreams of the children and young people we work with.

We know high quality education is the greatest liberator so want all pupils to make at least "good" progress in every year of their education. We will ensure that all children attend good or better educational settings in Sefton and barriers to participation and progress are addressed. There will be a broad and balanced curriculum equipping them with the life skills they need to be independent and successful as an adult. These skills and opportunities to achieve will also value the contribution of sport, cultural,

### **Priority 12. Children and young people with Special Educational Needs and/or disabilities achieve their full potential**

We want children with complex individual needs to have the best life chances. We will enhance joint commissioning of support between education, health and care services for children with special educational needs and disabilities. To ensure services work together. We will ensure that all parts of the Sefton Send Local offer work together to meet the needs of children and young people with SEND and that they achieve their full potential and that people know the range of services available to them. We will ensure all children have access to an educational setting that is appropriate to their needs, including those with SEND and social, emotional and behavioural difficulties. We will from the earliest point in a child's life encourage independence, where appropriate, and ensure families have timely

social and health education in preparing young people for their future. When preparing for adulthood we will have pathways to employment that ensure they are moving towards good quality sustainable work. We will focus on ensuring our children leave school with the right skills such as financial management, how to deal with bullying and citizenship, and maintaining wellbeing when carrying out caring responsibilities.

access to support so their experience improves and the needs of their children are identified early and met.

We will encourage equalities of access to universal services so all Children and Young People with SEND and/or Autism can gain maximum benefit from what Sefton has to offer.

Through our consultation of this plan Young people told us we need to instil the right life skills and not judge young people by numbers and grades only.

## The actions we will take:

We want young people to leave school with the appropriate skills and qualifications they need and the opportunity to access, training, apprenticeships and employment which will include working with skills and employment resources and local colleges to improve access to learning and meaningful opportunities. The local offer will be kept up to date, refreshed regularly and promoted to ensure we are providing good information, advice and guidance to young people and their families.

We will continue to provide universal services with a focus on specific groups and communities and equality of access for all through this plan and the SEND Improvement Plan and SEND Joint Commissioning Plan to ensure delivery of these ambitions

## Delivering our Vision

The Health and Wellbeing Board (incorporating our Children's Trust) gives overarching vision through the Health and Wellbeing Strategy and oversees the delivery of the Children and Young Peoples Plan. It gives overarching Governance and Accountability with membership from across Health, Social Care, the third sector and plans to include Police and Housing.

The Children and Young Peoples plan will be delivered through the work of the Children's Improvement Board and Operational Service Improvement Plans and through the development of a comprehensive Integrated Commissioning plan.

The Commissioning plan will be clear of our demand, supply and unmet need and our intentions to work with the market, and how we manage the complex range of services across the Council, Health and wider partners to meet the needs of our Children within the challenging budget envelope, working on a regional basis where the benefits are clear and ensure seamless delivery of services whether the need is health or Social Care in the most effective way.

## Useful Links:

**PHE Child Health Profile for Sefton**

<https://fingertips.phe.org.uk/profile/health-profiles/data#page/0/gid/1938132696/pat/6/par/E12000002/ati/101/are/E07000026>

**Thrive Model**

<http://implementingthrive.org/about-us/the-thrive-framework/>

**Early Help Strategy** <https://www.sefton.gov.uk/your-council/plans-policies/children,-young-people-and-families.aspx>

**Health and Wellbeing Strategy** <https://www.sefton.gov.uk/your-council/plans-policies.aspx>





# My Sefton

HEARD, HAPPY, HEALTHY, ACHIEVING

---

The plan for all children, young people and their families living in Sefton

Children and Young People's Plan  
**2020/25**

*"A hundred years from now, it will not matter what my bank account was, the sort of house I lived in, or the kind of car I drove..... but the world may be different because I was important in the life of a child."*

**Forest E Witcraft**

## Foreword and Introduction

Welcome to 'My Sefton: happy, healthy, achieving, heard', our 2020-2025 plan for all children, young people and their families that sets out how we intend to maximize the health and wellbeing of all our children and young people living in Sefton

Together, we at Sefton Council, NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG, have agreed a series of priorities for future services and support. These priorities are based on what children, young people, their families and their Carers have told us of their experiences and what we know about their current care.

Sefton Council led on the development of an exciting partnership vision for the Borough of Sefton called Sefton 2030. When developing the vision partners worked closely with our communities, including children and young people, to understand what was important to them.

This is our single strategic and overarching plan for all services which affect children and young people across Sefton. It sets out how the Council, with its strategic partners, intends to achieve improvements.

We have used information from our Joint Strategic Needs Assessment to inform the plan and will seek to ensure that children and young people's needs are understood and met. This information together with what we already know about our area from previous work and conversations has informed the priorities in this document. This plan, therefore, has been written around the four themes of:

1. Heard
2. Happy
3. Healthy
4. Achieving

We have also set out clear actions for how we will address the priorities under each theme and how we will measure the progress of these actions. While it is important to measure progress, we acknowledge there has to be a balance with how children and young people experience life and what is important to them. These priorities incorporate the seven principles for corporate parenting:

1. To act in the best interests, and promote the physical and mental health and well-being, of those children and young people.
2. To encourage children and young people to express their views, wishes and feelings.
3. To consider the views, wishes and feelings of children and young people.

4. To help children and young people gain access to and make the best use, of services provided by the local authority.
5. To promote high aspirations, and seek to secure the best outcomes, for children and young people.
6. For children and young people to be safe, and for stability in their home lives, relationships and education or work, and
7. To prepare children and young people for adulthood and independent living

Alongside this, we have a plan for the whole of the local NHS called Sefton 2gether, led by the CCGs. Like Imagine Sefton, the plan is rooted in all that we know from the JSNA and then goes further, based on discussions with our health and care partners in the borough and from speaking with our residents about what they would like for the future. Sefton 2gether's ambitious priorities for children, young people, their families and Carers are reflected in and complement those contained in this plan – My Sefton: happy, healthy, achieving, heard.

We know we cannot achieve our priorities without working together with our wider partners across health and care in Sefton. Working together is important in times of challenge, austerity has seen significant cuts in the money going to public services so there is a need to work differently and achieve better with less. Organisations from the public sector, schools, voluntary, community and private sector have been working together to provide support to children and young people and their families as we understand that it is our collective responsibility to ensure we can create the right conditions for children and young people to thrive in Sefton.

We recognise that each organisation is just one part of a whole system and that by working together we can make the best use of the resources available to provide support where it is most needed.

These organisations are committed to maintaining, strengthening and maximising partnership working to best support the children and young people of Sefton. This plan will build upon the strength we have in Sefton around our partnership working and what we already do well.

Fiona Taylor, Chief officer of NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG, Vicky Buchannan, Interim Director of Children's Social Care and Education, Cllr John Joseph Kelly





## What is this plan?

We want every child and young person in Sefton to be healthier, happy and able to take advantage of opportunities that will help them reach their full potential.

This is why we have themed our priorities around these headings:



Heard



Happy



Healthy



Achieving

We want to make things better for children and young people in Sefton.

We want to make things better for their families as well.

## Heard

Every child has the right to express their views feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.

*United Nations Convention on the rights of a child, Article 12*



## Happy

Every child has the right to relax, play and take part in a wide range of cultural and artistic activities.

*United Nations Convention on the rights of a child, Article 31*



## Healthy

Every child has the right to the best possible health.

*United Nations Convention on the rights of a child, Article 24*



## Achieving

Every child has the right to an education. Education must develop every child's personality, talents and abilities to the full.

*United Nations Convention on the rights of a child, Articles 28 & 29*



# Heard

*Every child has the right to express their views feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.*

United Nations Convention on the rights of a child, Article 12



## These are our priorities:

### Priority 1

1. Ensure children's voices are heard.

### Priority 2

2. Engage with a wide range of youth networks and groups that support young people.

### Priority 3

3. Place children and young people at the core of decisions we make about them.

## The actions we will take:

1. We will ensure that children's voices are represented on all boards
2. The support families receive helps to reduce concerns escalating
3. We will help build tolerant communities that value all children and young people as members and ensure positive opportunities for them to contribute
4. Listen to Children and Young People - Give children and young people opportunities to be engaged in decision making processes and give them as much influence as possible
5. Ensure that barriers to participation and progress are addressed
6. Look at multiple techniques and methods to ensure we can hear the voice of the child
7. We will challenge poor practice and accept challenge constructively
8. We will be joined up and inclusive and encourage equality of access to universal services.
9. Co-produce the SEND Joint Commissioning to ensure parent carers are a key part of quality assurance of progress against improvement plans.
10. Recommissioning of the advocacy service
11. Improve communication of 'you said we did'
12. Work closely with the Young Advisors at Sefton CVS and other key youth groups in the borough to ask questions, clarify understanding and shape the landscape going forward

# Happy

Every child has the right to relax, play and take part in a wide range of cultural and artistic activities.

*United Nations Convention on the rights of a child, Article 31*



## These are our priorities:

### Priority 4

Ensure positive emotional health and wellbeing of children and young people by empowering families to be resilient.

### Priority 5

Protect those at risk of harm.

### Priority 6

Encourage fun, happiness and enjoyment of life.

The actions we will take:

1. Promote partnership working, joint commissioning and investing in children and young people's futures
2. Establish and deliver a joint children's commissioning plan being clear on collective spend, collective demand, collective unmet need, and the services we want to jointly invest in.
3. Have a family approach
4. Focus on prevention and timely support for children and young people's mental health
5. Work with the voluntary and community sector to develop vibrant communities that take responsibility for the aspirations, opportunities and achievements of their children and young people
6. Improve information and advice on access to play, leisure, sport and cultural opportunities for children and young people
7. Reduce the impact on children and young people of living in households experiencing neglect by the provision of a range of support and services
8. Improve access to emotional health and wellbeing support
9. Ensure all professionals working with children and young people have appropriate awareness and training and ongoing support to provide a graduated response to emotional health and wellbeing
10. Use the Health and Wellbeing Board to monitor impact to ensure we are supporting an environment that encourages positive social connections, relationships and encourage resilience and confidence
11. Continue the roll out of the ACEs working to reduce the impact of Adverse Childhood Experiences on future life chances
12. Working with families to increase the proportion of children experiencing a positive home life

# Health

Every child has the right to the best possible health.

*United Nations Convention on the rights of a child, Article 24*



## These are our priorities:

### Priority 7

To enable positive mental health and wellbeing through prevention wherever possible and to provide timely support and access to services when needed.

### Priority 8

To enable children's health and development.

### Priority 9

Reduce health inequalities so children and young people can achieve good health.

## The actions we will take:

1. Use campaigns to increase awareness of the issues around alcohol such as Challenge 25 and responsible drinking campaigns
2. Reduce hospital admissions for children and young people around alcohol by continuing to integrated and commission a model of drug and alcohol services that works across the system including early intervention and prevention
3. Monitor the Active Sefton 0-19 delivery programme
4. Develop locality profiles to understand what the current risks to young people are in terms of location, activity and people to ensure young people know about healthy relationships and issues relating to consent
5. Use the outcomes of the Sefton Emotional Health and Wellbeing Survey to deliver outcomes and improve the results
6. Provide quality provision targeted to local needs and inequalities
7. Delivery of a Clean Air Strategy for Sefton
8. Ensure the transitions work includes transitions from Primary to Secondary school and improve outcomes for this, as well as considering other transitions such as starting school, further education and work life
9. Review and co-ordinate healthy eating initiatives to ensure we have a borough wide offer that's supports education about healthy eating and accessing to



# Achieving

Every child has the right to an education. Education must develop every child's personality, talents and abilities to the full.

*United Nations Convention on the rights of a child, Articles 28 & 29*



## These are our priorities:

### Priority 10

Children are ready for school.

### Priority 11

Raise achievement and ensure young people have the life skills so they are well prepared for adulthood.

### Priority 12

Children and young people with Special Educational Needs and/or disabilities achieve their full potential.

## Our priorities

**Heard**

1. Ensure children's voices are heard.
2. Engage with a wide range of youth networks and groups that support young people.
3. Place children and young people at the

**Happy**

1. Ensure positive emotional health and wellbeing of children and young people by empowering families to be resilient.
2. Protect those at risk of harm.
3. Encourage fun, happiness and

**Healthy**

1. To enable positive mental health and wellbeing through prevention where ever possible and to provide timely support and access to services when needed.
2. To enable children's health and development

**Achieving**

1. Children are ready for school.
2. Raise achievement and ensure young people have the life skills so they are well prepared for adulthood.
3. Children and young people with Special Educational Needs and/or disabilities achieve their full potential

## How we will do it



**Our vision**

We want every child and young person to be heard, healthy, happy, and to achieve their full potential. We want them to feel loved, valued and respected and to be safe and secure

## How we know if we've made a difference?

The plan will be measured through indicators from the Police, Health, Social Care, Public Health, Early Help, Active Sefton, Green Sefton and Sefton CVS.

We have chosen indicators to reflect each priority and theme, for example:

**Heard:**  
Rate of Children Meeting 'Good' for Work Being Child Centred (%)

**Happy:**  
Proportion of Pupils with Social / Emotional / Mental Health Needs (%)

**Healthy:**  
Proportion of Children Classed as Overweight or Obese at reception and Year 6 (%)

**Achieving:**  
Key Stage 2 (ALL): % Achieving Expected Standard (Test RWM)



## Children and Young Peoples Delivery Plan 2020 – 2025

Priority	Enabler	Governance route	Dashboard indicators
<b>HEARD</b>			
Priority 1: Ensure children’s voices are heard and families will get the right support and help at the right time.	CSC Improvement Action Plan Targeted Early Help Action Plan JTAI Action Plan Public Health Work Plan 2020/21	Children’s Partnership Board Children’s Services Performance Group Early Help Board Public Health / Health and Wellbeing Board LSCB	9, 14 and 15, 16
Priority 2: Engage with a wide range of youth networks and groups that support young people	CSC Improvement Action Plan Public Health Work Plan 2020/21 Partnership working with the CVS Young Advisor. Targeted Early Help Action Plan JTAI Action Plan	Children’s Partnership Board Children’s Services Performance Group Public Health / Health and Wellbeing Board Early Help Board	27
Priority 3: Place children and young people at the core of decisions we make about them.	CSC Improvement Action Plan Targeted Early Help Action Plan JTAI Action Plan	Children’s Partnership Board Children’s Services Performance Group Early Help Board LSCB	9 – 13
<b>HAPPY</b>			
Priority 4: Ensure positive emotional health and wellbeing of children and young people by empowering families to be resilient.	Emotional Health and Wellbeing Strategy CSC Improvement Action Plan Targeted Early Help Action Plan JTAI Action Plan	Children’s Partnership Board Children’s Services Performance Group Early Help Board Emotional Health and Wellbeing Steering group.	9 – 16
Priority 5: Protect those at risk of harm	JTAI Action Plan CSC Improvement Action Plan Targeted Early Help Action Plan	Early Help Board LSCB	14 – 16

		Children's Partnership Board Children's Services Performance Group	
Priority 6: Encourage fun, happiness and enjoyment of life	Active Sefton Green Sefton JTAI Action Plan Targeted Early Help Action Plan	Early Help Board Children's Partnership Board	1, 2, 9
<b>HEALTHY</b>			
Priority 7: To enable positive mental health and wellbeing through prevention where ever possible and to provide timely support and access to services when needed.	CSC Improvement Action Plan. Public Health Work program JTAI Emotional Health and Wellbeing Strategy Children's Integrated Commissioning delivery plan Targeted Early Help Action Plan	Children's Integrated Commissioning Group Children's Services Performance Group. Public Health / Health and Wellbeing Board Early Help Board Children's Partnership Board LSCB	9 and 10.
Priority 8: To enable children's health and development.	Public Health Work Program CSC Improvement Action Plan Provider Alliance Early Year Priority Active Sefton JTAI Targeted Early Help Action Plan	Children's Services Performance Group. Public Health / Health and Wellbeing Board Early Help Board Children's Partnership Board LSCB	1 – 8 5-28; 33-37
Priority 9: Reduce health inequalities so children and young people can achieve good health.	Integrated Commissioning Work Program Public Health Work Program Targeted Early Help Action Plan JTAI	Health and Wellbeing Board Early Help Board Children's Partnership Board LSCB	1 -2
<b>ACHIEVING</b>			
Priority 10: Children are ready for school	Sefton Provider Alliance priority Targeted Early Help Startegy JTAI	Sefton Provider Alliance Early Help Board Children's Partnership Board.	17 – 18

<p>Priority 11: Raise achievement and ensure young people have the life skills so they are well prepared for adulthood.</p>	<p>CSC Improvement Plan Targeted Early Help Strategy JTAI</p>	<p>Children’s Partnership Board Children’s Services Performance Group Early Help Board</p>	<p>17 – 25</p>
<p>Priority 12: Children and young people with Special Educational Needs and/or disabilities achieve their full potential</p>	<p>SEND Continuous Improvement Plan SEND Joint Commissioning Plan. JTAI Targeted Early Help Strategy</p>	<p>SEND Continuous Improvement Board Early Help Board Children’s Partnership Board</p>	<p>22</p>



## Our priorities

1. Ensure children's voices are heard.
1. Engage with a wide range of youth networks and groups that support young people.
2. Place children and young people at the core of decisions we make about them.

Heard

1. Ensure positive emotional health and wellbeing of children and young people by empowering families to be resilient.
2. Protect those at risk of harm.
3. Encourage fun, happiness and enjoyment of life

Happy

1. To enable positive mental health and wellbeing through prevention where ever possible and to provide timely support and access to services when needed.
2. To enable children's health and development.

Healthy

1. Children are ready for school.
2. Raise achievement and ensure young people have the life skills so they are well prepared for adulthood.
3. Children and young people with Special Educational Needs and/or disabilities achieve their full potential

Achieving

## How we will do it

Promoting partnership working, joint commissioning and investing in children and young people's futures. We recognise that each organisation is just one part of a whole system and that by working together we can make the best use of the resources available to provide support where it is most needed.

Having a family approach. Using early intervention and prevention to build resilience and strengthen protective factors in the lives of children, young people and their families.

Ensuring that services are delivered cost effectively.

Smoothing the transition between childhood and adulthood.

Focus on prevention and timely support for children and young people's mental health

Listening to children and young people. Giving children and young people opportunities to be engaged in decision making processes and give them as much influence as possible. This will be crucial to us in improving their future.

Ensuring that services are delivered cost effectively.

## Our vision

We want every child and young person to be heard, healthy, happy, and to achieve their full potential. We want them to feel loved, valued and respected and to be safe and secure

## How we know if we've made a difference?

The plan will be measured through indicators from the Police, Health, Social Care, Public Health, Early Help, Active Sefton, Green Sefton and Sefton CVS.

We have chosen indicators to reflect each priority and theme, for example:

### Heard:

Rate of Children Meeting 'Good' for Work Being Child Centred (%)

### Happy:

Proportion of Pupils with Social / Emotional / Mental Health Needs (%)

### Healthy:

Proportion of Children Classified as Overweight or Obese at reception and Year 6 (%)

### Achieving:

Key Stage 2 (ALL): % Achieving Expected Standard (Test RWM)

## MEETING OF THE GOVERNING BODY November 2020

<b>Agenda Item:</b> GB20/154	<b>Author of the Paper:</b> Kerrie France Deputy Director of Quality, Outcomes & Improvement (Deputy Chief Nurse, Liverpool CCG) <a href="mailto:Kerrie.france@liverpoolccg.nhs.uk">Kerrie.france@liverpoolccg.nhs.uk</a> Tel: 07799408283	<b>Clinical Lead:</b> Jane Lunt Director of Quality, Outcomes & Improvement (Chief Nurse Liverpool / Interim Chief Nurse, Sefton CCG's) <a href="mailto:Jane.lunt@liverpoolccg.nhs.uk">Jane.lunt@liverpoolccg.nhs.uk</a>						
<b>Report date:</b> November 2020								
<b>Title:</b> SEND Improvement Plan and Business Continuity Arrangements								
<b>Summary/Key Issues:</b>  This report provides the Governing Body with an update on the SEND Improvement plan and performance dashboard.								
<b>Recommendation</b>  The Governing Body is asked to receive this report.		<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 30px;">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.



	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 are members of the Health Performance Improvement Group.
Clinical Engagement				
Equality Impact Assessment			x	
Legal Advice Sought			x	
Quality Impact Assessment			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees	x			The SEND Continuous improvement Board members updated on CCG and DCO arrangements on 13 <sup>th</sup> October 2020.

## Report to the Governing Body November 2020

### 1. Executive Summary

- 1.1 The purpose of this report is to update the Governing Body health related actions in the Sefton SEND Improvement Plan and provide an overview of the SEND performance dashboard for August 2020.
- 1.2 It is recommended that the report be considered by the Governing Body to;
- Receive update on health related actions contained in the improvement plan and areas of focus ahead of DFE re-visit due on 8th December 2020.
  - Note dashboard contains details on progress made on actions 1, 2, 3 and 4 of the improvement plan and focused work relating to actions 5 ahead of DFE visit.
  - Update on Designated Clinical Officer cover arrangements.
  - Assurance of leadership and governance oversight arrangements within the CCG's for SEND sub groups of the Board and improvement plan actions.
  - Provide updated risks and mitigating actions for the SEND partnership approved by SEND Continuous Improvement Board

### 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 and works collaboratively with partners to address any health related actions.
- 2.3 A SEND Continuous improvement Board and series of Joint sub groups are in place to progress improvements deemed necessary for children, young people and their families. The Health performance Improvement Group is established to enable health commissioners and providers to focus on specific health related actions. Health Watch and Sefton Parent Carer Forum are partners on the group and integral to ensuring the views of children, young people and their families are represented and integral to driving up the quality of services

### 3. Key Issues

- 3.1 Preparations for the DFE and NHSE/I SEND re-visit are underway and Sefton SEND partnership must provide specific evidence by 8th November 2020 ahead of the visit scheduled for 8th December 2020.

- 3.2 Progress has been made in relation to the improvement plan and this can be evidenced in the Health Performance dashboard relating to actions 1,2,3 and 4.
- 3.3 There are a series of key areas requiring focused attention ahead of the visit including evidencing Improvement in quality of health advices for EHCP's, achievement of revised trajectories for waiting times for therapy services and CAMHS. Exception reporting is contained in the Health Performance dashboard outlining details of plans to progress and evidence improvements. Commissioning an ASD 16-18 weeks pathway and establishment of reporting metrics to address high waiting times highlighted by Mersey Care for ASD 18-25 services is also being prioritised by commissioning leads and providers.
- 3.4 The Associate Chief Nurse (SEND) secondment ended on 30th September 2020 to take up a new role with NHS Liverpool CCG from 1st October 2020 as Deputy Director of Quality, outcomes and improvement (Deputy Chief Nurse). In view of the synergies between Liverpool and Sefton, there is agreement to maintain an oversight function for SEND in Sefton and Liverpool to support the CCG's and health providers to meet their statutory requirements for SEND and any associated shared learning in the region.
- 3.5 The Designated Clinical Officer role for Sefton and Liverpool, ended in post on 30th September and the post was advertised prior to the DCO leaving by the provider Trust Mersey Care, but unfortunately interviews for a replacement were unsuccessful. In order to mitigate any risk and ensure cover arrangements are in place, the CCG's have worked closely with the DCO, prior to leaving and Mersey Care service leads and we have secured 2 days per week cover from Designated Nurse for Children in care, who will now take on interim role as DCO two days per week until the DCO post is appointed. These arrangements commenced from the 19th October 2020.
- 3.6 Key priorities have been agreed for the DCO functions to ensure cover arrangements are in place up to the appointment of the new DCO.
- 3.7 Key responsibilities for the SEND improvement plan has been strengthened significantly within the SEND partnership and the nominated leads within Sefton CCG's are accountable for completion of any actions required by the CCG plus monitoring and assurance of actions contained within the improvement notice findings and improvement plan relating to all health providers and Designated Clinical Officer.
- 3.8 Arrangements are in place for SEND sub groups to have nominated CCG representatives who will be accountable for driving forward any actions/ improvements identified by the sub group and associated action plans. See appendix 2.
- 3.9 The SEND risk register has been updated to reflect changes in leadership and mitigations in place to ensure oversight and governance of any actions contained in the improvement plan are in place. See appendix 3.

#### 4. Recommendations

- 4.1 The Governing Body are asked to note;
- Assurance on current position on health related actions contained in the improvement plan and reported in the dashboard.
  - Note dashboard contains details on progress made on actions 1, 2, 3 and 4 of the improvement plan and focused work relating to actions 5 ahead of DFE visit planned on 8<sup>th</sup> December 2020.
  - Note the Designated Clinical Officer cover arrangements.
  - Assurance of leadership and governance oversight arrangements within the CCG's for SEND sub groups of the Board and improvement plan actions (see appendix 1 of letter attached)
  - Note updated risks and mitigating actions for the SEND partnership approved by SEND Continuous Improvement Board

## 5. Appendices

### Appendix 1 – Performance Dashboard



August 2020  
performance dashboæ

### Appendix 2 - Assurance of leadership and governance oversight arrangements



SEND update  
8.10.2020.docx

### Appendix 3 – SEND Risk register



Item 11 20201013  
SEND Risk Register v1

**Kerrie France**  
**Deputy Director of Quality, Outcomes & Improvement (Deputy Chief Nurse)**  
**November 2020**

Actions 1.1: Children and young people will an Education, Health and Care Plan achieve from their starting point at KS2 in Writing and Maths at least as well as their peers nationally																																
KPI	Action	Source	Lead	Frequency	Baseline - National Average	Current Performance												Direction of Travel	Compared to 2018	Performance Target						6 Point Trend	Commentary					
					Jul-19	Fin Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb			Mar	Oct-19	Jan-20	Apr-20	Jul-20	Oct-20			Jun-21				
KPI 1/1	Children and young people will an Education, Health and Care Plan achieve from their starting point at KS2 in Writing and Maths at least as well as their peers nationally	Local Authority Education		Annually	9%	2019/20																	↑	1%	National Average	NA Academic attainment validated by October	NA Academic attainment validated by October	NA Academic attainment validated by October	NA Academic attainment validated by October	National Average	NA Academic attainment validated by October	Nationally, 65% of pupils reached the expected standard in all of reading, writing and maths (combined) in 2019, up from 64% in 2018. 11% of pupils reached the higher standard in 2019, up from 10% in 2018. In 2019, 62% of pupils reached the expected standard in all of reading, writing and maths (combined) in 2019, down from 64% in 2018. 9% of pupils reached the higher standard in 2019, up from 8% in 2018. When we consider the performance for the children and young people with an Education, Health and Care Plan (EHCP) from their starting point at KS2 in writing and maths (to be at least as well as their peers nationally), the percentage of pupils who reached the expected standard in all of reading, writing and maths (combined) in 2019 was 3%, below the national average of 6%, but up from 1% in 2018.
Actions 1.2: The Timeliness of new EHCPs will improve to within the statutory timescale of 20 weeks																																
KPI	Action	Source	Lead	Frequency	Baseline	Current Performance												Direction of Travel	Compared to 2018	Performance Target						6 Point Trend	Commentary					
					Q1 2019	Fin Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb			Mar	Oct-19	Jan-20	Apr-20	Jul-20	Oct-20			Jun-21				
KPI 1/2	From 01.06.19 19 % of EHCPs commenced will be completed within statutory	Local Authority Education		Quarterly	3%	2019/20																	↑	8%	14%	10% of new EHCPs from 01.06.2019. New statutory reporting period commences	NA new statutory reporting period	NA new statutory reporting period	NA new statutory reporting period	NA new statutory reporting period	NA new statutory reporting period	Compliance with the statutory timescale of 20 weeks is improving month on month, at 9th December 2019, the number of plans finalised in the calendar year is 301, with 21.9% of them finalised within 20 weeks. There has been an upward trend in performance for the number of plans completed within 20 weeks, increasing from 8.7% in July 2019. Notably 40% of plans were completed within 20 weeks in November, but the overall performance is averaged to 21.9%. The backlog of requests identified in June 2018 has now almost completely cleared from 14.7 to 3.2, which has completely cleared Performance for 2020 calendar year will be monitored, analysed and reported at the end of each calendar month 2020.
KPI 1/2a	% of New EHCPs commenced 01.01.20 completed within statutory timescales	Local Authority Education		Quarterly	TBC	2020/21																			NA (relates to 2020 performance only)	1st month of monitoring 2020 local baseline established	15%	25%	50% or national average whichever is the higher	75% or national average whichever is the higher		
Actions 1.3: EHC Plans are reviewed within the statutory timescales																																
KPI	Action	Source	Lead	Frequency	Baseline - National Expectation	Current Performance												Direction of Travel	Compared to 2018	Performance Target						6 Point Trend	Commentary					
					Jul-19	Fin Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb			Mar	Oct-19	Jan-20	Apr-20	Jul-20	Oct-20			Jun-21				
KPI 1/3	% of EHC Reviews completed Y6, Y7 and Yr. 11	Local Authority Education		Quarterly	100%	2019/20																	↔		16%	50% Complete	95%	95%	95%	95%	95%	The Service is currently focused on identifying and planning for the review of children and young people with EHC plans (1) preparing for adulthood review, (2) attending a Sefson mainstream school or other institution and moving between key phases of education, and (3) those not attend a Sefson mainstream school or other institution, by the 31st February 2020 (Yr.6 cohort), 31st March 2020 (Yr.11 cohort) and the end of the academic year (Yr.9 cohort). 96 children and young people have been identified who are currently in NCFs and will be moving between key phases of education in 2020. Review meetings for 77 of these children and young people have been held. There is slippage in this area. Recovery Plan will be developed in January 2020. The Service has begun the process of identifying all those children and young people aged 0 to 5, plus all those child or young people attend a school or other institution not moving between key phases who will be subject to a review within the next 12-month period. The LA will work with the schools and independent settings to ensure that reviews are scheduled and undertaken. A Baseline is to be established in January 2020.
KPI 1/3a	All other EHC Reviews	Local Authority Education		Quarterly	100%	2020/21																	↔		16%	32%	48%	60%	10% (New Academic Year)	100%		
Actions 1.4: The quality of Education, Health and Care plans is at least consistently good																																
KPI	Action	Source	Lead	Frequency	Baseline - National Average	Current Performance												Direction of Travel	Compared to 2018	Performance Target						6 Point Trend	Commentary					
					Jul-19	Fin Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb			Mar	Oct-19	Jan-20	Apr-20	Jul-20	Oct-20			Jun-21				
KPI 1/4	% of EHC audits assessed as at least Good (local measure)	Local Authority Education		Quarterly	N/A	2019/20																	↔		NA Training in September	50%	Baseline Plus 10%	Baseline Plus 10%	Baseline Plus 20%	Baseline Plus 20%	See Actions 1.4.1 and 1.4.2 of the SEND improvement plan. Auditing and the impact of the audits is still to be assessed.	
Actions 1.5: Completion rate of Health contribution to EHCPs within 6 weeks																																
KPI	Action	Source	Lead	Frequency	Baseline	Current Performance												Direction of Travel	Compared to 2018	Performance Target						6 Point Trend	Commentary					
					Jul-19	Fin Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb			Mar	Oct-19	Jan-20	Apr-20	Jul-20	Oct-20			Jun-21				
KPI 1/5	% of EHCs being completed in maximum of six weeks by Health from the date of request from the local Authority "see code of practice for exemptions"	MerseyCare	Emma Powell	Quarterly	6 weeks completion rate from 01.07.2019	2019/20																	↔		60%	70%	85%	90%	95%	95%	100% achieved in August 2020 and sustained since September 2019, even with transfer to new system.	
						2020/21	100%	100%	100%	100%	100%																					
Actions 1.6: Quality of Health Information																																
KPI	Action	Source	Lead	Frequency	Baseline	Current Performance												Direction of Travel	Compared to 2018	Performance Target						6 Point Trend	Commentary					
					Jul-19	Fin Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb			Mar	Oct-19	Jan-20	Apr-20	Jul-20	Oct-20			Jun-21				
KPI 1/6	% improvement in the quality of health information contained in EHCPs	Local Authority (GCP via QA system)		Quarterly	N/A	2019/20																	↔		Establish baseline by 31st October 2019	80%	90%	95%	95%	95%	In total 9 health advices were reviewed by the QA group between April and June 2020. Of those improvements were seen in 3 of the advices reviewed. It is anticipated that this will improve rapidly within the next quarter with all advices being completed by the practitioners involved with the child or young person's care.	
						2020/21																										

Actions 2.1: A documented and approved management and accountability framework to be in place for the DCO																									
KPI	Action	Source	Lead	Frequency	Baseline Jun-19	Performance												Direction of Travel	Achieving Target?	Spark Line	Performance Target				Commentary
						Fin Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb				Mar	Dec-19 6 Months	Jun-20 12 Months	Dec-20 18 Months	
KPI 2/1	Submission of quarterly DCO report	DCO	Emma Powell DCO	Quarterly	0	2019/20														1	3	5	7	Quarterly report information presented as part of the submission of the DCO's annual report in July 2020.	
						2020/21	1.0			1.0											0	Deferred until Oct 20	N/A	2nd	Completed July 2020 and shared with partners
KPI 2/2	Annual DCO report	DCO	Emma Powell DCO	Annually	0	2019/20																			
						2020/21			1.0																
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%						Completed. The report has been shared with the SEND Health Performance Improvement Group in January 2020 and SENDICB in February 2020. A total of 41 staff participated in the survey during December 2019. 16 questions in total with 50% 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 was initially deferred until October 2020, but will now be completed in September 2020 due to the current DCO moving into a secondment on 1st October 2020.	
						2020/21															50%	75% (deferred until Oct 20)	95%	95%	

Actions 3.1: All relevant health professionals are aware of their responsibilities and contribution of EHCs.																									
KPI	Action	Source	Lead	Frequency	Baseline Jul-19	Performance												Direction of Travel	Achieving Target?	Spark Line	Performance Target				Commentary
						Fin Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb				Mar	Dec-19 6 Months	Jun-20 12 Months	Dec-20 18 Months	
KPI 3/1	Health practitioners routinely write health submissions for EHC plans for the children and young people (via Audit)	Local Authority (DCO via QA system)	Emma Powell DCO	Quarterly	Baseline to be established	2019/20													0.0%					All advice for Sefton EHCs now being completed by the health practitioners involved with the child or young person's care.	
						2020/21				100%	100%														
KPI 3/2	% of positive "parental satisfaction survey" results received following completion of EHC process			Bi-annually	Baseline to be established	2019/20																		Parental survey (in shortened form) to be repeated in Autumn 2020	
						2020/21																		will be considered in line with action 1 - satisfaction review at completion of plan	
KPI 3/3	% of staff having completed training	Health Performance Group	Lindsay Marilton / Helen Pruden		Baseline established 232 staff February 2020	2019/20												20.0%						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. 162 staff are booked onto these sessions indicating that at least 76.4% of the total workforce will be trained by October 2020. Large venue booked to enable social distancing and capacity for 30 staff per session factored into planning. HEE report to be brought to July SENDICB. Plans are in progress with OPE advisor for team leaders in health to receive training during June and July 2020 to focus on quality assurance process of health advisors, as per SDIP requirements for health	
						2020/21															50%	75%	95%	95%	
KPI 3/4	% of staff having completed refresher training	Health Performance Group	Lindsay Marilton / Helen Pruden		N/A	2019/20																			
						2020/21															0%	0%	0%	50%	
KPI 3/5	% of staff confirming their increased level of confidence in the process following training		Lindsay Marilton / 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															25%	95%	95%	95%	

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

Actions 5.1: Commission neurodevelopmental diagnostic pathway and resulting reduction in waiting times for commissioned paediatric services															Performance Target					Direction of Travel	Achieving Target?	Spark Line	Commentary					
KPI	Action	Source	Lead	Frequency	Baseline (in weeks)	Performance													Oct-19					Dec-19	Jun-20	Dec-20	Jun-21	
					Jun-19	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 5/1	Average waiting time for Paediatric Diagnostics (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	8	8	8	7	7	↑	Yes		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. As we move into Phase 3 of the pandemic response, the focus of activity has been service restoration, specifically the increase in face to face activity both in clinic and education settings. The approach to Phase 3 was set out in advice to the NHS issued on 31st July 2020. During August, environmental risk assessments have been taking place to support a return of therapists into school settings. This includes ensuring the relevant PPE is available and patient specific risk assessments are carried out. Physiotherapy and OT waiting times are below the commissioned position of 18 weeks, and average waits for both teams have reduced between July and August. Physiotherapy average waiting times have continued to reduce between May and August and are on a revised trajectory to meet SEND KPI by the end of August. The service is delivering all first appointments within the commissioned level of 18 weeks. The service has returned to pre-covid levels of activity which has been achieved through the return of staff to services from June following COVID redeployment and from July onwards the service has increased number of F2F appointments and also further increased the number of virtual assessments taking place. From September, previous support programmes in schools completed by the assistant will be delivered either in school, following appropriate risk assessment or if this is not possible, children will be invited to attend a F2F appointment in clinic. OT waiting times have reduced between July and August and the service is back to pre-covid levels of activity which is having a positive impact on waiting times. Sensory workshops have been delivered virtually from 23rd July as a webinar, with a presentation from 3 therapists and questions and answers via a chat line throughout the live broadcast. Families have been invited to book into the workshop following referral. Those Parents and Carers unable to attend the live webinar are able to log into a link to watch the recording at a more convenient time. Workbooks and information is shared with families including a sensor.net account which families are able to email at any point in the future for information and advice. A follow up telephone appointment to monitor quality is completed. The sensory workshops are planned every 6 weeks with the next one on the 23rd September, this will ensure that the maximum wait for sensory workshop is maximum 6 weeks. For motor OT assessments a telephone and video consultation on Attend Anywhere is offered to parents/carers of all new referrals. This includes information gathering and result in the provision of advice and signposting with some patients discharged. For those families requiring more support, a 2nd telephone or video consultation is offered for more in-depth assessment with the child this will include the use of resources, eg. pegs and boards (sent out in advance of the appointment) for the Therapist to observe. Where clinically indicated, a F2F appointment is offered in clinic setting. The service have revised their pathway going forward so that all initial appointments will be virtual with the assessments carried out in a F2F setting and plans are underway to roll this out during September and October. From September, previous support programmes in schools, completed by the assistant, will be delivered either in school, following appropriate risk assessment or if this is not possible, children will be invited to attend a F2F appointment in clinic. The service changes and increased activity levels will support the planned achievement of SEND KPI waiting times by end of September	
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	15	14	13	10	10	↓	No			
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	6	6	6	6	6	↓	No			
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	24.2	25.6	21.6	18.4	19.0	25	20	18	18	18	↑	No			
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%	58.9%	50.0%	50.0%	staged target March 2020: 92%	staged target June 2020: 92%	↓	No			
KPI 5/6	CAMHS - % referral to partnership within 18 weeks	Alder Hey	BI	Monthly	Staged Target March 20: 75%	2019/20										82.9%	72.4%	70.0%	59.9%	50.0%	50.0%	staged target March 2020: 75%	staged target June 2020: 92%	↓	No			
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														100%	100%	100%	100%	100%	↑	No		
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														100%	100%	100%	100%	100%	↑	Yes		
KPI 5/9	Percentage of ASD assessments started within 12 Weeks	Alder Hey	BI	Monthly	90% within 12 weeks	2019/20														90%	90%	90%	90%	90%	↔	Yes		



KPI 5/10	Percentage of ASD assessments completed within 30 Weeks	Alder Hey	BI	Monthly	90% within 30 weeks	2019/20												Yes	90%	90%	90%	90%	90%	Over the summer had an impact on the assessments starting. 6 of these CP have now started their assessments since start of September and the remaining 1 is scheduled. There have been 184 referrals in total to the pathway since April. In respect of ADHD assessments, information has been requested from families and schools in to support the process of assessment. There were 13 CYP who have not yet had all the information returned. Due to impact of Covid on schools and potential delay in schools responding to this request, we have agreed to lengthen the period for information to be returned to the service until September. School information is a critical requirement for the ADHD pathway and the process of assessment cannot start without it. The new referral forms and engagement with schools and parent forums will support the improvement in the return of this information and we will continue to monitor and report back on any concerns
						2020/21	100%	100%	100%	100%	100%	August saw 100% compliance which satisfies the monthly target.												
KPI 5/11	ASD open referral backlog reduction	Alder Hey	BI	Quarterly	Staged reduction from the starting point of 758	2019/20												Yes	638 (Jun 20)	473 (Sep 20)	323 (Dec 20)			
						2020/21			631															
KPI 5/12	Percentage of ADHD assessments started within 12 Weeks	Alder Hey	BI	Monthly	90% within 12 weeks	2019/20												No	90%	90%	90%	90%	90%	
						2020/21	100%	100%	100%	88.0%	81.0%	August saw 81.0% compliance which is a deterioration and remains below the 90% target.												
KPI 5/13	Percentage of ADHD assessments completed within 30 Weeks	Alder Hey	BI	Monthly	90% within 30 weeks	2019/20												Yes	90%	90%	90%	90%	90%	
						2020/21	100%	100%	100%	100%	100%	August saw 100% compliance which satisfies the monthly target.												
KPI 5/14	ADHD open referral backlog reduction	Alder Hey	BI	Quarterly	Staged reduction from the starting point of 519	2019/20												Yes	439 (Jun 20)	339 (Sep 20)	239 (Dec 20)			
						2020/21			428															

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
						Jun-19	Fin Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb					Mar	3 Months	6 Months	12 Months	18 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	The data referenced within this section is for July 2020. In line with the CCG's reporting and assurance processes, this data is routinely reported a month in arrears due to the internal validation processes, so the August data is not due or expected until October. The reporting timescales are being reviewed with the provider in an attempt to obtain more timely reporting for the purposes of SEND. 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 household patients.  KPI 5.15 Dietetics remains with 18 week target and has improved on last month. KPI 5.16 has improved and now within target.  KPI 5.17 Physio has breached the 18 week target this month moving to 24 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 has submitted briefing update to be considered by CCG to provide assurance as to how clinical care is being managed.
2020/21	12.0	15.0	17.0	10.0														↓	Yes		18	18	18	18	18		
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	↓	Yes		18	18	18	18	18	
2020/21	15.0	18.0	21.0	13.0														↓	Yes		18	18	18	18	18		
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	
2020/21	20.0	18.0	21.0	24.0														↑	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	21.0	24.0	30.0	30.0														↔	No		18	18	18	18	18		

8<sup>th</sup> October 2020

**Southport & Formby CCG**

5 Curzon Road  
Southport  
PR8 6PL

**South Sefton CCG**

Merton House  
Stanley Road  
Bootle  
L20 3DL

Tel: 0151 317 8456  
Email: [southsefton.ccg@nhs.net](mailto:southsefton.ccg@nhs.net)

Dear Colleagues,

**Re: Handover of SEND duties within Sefton CCGs and DCO update**

Firstly, I just wanted to pass on my sincerest thanks to you all for my secondment opportunity in Sefton. It has been a pleasure working with you all and I thank you for working collaboratively with me and for your commitment to improving services for children and families with SEND.

My secondment ended on 30<sup>th</sup> September 2020 and I have taken up a new role with NHS Liverpool CCG from 1<sup>st</sup> October 2020 as Deputy Director of Quality, outcomes and improvement (Deputy Chief Nurse).

In view of the synergies between Liverpool and Sefton in terms of chief nurse leadership, NHS provider services and outcomes/ findings following SEND DFE/ NHSE reviews, I will be maintaining an oversight function for SEND in Sefton and Liverpool to support the CCG's and health providers to meet their statutory requirements for SEND and any associated shared learning in the region.

This means I will continue to chair the health performance improvement group and attend SEND Continuous Improvement Board in Sefton.

I will also continue to lead the Health Education England (HEE) Neurodiversity group with Sefton partners up until the end of project in April 2021 to drive forward workforce training needs identified.

In terms of the Designated Clinical Officer role for Sefton and Liverpool, Emma Powell ended in post on 30<sup>th</sup> September and has taken up a strategic leadership role in Liverpool Council. The post was advertised prior to the DCO leaving post by the provider Trust Mersey Care, but unfortunately interviews for a replacement were unsuccessful and further interviews are planned on 19<sup>th</sup> October 2020.

In order to mitigate any risk and ensure cover arrangements are in place, the CCG's have worked closely with the DCO, prior to leaving and Mersey Care service leads and we have secured 2 days per week cover from Designated Nurse for Children in care, Helen Case, who will now take on interim role as DCO two days per week until the DCO post is appointed. These arrangements will commence from the 19<sup>th</sup> October 2020. Helen is an experienced

NHS Southport & Formby CCG Chair: Dr Rob Caudwell  
NHS South Sefton CCG Chair: Dr Craig Gillespie  
Chief Officer: Fiona Taylor

Designated Nurse for Children in Care in Sefton and has excellent relationships with partners in Sefton and is a member of the SEND Health performance improvement group.

Key priorities have been agreed for the DCO functions to ensure cover arrangements are in place up to the appointment of the new DCO. These include; membership of the Multi-agency audit group to support driving up the quality of Education health care plans, as well as Joint chair of the SEND sub group for co-production and communication and relationship management with Sefton Parent Carer Forum. Any on- going daily operational issues as they arise will be managed by Mersey Care clinical leads e.g. management of the DCO email inbox for onward signposting to relevant services.

Assurance of actions that were required for October 2020, relating to actions 2 (DCO) in the Improvement plan are on track for completion and an update on KPI 2.1 and 2.3 is expected at the Health Performance improvement group on 23<sup>rd</sup> October 2020.

Arrangements are in place for **SEND sub groups** to have nominated CCG representatives who will be accountable for driving forward any actions/ improvements identified by the sub group and associated action plans. **Appendix one** outlines nominated personnel within the CCG for SEND sub groups.

For all actions contained in the **SEND improvement plan**, **appendix 2** outlines key personnel with the CCG's to lead on improvement notice actions. Key responsibilities for the SEND improvement plan has been strengthened significantly within the SEND partnership and the nominated leads within Sefton CCG's are accountable for completion of any actions required by the CCG plus monitoring and assurance of actions contained within the improvement notice findings and improvement plan relating to all health providers and Designated Clinical Officer.

Evidence gathering has already commenced and the health performance group now incorporates a quality focus to enable providers to share case studies and obtain feedback directly from Sefton parent carer forum and Health Watch representatives. All partners have been briefed on the DFE re-visit and have been requested to share any examples of practice ahead of the re-visit with Gill Cowley, in Sefton local authority.

Once again, I would like to extend my gratitude to the SEND partnership for working collaboratively with me to drive forward improvements at pace in response to DFE/ NHSE& I findings for children, young people and their families with SEND and I look forward to continuing to support SEND system-wide improvements across the region.

Yours sincerely

*KERRIE FRANCE*

*Deputy Director of Quality, outcomes and improvement (Deputy Chief Nurse).  
NHS Liverpool CCG*

NHS Southport & Formby CCG Chair: Dr Rob Caudwell  
NHS South Sefton CCG Chair: Dr Craig Gillespie  
Chief Officer: Fiona Taylor

## Appendix 1 – CCG Nominated leads for SEND joint sub groups

SEND Joint sub groups	nominated leads for Sefton CCG's
Joint performance sub group	<ul style="list-style-type: none"> <li>• Martin McDowell (Chief Finance Officer)</li> <li>• Peter Wong (Children &amp; Young People Commissioning Lead) / Jo Herndlhofer (Children and Young People Programme Manager)</li> </ul>
Joint Co –production / communication	<ul style="list-style-type: none"> <li>• Peter Wong (Children &amp; Young People Commissioning Lead) / Jo Herndlhofer (Children and Young People Programme Manager)</li> </ul>
Joint Leadership group	<ul style="list-style-type: none"> <li>• Fiona Taylor (Chief officer) / Jane Lunt (Interim Chief Nurse)</li> </ul>
Joint commissioning group	<ul style="list-style-type: none"> <li>• Martin McDowell (Chief Finance Officer)</li> <li>• Peter Wong (Children &amp; Young People Commissioning Lead) / Jo Herndlhofer (Children and Young People Programme Manager)</li> </ul>

NHS Southport & Formby CCG Chair: Dr Rob Caudwell  
NHS South Sefton CCG Chair: Dr Craig Gillespie  
Chief Officer: Fiona Taylor

## Appendix two - SEND Improvement Plan – Nominated CCG leads for Key performance Indicators

### Action 1

#### Performance Measures & Milestones – Operational EHCP Completion & Quality

KPI	Action	Lead CCG
KPI 1.5	%of EHCPs being completed in maximum of six weeks by Health from the date of request from the Local Authority *see code of practice for exemptions	Debbie Fahy Business Intelligence Analyst
KPI 1.6	% improvement in the quality of health information contained in EHCPs	Peter Wong Children & Young People Commissioning Lead
Outcome 1.6 Personal Health Budgets -	To increase the use of Personal Health Budgets (PHB) as part of EHCPs	Tracey Forshaw (Assistant chief Nurse) Mark Scott (Communications and Engagement Officer)

### Action 2

#### To address 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

\*All of actions 2 in the SEND improvement plan are complete, but series of ongoing reports as per KPI 2.1 and 2.2 and bi-annual provider survey as per KPI 2.3.\*

KPI	Action	Lead CCG
KPI 2.1	Submission of quarterly DCO Report	Jane Lunt (Director of Quality, Improvement and Outcomes (Interim Chief Nurse Sefton CCG's)

KPI 2.2	Annual DCO report	Jane Lunt - Director of Quality, Improvement and Outcomes (Interim Chief Nurse Sefton CCG's)
KPI 2.3	Provider survey of understanding of DCO role	Jane Lunt - Director of Quality, Improvement and Outcomes (Interim Chief Nurse Sefton CCG's)

**Action 3 - To improve the lack of awareness and understanding of Health Professional in terms of their responsibilities and contribution to EHCPs**

KPI	Action	Lead CCG
KPI 3.1 & 3.2	Health practitioners routinely write health submissions for EHC plans for the children and young people (via Audit).  % of positive "parental satisfaction survey" results received following completion of EHCP process (links to actions 4)	Peter Wong (Children & Young People Commissioning Lead)
KPI 3.3; 3.4 & 3.5	% of staff having completed training % of staff having completed refresher training % of staff confirming their increased level of confidence in the process following training.	Jo Herndlhofer (Children and Young People Programme Manager)

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

KPI	Action	Lead CCG
-----	--------	----------

<p>KPI 4.1 to 4.6</p>	<p>Increased level of trust and confidence of parents and carers          - in the local area to provide support (via survey)</p> <p>Parents, carers and young people rate the level of help and support children and young people with SEND receive to meet their needs (via Survey)</p> <p>Parents, carers and young people rate the level of</p>	<p>Peter Wong          (Children &amp; Young People Commissioning Lead)/          Jo Herndlhofer          (Children and Young People Programme Manager)</p>
-----------------------	---	---

	<p>information and advice available about the assessment process to support children and young people</p> <p>Parents and carers feel that they can influence change to service delivery</p> <p>Parents and carers feel that they are listened to in the development and review of EHCPs</p> <p>Parents, carers and young people believe that communication has improved (via survey)</p>	
--	--	--

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

<b>KPI</b>	<b>Action</b>	<b>Lead CCG</b>
KPI 5.1 – 5.14	Average waiting times Alder Hey commissioned services (Paediatric therapies, ASD/ ADHD/ CAMHS/ LAC)	<p>Debbie Fahy (Business Intelligence Analyst)</p> <p>Peter Wong Children &amp; Young People Commissioning Lead/ Jo Herndlhofer (Children and Young People Programme Manager)</p> <p>Helen Case – Designated Nurse for Children in Care</p>
KPI 5.15 – 5.18	Average waiting times Adult commissioned services therapy services	<p>Janet Spallen (Head of Commissioning and Delivery Urgent Care and Community Services)</p> <p>Debbie Fahy (Business Intelligence)</p>



		Analyst)
Additional 18-25 KPIs under development for adult services mental health / Learning disability service providers	Waiting times for ASD/ ADHD/ Learning disability services	Gordon Jones (Mental Health Programme Manager)  Debbie Fahy (Business Intelligence Analyst)

SEND Continuous Improvement Board Risk Register					Updated Following SEND System Leadership and Governance Date														
Date 13th October 2020					Inherent Risk			Residual Risk			Mitigating Actions								
Ref	Risk Description	Trigger	Result	Owner	Probability	Impact	Score	Existing Controls			Proposed Action Plans			Action Owner	Target Date	Action Status			
1	System not held to account	Lack of governance infrastructure and absence of agreed leadership accountability. ASD Pathway not in place	System not held to account and performance does not improve	Chief Executive Sefton Council	3	4	12	System partnership agreed that the Council will hold system to account. SEND Improvement Board established and chaired by Cabinet Member Adult Social Care. Governance agreed by HWBB. Multi-agency sub group established for System Leadership & Governance co led by the Chief Executive of the Council and the Chief Officer of the CCGs. Progress reporting to HWB and SENDCIB. Progress reported to Cabinet 28th May 2020 O&S (Children's Services and Safeguarding) provide added rigor on a quarterly basis (stood down during initial phase of COVID - meetings restarted 22nd September and SEND Improvement Plan update report received)			2	4	8	SENDCIB will continue to meet via remote access channels, attendance will be agreed by the Chair of SENDCIB All SENDCIB subgroups continue to meet Progress report to Health and Wellbeing Board 9th December 2020 Progress report to O&S (Children's Services and Safeguarding) January 2021			Head of Strategic Support & Deputy Chief Officer CCG	Dec-20	Open
2	Lack of consistent leadership	CCG reconfiguration. Any changes in Council leadership. Secondments end Leadership across the system required to respond to COVID-19	Change in lead officers could lead to loss of system memory and confused priorities. Change in lead officers could lead to gaps while vacancies are filled	Chief Executive Sefton Council	3	4	12	SEND CIB membership agreed. Attendance monitored and nominated deputies in place. Cabinet Member Adult Social Care identified as Chair. Lead officers identified for each sub group. Council Senior Management Arrangements confirmed December 2019. Lead Officers to nominate deputy where appropriate. Terms of reference for sub groups in place. Chief Nurse arrangements in place. Seconded Associate Chief Nurse will continue secondment on a 1 day per week basis, will continue to chair Health Performance Group Health SEND Performance Improvement Group established to ensure system-wide ownership and accountability of SEND actions. System Leadership and Governance Sub Group reviews capacity on a regular basis during the COVID19 pandemic			2	4	8	Leadership, commissioning and performance Sub groups continue to meet monthly.			Chief Executive Sefton Council/ Chief Officer CCG's	Dec-20	Open
3	Reduction in funding available	Council has reduced budget by 55% and is required to save a further £45m over the next three years. CCG has also had funding reduced. Additional funding in 2020/21 is insufficient to meet need	Lack of resources to meet demand	Chief Executive Sefton Council	5	4	20	Sound financial management. Close budget monitoring procedures in place in the Council and CCG. Joint Commissioning Strategy agreed. Funding for ASD diagnostic and assessment pathway has now been commissioned by Sefton CCG's from April 2020. Non recurrent funding has been agreed to clear waiting list and Transforming Care funding for 2020 awarded to support pilot across Liverpool and Sefton for those children waiting using an alternative provider (AXIA). CCG have agreed to fund SENDIASS Re-prioritise Sensory OT service review between CCG's and local authority using feedback from SENDIASS service. Joint Commissioning Strategy reviewed July 2020 in light of COVID 19 pandemic Council secured funding from Department for Education to roll out Mental Health Teams in schools. Main partner Venus			4	4	16	Budgets and Joint Commissioning Strategy to continue to be reviewed in light of COVID 19 pandemic - note this will be subject to consideration of government funding approaches. Council has committed to protect funding for vulnerable children until at least December 2020 subject to Government providing details of funding going forward. Recruit to take place to roll out Mental Health teams in schools.			Chief Executive Sefton Council/ Chief Officer CCG's	Jan-21	Open

Date 13th October 2020					Date														
Details of Risk					Inherent Risk			Residual Risk			Mitigating Actions								
Ref	Risk Description	Trigger	Result	Owner	Probability	Impact	Score	Existing Controls			Proposed Action Plans			Action Owner	Target Date	Action Status			
4	Performance is not accurately monitored (quality assurance)	Lack of quality data and intelligence. Records not maintained in a timely manner. Confusion over KPI definitions.	Council unable to hold the system to account	Chief Executive Sefton Council	3	4	12	Council has put in place tracking arrangements for EHCPs and reviews. Performance reported monthly to SENDCIB. Sequencing of performance monitoring has been considered and SENDCIB advised of timings. There is a process of data validation to ensure accuracy of data submissions.			3	3	9	Consideration is being given to the implementation of a new case management system in the Council (on hold in light of resources required to support response to COVID 19 pandemic). Over time manual spreadsheet keeping to be made obsolete.			Head of Strategic Support & Deputy Chief Officer CCG	Dec-20	Open
5	Increasing demand on services means that the system will be unable to meet need	Increases in need such as Autism continues to grow. Pathways to access services e.g. Aiming High. Data for 18-25 year olds accessing health services not fully understood	System unable to meet need	Chief Executive Sefton Council	4	4	16	Strategic Needs Assessment developed. Joint Commissioning Strategy and associated Action Plan agreed and reviewed July 2020. An ASD pathway is in place which will inform commissioning. Early Help referrals			3	3	9	SEND forecasting models to be developed. Market sufficiency to be better understood. More work to take place to understand the needs of the 18-25 year old cohort. SEND forecasting models to be developed. Continuous learning from best practice. Impact of Covid 19 to be assessed and impact understood.			Head of Strategic Support & Deputy Chief Officer CCG	Dec-20	Open
6	Lack of leadership and specialist capacity.	Increasing demand on health and Council wide services calls for the same resource to be used on other priorities. Changes in staffing. Staff turnover	Failure to progress Improvement Plan	Chief Executive Sefton Council	4	3	12	Council and CCG prioritise activity. Additional capacity agreed in Council SEND Team. Senior SEN Advisor in place in Council. Headteacher previously seconded to Council continues to work with the Improvement team and schools to deliver the required change. Increased capacity in SENDIAS and Speech and Language Therapists. Secondment of Associate Chief Nurse into CCG ends but current potholder will continue to provide support as described in risk 2. Designated Clinical Officer due to leave post on 1st October 2020 - recruitment planning has taken place and handover of functions until post recruited to members of CCG and host trust, Mersey Care. All improvement actions relating to action 2 due up to end September are planned to be completed prior to post holder leaving.			3	3	9	Council and CCG will continue to consider organisational pressures in light of COVID19. Capacity to continue to be reviewed at multi-agency sub group for System Leadership & Governance. DCO recruitment prioritised and backfill arrangements to be monitored.			Chief Executive Sefton Council/ Chief Officer of the CCGs	Dec-20	Open
7	Unable to meet demand due to gaps in specialist skills	Skills deficits in specialist areas. Speech and Language Therapy. Occupational Therapy sensory assessments. COVID-19 pandemic disrupts recruitment process e.g. Alder Hey continues to recruit to posts to support the implementation of the agreed improvements for ASD and ADHD, pandemic causing delay of 3 months. Due to promotion some gaps in management of Educational Psychologist Team. Covid 19 means that some training deferred as staff redeployed to focus on the pandemic	Delays in completion and review of EHCPs. Unacceptable waiting times for clinical assessments and diagnoses.	Chief Executive Sefton Council	4	4	16	Performance monitoring in place. Additional capacity being identified where possible. NASEN training delivered - March 2020 and September 2020. Additional funding secured to support delivery of training. Trajectories established to improve waiting times. Resource planning takes account of staff returning to substantive roles as part of phase 3 reset and recovery planning. Health providers working as part of school cell to plan for clinical treatments to be delivered in schools. For any child/ young person requiring clinical intervention face to face, infection prevention control guidelines adhered to maintain safety. Backfill arrangements in place for Educational Psychologist Team			3	4	12	System to continue to monitor resources. Assess impact of COVID-19 pandemic and ensure business continuity in place and appropriate communications are in place. Impact of delays in recruitment and training to be assessed and remedial action plan put in place. Workforce training on use of digital technologies and use of video consultation has been factored into restoration and recovery planning as this a new skill requirement for some of the workforce. NASEN training planned October 2020 - will be delivered virtually if impacted by Covid surge.			Chief Executive Sefton Council/ Chief Officer of the CCGs	Ongoing	Open

Date 13th October 2020							Date										
Details of Risk					Inherent Risk			Residual Risk			Mitigating Actions						
Ref	Risk Description	Trigger	Result	Owner	Probability	Impact	Score	Existing Controls			Probability	Impact	Score	Proposed Action Plans	Action Owner	Target Date	Action Status
8	Perception that change is slow	Lack of prioritisation of activity in improvement plan and lack of transparency in anticipated timescales for change. Impact of COVID-19 pandemic and actions being taken not understood by all stakeholders.	Young people, carers and parents perceive that nothing is changing. Further loss of trust and confidence in the system. Lack of understanding of activity and approach during COVID-19 pandemic	Chief Executive Sefton Council	5	3	15	Parents and Carers represented at SENDCIB and in between formal meetings. SPCF reps have attended the Co-production sub group meetings and are integral to the task and finish groups The Council's Head of Communities and the DCO now attend the Sefton Parent Carer Forum (SPCF) on a regular basis. Engagement with Council services has been funnelled through the Head of Communities Clear leadership on communication and engagement. Terms of reference for sub groups in place. Lead Officers nominated deputy where appropriate.			4	3	12	Seek feedback re pace of change from key stakeholders on a regular basis. Update on the impact of COVID-19 pandemic and associated changes and ongoing activity to be discussed at SENDCIB.	Head of Communities & DCO	Ongoing	Open
9	Pace of Change	Demands on partners are added to by demands from activity outside of the Improvement Plan activity, that require input and time from key stakeholders e.g. development of strategies and plans.	Lack of resources to meet demand	Chief Executive Sefton Council	3	4	12	Oversight at System Leadership & Governance Sub Group Review and streamline meetings where feasible Alternative methods for attendance e.g. skype or Microsoft Teams in place.			3	3	9	Prioritisation of activity  Continue to consider other avenues for obtaining parent/ carer views e.g. once review issued seek parents comments, consultation events etc	Chief Executive Sefton Council/ Chief Officer CCG's	Dec-20	Open
10	Resource required to deliver Improvement Plan	Recruitment of resources to deliver the Improvement Plan took longer than anticipated Improvement Plan Targets are not being met Tasks prioritised meaning some activity is not effectively resourced Impact of COVID-19 may reduce staffing available to work on Improvement Plan activity	Slippage in delivery timescales	Chief Executive Sefton Council	4	4	16	Strategic oversight of progress. Review of reporting mechanisms agreed by System Leadership and Governance Sub Group Plan in place by September 2020 to deal with other reviews including new temporary staff			3	4	12	System Leadership and Governance Sub Group will continue to review capacity on a regular basis during the COVID19 pandemic Staffing resource to be reviewed by the end of 2020.	Chief Executive Sefton Council/ Chief Officer CCG's	Dec-20	Open

Date 13th October 2020							Date										
Details of Risk					Inherent Risk			Residual Risk			Mitigating Actions						
Ref	Risk Description	Trigger	Result	Owner	Probability	Impact	Score	Existing Controls			Probability	Impact	Score	Proposed Action Plans	Action Owner	Target Date	Action Status
11	Pathway for ASD/ Neuro Pathway (clarification of terminology)	Lack of NICE compliant ASD diagnostic pathway	Slippage in delivery timescales Frustration for families Delays in diagnosis can adversely impact on outcomes for individuals	Chief Officer NHS South Sefton CCG & NHS Southport & Formby CCG	5	4	20	<p>Joint ASD and ADHD diagnostic pathway task and finish group established to review the wider issues relating to ASD provision, focusing on improvement planning and performance in the management of waiting times and transition support (see section 5.2.1 of action plan for evidence)</p> <p>Recovery plan signed off by March 2020 SENDCIB.</p> <p>Data validation exercise has been completed by the provider trust and improvement trajectory shared at March 2020 SENDCIB .</p> <p>The CCG's met with Alder Hey to discuss the impact of COVID-19 on the ASD/ADHD pathways and how Alder Hey has prioritised activities using guidance on 'Covid 19- Prioritisation within Community Health Services' and vulnerable children and young people</p> <p>Alder Hey have made changes to the way ADHD and ASD clinics are delivered to maintain social distancing measures and are using telephone and virtual approaches such as video links.</p> <p>Alder Hey have secured Axia and Healios to support the delivery of NICE compliant ASD assessments in Sefton, in order to adhere to the waiting list trajectories wherever feasible.</p> <p>A presentation was delivered to SENDCIB in March 2020 outlining the process to eliminate the backlog by end of March 2021.</p> <p>SENCIB informed of Covid recovery planning and impact on waiting list backlog by 3 months- July 2020.</p>	5	4	20	<p>The impact of Covid 19 needs to be assessed and understood, as part of recovery planning for Covid 19 and will be presented to SENDCIB in due to course due to the ongoing national pandemic work.</p> <p>Work has commenced with adult provider, Mersey care to review establish reporting metrics and waiting times for young people up to 25 years, aiming to promote equity of provision for assessment and diagnostics for ASD between children and adult services. The CCGs are awaiting a business case from Mersey Care NHS FT to consider the options for additional investment to reduce unacceptably high wait times for ASD assessment with a clear mobilisation plan and clear trajectory to reduce waits. Once received a paper will be taken to Leadership Team in October for consideration.</p> <p>The joint commissioning plan for 2020/2021 to develop ASD pathway outlining provision from universal to specialist services level.</p>	Chief Officer NHS South Sefton CCG & NHS Southport & Formby CCG	Apr-21	Open		
12	Speech and Language Waiting Times	Increasing waiting times for accessing the service and inability to meet demand Referrals to the service remain higher than planned levels COVID 19 pandemic increase waiting times e.g. in April, waiting times have increased above improvement trajectory. There has been a marked reduction of referrals in month, but it is expected this will increase once children return to schools and needs are identified.	Delays in accessing services, can adversely impact on outcomes for individuals	Chief Officer NHS South Sefton CCG & NHS Southport & Formby CCG	4	4	16	<p>Additional investment allocated to provider to address waiting list.</p> <p>Waiting time recovery plan in place and monitored by SEND performance workstream and Health SEND Performance Improvement Group.</p> <p>Ongoing monitoring of waiting time performance included in CCG Integrated Performance Report</p> <p>Ongoing monitoring included in Health SEND Oversight Framework.</p> <p>Jan 2020 SALT waiting times reduced in line with planned trajectories - The number of children waiting over 18 week for their first SALT appointment has reduced from 473 in June 2019 to 101 at the end of January 2020. As of 31 March 2020 SALT Service met target of 18 weeks.</p> <p>Up- skilling early years and universal health staff has commenced and Health Education England funding secured for training early years practitioners in the future - Training dates planned for September 2020 for up to 40 staff in NNBH 0-19 services.</p> <p>Ongoing contract monitoring as part of CCG usual business operations. In May, there was a slight reduction in waiting times from previous month and Alder Hey complete revised trajectory as part of restoration and recovery reporting. Monthly monitoring of performance in place.</p>	4	3	12	<p>Continued monitoring of this to ensure improvement is sustained via contracting processes, oversight framework and multi agency work stream performance, management assessment and provision.</p> <p>Deliver training around SALT to universal workforce, plus early help and Family Wellbeing Centres. The HEE group to consider training as part of recovery planning.</p> <p>Joint commissioning plan for 2020-2021 factored plans to create a universal pathway for speech, language and communication. This workstream is led by HEE group members and pathway to be based on new national PHE guidance.</p> <p>SENCIB to consider impact of COVID-19.</p>	Chief Officer NHS South Sefton CCG & NHS Southport & Formby CCG	Apr-21	Open		

Date 13th October 2020					Date												
Details of Risk					Inherent Risk			Residual Risk			Mitigating Actions						
Ref	Risk Description	Trigger	Result	Owner	Probability	Impact	Score	Existing Controls			Probability	Impact	Score	Proposed Action Plans	Action Owner	Target Date	Action Status
13	CAMHS	Increasing waiting times for accessing the service and inability to meet demand. Referral criteria to access CAMHS not known or understood.	Delays in accessing services, can adversely impact on outcomes for individuals	Chief Officer NHS South Sefton CCG & NHS Southport & Formby CCG	4	4	16	<p>Ongoing monitoring of waiting time performance included in CCG Integrated Performance Report</p> <p>Ongoing monitoring included in Health SEND Oversight Framework</p> <p>Ongoing contract monitoring as part of CCG usual business operations.</p> <p>Specialist CAMHS Key performance indicators have been agreed and are now reported on a monthly basis from January 2020.</p> <p>An improvement trajectory has been agreed up till end March 2020 and the service is ahead of schedule.</p> <p>Impact of Covid 19 means that Specialist Mental Health service provision via Alder Hey is reduced along with the wider CAMHS partner delivery, offers are changing as much face to face activity is reduced and risk assessment being undertaken to ensure that more vulnerable children and young people are not adversely affected.</p> <p>24/7 specialist mental health crisis care support has been commissioned and implemented during the pandemic, ahead of commissioning schedule. This has resulted in targeting vulnerable children through telephone triage, A&amp;E review or next day appointments.</p> <p>KOOTH on line support extended to cover 18 to 25.</p> <p>Sefton Youth Making Better Opportunities with Leaders (SYMBOL) meeting discussed the impacts of COVID-19 on young people</p> <p>Schools Get Talking weekly meeting of children and young people with SEND facilitated by voluntary sector</p>	4	4	16	<p>Continued monitoring of this to ensure improvement is sustained via contracting processes, oversight framework and multi agency work stream performance, management assessment and provision.</p> <p>Assess impact of Covid on children's mental health needs as a partnership and develop approaches to respond to need .</p> <p>A panel of experts from Public Health and SEND hosting a Zoom session with parents and carers where COVID 19 experiences can be shared and queries answered</p> <p>November 2020 Sefton Youth Making Better Opportunities with Leaders (SYMBOL) meeting will discuss improving communication and engagement</p>	Chief Officer NHS South Sefton CCG & NHS Southport & Formby CCG	Dec-20	Open		

Date 13th October 2020					Date												
Details of Risk					Inherent Risk			Residual Risk			Mitigating Actions						
Ref	Risk Description	Trigger	Result	Owner	Probability	Impact	Score	Existing Controls			Probability	Impact	Score	Proposed Action Plans	Action Owner	Target Date	Action Status
14	Community Paediatrics	<p>Increasing waiting times for accessing the service and inability to meet demand.</p> <p>Changes in personnel take time to embed.</p> <p>Confidence in the system needs to improve e.g. letters are not quality assured before being sent out</p> <p>The Pandemic may result in an increase in appointment cancellations plus increase in children not brought for appointments.</p>	Delays in accessing services, can adversely impact on outcomes for individuals	Alder Hey	4	4	16	<p>Appointment system reviewed</p> <p>New standard operating procedure been developed to improve the appointment booking system - rolled out Oct. 19</p> <p>Ongoing monitoring of waiting time performance included in CCG Integrated Performance Report</p> <p>Ongoing monitoring included in Health SEND Oversight Framework</p> <p>Ongoing contract monitoring as part of CCG usual business operations. Alder Hey presented to March SENDCIB and provided update regarding planned change in process to enable an electronic solution for re-ordering medications this has now gone live and is working well.</p> <p>The delivery of face to face activity is extremely limited due to the current national requirements regarding social distancing and PPE. Currently all OPD appointments are using technological approaches e.g. telephone/ video conferencing, unless patients require a clinical intervention.</p> <p>QCRM oversight of reduced level of activity, in comparison to pre-Covid</p> <p>Alder Hey are promoting attendance using trust communications.</p>	4	3	12	<p>Continued monitoring of this to ensure improvement is sustained via contracting processes, oversight framework and multi agency work stream performance, management assessment and provision.</p> <p>SENDCIB and LSCB partners to consider as part of restoration and recovery planning.</p> <p>There is a requirement for Enhanced PPE for Children and young people who require Aerosol Generating Procedures (AGP). Work is being undertaken with partners to address this.</p>	Alder Hey	Dec-20	Open		
15	Unable to measure EHCP and Reviews accurately	<p>Lack of clear recording process and tracking mechanism for reviews not in place</p> <p>Review process not formally completed</p>	Unable to report current performance	Chief Executive Sefton Council	5	3	15	<p>Year 6 &amp; Yr 11 Reviews have been prioritised</p> <p>Prioritised reviews as agreed by SENDCIB are progressing</p> <p>Tracker in place</p> <p>Approval of additional temporary resources to complete review process to sustainably improve performance levels .</p> <p>July SENDCIB considered a planned approach to improving performance of review completion. Additional funding agreed for 2 temporary caseworkers and new recruits in post by September 2020.</p>	5	2	10	<p>Performance sub group will monitor progress in this area.</p>	Head of Communities	Nov-20	Open		
16	Failure to deliver Improvement Plan with continued pace and impact due to COVID-19 pandemic	<p>COVID-19 pandemic diverts resources away from Improvement Plan activity or reduces workforce capacity. Return of children to school may increase demand on services.</p>	Targets and deadlines in Improvement Plan not met. System unable to meet demand	Chief Executive Sefton Council	5	4	20	<p>Business Continuity Plans in place</p> <p>Phase 2 recovery planning has commenced in May 2020</p> <p>SENDCIB kept informed of recovery plans.</p> <p>Children and Young People Cell liaising with schools and colleges to return to education.</p> <p>Restoration and recovery report for health related actions submitted to SENDCIB in July 2020</p>	5	4	20	<p>SENDCIB to consider impact of COVID-19 and recommend any changes in deadlines and KPIs to HWB.</p> <p>SENDCIB to consider changes to recovery plans.</p>	Chief Executive Sefton Council	Oct-20	Open		

## Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 17<sup>th</sup> September 2020

Chair:  
Alan Sharples

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> <li>The CCG anticipates breaking even for the first six months of the financial year under the temporary arrangements in place.</li> <li>New guidance has been issued setting out the arrangements for the rest of the financial year (months 7 to 12).</li> </ul>	<ul style="list-style-type: none"> <li>The CCG anticipates delivery of its revised Control Total (breakeven) for each month from April to September 2020 subject to confirmation of excess COVID and top-up funding.</li> <li>Work is required to confirm the impact on the CCG of the latest guidance regarding the arrangements for the rest of the financial year. The early prediction is that the CCG will be forecasting a deficit and will not be able to deliver either its revised 2020/21 Control Total or Statutory Duty.</li> </ul>	<ul style="list-style-type: none"> <li>All expenditure must be reviewed to deliver improvements in both efficiency and effectiveness of services.</li> <li>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 as soon as possible.</li> </ul>

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

- The committee received and confirmed support for the Improvement Grant Expression of Interest from Concept House Surgery ahead of submission to NHSE/I.
- The committee received and confirmed support for the Improvement Grant Expression of Interest from 42 Kingsway Surgery ahead of submission to NHSE/I.
- The committee received the summary of COVID Improvement Grant applications that have been submitted to NHSE/I and ratified CCG support for the bids.



- The committee received an estates update, including an update on future office working and the Merton House accommodation lease.
- The committee received the HR Performance Dashboard.
  - The appraisal process, which was on hold during the start of the financial year as a result of the COVID response, has restarted.
  - There is a slight improvement in the Statutory and Mandatory training compliance rate from June to July 2020. The outstanding training is being addressed with members of staff and reminders are published in the CCG staff bulletin periodically.
- The committee received an update on QIPP progress and noted that a new type of report will be developed for future meetings, which sets out the plan for the remainder of the financial year.
- The committee approved the F&R Committee Risk Register and noted the work that has been undertaken to amalgamate the COVID risks where appropriate. The residual score for the overall 2020/21 finance risk in relation to delivery of the CCG's Control Total (£1.8m surplus) / statutory duty (breakeven) is to remain at 16 until the impact of the guidance for the remainder of the financial year is understood.
- The committee received the Individual Funding Request Service Report Q1 2020/21.
- The committee received a report which provided an analysis of the significant impact of COVID-19 on prescribing activity and cost pressures across the CCG from March to June 2020.
- The committee approved the Pan Mersey APC recommendation to commission Fremanezumab injection (Ajovy®▼) for prophylaxis of migraine.

# Key Issues Report to Governing Body



**South Sefton**  
Clinical Commissioning Group

Joint Quality and Performance Committee held on 30<sup>th</sup> July 2020

Chair:  
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
<ol style="list-style-type: none"> <li>1. Issue of increase Never Event reporting at LUFT. A meeting with the Director of Patient Safety to be convened.</li> <li>2. Primary and secondary interface issues. Group now meeting for Southport and Ormskirk system to review themes. Proposal of clinical forum to be facilitated between primary and secondary care physicians.</li> <li>3. GP workload identified as an issue. Need to publicise the GP service provision during Covid 19 and clarity of local status of Covid 19 infections and adherence to guidance.</li> <li>4. Re alignment of serious incident process to ensure CCG Governing Body assurance on serious incident management.</li> </ol>		

- |   |  |  |
|---|--|--|
| <ol style="list-style-type: none"><li>5. IPR report to Committee was not complete with data. An action to revise the reporting process to allow for late submission of data to provide assurance to Joint Quality and Performance Committee.</li><li>6. Review of current 24 hour mental health crisis line and what is being provided by services.</li><li>7. Issue of medication by midwives is an issue. Chief Nurse to contact Heads of Midwifery directly.</li><li>8. Patient experience during Covid 19 to be presented. Review methods of engagement and potential GP involvement at EPEG.</li></ol> |  |  |
|---|--|--|

**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 27<sup>th</sup> August 2020

Chair:  
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
<ol style="list-style-type: none"> <li>IPR - reduction in performance has a negative impact on patient outcomes.</li> <li>Review of CCG CRR given the replication of risks and the role of respective committees to focus on impact will be proposed.</li> <li>Legislative delay to MCA/ DOLS until 2022.</li> </ol>		<p>Review of recovery plans and trajectory as well as assurance on the clinical prioritisation processes of trusts will be sought. Panel process to review sample of long waiters will also be established.</p> <p>This will be taken to LT for a view. Further training is being undertaken. JQPC role is to review risks to determine any negative impact on patient safety, experience and outcomes.</p> <p>CCGs will continue to work under current processes and prepare for changes accordingly.</p>

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

- None

# Key Issues Report to Governing Body

South Sefton Primary Care Commissioning Committee Part 1, Thursday 16 <sup>th</sup> July 2020	Chair: Dil Daly
---	-----------------

Key Issue	Risk Identified	Mitigating Actions

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

Joint Operational Group reports from June and July 2020 were received by the committee.

PCN coverage was reported and plans for coverage of non- participating practices noted.

The financial position of the CCG was reported, including details of the block arrangements in place with providers and how COVID expenditure is being tracked and reported.

The Primary Care Programme report was noted.

Performance report relating to 7 Day Access, Out of Hours and Directed Enhanced Services was reviewed. The Chair asked that a letter of thanks to be sent to South Sefton Federation regarding their provision of services during the COVID pandemic.

## Key Issues South Sefton Localities

Meeting Date

June 2020 – October 2020

Bootle Locality/PCN - Chair Catherine Aspden		
Key Issues	Risks Identified	Mitigating Actions
1. Some practices are receiving a large amount of e-consultations and feel like they have become a 24 hour service. Both admin and clinical staff are finding it difficult to keep up with the volume alongside having telephone consultations and face to face access	<p>Risk to clinical staff workload becoming unmanageable.</p> <p>Risk to admin staff workload becoming unmanageable</p> <p>Risk of practice switching off on-line consultations and therefore being breach of contract</p>	<p>IMerseyside colleagues are looking at strategies to support practices manage their demand more effectively.</p> <p>E-consult rolling out integrated e-consult to all practices in Sefton. This mean that e-consults will go directly in the EMIS clinical system cutting down admin time in directing emails around the system</p> <p>In the process of setting up the 7 day access service to access e-consultations over the weekend. This will ease the pressure on practices.</p>
2. Increase in optometrist asking GP practices to refer on following a GOS18 assessment. This is due to faxes no longer being available in NHS. Optometrists do not have access to electronic referral system (ERS )to make a direct referral. Some optometrists are asking patients to pass documentation to practice.	Risk to GP workload increasing	Commissioning team working with NHS England to support optometrist to get suitable access to Electronic referrals system
3.		

<b>Information Points for Governing Body to Note:</b>
Concern was raised that when things go wrong the back-up plan is always speak to the GP. Practices feel inundated with queries from both patients and locally commissioned service staff.

<b>Crosby Locality/Crosby and Maghull PCN - Chair Craig Gillespie</b>		
<b>Key Issues</b>	<b>Risks Identified</b>	<b>Mitigating Actions</b>
4. GP practices continue to see patient throughout COVID however the ability to refer patients on to secondary care or for diagnostic test has not.	Risk of patients not receiving diagnosis or care in a timely manner	CCG commissioning teams working with services to restore access
5. COVID second wave is placing additional strain on practice staff	Risk of staff becoming ill and not able to provide medical care or admin support	Practices have buddy systems in place to support each other. A resilience platform has been designed to enable practices to report staffing issues in a timely manner to enable them to receive support.

<b>Information Points for Governing Body to Note:</b>
Concern was raised that when things go wrong the back-up plan is always speak to the GP. Practices feel inundated with queries from both patients and locally commissioned service staff.

<b>Maghull Locality - Chair Dr Phil Weston</b>		
<b>Key Issues</b>	<b>Risks Identified</b>	<b>Mitigating Actions</b>
6. Expansion of the flu vaccination programme is	Practice not able to deliver ordinary medical	Practices are continuing to vaccinate the

placing strain on practices to deliver. There is a lack of vaccines in the system however the locality are concerned about the lack of staff to vaccinate the rest of the at risk patients.	services if redeployed to vaccinate Patients at risk will not receiving their vaccination	remainder of under 65 at risk and over 65 until their vaccination supplies run out.
7.		
8.		

**Information Points for Governing Body to Note:**

**Concern was raised that when things go wrong the back-up plan is always speak to the GP. Practices feel inundated with queries from both patients and locally commissioned service staff.**

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

Key Issues	Risks Identified	Mitigating Actions
9. Some practices are receiving a large amount of e-consultations and feel like they have become a 24 hour service. Both admin and clinical staff are finding it difficult to keep up with the volume alongside having telephone consultations and face to face access	Risk to clinical staff workload becoming unmanageable. Risk to admin staff workload becoming unmanageable Risk of practice switching off on-line consultations and therefore being breach of contract	IMerseyside colleagues are looking at strategies to support practices manage their demand more effectively. E-consult rolling out integrated e-consult to all practices in Sefton. This mean that e-consults will go directly in the EMIS clinical system cutting down admin time in directing emails around the system In the process of setting up the 7 day access service to access e-consultations over the weekend. This will ease the pressure on practices.
10. Practices reporting that they have already ran out of flu vaccines	Risk of not all high risk patients being vaccinated	Practice are able to move vaccines between practices Information received from NHSE with instructions of how practices can access additional vaccines





		once their own stock has depleted.
11.		

<b>Information Points for Governing Body to Note:</b>

# Finance and Resource Committee Minutes

Thursday 23<sup>rd</sup> July 2020, 1pm to 3pm  
Skype Meeting

<b>Attendees (Membership)</b>		
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 FR20/98-99 & FR20/101-part to FR20/111)	Chief Finance Officer, SS CCG	MMcD
Dr Pete Chamberlain	GP Governing Body Member, SS CCG	PC
Jan Leonard	Director of Place, SS CCG	JL
Susanne Lynch (FR20/96 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 FR20/91-95)	GP Governing Body Member, SS CCG	JW
<b>In attendance</b>		
Steph Graham (items FR20/91-96)	Assistant HR Business Partner, Midlands & Lancashire CSU	SG
Jane Keenan (items FR20/91-97 & FR20/100)	Interim CHC Programme Lead, SS CCG	JK
Brendan Prescott (items FR20/91-97 & FR20/100)	Deputy Chief Nurse, SS CCG	BP
Kathryn Saul (items FR20/91-95)	Registration Authority Team Manager, Informatics Merseyside	KS
Cameron Ward	Interim Director of Strategy & Outcomes, SS CCG	CW
Janet Spallen (Item FR20/102)	Head of Commissioning and Delivery, Urgent Care and Community Services, SS CCG	JS
<b>Apologies</b>		
Karl McCluskey	Director of Strategy & Outcomes, SS CCG	KMcC
<b>Minutes</b>		
Tahreen Kutub	PA to Chief Finance Officer, SS CCG	TK

**Attendance Tracker**      ✓ = Present      A = Apologies      N = Non-attendance

Name	Membership	Aug 19	Sept 19	Oct 19	Nov 19	Jan 20	Feb 20	Mar 20	May 20	June 20	July 20
Alan Sharples	Lay Member (Chair)	✓	✓	✓	✓	A	✓	✓	✓	✓	✓
Graham Bayliss	Lay Member (Vice Chair)	✓	A	✓	A	A	✓	✓	✓	✓	✓
Dr Pete Chamberlain	GP Governing Body Member	A	✓	✓	A	✓	A	✓	✓	✓	✓
Dr Sunil Sapre	GP Governing Body Member	✓	A	✓	✓	✓	✓	✓	✓	✓	✓
Dr John Wray	GP Governing Body Member	A	A	A	A	A	A	✓	✓	✓	✓
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	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	A
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	*	✓	*	*	*	✓	*	*	*

No	Item	Action
<b>General business</b>		
FR20/91	<p><b>Apologies for absence</b></p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the Finance &amp; Resource Committee meeting today was taking place via Skype.</p> <p>Apologies for absence were received from Karl McCluskey.</p> <p>Cameron Ward had joined the meeting in his capacity as interim cover for the CCG Director of Strategy and Outcomes role.</p> <p>The following points were noted by the committee:</p> <ul style="list-style-type: none"> <li>• Martin McDowell would be late in joining the meeting as he was participating in a national finance meeting with NHS England / Improvement.</li> <li>• Dr John Wray would need to leave the meeting early to join another meeting.</li> </ul> <p>The following changes were to take place to the order of the agenda during the meeting:</p> <ul style="list-style-type: none"> <li>• Items <i>FR20/100</i> and <i>FR20/101</i> were covered directly after item <i>FR20/97</i>. This was to allow for items where Martin McDowell was the lead or secondary presenter to be covered when he had joined the meeting.</li> <li>• Item <i>FR20/102</i> was also brought forward and covered directly after item <i>FR20/101</i> (before moving back to item <i>FR20/98</i>) due to the arrival time of Janet Spallen who had joined the meeting to present item <i>FR20/102</i> only.</li> </ul> <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>	
FR20/92	<p><b>Declarations of interest regarding agenda items</b></p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations made by members of the South Sefton Finance &amp; Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: <a href="http://www.southseftonccg.nhs.uk/about-us/our-constitution">www.southseftonccg.nhs.uk/about-us/our-constitution</a>.</p> <p><b>Declarations of interest from today's meeting</b></p> <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>	
FR20/93	<p><b>Minutes of the previous meeting and key issues</b></p> <p>The minutes of the previous meeting held on 25<sup>th</sup> June 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
FR20/94	<p><b>Action points from the previous meeting</b></p> <p><b>FR19/118 Continuing Healthcare Update Report</b> A Continuing Healthcare update report focussed on High Cost Cases was on the agenda under item FR20/100. This report included an analysis of packages with a total annual cost greater than £100k. Action closed.</p> <p><b>FR20/75 Finance Report - Month 2 2020/21</b> AOR reported that the chart detailing the CCG outturn at month 3 has been developed to provide clarification on the treatment of the NHS control total adjustments and QIPP target for the year to date. Action closed.</p> <p><b>FR20/79 Individual Funding Request Service Annual Report 2019/20</b> JL confirmed she would arrange communication / promotion of the most up to date Individual Funding Request (IFR) application proforma to ensure clinicians use this for IFR applications. It was agreed to close this action.</p> <p><b>FR20/80 Midlands and Lancashire CSU: Summary Service Report</b> PC reported that the operational issue he had raised in relation to Midlands and Lancashire CSU and the Aristotle service is being dealt with. It was agreed to close this action.</p> <p><i>It was noted that all other actions on the action tracker following the June 2020 meeting had been completed; updates were provided on the action tracker which were taken as read. No queries were raised on the updates provided.</i></p>	
<i>Policies for Approval</i>		
FR20/95	<p><b>Registration Authority (RA) Policy</b> KS presented the Registration Authority (RA) policy, which has been reviewed and updated to take into account legislation changes and national guidance. The policy has been reviewed and recommended for approval by the Corporate Governance Support Group.</p> <p>KS presented the updates to the policy, which were shown via track changes on the policy received by the committee, as well as summarised on the cover sheet for this item. It was noted that the following two appendices had been added to the policy, which had been circulated to the committee on 22<sup>nd</sup> July 2020, separate to the meeting pack:</p> <ul style="list-style-type: none"> <li>• Appendix 1 - NHS Digital Remote Smartcard Registration Emergency Guidance v1.0 – national guidance</li> <li>• Appendix 2 - Emergency Remote Registration Process – local process used by Informatics Merseyside</li> </ul> <p>A discussion took place regarding the policy; queries were raised in relation to batch registration and the provision of lanyards for smart cards, with explanation and commentary provided by KS.</p> <p>AS referred to section 7 of the policy which notes that, 'The responsibility of implementing this document, including RA training and other RA needs that arise shall remain with the author.' He commented that it is the CCG's responsibility to implement its organisational policies and queried whether the policy should note this. Further to discussion, AS accepted that the current</p>	

No	Item	Action
	<p>wording is based on national documentation but asked that his comments are considered at future reviews of the policy, which was noted by KS.</p> <p><b><i>The committee approved the updated Registration Authority policy.</i></b></p> <p><b><i>KS left the meeting.</i></b>  <b><i>JW left the meeting.</i></b>  <b><i>SL joined the meeting.</i></b></p>	
FR20/96	<p><b>HR Policies</b></p> <p>SG presented the following updated HR policies, which have been reviewed by the Corporate Governance Support Group and recommended for approval:</p> <ul style="list-style-type: none"> <li>• Flexible Working and Special Leave Policy</li> <li>• Equality and Diversity Policy</li> <li>• Capability Policy</li> <li>• Secondment Policy</li> </ul> <p>SG presented the updates made to each policy, which were shown via track changes on the policies received by the committee, as well as summarised on the cover sheet for this item.</p> <p>SG reported the following two additional updates to the Flexible Working and Special Leave Policy, which had been proposed since review by the Corporate Governance Support Group and were not included in the policy received by the committee:</p> <ol style="list-style-type: none"> <li>1) An update regarding child bereavement leave following legislation in April 2020, which introduced new leave rights for employed parents following the death of a child. This has been extended further in Section 23 of the Agenda for Change Terms and Conditions, the wording from which is proposed to be adapted and included in the CCG's Flexible Working and Special Leave Policy.</li> <li>2) An update regarding payroll considerations for unpaid leave, which has been confirmed by payroll. The update notes that authorised unpaid leave will essentially be treated as a salary sacrifice.</li> </ol> <p>Members discussed the additional updates to the Flexible Working and Special Leave policy; they agreed to adopt the policy without needing to review the additional wording, given it will be based on Agenda for Change and payroll advice respectively. The committee delegated authority to the HR team to finalise the wording.</p> <p>SL referred to the performance action plan in Appendix 6 of the Capability Policy, reference to which is made within the 'Formal Procedure' section of the policy. She commented that this is a useful action plan and requested that the policy encourage its use at the informal procedure stage (as opposed to just the formal procedure state) in order to support the employee to achieve the required level of performance. SG confirmed she would propose wording to incorporate SL's request; the committee delegated authority to the HR team to agree the final wording.</p> <ul style="list-style-type: none"> <li>• <b><i>The committee approved the Flexible Working and Special Leave Policy subject to inclusion of the additional two updates reported at the meeting.</i></b></li> <li>• <b><i>The committee approved the Capability Policy subject to the addition of</i></b></li> </ul>	<p style="text-align: center;">SG</p> <p style="text-align: center;">SG</p>

No	Item	Action
	<p><i>wording in relation to use of Appendix 6, as noted at the meeting.</i></p> <ul style="list-style-type: none"> <li><i>The committee approved the Equality and Diversity Policy and Secondment Policy.</i></li> </ul> <p><i>SG left the meeting.</i></p>	
<i>Governance: COVID-19</i>		
FR20/97	<p><b>CCG Governance in the Context of COVID-19 – People</b></p> <p>AOR presented a completed checklist regarding governance in the context of COVID-19, which was specifically focused on Human Resources governance. This checklist 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 to provide information on arrangements implemented by the CCG during the response period. It has been reviewed by MIAA and will be updated regularly as part of the emergency response.</p> <p>This completed checklist was received by the Audit Committees in Common on 8<sup>th</sup> July 2020, together with a completed checklist on generic governance in the context of COVID-19 which had also been presented at the last F&amp;R Committee meeting on 25<sup>th</sup> June 2020. MIAA is developing further checklists in relation to governance during the COVID response, which will be sent to the CCG when finalised.</p> <p>Members provided positive feedback on the level of assurance provided by the completed checklist.</p> <p><i>The committee received this report and noted the contents of the completed checklist.</i></p> <p><i>Items FR20/100, FR20/101 and FR20/102 were covered directly after this item.</i></p>	
<i>Committee Governance</i>		
FR20/98	<p><b>F&amp;R Terms of Reference – QIPP Responsibilities and Duties</b></p> <p>MMcD presented the F&amp;R Committee Terms of Reference, which included proposed updates to reflect the revised responsibilities and duties of the F&amp;R Committee in relation to QIPP. It was noted at the last F&amp;R Committee meeting that the Joint QIPP and Financial Recovery Committee had been formally dis-established as a substantive governing body sub-committee and that the roles and responsibilities had transferred to a QIPP Delivery Group which will report to the respective F&amp;R Committees of the Sefton CCGs. Following discussion at the last F&amp;R Committee meeting, the Terms of Reference were reviewed by the CCG’s Interim Lead for Corporate Services and amendments have been proposed for sections 3.3 and 4.8, which were shown via track changes.</p> <p>The committee agreed the proposed updates to the F&amp;R Committee Terms of Reference. It was also agreed that the next review date is amended from February 2021 to July 2021, so that the review takes place one year from the current review; TK to action.</p> <p><i>The committee agreed the proposed updates to the F&amp;R Committee Terms</i></p>	TK

No	Item	Action
	<p><b>of Reference to reflect the committee's revised responsibilities and duties in relation to QIPP. The updated Terms of Reference will be presented to the Senior Leadership Team, which has been provided with delegated authority from the Governing Body to sign-off the F&amp;R Committee Terms of Reference following updates regarding QIPP.</b></p>	
<b>Finance</b>		
FR20/99	<p><b>Finance Report - Month 3 2020/21</b></p> <p>AOR provided an overview of the month 3 2020/21 financial position for NHS South Sefton CCG as at 30<sup>th</sup> June 2020. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• The month 3 reported financial position was an overspend of £2.07m. The position is expected to improve in month 4 to an overspend of £1.96m following confirmation of additional COVID-19 related funding from NHS England / Improvement (NHSE/I).</li> <li>• Better Payment Practice Code (BPPC) targets have been achieved. This will continue to be monitored monthly to ensure performance is maintained.</li> </ul> <p>The committee had a detailed discussion regarding the finance report. MMcD commented that the breakeven target has not been achieved in month 3 due to the retrospective allocation adjustment from NHSE/I not having been confirmed, as it remains under review. Although a deficit will be reported for month 4, it is anticipated that the CCG will reach a breakeven position once the COVID funding reimbursement and top up of allocation is received from NHSE/I, confirmation of which is awaited. It has been confirmed that current financial arrangements will continue into August and potentially September 2020. The guidance for the rest of the financial year is expected by the end of July 2020.</p> <p><b><i>The committee received the finance report and noted the summary points as detailed within the recommendations section of the report.</i></b></p>	
FR20/100	<p><b>Continuing Healthcare Update Report July 2020 – High Cost Cases</b></p> <p>JK presented a report, which provided a year-on-year cost comparison of high cost cases with a value of £100k or more. The report also detailed a proposal for creating an enhanced level of governance and scrutiny through the establishment of a formal High Cost &amp; Complex Care Panel for the South Sefton area with clear Terms of Reference.</p> <p>The following tables in the report were presented to the committee:</p> <ul style="list-style-type: none"> <li>• Table 1: Number of high cost cases and average cost per annum, year-on-year since 2013/14.</li> </ul>	

No	Item	Action
	<ul style="list-style-type: none"> <li>Table 2: The total cost of high cost packages, year-on-year since 2013/14.</li> <li>Table 3: Details of current high cost cases as at month 2 2020/21.</li> </ul> <p>It was noted that the high cost case analysis had been adjusted for inflation in providing a year-on-year comparison. Table 1 showed a simultaneous rise in the number and average cost of high cost cases. Table 2 showed a significant rise in total cost to the CCG of high cost cases as a direct result of the increased number and average cost of cases.</p> <p>JK reported that in order to provide further assurance and an increased level of scrutiny of high cost cases, a draft Terms of Reference has been developed for the High Cost and Complex Care Panel to consider all cases over £100k. Further consultation is required with Midlands &amp; Lancashire CSU and Sefton MBC regarding this panel. The draft Terms of Reference seek to enhance the current level of governance by consolidating and creating a clear and transparent process and level of scrutiny surrounding high cost cases. Further details, including the aims, roles and responsibilities of the panel, were included within the report received by the committee. The draft Terms of Reference will be presented to the Individual Patient Activity (IPA) Programme Board for discussion and ratification.</p> <p>The committee had an extensive discussion regarding this report, including the reasons behind the high cost of complex care cases. JK reported that there has been a high level of scrutiny on high cost cases to date, carried out by CCG and CSU colleagues; the High Cost and Complex Care Panel will provide further assurance and governance in relation to the process of high cost case reviews. BP commented that the panel process will help to ensure that the cost commitment is both appropriate and as efficient as possible in meeting patient need.</p> <p>AS queried whether £100k was the appropriate demarcation for analysis of high cost cases and requested that this be reviewed by those with expertise in the area. JK and BP confirmed that further analysis will be undertaken on high cost cases to confirm the appropriate demarcation and 'high cost' definition.</p> <p>AS thanked the team that had worked on the tables within the report, commenting that the analysis was useful.</p> <p><b><i>The committee received the High Cost Cases report and noted the summary points as detailed within the recommendations section of the report.</i></b></p> <p><b><i>BP and JK left the meeting.</i></b></p>	JK / BP
FR20/101	<p><b>QIPP 2020/21 – Progress Update at July 2020</b></p> <p>AOR presented a report which provided an update on current progress for QIPP projects as part of the 2020/21 QIPP plan, and asked the committee to note the following:</p> <ul style="list-style-type: none"> <li>The QIPP target in the opening plan is £14.86m. Significant risks remain regarding operational delivery and in the further development of the remaining QIPP schemes - given the unknown long term impact of the COVID emergency on health services, and shifting priorities as a result of</li> </ul>	



No	Item	Action
	<p>the pandemic.</p> <ul style="list-style-type: none"> <li>• The COVID-19 response has suspended usual contracting mechanisms and further guidance is expected regarding the remainder of 2020/21. This will impact upon the CCG's financial plan and future QIPP requirement.</li> <li>• The suspension of contract processes for 2020/21 means that significant uncertainty remains around the mechanisms available to the CCG to reduce costs in 2020/21.</li> <li>• Projects totalling £7.08m have been identified along with a number of pipeline schemes currently totalling £0.71m.</li> <li>• 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.</li> <li>• Work is being undertaken on check and challenge appendices, which will be presented at a future F&amp;R Committee meeting.</li> </ul> <p>The committee discussed the QIPP update. It was noted that there were a number of references to Southport &amp; Ormskirk NHS Trust in Appendix 1 of the report, which should be referenced as Liverpool University Hospitals NHS Foundation Trust; AOR to review and correct.</p> <p><b>MMcD joined the meeting.</b></p> <p>A discussion took place on the levers available to the CCG in future contract mechanisms, which would allow the CCG to benefit from cost reductions in the overall system to improve longer term financial sustainability. MMcD commented that QIPP projects need to be supported by clinical leads and commissioners with input from the appropriate enabling teams such as business intelligence and finance. Assurance around projects will be reported through the specific scheme appendices developed by the CCG. MMcD noted that further work will be done to develop these appendices, which will be shared with Liverpool University Hospitals NHS Foundation Trust, after which a joint action plan will be developed. MMcD confirmed that he would raise this at the next QIPP Delivery Group meeting and ask for a timetable to be developed for this work.</p> <p><b>The committee received the QIPP progress update report and noted the summary points as detailed within the recommendations section of the report.</b></p> <p><b>JS joined the meeting.</b></p>	<p>AOR</p> <p>MMcD</p>
FR20/102	<p><b>Urgent and Emergency Care - COVID-19 Impact – South Sefton</b></p> <p>JS presented a comprehensive briefing report, which included a high level review of the impact of COVID-19 on urgent and emergency care services within South Sefton. The review utilised urgent care activity and performance trends for the period January to May 2020. JS confirmed that acute activity within the report refers to the Aintree Hospital site of Liverpool University Hospitals Foundation Trust, as the main acute provider of urgent and emergency care for the South Sefton population. The report incorporated extracts from detailed analysis work undertaken by the CCG's business intelligence team.</p> <p>The briefing contained information and data on key areas of review including A&amp;E within the Aintree Hospital site; ambulance attendances and handover; emergency admissions; non-elective ambulatory care sensitive conditions and Litherland Walk-In Centre. It was noted that the COVID- 19 response period up</p>	

No	Item	Action
	<p>to May 2020 has seen an improvement in the percentage of patients who spend four hours or less within A&amp;E.</p> <p>JS reported that COVID-19 has had a significant impact on the immediate responses by the NHS, in dealing with a national pandemic. She also noted that positive changes had taken place during the COVID response period, with new ways of working and a number of initiatives having been implemented during the last three months. The CCG's providers are working through reset and recovery plans, which will incorporate lessons learned and the new ways of working that have been developed. The briefing also noted the proposed next steps in progressing improvements in the urgent and emergency care system for the South Sefton population.</p> <p>JS reported on the following areas where there is the opportunity to progress:</p> <ul style="list-style-type: none"> <li>• Appropriate use of emergency care provision with focus on attendance and admission avoidance and greater utilisation of community and primary care pathways including the implementation of an NHS111 First approach.</li> <li>• Patient flow into and out of hospital setting with collaborative processes established and achieving improved admission and discharge, and performance against key A&amp;E and ambulance handover targets and bed utilisation.</li> <li>• Review of intermediate care and community and bed based provision to meet national and local requirements to prepare for winter / potential second wave of COVID-19 but in line with the CCG's local strategy being progressed with the local authority.</li> </ul> <p><b><i>The committee received this report, noting the content of the briefing and the proposed next steps in progressing improvements in the urgent and emergency care system for the South Sefton population.</i></b></p> <p><b><i>JS left the meeting.</i></b></p>	
FR20/103	<p><b>Finance &amp; Resource Committee Risk Register</b></p> <p>MMcD presented the F&amp;R Committee Risk Register and noted that the finance and resource related COVID risks have now been incorporated into the risk register.</p> <p>AOR reported that further work is required on the COVID risks that have been allocated to the F&amp;R Committee; she noted that a number of the risks could be consolidated and / or incorporated into the overall finance risk and sub-risks FR0011, FR0011a and FR0011b. AOR presented a working document to propose a way in which to consolidate the risks, noting that there are certain HR related risks that would need to remain as they are. The committee agreed with this approach. AOR confirmed that work on consolidation of the finance and resource related COVID risks would be undertaken prior to presentation of the F&amp;R Risk Register at the next committee meeting. AOR also noted that the status of COVID risk C28 in relation to Medicines Management required review, which she would discuss with SL.</p> <p>MMcD recommended that the opening and post mitigation total score for the overall finance risk (FR0011) for 2020/21 in relation to delivery of the CCG's</p>	AOR

No	Item	Action
	<p>Control Total (£1.8m surplus) / statutory duty (breakeven) should remain 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> <p>PC suggested that the residual risk score of 10 for COVID risk C21, in relation to increase in staff sickness absence rate due to the effects of COVID-19, is reduced given the COVID related HR information that is available. MMcD confirmed he would ask the HR team to reassess the scoring.</p> <p><b><i>The committee approved the F&amp;R Committee Risk Register, noting that further work will be undertaken on the COVID risks.</i></b></p>	MMcD / TK
FR20/104	<p><b>Finance Strategy Update</b></p> <p>MMcD reported that there was no further update to provide on the CCG's finance strategy, in addition to what had already been reported at the meeting.</p>	
<i>Prescribing</i>		
FR20/105	<p><b>Prescribing Update – Month 1 2020/21</b></p> <p>SL provided a verbal update regarding prescribing. Having undertaken initial analysis of the COVID-19 impact on prescribing during March and April 2020, further work is required to cleanse the prescribing data to gain an accurate understanding. A report relating to March, April and May 2020 will be produced for the next F&amp;R Committee meeting.</p> <p><b><i>The committee received this verbal update.</i></b></p>	SL
FR20/106	<p><b>Pan Mersey APC Recommendations</b></p> <p>SL asked the committee to consider approving 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.</p> <p>It was noted that this recommendation had been reviewed and supported by the CCG's Joint Medicines Operational Group.</p> <p><b><i>The committee approved the Pan Mersey APC recommendation to commission Cannabis extract oromucosal spray (Sativex®).</i></b></p>	
<b>Minutes of Steering Groups to be formally received</b>		
FR20/107	<p><b>Information Management &amp; Technology (IM&amp;T) Steering Group – May 2020</b></p> <p>The committee received the minutes of the IM&amp;T Steering Group meeting, which took place on 12<sup>th</sup> May 2020.</p>	

No	Item	Action
<b>Closing business</b>		
FR20/108	<p><b>Update – F&amp;R Committee Self-Assessment</b></p> <p>AS provided an update on the F&amp;R Committee self-assessment, which had been on the committee work plan for July 2020. At the last Audit CiC meeting on 8<sup>th</sup> July 2020, it was requested that MIAA (the CCG's internal auditors) consider facilitating a potential joint self-assessment workshop with both of the F&amp;R Committees of the Sefton CCGs. TK reported that she has been in discussions with MIAA and that a joint F&amp;R Committee self-assessment workshop will potentially be held in November 2020. TK will email the committee with a potential date for this workshop to ascertain availability of members.</p> <p><i>The committee received this verbal update.</i></p>	TK
FR20/109	<p><b>Any Other Business</b></p> <p><u>Office 365</u></p> <p>MMcD provided an update on the planned implementation of Office 365, as part of the national rollout of Microsoft Teams across the NHS. A national agreement between the NHS and Microsoft, which will run to April 2023, enables NHS organisations in England access to the latest Microsoft 365 suite and provides additional discounts for the NHS. A combination of previous investment and national funding means that the CCG has sufficient funding available to pay for the Microsoft 365 suite up to January 2022, although the agreement is to April 2023. There will therefore be a cost pressure for the CCG, which will emerge in 2022. The Leadership Team has reviewed options and, given that this is a national NHS initiative, agreed that the CCG sign up to the Microsoft 365 suite as an individual organisational tenant.</p> <p><u>Provisional F&amp;R Committee Meeting – 20<sup>th</sup> August 2020</u></p> <p>The committee discussed the provisional F&amp;R Committee meeting scheduled for 20<sup>th</sup> August 2020. It was noted that historically, provisional F&amp;R Committee meetings in August have focussed solely on the finance report. The committee agreed to cancel the provisional meeting, given that current financial arrangements will continue into August 2020 and that guidance for the rest of the financial year is awaited.</p>	
FR20/110	<p><b>Key Issues Review</b></p> <p>AOR highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
FR20/111	<p><b>Review of Meeting</b></p> <p>AS asked members to provide feedback on the meeting today, particularly on the meeting process, content and behaviours.</p> <p>GB provided positive feedback on the way in which the policies were presented. He commented that the updates to the policies being shown via track changes enabled ease of reference, allowing the committee to focus on the amendments that had been made.</p>	

No	Item	Action
	AS noted that he had experienced IT issues today, which had presented challenges in chairing the meeting.	
	<b>Date of next meeting:</b> Thursday 17 <sup>th</sup> September 2020 1pm to 3pm Skype Meeting	

Approved

# Finance and Resource Committee Minutes

Thursday 17<sup>th</sup> September 2020, 1pm to 3pm  
Skype Meeting

<b>Attendees (Membership)</b>		
Alan Sharples	Lay Member (F&R Committee Chair), SS CCG	AS
Graham Bayliss	Lay Member (F&R Committee Vice Chair), SS CCG	GB
Martin McDowell	Chief Finance Officer, SS CCG	MMcD
Dr Pete Chamberlain	GP Governing Body Member, SS CCG	PC
Jan Leonard	Director of Place, SS CCG	JL
Susanne Lynch (items FR20/115[part] and FR20/118-130)	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
<b>Ex-officio Member*</b>		
Fiona Taylor (items FR20/114-115 and FR20/117[part]-130)	Chief Officer, SS CCG	FLT
<b>In attendance</b>		
Billie Dodd (items FR20/112-118)	Deputy Director of Commissioning and Delivery, SS CCG	BD
Dr David Goldberg (items FR20/112-113 and FR20/116)	GP Partner, Concept House Surgery	DG
Dr Gina Halstead (items FR20/112-113 and FR20/116)	GP Partner, Concept House Surgery	GH
Dr Gustavo Berni (items FR20/112-113 and FR20/116-117)	GP Partner, 42 Kingsway Surgery	GBe
Karen McCracken (items FR20/112-113 and FR20/116-117)	Practice Manager, 42 Kingsway Surgery	KM
<b>Apologies</b>		
Karl McCluskey	Director of Strategy & Outcomes, SS CCG	KMcC
Cameron Ward	Interim Director of Strategy & Outcomes, SS CCG	CW
Dr John Wray	GP Governing Body Member, SS CCG	JW
<b>Minutes</b>		
Tahreen Kutub	PA to Chief Finance Officer, SS CCG	TK

**Attendance Tracker**      ✓ = Present      A = Apologies      N = Non-attendance

Name	Membership	Sept 19	Oct 19	Nov 19	Jan 20	Feb 20	Mar 20	May 20	June 20	July 20	Sept 20
Alan Sharples	Lay Member (Chair)	✓	✓	✓	A	✓	✓	✓	✓	✓	✓
Graham Bayliss	Lay Member (Vice Chair)	A	✓	A	A	✓	✓	✓	✓	✓	✓
Dr Pete Chamberlain	GP Governing Body Member	✓	✓	A	✓	A	✓	✓	✓	✓	✓
Dr Sunil Sapre	GP Governing Body Member	A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr John Wray	GP Governing Body Member	A	A	A	A	A	✓	✓	✓	✓	A
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	✓	✓	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	A
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	✓	*	*	*	✓	*	*	*	✓

No	Item	Action
<b>General business</b>		
FR20/112	<p><b>Apologies for absence</b></p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the Finance &amp; Resource Committee meeting today was taking place via Skype.</p> <p>Apologies for absence were received from Karl McCluskey, Cameron Ward and John Wray.</p> <p>The following points were noted by the committee:</p> <ul style="list-style-type: none"> <li>• Susanne Lynch would be late in joining the meeting as she was participating in another meeting.</li> <li>• Billie Dodd, the CCG's Deputy Director of Commissioning and Delivery, had joined the meeting on behalf of Karl McCluskey and Cameron Ward but would need to leave early in order to join another meeting.</li> <li>• Dr Gina Halstead and Dr David Goldberg had joined the meeting to present item <i>FR20/116</i>. Dr Gustavo Berni and Karen McCracken had joined the meeting to present item <i>FR20/117</i>. The Chair decided to cover both of these items directly after item <i>FR20/113 (Declarations of Interest)</i> to allow the presenters to leave the meeting early after covering their respective items. 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.</li> </ul>	
FR20/113	<p><b>Declarations of interest regarding agenda items</b></p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations made by members of the South Sefton Finance &amp; Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: <a href="http://www.southseftonccg.nhs.uk/about-us/our-constitution">www.southseftonccg.nhs.uk/about-us/our-constitution</a>.</p> <p><b>Declarations of interest from today's meeting</b></p> <ul style="list-style-type: none"> <li>• Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</li> <li>• <i>Item FR20/116: Improvement Grant Expression of Interest, Concept House Surgery</i> <i>Item FR20/117: Improvement Grant Expression of Interest, 42 Kingsway Surgery</i> <i>Item FR20/118: COVID Improvement Grant Applications</i> PC and SS declared that they are GP Partners at (separate) practices in South Sefton and therefore had potential conflicts of interest in relation to items <i>FR20/116</i>, <i>FR20/117</i> and <i>FR20/118</i>, which were related to Improvement Grant bids submitted by GP practices in South Sefton. The Chair reviewed the declarations and decided that as the bids being considered had not been submitted by the respective practices of PC and SS and given that they did not have a direct connection to the bids, their attendance did not constitute a material conflict of interest with these items. It</li> </ul>	

No	Item	Action
	<p>was also noted that the body with statutory responsibility for approving or declining Improvement Grants is NHS England / Improvement (NHSE/I). Therefore, PC and SS could participate in discussion and decision making during these items.</p>	
FR20/114	<p><b>Minutes of the previous meeting and key issues</b> The minutes of the previous meeting held on 23<sup>rd</sup> July 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>	
FR20/115	<p><b>Action points from the previous meeting</b></p> <p><b>FR20/100 Continuing Healthcare Update Report July 2020 – High Cost Cases</b> AOR reported that work has been undertaken to help review whether £100k is the appropriate demarcation for analysis of high cost cases. AOR presented a table showing the number of packages of care against cost brackets (ranging from £0-£10k to £100k+) from March 2016 to March 2020. The committee had an extensive discussion regarding the data presented and considered demarcation options lower than £100k based on the information in the table. Further to discussion, it was agreed to continue with the £100k demarcation for future analysis of high cost cases. AOR noted that the table / data presented today could be reproduced to monitor and review whether this demarcation needs to be changed in future. Action closed.</p> <p><b>SL joined the meeting.</b></p> <p>AOR reported that she is working with Midlands &amp; Lancashire CSU on a draft finance report, which includes details of high cost analysis and trends overtime. This report is currently in development and will be presented to the committee when finalised.</p> <p><b>FR20/101 QIPP 2020/21 – Progress Update at July 2020</b> MMcD reported that the specific QIPP scheme appendices are in development and in the process of being added to smart sheets. An update on this will be provided to the committee when ready, together with an update on joint QIPP working with Liverpool University Hospitals NHS Foundation Trust. This action is to supersede the current action on the tracker.</p> <p><b><i>It was noted that all other actions on the action tracker following the July 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></b></p>	MMcD
<i>Estates</i>		
FR20/116	<p><b>Improvement Grant Expression of Interest, Concept House Surgery</b> MMcD introduced items <i>FR20/116</i> and <i>FR20/117</i> and provided background information in relation to the Improvement Grant process, noting that the body with statutory responsibility for approving or declining such grants is NHSE/I. The committee was being asked to receive the Improvement Grant Expressions</p>	



No	Item	Action
	<p>of Interest being presented today and to confirm CCG support for the applications ahead of submission to NHSE/I. MMcD commented that the Improvement Grants may have a potential financial implication for the CCG but that the impact would be minor.</p> <p>GH and DG presented an Improvement Grant Expression of Interest from Concept House Surgery. Members noted the rationale for the proposal as detailed within the application. The committee discussed the application. MMcD confirmed that the application is in line with the CCG's estates strategy and recommended that the CCG support the application.</p> <p><b><i>The committee received and confirmed support for the Improvement Grant Expression of Interest from Concept House Surgery ahead of submission to NHSE/I.</i></b></p> <p><b><i>GH and DG left the meeting.</i></b></p>	
FR20/117	<p><b>Improvement Grant Expression of Interest, 42 Kingsway Surgery</b></p> <p>GBe and KM presented an Improvement Grant Expression of Interest from 42 Kingsway Surgery and provided the rationale for the proposal as detailed within the application. A visual plan, separate to meeting papers, was also presented via Skype video call.</p> <p>The committee discussed the application and estates plans in the locality. GBe confirmed that he (or member of the practice) had not been approached by the development team involved with planning a collective bid in the locality for over four years.</p> <p>MMcD confirmed that the Improvement Grant application from 42 Kingsway Surgery is in line with the CCG's estates strategy and recommended that the CCG support the application.</p> <p><b><i>FLT joined the meeting.</i></b></p> <p><b><i>The committee received and confirmed support for the Improvement Grant Expression of Interest from 42 Kingsway Surgery ahead of submission to NHSE/I.</i></b></p> <p><b><i>DBe and KM left the meeting.</i></b></p>	
FR20/118	<p><b>COVID Improvement Grant Applications</b></p> <p>MMcD presented a report providing details of applications submitted by GP practices for COVID Improvement Grants.</p> <p>NHSE/I has offered GP practices the opportunity to apply for COVID Improvement Grants for works directly in relation to the COVID-19 pandemic; further details in relation to the criteria for applications were within the report received by the committee. Applications were submitted by the deadline of 8<sup>th</sup> September 2020. The applications in consideration by NHSE/I are from Park Street Surgery and Bridge Road Medical Centre.</p>	

No	Item	Action
	<p>The summary of applications was being presented to the F&amp;R committee for information and as good practice, and to ratify CCG support. The summary had been reviewed by the CCG's Primary Care Joint Operational Group. MMcD commented that the COVID Improvement Grants may have a potential financial implication for the CCG but that the impact would be minor.</p> <p><b><i>The committee received the summary of COVID Improvement Grant applications and ratified CCG support for the bids.</i></b></p> <p><b><i>BD left the meeting.</i></b></p>	
FR20/119	<p><b>Estates Update</b></p> <p>MMcD provided a verbal update regarding the CCG's office accommodation. The CCG's Leadership Team is reviewing future options regarding staff working from the office whilst adhering to social distancing guidelines. The option to introduce a mix of working from home and the office is being explored. The Leadership Team is also reviewing the number of staff to desks ratio for future office working. The committee discussed this update and future options for office working whilst adhering to the guidance in relation to COVID-19.</p> <p>MMcD provided an update on the CCG's Merton House accommodation lease and noted that future options are being reviewed by the Leadership Team.</p> <p><b><i>The committee received this verbal update.</i></b></p>	
<b>HR</b>		
FR20/120	<p><b>HR Performance Dashboard</b></p> <p>MMcD presented the HR Performance Dashboard 2020/21, which included information up to July 2020 and noted the following:</p> <ul style="list-style-type: none"> <li>• The appraisal process, which was on hold during the start of the financial year as a result of the COVID response, has restarted; this has led to a slight rise in the appraisal completion rate. A further improvement is expected in the next report presented to the committee.</li> <li>• There is a slight improvement in the Statutory and Mandatory training compliance rate from June to July 2020. The outstanding training is being addressed with members of staff and reminders are published in the CCG staff bulletin periodically. The compliance rate is expected to improve further with the restarting of the appraisal process.</li> <li>• The percentage of days lost due to stress / anxiety / depression relates to a small number of staff, and the cases concerned are typically due to long-term issues.</li> </ul> <p>The committee discussed the HR Performance Dashboard, including the monthly sickness absence rate target.</p> <p><b><i>The committee received the HR Performance Dashboard.</i></b></p>	

No	Item	Action
<i>Finance</i>		
FR20/121	<p><b>Finance Report - Month 5 2020/21</b></p> <p>AOR provided an overview of the month 5 2020/21 financial position for NHS South Sefton CCG as at 31<sup>st</sup> August 2020. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> <li>• The 2020/21 Control Total for South Sefton CCG was a surplus of £1.800m. As a result of the COVID-19 response, temporary arrangements have been implemented for the financial year to date. The revised Control Total for the period is breakeven.</li> <li>• 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 month 6 and also described restoration requirements.</li> <li>• On 15<sup>th</sup> September 2020, NHSE/I published guidance on contracts and payments for the remainder of 2020/21. The CCG is reviewing this guidance to understand the implications. Work will be undertaken on the CCG forecast for the remaining six months of the financial year.</li> <li>• A national online NHSE/I briefing will take place today regarding the 2020/21 Q3/4 system financial envelopes, which MMcD and AOR will be joining.</li> <li>• A monthly reconciliation process has been agreed to reimburse costs directly related to COVID and adjust for actual expenditure incurred. This process may be subject to independent audit review, commissioned by NHSE/I.</li> <li>• The month 5 financial position is an overspend of £0.889m, which consists of COVID related costs that have yet to be reimbursed and a further variance against plan. The CCG is reliant upon the receipt of a retrospective allocation to address the month 5 overspend and return to a breakeven position.</li> <li>• The total CCG COVID expenditure at month 5 is £2.005m, inclusive of the hospital discharge scheme.</li> <li>• The Better Payment Practice Code (BPPC) targets have been achieved with the exception of Non NHS by value. This exception will be reviewed to understand the reasons for not meeting the target.</li> </ul> <p>The committee had a detailed discussion regarding the CCG's financial position and the financial regime in place. Discussion included the monthly reconciliation process in relation to COVID costs, and QIPP savings in the context of existing financial arrangements.</p> <p>MMcD provided commentary on the latest financial guidance released on 15<sup>th</sup> September 2020. He noted that the CCG needs to assess the impact of the guidance for the remainder of 2020/21 on the CCG's forecast outturn position to understand the likely financial risk. An update regarding the impact of the financial guidance will be provided at the Governing Body Development Session scheduled for 1<sup>st</sup> October 2020.</p> <p><b><i>The committee received the finance report and noted the summary points as detailed within the recommendations section of the report.</i></b></p>	
FR20/122	<p><b>QIPP 2020/21 – Progress Update at September 2020</b></p> <p>AOR and MMcD provided a verbal update regarding QIPP progress. A formal report had not been produced in time for this meeting due to capacity and annual leave of key personnel. MMcD confirmed that a new style of report will be presented at the next meeting, an outline of which would be shared with the</p>	

No	Item	Action
	<p>Chair prior to the meeting for feedback.</p> <p>AOR provided an update on the QIPP work that is currently ongoing. The CCG's Commissioning Team is working on a number of QIPP initiatives including High Intensity Users. CW has had discussions with colleagues from Liverpool CCG regarding progression of the QIPP agenda. Members noted that organisational QIPP requirements would differ depending on financial position and therefore stressed the need for strategic conversations to be taking place between the CCGs to develop a clear understanding of the way forward. FLT confirmed that these strategic discussions will take place.</p> <p><b><i>The committee received this verbal update.</i></b></p>	MMcD
FR20/123	<p><b>Finance &amp; Resource Committee Risk Register</b></p> <p>MMcD presented the F&amp;R Committee Risk Register and noted the following work has been undertaken since presentation of the risk register at the last committee meeting in July 2020 (updates were shown in blue for the committee's reference).</p> <ul style="list-style-type: none"> <li>• AOR has reviewed and consolidated the finance and resource related COVID risks where appropriate.</li> <li>• Further to review by SL, risk C28 regarding the lack of access to medicines during COVID-19 has been reallocated to the Joint Quality &amp; Performance Committee to monitor.</li> <li>• The HR related COVID risks have been reviewed by the HR risk lead and updated where required. Following feedback at the last committee meeting in July 2020, the HR risk lead has reviewed and reduced the residual score for COVID risk C21 (related to increase in staff sickness absence rate due to the effects of COVID-19) from 10 to 8 due to the controls in place and evidence from sickness level data.</li> </ul> <p>PC commented that the residual score for COVID risk C21 may be subject to change again as the situation in relation to the pandemic is changeable. A discussion followed regarding agile working during the pandemic, staff wellbeing and the potential challenges for new starters to embed into the CCG team given remote working. FLT reported that the communications team has undertaken activity to maintain regular communication between the CCG and staff during the pandemic and remote working to support wellbeing. There are now also more frequent meetings of the CCG Sounding Board where any issues can be raised by team representatives. FLT confirmed that a staff survey undertaken during the pandemic revealed a largely positive experience of staff working remotely as a result of COVID-19. She confirmed that work would be undertaken to gain an understanding of the experience of staff members who have newly joined the CCG during the pandemic.</p> <p>MMcD recommended that 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) should remain at 16 until impact of the guidance for the remainder of the financial year is understood. The committee agreed with this recommendation.</p> <p>AS referred to risk FR0011a regarding not fully delivering the CCG's planned</p>	

No	Item	Action
	<p>QIPP target in 2020/21, commenting that the residual score of 16 may need to be increased. He also stressed that the proposed action section for this risk needed to have more current information within it, detailing the QIPP delivery plan / next steps going forward. MMcD recommended that the risk register be amended after the committee review the QIPP update report at the next committee meeting, which will include recommendations regarding the proposed plan / next steps for QIPP delivery; the committee agreed with this approach.</p> <p>MMcD thanked AOR for her work on the amalgamation of the COVID risks.</p> <p><b><i>The committee approved the F&amp;R Committee Risk Register.</i></b></p>	
FR20/124	<p><b>Individual Funding Request Service Report Q1 2020/21</b></p> <p>JL presented the Individual Funding Request (IFR) Service Report for Q1 2020/21. Applications in quarter 1 were significantly reduced due to the COVID-19 pandemic. The largest number of requests were for ENT and relate to Pinnaplasty. AS queried the outcome of the Pinnaplasty applications. JL confirmed that this information was within Appendix 4 of the report, noting that two of six applications had been approved.</p> <p><b><i>The committee received this report.</i></b></p>	
<i>Contracts</i>		
FR20/125	<p><b>Contract Planning Process 2021/22</b></p> <p>MMcD provided a verbal update on the CCG's contract planning process for the next financial year. He noted that this item is on the committee work plan for September, as this is usually the time of year when the CCG sets out its commissioning intentions to providers for the next financial year. However, as the local contracting regime has been suspended for 2020/21 due to the COVID-19 pandemic and given uncertainty regarding the future, the usual contact planning process has not taken place in September this year. The CCG's Senior Contracts Manager is in the process of reviewing the latest guidance released by NHSE/I regarding contracts and payments for the remainder of 2020/21.</p> <p><b><i>The committee received this verbal update.</i></b></p>	
<i>Prescribing</i>		
FR20/126	<p><b>COVID-19 Prescribing Cost Impact Analysis March – June 2020</b></p> <p>SL presented a report, which provided an analysis of the significant impact of COVID-19 on prescribing activity and cost pressures across South Sefton CCG from March to June 2020. The report showed activity at GP practice and community service level, comparing cost impact and activity during the COVID period against historic monthly trends. The report provided a review of overall cost as well as detailing specific areas / drugs which had notable changes in prescribing patterns during March to June 2020.</p> <p>The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> <li>• GP practices experienced significantly higher than normal prescribing activity</li> </ul>	

No	Item	Action
	<p>during March to June 20. Contributing factors such as increases in concessionary prices for drugs including Sertraline, Perindopril Erbumine and Omeprazole also had a significant impact.</p> <ul style="list-style-type: none"> <li>• Category M prices have increased as a result of the pandemic and will continue to affect 2020/21 budgets. Continence and Stoma prescribing has not significantly changed during the COVID-19 period up to June 2020. Community Services had significant reductions in prescribing activity from April 2020.</li> <li>• The CCG has seen a significant uptake in the use of the Electronic Prescription Service (EPS) since the pandemic. Use of EPS has been promoted by practices as well as the CCG.</li> </ul> <p>Members discussed the report, the significant cost increase of certain drugs and potential reasons behind this. It was noted that a number of the factors in relation to COVID-19 which are impacting prescribing are outside of the CCG's control.</p> <p>FLT provided positive feedback on the work undertaken for this report and the detailed analysis, thanking Tom Roberts (Analysist at the CCG) and SL.</p> <p>SL provided positive feedback on the clinical work undertaken by Coloplast during the pandemic. It was noted that a letter would be sent from the CCG to thank Coloplast for the work undertaken.</p> <p><b><i>The committee received this report.</i></b></p>	
FR20/127	<p><b>Pan Mersey APC Recommendations</b></p> <p>SL asked the committee to consider approving the Pan Mersey APC recommendation to commission the following medicine: Fremanezumab injection (Ajovy®▼) for prophylaxis of chronic migraine in adults where at least 3 preventive drug treatments have failed and the company provides it according to the commercial arrangement.</p> <p>Fremanezumab has been recommended by NICE for prophylaxis of migraine.</p> <p>It was noted that this recommendation had been reviewed and supported by the CCG's Joint Medicines Operational Group.</p> <p><b><i>The committee approved the Pan Mersey APC recommendation to commission Fremanezumab injection (Ajovy®▼) for prophylaxis of migraine.</i></b></p>	
<b>Closing business</b>		
FR20/128	<p><b>Any Other Business</b></p> <p>No items of other business were raised at this meeting.</p>	
FR20/129	<p><b>Key Issues Review</b></p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	

No	Item	Action
<b>FR20/130</b>	<p><b>Review of Meeting</b></p> <p>AS asked members to provide feedback on the meeting today, particularly on the meeting process, content and behaviours.</p> <p>JL commented that it was useful to have primary care colleagues join the meeting today to present their respective Improvement Grant applications.</p> <p>AS commented that it would be useful for the CCG's estates strategy to be made available to the committee if and when there are Improvement Grant applications to consider in the future.</p> <p>GB requested that any presentation materials be included within the meeting pack as opposed to being presented separately at virtual meetings, as they would not be visible to those dialling in by phone. It was noted that this advice would be provided to future presenters.</p> <p>Members provided positive feedback on the level of discussion at the meeting today.</p>	
	<p><b>Date of next meeting:</b> Thursday 29<sup>th</sup> October 2020 1pm to 3pm Microsoft Teams Meeting</p>	

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

Thursday 30<sup>th</sup> July 2020, 9am to 12noon  
Skype Meeting

<b>Attendees (Membership)</b>		
Dr Rob Caudwell	GP Governing Body Member, Chair, SFCCG	RC
Martin McDowell	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
<b>Ex Officio Member</b>		
Fiona Taylor	Chief Officer, SSCCG/SFCCG	FLT
<b>In attendance</b>		
Kerrie France (for part of meeting) Jennie Piet	Associate Chief Nurse SEND, SSCCG/SFCCG Programme Manager Quality and Performance, SSCCG/SFCCG	KF JP MS
Mel Spelman	Programme Manager for Quality and Risk, SSCCG/SFCCG	
Helen Roberts	Lead Pharmacist, SSCCG/SFCCG	HR
<b>Apologies</b>		
Karl McCluskey	Director of Strategy & Outcomes, SSCCG/SFCCG	KMcC
Cameron Ward (Deputising for Karl McCluskey)	Interim Director of Strategy & Outcomes, SSCCG/SFCCG	CW
Susanne Lynch	Head of Medicines Management, SSCCG/SFCCG	LS
Tracey Forshaw	Assistant Chief Nurse, SSCCG/SFCCG	TF
<b>Minutes</b>		
Michelle Diabile	PA 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

✓ = Present    A = Apologies    N = No meeting    D = Deputy    V= received a virtual JQPC meeting pack

Name	Membership	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	June 20	July 20
Dr Rob Caudwell	GP Governing Body Member (Chair)	✓	✓	✓	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	A
Debbie Fagan	Chief Nurse & Quality Officer (on Secondment )	D	D	D			N							
Dr Gina Halstead	Chair and Clinical Lead for Quality (Deputy Chair)	✓	A	A	✓	✓	N	✓	✓	✓	V	V	✓	✓
Martin McDowell	Chief Finance Officer	✓	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	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	N	A	A	A	V	V	✓	✓

No	Item	Action
<b>General</b>		
20/100	<p><b>Welcome and Apologies for Absence</b></p> <p>The Chair welcomed all to the meeting. Apologies for absence were noted from Susanne Lynch, Cameron Ward and Tracey Forshaw.</p>	
20/101	<p><b>Declarations of Interest</b></p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group 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> <p><b>Declarations of interest from today's meeting</b></p> <ul style="list-style-type: none"> <li>• Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</li> <li>• Under Agenda Item 20/103 – Matters Arising/Action Tracker - Dr Rob Caudwell declared that he works with a company giving medical advice/consultancy called Medloop.</li> </ul>	
20/102	<p><b>Minutes of the Previous Meeting and key Issues</b></p> <p>With the following amendment, the minutes of the previous meeting held on 25<sup>th</sup> June 2020 were approved as an accurate reflection of the meeting:-</p> <p>Page 3 of the minutes, under agenda item 20/88 below bullet point entitled Agenda Item 19/36, GP Quality Lead Update. The third paragraph to read:- <i>Dr Gina Halstead informed that her practice was sending 0-5 year's correspondence to the Health Visiting Team because Alder Hey NHS Foundation Trust was 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.</i></p> <p>The key issues log was approved as an accurate reflection of the main issues from the previous meeting held on 25<sup>th</sup> June 2020.</p>	
20/103	<p><b>Matters Arising/Action Tracker</b></p> <p>The Committee received the action tracker and the following updates were noted:-</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 19/36, GP Quality Lead Update</b></li> </ul> <p>Tracey Forshaw to raise the issue in relation to what contingency arrangements are in place regarding Health Visitor's sickness absence.</p>	

No	Item	Action
	<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. However Health Visitor Liaison Helen Moore has met with Tracey Forshaw on 29<sup>th</sup> June 2020 and work is progressing with the support of Karen Garside in determining what information needs to come across.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 19/182, Deputy Chief Nurse Report</b></li> </ul> <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 a single point of contact for LUHFT to enable the letters to be distributed to the right people. A new action was noted for Jane Lunt to request a single point of contact from LUHFT in relation outpatient letter distribution.</p> <p>Action deferred to the next meeting.</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 19/183, Clinical Director Update</b></li> </ul> <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>An 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> <p>Brendan Prescott advised that he had contacted Cameron Ward who in turn contacted Sam Jones in relation to the Walton Centre's recovery plan. Sam Jones has been on leave and therefore the information has not yet been received by the CCG. Action deferred to the next meeting.</p> <p>Positive feedback was highlighted in relation to the neurology advice line.</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 19/201, Clinical Director Quality Update</b></li> </ul> <ul style="list-style-type: none"> <li>(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.</li> </ul> <p>Jane Lunt informed that Caron Lapping has recently returned following a period of long term sickness absence. Jane has a meeting scheduled with Caron Lapping. The need to get Midwives trained to use EMIS was highlighted. It was noted that the training can be undertaken remotely and takes half a day to complete.</p> <p>Action deferred to the next meeting.</p>	<p>JL</p> <p>BP</p>

No	Item	Action
	<ul style="list-style-type: none"> <li><b>Agenda Item 20/90, Corporate Risk Register – Quality Update</b></li> </ul> <p>Tracey Forshaw to confirm if the personal health budget risk is on the SEND CIB risk register.</p> <p>It was noted that personal health budget risk is not on the SEND CIB risk register. The Committee queried if it should be on the SEND CIB risk register and if the level of risk to SEND is greater than the risk to any other person. Jane Lunt and Brendan Prescott advised they would discuss this issue and report back at the next meeting.</p> <ul style="list-style-type: none"> <li><b>Agenda Item 20/96, Joint Targeted Area Inspection (JTAI) Action Plan</b></li> </ul> <p>Dr Gina Halstead to provide details in relation to a concern raised regarding a safeguarding referral that had not being made directly by a Gastroenterologist at Alder Hey NHS Foundation Trust. The Gastroenterologist had written to the patient's GP practice to make the referral. Dr Gina Halstead to provide the details to Jane Lunt for escalation.</p> <p>Jane Lunt confirmed that the referral has been made by Alder Hey NHS Foundation Trust. The Committee expressed concern in relation to this issue because the correct safeguarding referral procedure had not been followed by the Trust. Jane Lunt advised that she would follow this up with Alder Hey NHS Foundation Trust and request written confirmation acknowledging the correct Safeguarding referral procedure.</p> <p><b>Action: Jane Lunt to request written confirmation from Alder Hey NHS Foundation Trust acknowledging the correct safeguarding referral procedure.</b></p> <p>It was noted that this case has highlighted gaps in the system.</p> <p>Brendan Prescott informed that he would highlight Alder Hey NHS Foundation Trust's failure to follow the safeguarding referral process at the next CF meeting and obtain a formal minuted response.</p> <p>Fiona Taylor suggested convening a Clinical Forum for senior clinical leaders to have opportunity to discuss their issues collectively. The forum should convene regularly with attendees to include Dr Gina Halstead, Dr Rob Caudwell, Dr Doug Callow, Brendan Prescott and or Tracey Forshaw and representation from NHS Liverpool CCG and Alder Hey NHS Foundation Trust colleagues.</p> <p>It was noted that there is a gap in primary care representation at CQPG meetings. Fiona Taylor, Jane Lunt and Brendan Prescott to address this.</p> <p><b>Action: Brendan Prescott to highlight Alder Hey NHS Foundation Trust's failure to follow the safeguarding referral process at the next CF meeting and obtain formal minuted response.</b></p> <p><b>Action: Jane Lunt to convene at Clinical Forum.</b></p> <p><b>Action: Jane Lunt, Brendan Prescott and Fiona Taylor to address the gap in primary care attendance at the CQPG meetings.</b></p> <p><b>Action: Fiona Taylor to highlight the gap in primary care representation at CQPG meetings with the CCG's Chairs.</b></p>	<p>JL</p> <p>JL/BP</p> <p>JL</p> <p>BP</p> <p>JL</p> <p>JL/BP/FLT</p> <p>FLT</p>

No	Item	Action
	<ul style="list-style-type: none"> <li>• <b>Agenda Item 20/97, Engagement and Patient Experience Group (EPEG) Key Issues</b></li> </ul> <p>(i) Dr Rob Caudwell to contact IMerseyside to request a list of approved applications.</p> <p>Dr Rob Caudwell advised that he had contacted IMerseyside but had not received a response to date but will follow it up. He explained that it is not a list of approved applications but a plan, across the CCG's. He advised that he has received some information from NHSEI in relation to "Digital First". Dr Rob Caudwell declared that he uses Med Loop which is about to launch "Web GP".</p> <p>The Committee requested clarity of rules including specific demographic information. Martin McDowell advised that he would request a position statement from Louise Taylor and share it with the Committee.</p> <p><b>Action: Martin McDowell to contact Louise Taylor to obtain a position statement and share it with the Committee.</b></p> <p>(ii) Dr Gina Halstead to take the suggestion of having IT champions at practices for patients who require basic computer literacy support to the next PCN meeting.</p> <p>Dr Gina Halstead informed that she had not attended the previous Bootle PCN Meeting. It was suggested exploring the concept of basic IT literacy training provision with the Social Prescribing Team. Dr Gina Halstead suggested contacting Tracey Jeffes in the first instance.</p> <p><b>Action: Dr Gina Halstead to contact Tracey Jeffes via email, copying in Dil Daly, to request support and advice from the Social Prescribing Team in relation to the suggestion of having IT champions at practices, for patients who require basic computer literacy support.</b></p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 20/98, Any Other Business</b></li> </ul> <p>Michelle Diable to add Fiona Taylor to the Membership Attendance Tracker within the Joint Quality Performance Committee minutes.</p> <p>Action completed and to be removed from the tracker.</p>	<p style="text-align: center;">RC</p> <p style="text-align: center;">MMcD</p> <p style="text-align: center;">GH</p>
20/104	<p><b>Deputy Chief Nurse Report</b></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 was presented to the Committee in June 2020. The Committee noted the following key highlights:-</p> <p><u>Liverpool University Hospitals NHS Foundation Trust (LUFT)</u></p> <p>The July 2020 LUFT CQPG had a focussed agenda where the Trust provided updates on workforce reset regarding staff engagement pre and post-merger with the development of new set of values and behaviours and staff survey which has been delayed due to Covid 19. The Trust presented their reset staged plan which the sets out key principles on the recovery over 3 phases.</p>	

No	Item	Action
	<p>It was highlighted that since this report was written the Trust has declared a further 4 Never Events, taking the total to 6. NHSEI are aware. The CCG is working with the Trust in relation to this. It was noted that prior to the merger Aintree Hospital site had 8 Never Events and a lot of work was undertaken following this, mostly in relation to practice in theatre. A LUFT Never Event update will be included at the next Governing Body Meeting. This will also be discussed at CQPG and an update to be provided at the next Leadership Team Meeting.</p> <p>It was noted that a series of meetings are to be convened with Kerrie France, Brendan Prescott and Neil Jones to discuss what processes are currently in place at the Trust and the development work required to address Never Events.</p> <p>It was noted that as of 8<sup>th</sup> July 2020 there were 37 Covid 19 positive patients occupying 2 wards.</p> <p>In relation to enhanced surveillance Commissioning and Trust colleagues will meet outside of CCQRM to agree on key lines of enquiry to provide assurance post-merger.</p> <p><u>Southport and Ormskirk Hospital NHS Trust</u></p> <p>The Trust provided further detail on recovery plans at the July 2020 Southport and Ormskirk Hospital CCQRM. Phase 2 of recovery - business with Covid 19, is focussing on the restoration of non-urgent elective services and theatre lists running on Southport site with reduced capacity at Ormskirk and utilising one day of theatre lists at Renacres independent hospital.</p> <p>The Trust Medical Director has highlighted the resumption of development work with LUFT colleagues on the sustainability for fragile services across the North Mersey area including, head and neck; ophthalmology and haematology. Initial discussions between respective clinical and managerial representatives from both Trusts were interrupted due to Covid 19 capacity.</p> <p>Going forward the Interface Discharge Group will be chaired by the Chief Nurse of Sefton CCGs and will look to engage all stakeholders to improve the safety and quality of the patient journey in light of the development of new pathway processes as a result of Covid 19.</p> <p><u>Mersey Care NHS Foundation Trust</u></p> <p>The Inaugural Combined Community and Mental Health CF took place between NHS South Sefton and NHS Liverpool CCGs in July 2020. It is planned to move to a joint community CQPG in September 2020.</p> <p>Further detail on recovery trajectories of challenged community services has been requested as part of the Trust's react, recover and reshape plan.</p> <p>The Trust will also be providing further detail on the care home support with community matron involvement at August CCQRM.</p> <p><u>Lancashire and South Cumbria NHS Foundation Trust</u></p> <p>The request was made at the July 2020 Lancashire and South Cumbria CCQRM for the Trust to provide the recovery process plan which requires approval from Trust gold command before release. Updates have been received at July 2020 CCQRM with the Trust able to report 100 % compliance on BAME staff risk assessments and 100 % for pregnant employees.</p>	

No	Item	Action
	<p>Significant welfare support has been provided for Trust returning to work in August following the lifting of shielding measures. The level of incident reporting has risen to pre lockdown levels.</p> <p>The Trust has highlighted issues with estates to observe infection prevention control adherence for community clinics and have stated the productivity of community service such as phlebotomy and moving to an appointment only system will affect waiting times. This is recognised as system issue for phlebotomy with CCG commissioning colleagues looking to develop, potential equitable solutions.</p> <p><u>Alder Hey NHS Foundation Trust</u></p> <p>The Trust underwent an inspection of the following core services in January 2020: Urgent and Emergency Services; Neonatal Services; End of Life Care; Surgery; Outpatients; Specialist Mental Health Services (community and inpatient). In addition, a Well Led assessment was undertaken in February 2020. Overall the Trust's ratings position did not change following this inspection; it remained as Good overall, with Outstanding for Caring, Good for Effective, Responsive and Well Led and Requires Improvement for Safe.</p> <p>The Trust action plan against recommendations will be presented at future CQPGs for assurance.</p> <p>A concern was raised in relation to inappropriate information contained in a letter sent to parents from Community Paediatrics at Alder Hey NHS Foundation Trust. Determining if this is an isolated incident or if it is a wider system issue is to be explored. Jane Lunt advised that she would raise this concern to the next CF meeting.</p> <p><b>Action: Jane Lunt to raise the concern in relation to inappropriate information being sent to patients from Community Paediatrics at Alder Hey NHS Foundation Trust at the next CF meeting.</b></p> <p>Jane Lunt informed the Committee of a Consultant Neurologist employed at Alder Hey NHS Foundation Trust that has been recently suspended. Following which, child cases have been reviewed and reallocated accordingly.</p> <p>It was noted that the Consultant had set himself up as a "nation expert", therefore there is a potential this could affect not just local children but children from all over the country. The Consultant's spouse is employed as a head teacher in Knowsley and what she is disclosing to the children affected, is causing an issue. This has been reported on StEIS as an incident. All appropriate organisations are aware. A group has been convened to manage this incident, with an action plan in place and also a communication strategy is in place, all of which are being fully supported. Weekly meetings are taking place with NHSEI involvement. A further update will be provided at the next Joint Quality and Performance Committee which will include Sefton children quantification information.</p> <p><b>Action: Jane Lunt to provide an update following the suspension of a Consultant Neurologist and to include Sefton Children quantification information.</b></p>	<p>JL</p> <p>JL</p>

No	Item	Action
	<p><u>Care Home Training Offer</u></p> <p>CCG, Local Authority Public Health and Mersey Care Infection Prevention Control have met to discuss and plan for the further offer of training to care home staff. This will include an audit function to focus training priorities. Mersey Care NHS Foundation Trust has agreed to undertake this function and the quality team are currently prioritising care homes for review by infection prevention control staff. As of July 2020, 128 had either received training or had reported staff as being trained. Two care homes have so far refused offer of support on infection prevention control and PPE training. One home is now subject to CQC enforcement action and has agreed to draw on support from infection prevention control colleagues in order to comply with the CQC action notice.</p> <p><u>Fit Testing</u></p> <p>The current supply of masks used locally in the care of PHB clients will not be available once the current supply ends. All staff that have been fit tested for mask use will require refit testing on another product which has been purchased. There is currently enough stock within the Emergency Local Authority supply to last approximately 2 - 3 months. Approximately 120 carers will need to be refit tested which will include Children and young people. The Programme Manager for Performance and Quality has been working with the Local Authority to source suitable alternatives and to determine if purchasing can happen at a smaller scale for personal health budget clients.</p> <p>Mersey Fire and Rescue had agreed to support with doing the actual fit testing possibly on 2 sites although yet to be agreed on the site. Discussions continue with all stakeholders next week (Local Authority, MFRS, CHC, Local Authority and Sefton Carers) to agree plan, timescales and responsibilities.</p> <p><u>DMC Health Care (Dermatology)</u></p> <p>CCGs served a contract performance in March 2020, due to concerns governance issues in non-compliance of serious incident management in line with the serious incident framework. DMC Health Care are in the process of undertaking a full review of their serious incident process, the action plan is due to be shared with the CCGs, which will be monitored at the quality contracting meeting to support reassurance. A SBAR was submitted to NHSEI in March 2020 when the contract performance notice was served and will be raised at the August 2020 Quality Surveillance Group.</p> <p>It was noted that Brendan Prescott will join the national teleconference scheduled to take place on 31<sup>st</sup> July 2020 by NHSEI. The aim being to obtain a 360 degree perspective of DMC Health Care as provider and to decide the appropriate action.</p> <p>Cameron Ward was not in attendance but wished to note that the Commissioning and Quality Teams are aware of the DMC issue in Kent and Medway where the CCGs and CQC are investigating their level 4 service (and separately their GP practices). The CCGs do not have any level 4 services and so no immediate action is required locally. The CCGs await the outcome and then will then consider if any local action is required.</p>	



No	Item	Action
	<p><u>SEND</u></p> <p>A restoration and recovery report has been produced for the SEND Continuous improvement Board on July 7<sup>th</sup> 2020 outlining plans for all health related actions contained in the improvement plan.</p> <p>It was noted that it was reported at the last JTAI Improvement Plan meeting that all but one of the therapy services will be on track by 31<sup>st</sup> July 2020 and the other therapy service to be on track by 31<sup>st</sup> August 2020.</p> <p><u>Healthwatch</u></p> <p>Numerous concerns had been raised in relation to the Sefton phlebotomy service. The consultation normally takes 5 minutes but is now taking 15 minutes which presents a challenge. GPs were not aware that only urgent bloods could be requested via the community service and therefore a number of referrals had been rejected and not sent back to practices as they were not marked urgent which posed a risk. It was highlighted that GP's were having to telephone the phlebotomy service to request blood tests offering an explanation as why the blood tests were needed. It was noted that there are similar issues at Southport and Formby and also in relation to urgent imaging. The factors driving the variation are to be explored. A successful incident management process took place and it was agreed that the service would not turn any blood test requests away that were non urgent.</p> <p>A booking line was introduced in Sefton consisting of a multi-platform offer for phlebotomy services. There was large input from Liverpool based patients using the booking line. The increased number of calls resulted in a delay for Sefton patients.</p> <p>The low payment for blood tests was highlighted. It was noted that payments are under review. Work is being undertaken to remove inappropriate phlebotomy referrals to deal with demand issues.</p> <p>To assist with footfall reduction management, patients are being asked to have their annual blood check-up if appropriate, when presenting at the practice.</p> <p>Other emerging COVID themes from Healthwatch community members include increased need for mental health support, updates on how community services will be available moving forward and Healthwatch have work planned to review domiciliary care and engage remotely with care home residents and their relatives.</p> <p><b>Outcome: The Committee noted the Deputy Chief Nurse Report.</b></p>	
20/105	<p><b>Information Governance Management Framework/Information Governance Data Security and Protection Policy</b></p> <p>The Committee queried the date of October 2029 which was stated on the policy. An amendment was suggested in relation to Appendix A of the NHS South Sefton CCG document, as it refers to Sefton CCG instead of NHS South Sefton CCG.</p> <p>It was agreed to defer this agenda item until the next meeting and to invite Lisa Gilbert to present it.</p>	

No	Item	Action
	<p><b>Action: Michelle Diable to advise Lisa Gilbert of the amendment to be made to the Appendix A of the policy and to invite her to the next meeting to present the policy.</b></p> <p><b>Outcome: The Committee deferred the Information Governance Management Framework/Information Governance Data Security and Protection Policy to the next meeting.</b></p>	MD
20/106	<p><b>Clinical Director Quality Update</b></p> <p>Patient's perception of GP service provision during Covid 19 and of Covid 19 in general was highlighted as requiring better management.</p> <p>Concerns were raised in relation to the Flu Campaign which is advising people over the age of 50 to receive the flu vaccination this year. Lack of vaccines and the impact this will have on health associated infections and antibiotic prescribing were highlighted.</p> <p>Red key performance indicators were highlighted at the CCF and CCQRM meetings and the absence of supporting narrative. System working management is to be explored.</p> <p>Reoccurring themes of falls at Southport were highlighted. Quality and Safety concerns are exacerbated due to Covid 19. Adverse discharges were noted due to delays or failure to receive discharges. Fiona Taylor and Dr Rob Caudwell to obtain an understanding of what governance arrangements are in place.</p> <p><b>Action: Fiona Taylor and Dr Rob Caudwell to obtain an understanding of what governance arrangements are in place in Southport in relation to the reoccurring themes of falls.</b></p> <p>Patient's cancer test results are being sent to GPs without supporting information. Dr Rob Caudwell to raise this issue with Terry Hankin.</p> <p><b>Action: Dr Rob Caudwell to raise the issue of patient's cancer test results being sent to GP's without supporting information with Terry Hankin.</b></p> <p>It was noted that patients are being advised to telephone NHS 111 instead of presenting at A&amp;E. This poses the issue of how patients will be screened and will impact on general practice.</p> <p>The Committee noted that that the CCGs are working with the Local Authority to produce a joint communication message in relation to how the CCG is responding to Covid 19. The use of SMS messaging to provide the public with local Covid 19 status updates and information on how to reduce the spread of infection is to be explored.</p> <p><b>Outcome: The Committee noted the verbal Clinical Director Quality Update.</b></p>	<p>FLT/RC</p> <p>RC</p>
20/107	<p><b>New Arrangements for the Process and Management of Alerts and Cascades Across the North West</b></p> <p>Brendan Prescott presented this item to the Committee for information purposes.</p> <p>It was noted that drug alerts sent via the Central Alerting System (CAS) can contain lengthy attachments, are time consuming to review and many of which are not applicable to GP practices.</p>	

No	Item	Action
	<p>The Medicines Management Team Primary Care Network (PCN) offer includes management of CAS alerts that involve medicines and medical devices.</p> <p>Dr Gina Halstead requested for Helen Roberts to confirm the start date for PCN CAS alerts management.</p> <p><b>Action: Helen Roberts confirm PCN CAS alert management start date.</b></p> <p><b>Outcome: The Committee noted the new arrangements for the process and management of alerts and cascades across the North West.</b></p>	HR
20/108	<p><b>AGILE – UK Wide Phase I Platform for the Rapid Evaluation of Candidates for Covid 19</b></p> <p>Brendan Prescott presented the AGILE – UK Wide Phase I Platform for the Rapid Evaluation of Candidates for Covid 19 report which seeks to request approval from the Committee in relation to the issuing of a letter of assurance for the AGILE study, to be promoted across Southport and Formby and South Sefton.</p> <p>The focus of the research in the Northwest is on antiviral drugs, where the aim is to primarily recruit patients in the community. All the other phase II/III Covid 19 trials in the UK, apart from PRINCIPLE are focussed on hospitalised patients with severe/critical Covid 19.</p> <p>It is hoped that using an antiviral drug in high-risk patients in the early stage of Covid 19 diseases will reduce hospital admission, disease severity and death.</p> <p><b>Outcome: The Committee approved the letter of assurance for the AGILE study to be promoted across Southport and Formby and South Sefton.</b></p>	
<b>Quality and Performance</b>		
20/109	<p><b>Changes to Current Serious Incident Process where NHS Liverpool CCG is Not the Lead Commissioner</b></p> <p>Mel Spelman presented the Changes to Current Serious Incident Process report on behalf of Tracey Forshaw which seeks to inform the Committee of the changes proposed in relation to current the serious Incident process.</p> <p>It was noted that moving forward, it is proposed that whilst the CCGs remain separate statutory organisations, the role and function:-</p> <ul style="list-style-type: none"> <li>• Where NHS South Sefton CCG and NHS Southport and Formby CCG are the lead commissioner and/or</li> <li>• Where the lead commissioning organisation falls outside of the scope of NHS Liverpool CCG the management of serious incidents to be transferred back across to the Sefton CCGs. This will provide the necessary assurance to the Sefton CCGs governing bodies. Processes have been drafted with all CCGs in full agreement. This will require oversight by NHSEI in terms of assurance.</li> </ul> <p>Where NHS Liverpool CCG are the lead commissioner, the process will remain in place, with NHS Liverpool CCG managing the serious incidents on behalf of the Sefton CCGs. Sefton CCGs are represented at the Serious Incident Review Group panel meetings, with reporting coming through to support assurance.</p>	

No	Item	Action
	<p>This process has been well supported and positively evaluated by all parties.</p> <p><b>Outcome: The Committee noted the Changes to Current Serious Incident Process where NHS Liverpool CCG is not the Lead Commissioner Report.</b></p>	
20/110	<p><b>Integrated Performance Report</b></p> <p>Jennie Piet presented the Integrated Performance Report which seeks to provide the Committee with an overview of provider performance for both NHS South Sefton and NHS Southport and Formby CCGs. It was noted that the reports provide a draft overview due to changes in the Business Intelligence Team.</p> <p>The following highlights were noted by the Committee:-</p> <p>The data shows that the improvements to performance are being made by the Trusts. Screening diagnostics figures are expected to rise when the service is back on line as the number of referrals will increase as will the waiting times as a consequence.</p> <p>Infection control national trajectories have not been set for this year so the previous year's trajectories are being used as a benchmark.</p> <p><u>NHS Southport and Formby CCG</u></p> <p>It was noted that the stroke service has declined, the underlying factors are being explored.</p> <p>The Committee acknowledged that there is a lot of pressure to obtain all the data in a timely manner; however the absence of CAMHS data was highlighted as a concern. It was suggested that any null returns should be reflected clearly in the executive summary of the report. Kerrie France informed that CAMHS data has been received by the CCG. It was noted that Alder Hey NHS Foundation Trust had provided assurance at the last CQPG meeting when challenged about the late receipt of data.</p> <p>It was suggested revising the reporting process to allow for late submission of data to provide assurance to the Committee.</p> <p><b>Action: Performance reporting process to be revised to allow for late submission of data to provide assurance to the Committee.</b></p> <p>The Committee noted that from July 2020, the Chief Finance Officer is the Executive Lead in relation to performance reporting.</p> <p><u>IAPT</u></p> <p>It was noted that IAPT performance and recovery plans are to be discussed at Governing Body. Sue Gough is to be invited to attend the Governing Body meeting.</p> <p><b>Action: Michelle Diable to liaise with Terry Stapley to invite Sue Gough to the next Governing Body meeting to talk to the IAPT agenda item.</b></p> <p>Long waits to get through to the 24 hour crisis line were highlighted. A review of the 24 hour mental health crisis line and what is being provided by services is to be undertaken.</p>	<p>MMcD</p> <p>MD</p>

No	Item	Action
	<p>Cameron Ward was not in attendance but wished to note that there is a helpful series of summaries across performance topics. There are backlogs noted in a number of areas including cancer, diagnostics and therapies and children and young people. There is a need to continue to have quality oversight of these backlogs to provide assurance that urgent cases are being prioritised. In addition, consideration needs to be given to any services which have been suspended due to Covid 19 and not yet re-started. There are some good performance areas e.g. A and E, some cancer areas need to take into account reduced activity levels which masks some issues.</p> <p><b>Outcome: The Committee noted the Integrated Performance Report.</b></p>	
20/111	<p><b>Serious Incident Report</b></p> <p>Mel Spelman presented the Serious Incident Reports for NHS South Sefton CCG and NHS Southport and Formby CCG which seek to provide the Committee with a Q1 2020/21 update on the performance of serious incident management, in line with the National Serious Incident Framework.</p> <p><u>NHS South Sefton CCG</u></p> <p>As per the new process, all RCAs received for Mersey Care Community and Mental Health and all those received for Liverpool University NHS Foundation Trust Hospitals, will be reviewed by the NHS Liverpool CCG SIRG panel.</p> <p>NHS South Sefton CCG Serious Incident Report Group (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.</p> <p>Mel Spelman explained that this process will impact the detail provided to the committee in terms of the South Sefton CCG Serious Incident report and sought clarity from the group as to what will need to be included. A discussion with the group confirmed that an overall update will be provided for SIs involving South Sefton CCG patients only, and trends and themes will be requested from Liverpool CCG for all LUFT and MCFT serious incidents as a whole.</p> <p><u>NHS Southport and Formby CCG</u></p> <p>As per the new process, all RCAs received for Southport and Ormskirk and Lancashire Care NHS Foundation Trust will continue to be reviewed by the Southport and Formby CCG SIRG panel with feedback being sent through to the Quality Team at NHS Liverpool CCG.</p> <p>Following a review of the process by NHS Southport and Formby CCG and NHS Liverpool CCG, as discussed earlier, it has been recommended that NHS Southport and Formby CCG will resume management of the serious incident process for NHS Southport and Formby CCG commissioned providers. This would include Southport and Ormskirk Hospitals and Lancashire and South Cumbria NHS Foundation Trust. It also includes serious incidents reported by the CCG on behalf of smaller providers and general practices commissioned by the CCG. This recommendation will be submitted to the Senior Management Team and Leadership team at both CCGs.</p> <p><b>Outcome: The Committee noted the Serious Incident Report.</b></p>	

No	Item	Action
<b>For Information</b>		
20/112	<p><b>Corporate Governance Support Group Key Issues</b></p> <p>The Committee received the Key Issues from the Corporate Governance Support Group meeting held on 18<sup>th</sup> June 2020.</p> <p><b>Outcome: The Committee noted the Corporate Governance Support Group Key Issues.</b></p>	
<b>Closing Business</b>		
20/113	<p><b>Joint Medicines Operation Group (JMOG) Key Issues</b></p> <p>Helen Roberts presented the key issues arising from the JMOG meeting held on 3<sup>rd</sup> June 2020. Helen wished to highlight the following 2 concerns:-</p> <ul style="list-style-type: none"> <li>• The requirement to improve communications in relation to medication and ordering prescriptions changes at LUFT for patients with learning disabilities.</li> </ul> <p>Jane Lunt advised that she would raise this issue at the next CQPG meeting and report back to this meeting.</p> <p><b>Action: Jane Lunt to raise the issue of improving communications to support for patients with learning disabilities in relation to medication and prescription ordering changes at the next CQPG and report back to this meeting.</b></p> <ul style="list-style-type: none"> <li>• The process in place for midwives to request a medication reviews after they have taken a drug history. Incomplete drug history taken by midwives whereby pregnancies are not recorded. There is a risk of harm to unborn babies from medication taken during pregnancy, as GPs are often unaware that a patient is pregnant in order to conduct a medication review.</li> </ul> <p>It was noted that this poses a patient safety issue. It was suggested that GPs and the Heads of Midwifery meet to address this issue.</p> <p><b>Action: Jane Lunt to arrange for the Heads of Midwifery and GPs to meet to address the issue in relation to the absence of a full drug history being by midwives.</b></p>	<p>JL</p> <p>JL</p>
20/114	<p><b>NHS Southport and Formby CCG SIRG Minutes</b></p> <p>The Committee received the minutes from the NHS Southport and Formby CCG SIRG meeting held on 3<sup>rd</sup> June 2020.</p> <p><b>Outcome: The Committee noted the Southport and Formby CCG SIRG Minutes SIRG minutes.</b></p>	
20/115	<p><b>SEND Performance Improvement Group Minutes and Key Issues</b></p> <p>The Committee received the minutes and key issues from the meeting held on 22<sup>nd</sup> May 2020. It was suggested presenting the SEND recovery plan at a future meeting.</p>	

No	Item	Action
	<p><b>Action: SEND recovery plan to be presented a future meeting by Kerrie France.</b></p> <p><b>Outcome: The Committee noted the SEND Performance Improvement Group Minutes and Key Issues.</b></p>	KF
20/116	<p><b>Primary Care Committees in Common Minutes</b></p> <p>The Committee received the minutes from the NHS South Sefton CCG and NHS Southport &amp; Formby CCG Primary Care Commissioning Committees in Common meeting held on 21<sup>st</sup> May 2020.</p> <p><b>Outcome: The Committee noted the NHS South Sefton CCG and NHS Southport &amp; Formby CCG Primary Care Commissioning Committees in Common minutes.</b></p>	
20/117	<p><b>Any Other Business</b></p> <p>Fiona Taylor wished to inform the Committee of media interest following the death of a four year old South Sefton patient four years ago. The deceased child's mother is challenging how the incident was handled by North West Ambulance Service (NWAS). Fiona Taylor requested that a piece of work is to be undertaken to establish lessons learned. NHS Blackpool CCG as lead commissioner of NWAS is managing media enquiries.</p> <p><b>Action: Jane Lunt to establish the lessons learned following the death of a South Sefton child 4 years ago.</b></p> <p>Mel Spelman informed that EPEG will meet in September 2020 and will be focusing on the impact of Covid 19. Providers will be asked to provide a summary and present the changes they have put in place and the impact it has had and is having on their patients. Mel asked the Committee to advise if they have ideas or suggestions for the next EPEG meeting.</p> <p>Kerrie France informed that Healthwatch are conducting a review on behalf of SEND in relation to the introduction of digital technology which will form part of the evidence for the next DfE review. Kerrie advised that she would share the work being undertaken in this regard with Mel Spelman.</p> <p><b>Action: Kerrie France to share the work being undertaken by Healthwatch in relation to the introduction of digital technology review with Mel Spelman.</b></p> <p>Mel Spelman suggested having primary care representation at the next EPEG meeting. Dr Rob Caudwell advised that he would endeavor to attend or nominate a representative.</p>	<p>JL</p> <p>KF</p>
20/118	<p><b>Key Issues Arising From This Meeting</b></p> <p>The Committee noted the following key issues:-</p> <ul style="list-style-type: none"> <li>(i) Issue of increase Never Event reporting at LUFT. A meeting with the Director of Patient Safety to be convened.</li> <li>(ii) Primary and secondary interface issues. Group now meeting for Southport and Ormskirk system to review themes. Proposal of clinical forum to be facilitated between primary and secondary care physicians.</li> </ul>	

No	Item	Action
	<p>(iii) GP workload identified as an issue. Need to publicise the GP service provision during Covid 19 and clarity of local status of Covid 19 infections and adherence to guidance.</p> <p>(iv) Re alignment of serious incident process to ensure CCG Governing Body assurance on serious incident management.</p> <p>(v) IPR report to Committee was not complete with data. An action to revise the reporting process to allow for late submission of data to provide assurance to Joint Quality and Performance Committee.</p> <p>(vi) Review of current 24 hour mental health crisis line and what is being provided by services.</p> <p>(vii) Issue of medication by midwives is an issue. Chief Nurse to contact Heads of Midwifery directly.</p> <p>(viii) Patient experience during Covid 19 to be presented. Review methods of engagement and potential GP involvement at EPEG.</p>	
20/119	<p><b>Date of Next Meeting</b></p> <p>Thursday 27<sup>th</sup> August 2020, 9am – 12noon, via skype.</p>	



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

Thursday 27<sup>th</sup> August 2020, 9am to 12noon  
Skype Meeting

<b>Attendees (Membership)</b>		
Dr Rob Caudwell	GP Governing Body Member, Chair, SFCCG	RC
Martin McDowell	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
<b>Ex Officio Member</b>		
Fiona Taylor	Chief Officer, SSCCG/SFCCG	FLT
<b>In attendance</b>		
Natalie Hendry	Designated Safeguarding Manager for Adult	NH
Ehsan Haqqani	Interim Primary Care Quality Lead	EH
Jennie Piet	Programme Manager Quality and Performance, SSCCG/SFCCG	JP
Mel Spelman	Programme Manager for Quality and Risk, SSCCG/SFCCG	MS
Tracey Forshaw	Assistant Chief Nurse, SSCCG/SFCCG	TF
Pippa Joyce	Deputy Head of Information Governance, CSU	PJ
<b>Apologies</b>		
Cameron Ward	Interim Director of Strategy & Outcomes, SSCCG/SFCCG	CW
Susanne Lynch		
Dr Jeffrey Simmonds	Head of Medicines Management, SSCCG/SFCCG Director of Strategy and Outcomes, SFCCG / SSCCG	SL JS
Helen Roberts	Secondary Care Doctor, SFCCG Lead Pharmacist, SSCCG/SFCCG	HR
<b>Minutes</b>		
Robert Foden	Quality Improvement Support Officer	RF

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

- Chair of the Joint Quality and Performance Committee or Vice Chair.
- Lay member (SF) or Lay member (SS)
- A CCG Officer (SF)
- A CCG Officer (SS)
- A governing body clinician (SF)
- A governing body clinician (SS)

### Membership Attendance Tracker

✓ = Present    A = Apologies    N = No meeting    D = Deputy    V= received a virtual JQPC meeting pack

Name	Membership	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	June 20	July 20	Aug 20
Dr Rob Caudwell	GP Governing Body Member (Chair)	✓	✓	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	N	A	A	✓	V	V	A	✓	✓
Karl McCluskey	Director of Strategy and Outcomes	A	✓	A	D	N	D	A	✓	D	A	A	A	A
Debbie Fagan	Chief Nurse & Quality Officer (on Secondment )	D	D			N								
Dr Gina Halstead	Chair and Clinical Lead for Quality (Deputy Chair)	A	A	✓	✓	N	✓	✓	✓	V	V	✓	✓	A
Martin McDowell	Chief Finance Officer	A	A	A	A	N	✓	A	✓	V	V	✓	✓	✓
Dr Jeffrey Simmonds	Secondary Care Doctor	A	✓	A	A	N	A	A	A	V	V	A	A	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	N	A	A	A	V	V	✓	✓	A

No	Item	Action
<b>General</b>		
20/120	<p><b>Welcome and Apologies for Absence</b></p> <p>The Chair welcomed all to the meeting. Apologies for absence were noted from Helen Roberts, Susanne Lynch, Jeff Simmonds &amp; Cameron Ward.</p>	
20/121	<p><b>Declarations of Interest</b></p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group 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> <p><b>Declarations of interest from today's meeting</b></p> <ul style="list-style-type: none"> <li>Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</li> </ul>	
20/122	<p><b>Minutes of the Previous Meeting and key Issues</b></p> <p>The committee reviewed the minutes from the previous meeting held on 30<sup>th</sup> July 2020.</p> <p>BP informed that an amendment is required on action 19/182 of the action tracker and he will forward the formal words for the minutes to be amended. The rest of the minutes were agreed to be an accurate reflection of the meeting.</p> <p>The key issue log was approved as an accurate reflection of the main issues from the previous meeting held on 30<sup>th</sup> July 2020.</p>	
20/123	<p><b>Matters Arising/Action Tracker</b></p> <p>The Committee received the action tracker and the following updates were noted:-</p> <ul style="list-style-type: none"> <li><b>Agenda Item 19/182, Deputy Chief Nurse Report</b></li> </ul> <p><b>Update: Update next meeting.</b> JL will take this action to LUHFT at a meeting she has with them next week.</p> <p style="text-align: center;">---</p> <ul style="list-style-type: none"> <li><b>Agenda Item 19/183, Clinical Director Update</b></li> </ul> <p><b>Update: Update next meeting.</b></p>	<p>Jane Lunt</p> <p>SCCG/ Brendan</p>

No	Item	Action
	<p>CW informed that he is meeting with Sam James regarding Walton Centre's Recovery Plan week beginning 31/08/20.</p> <p style="text-align: center;">---</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 19/201, Clinical Director Quality Update</b></li> </ul> <p><b>Update: Update next meeting.</b> JL raised with Caron Lappin, DON at Liverpool Women's Hospital, after returning from sick leave and who has had more illness and will now be retiring on ill health. An interim is to be appointed to the post. JL has escalated the action again and it will be picked up at CQPG.</p> <p style="text-align: center;">---</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 20/90, Corporate Risk Register – Quality Update</b></li> </ul> <p><b>Update: Update next meeting.</b> BP confirmed conversation with Kerrie France, Clinical Lead for SEND and Tracey Forshaw. Confirmed PHB development is a key item for SEND Performance group which has representation from CYP professionals and the Sefton Carers Centre. BP assured by progress being made and review to be carried out in December 2020.</p> <p>TF recently held a CYB PHB mapping group exercise with LCCG and partners including representatives from Liverpool &amp; Sefton LAs, CSU colleagues and Sefton Carers Centre. A number of actions resulted in this session to strengthen services for CYB PHBs and further meetings are to be had. Debbie Fairclough is supporting from a Governance point of view for the CCGs. TF is to converse with JL re work to be looked into at LCCG.</p> <p>Kerry France provided an update on SEND actions being on track for December 2020 and PHB development was part of the plan with no risks raised in relation to children with SEND in completion of actions. The Sefton parent forum is promoting children's PHBs. BP recommended there was currently no requirement to place CYP SEND PHB development on the risk register.</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 20/96(i) &amp; (ii), Joint Targeted Area Inspection (JTAI) Action Plan</b></li> </ul> <p><b>Update: Update next meeting.</b> BP informed that the issue had been raised by Karen Garside at the CF on 07/08/20 has not been raised at CQPG yet. TF attends the CQPG for Alder Hey which is next due to be held on 18/09/20.</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 20/96(iii), Joint Targeted Area Inspection (JTAI) Action Plan</b></li> </ul> <p><b>Update: Update next meeting.</b> BP requires further clarity.</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 20/96(iv), Joint Targeted Area Inspection (JTAI) Action Plan</b></li> </ul> <p><b>Update: Update next meeting.</b> BP requires further clarity.</p>	<p>Prescott</p> <p>Jane Lunt</p> <p>Tracey Forshaw/ Jane Lunt / Brendan Prescott</p> <p>Jane Lunt</p> <p>Jane Lunt &amp; SCCG/ Brendan Prescott &amp; Fiona Taylor</p>

No	Item	Action
	<ul style="list-style-type: none"> <li>• <b>Agenda Item 20/96(v), Joint Targeted Area Inspection (JTAI) Action Plan</b></li> </ul> <p><b>Update: Update next meeting.</b> Not yet complete</p> <p style="text-align: center;">---</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 20/97(i), Engagement and Patient Experience Group (EPEG) Key Issues</b></li> </ul> <p><b>Update: Update next meeting.</b> RC informed some movement, money available for first fund. Co-ordinating and clarification needed as to which providers are being supported, tight turn around. MMcD informed ready to put bids in.</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 20/97(ii), Engagement and Patient Experience Group (EPEG) Key Issues</b></li> </ul> <p><b>Update: Update next meeting.</b> Validity of sharing information to be discussed, defer to next meeting MMcD will pick up with Louise Taylor.</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 20/97(iii), Engagement and Patient Experience Group (EPEG) Key Issues</b></li> </ul> <p><b>Update: Update next meeting.</b> GH not present</p> <p style="text-align: center;">---</p> <ul style="list-style-type: none"> <li>• <b>Agenda item 20/104(i), Deputy Chief Nurse Report</b></li> </ul> <p><b>Update: Update next meeting.</b> JL to pick up at Alder Hey CQPG.</p> <ul style="list-style-type: none"> <li>• <b>Agenda item 20/104(ii), Deputy Chief Nurse Report</b></li> </ul> <p><b>Update: Update next meeting.</b> JL informed that this incident has been raised as an SI and LCCG are working with the trust and LA Partners to oversee the management of the incident. The Neurologist involved has retired. The RCA is due to be submitted in several weeks. The trust are managing communications which have been challenging due the fact the wife of the Neurologist is a Head Teacher in the Knowsley area and the public have become aware of this, complaints have also been received at LCCG. LCCG are assured that no harm has been identified to any patients and that the trust has a robust approach to patient harm with up to 1100 children reviewed.</p> <p style="text-align: center;">---</p> <ul style="list-style-type: none"> <li>• <b>Agenda item 20/105, Information Governance Management Framework/Information Governance Data Security and Protection Policy</b></li> </ul>	<p>Fiona Taylor</p> <p>SFCCG/ Rob Caudwell</p> <p>SCCG/ Martin McDowell</p> <p>SCCG/ Gina Halstead</p> <p>Jane Lunt</p> <p>Jane Lunt</p>

No	Item	Action
	<p><b>Update: Close</b> On today's agenda.</p> <p style="text-align: center;">---</p> <ul style="list-style-type: none"> <li>• <b>Agenda item 20/106(i) Clinical Director Quality Update</b></li> </ul> <p><b>Update: Update next meeting</b> RC informed issue was raised with the Chief Executive at S&amp;O on a system management call (SMC) and they were not aware of the falls theme at the trust. Another SMC was to be made in the afternoon (27/08/20).</p> <ul style="list-style-type: none"> <li>• <b>Agenda item 20/106(ii), Clinical Director Quality Update</b></li> </ul> <p><b>Update: Update next meeting</b> Action not been picked up specifically with Terry Hankin at S&amp;O Trust, RC informed would be better to meet Clinicians and Primary Care meeting proposed to happen in September 2020, RC awaiting Terry Hankin to confirm attendees. RC continuing to communicate with Terry Hankin at the trust.</p> <p style="text-align: center;">---</p> <ul style="list-style-type: none"> <li>• <b>Agenda item 20/107, New Arrangements for the Process and Management of Alerts and Cascades Across the North West</b></li> </ul> <p><b>Update: Update next meeting</b> Updated from Helen Roberts via email – MMT support for medicines/medical device alerts for PCNs starts 1 October 2020.</p> <p>Further details had been shared with Jane Lunt regarding concerns about support for patients with learning disabilities at LUHFT.</p> <p style="text-align: center;">---</p> <ul style="list-style-type: none"> <li>• <b>Agenda item 20/110(i), Integrated Performance Report</b></li> </ul> <p><b>Update: Update next meeting</b> MMcD carried out revision of timescales, performance reports, couple of areas info not available in time, working with providers to submit more timely responses.</p> <ul style="list-style-type: none"> <li>• <b>Agenda item 20/110(ii), Integrated Performance Report</b></li> </ul> <p><b>Update: Update next meeting</b> Confirm Sue Gough able to attend Governing Body for IAPT agenda item.</p> <p style="text-align: center;">---</p> <ul style="list-style-type: none"> <li>• <b>Agenda item 20/113(i) &amp; (ii) Joint Medicines Operation Group (JMOG) Key Issues</b></li> </ul> <p><b>Update: Update next meeting</b> No Update</p> <p style="text-align: center;">---</p>	<p>SFCCG/ Rob Caudwell &amp; SCCG/ Fiona Taylor</p> <p>SFCCG/ Rob Caudwell</p> <p>Helen Roberts</p> <p>SCCG/ Martin McDowell</p> <p>SCCG/ Michelle Diable</p> <p>LCCG/ Jane Lunt</p>

No	Item	Action
	<ul style="list-style-type: none"> <li>• <b>Agenda item 20/115, SEND Performance Improvement Group Minutes and Key Issues</b></li> </ul> <p><b>Update: Update next meeting</b> No Update</p> <p style="text-align: center;">---</p> <ul style="list-style-type: none"> <li>• <b>Agenda item 20/117(i) Any Other Business</b></li> </ul> <p><b>Update: Update next meeting</b> JL informed there had been little media interest, update further at next meeting.</p> <ul style="list-style-type: none"> <li>• <b>Agenda item 20117(ii) Any Other Business</b></li> </ul> <p><b>Update: Update next meeting</b> Defer to next meeting, KF on leave.</p>	<p>SCCG/ Kerrie France</p> <p>LCCG/ Jane Lunt</p> <p>SCCG/ Kerrie France</p>
20/124	<p><b>Deputy Chief Nurse Report</b></p> <p>BP introduced the report which was taken as read by the committee.</p> <p><u>LUHFT</u> A number of never events have occurred this year. LCCG/SSCCG are working with the trust for assurance and it was reported that significant work is going on at LUHFT (all sites) to investigate and investigate incidents. LCCG/SSCCG are also working with LUHFT in regards to their merger and looking into the different cultures and approaches taken by the different sites of LUHFT focusing on safety. The Trust is also working on recovery processes concurrently.</p> <p>Monthly meetings are scheduled with the Director of Patient Safety at LUHFT, outside of the CQPG in regards to never event learning across the Trust.</p> <p>There has been increase in overall waiting times, a harm review is taking place and prioritisation of patients deemed most at harm are being expedited.</p> <p><u>S&amp;O Trust</u> The CPN relating to SI management at the Trust is still open. It is envisaged to be closed imminently. Further performance information is being sought around the Trust's SI processes which the CCG is waiting to come through. TF has had a discussion with the Assistant Director Integrated Governance at S&amp;O Trust who informed that SI management as per national framework has continued during the COVID19 period they have managed to continue to support the process almost as normal. The Trust has been meeting timelines in relation to investigating and producing RCAs.</p> <p>There are ongoing issues with Ophthalmology which are discussed at CQPG. There are further on-going discussions between the Trust and the Commissioners and Quality Team. The trust have been asked to track ophthalmology patients through detailing which patients are being prioritised and to confirm the capacity they have to deal with patients in this area.</p> <p><u>Mersey Care</u> Sue Gough &amp; Hilal Mulla have picked up via the CQPG obtaining information regarding the trust recovery processes for business as usual in relation to older person's mental health services.</p>	

No	Item	Action
	<p><u>Lancashire &amp; South Cumbria Foundation Trust</u> The Trust is bringing services back to pre COVID19 levels and resource issues have been identified. The Trust is using a RAG rating to prioritise cases and workloads.</p> <p><u>Alder Hey</u> Meetings have been had with the Trust and CCGs for assurance on never event management, and an independent peer review is to commence by the Imperial College London into the Trust's surgical safety.</p> <p><u>DMC</u> CCG attended a NHSE&amp;I north meeting regarding DMC as NHSEI wanted to obtain a view of the services DMC provide across the country. The quality of their SI reporting and subsequent RCAs was raised and discussed at this meeting by other commissioners. DMC have provided assurance that their SI processes will improve and have developed a detailed action plan.</p> <p><u>COVID19 Activity</u> Several COVID19 outbreaks in care homes were reported in August. Support has been given to the homes in relation to IPC in conjunction with Mersey Care &amp; the LA, including extra training in PPE measures.</p> <p><u>JTAI</u> Meetings continue and 3 actions are currently RAG rated red. COVID19 has affected progress of these actions. Specialist Mental Health improvement times have been particularly affected, this will be discussed at LT, around revised strategies.</p> <p>The committee agreed to receive the report.</p>	
20/125	<p><b>Information Governance Management Framework/Information Governance Data Security and Protection Policy</b></p> <p>Pippa Joyce presented the report which explains the management framework within the CCG and how it impacts information governance. The report needed to be approved by the committee.</p> <p>The main changes to note to the committee were around GDPR and spelling, there were no points changed in relation to legislation.</p> <p>The report is to go Governing Body meeting in the next week and demonstration that that the CCG has adapted the policies contained within will require to be demonstrated.</p> <p>Committee approved the document.</p> <p>There was brief discussion around the time of reviewing policies which currently stands at 3 years. The committee agreed that this was an appropriate timescale and should not be more than 3 years.</p>	
20/126	<p><b>Clinical Director Quality Update</b></p> <p>The leads for this agenda item are Gina Halstead &amp; Doug Callow.</p> <p>There was discussion regarding quality schedule and KPI mechanism for GPs around quality, advice and guidance with variance in response.</p>	



No	Item	Action
	<p>DC informed that it is the measuring of quality that is required and the risks involved for a specialist to give advice, any significant events and incident that fall under threshold and feedback is important.</p> <p>GP &amp; Primary Care advice guidance need to know how they are going to get a response. Need timely advice to avoid referral.</p> <p>Physio appointments - Face to face physio assessments are still being done remotely, this was discussed at clinical leads meeting 26/08/20. There is some confusion around clinicians and what they are offering.</p> <p>Patients can be seen in the first instance by video, with follow up face to face consultations if required.</p>	
20/127	<p><b>JQPC Work Plan</b></p> <p>MS gave an overview of the document and informed that not many changes had been made since previous review.</p> <p>Contributors to the work plan were asked to look at any issues with dates to come through to JQPC timescales might not be correct.</p> <p>Primary Care Quality Agenda is now suggested to come through quarterly, MS will liaise with EH regarding this item.</p> <p>MS asked committee members to contact her if they have any queries regarding the work plan.</p> <p>The committee approved the document.</p>	
<b>Quality and Performance</b>		
20/128	<p><b>Integrated Performance Report</b></p> <p>JP introduced and gave a review of the document.</p> <p>For May 2020 at S&amp;O Trust Regarding – % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) shows no patients, this is potentially correct as cancer screening was not up and running at this time. Recovery plans when this service will be re-started have not been seen by JP.</p> <p>Issues have been raised in regards to S&amp;O Trust's Planned Care. The Trust continued with urgent elective treatments, there has been an increase in waiting lists for patients. The trust are working on prioritising patients and looking to align and improve and reduce patient waiting times and lists. There has been increase in referrals to the trust but not to pre-COVID19 levels.</p> <p>Diagnostic Test reporting has improved month on month.</p> <p>Incomplete non-emergency pathways waiting no more than 18 weeks had increased.</p> <p>SFCCG are not achieving 5 cancer indicators. S&amp;O Trust are not achieving 1.</p>	

No	Item	Action
	<p>There has been reduction in contract performance due to COVID19.</p> <p>All the IPC HCAI measures are based on last year's trajectories as no measurements were issued this year.</p> <p>Mental health – Increased IAPT, moved to recovery 59%, above 50% target, looking at provider demand and capacity, shared with commissioners on 13/08/20. There are separate providers for IAPT no direct link with Mersey Care.</p> <p>Dementia – Measures failing, 66.7% down to 63.7% – was achieved at S&amp;O last year</p> <p>Timeliness of communications with primary care has gone through this committee.</p> <p>Alder Hey – Recovery plan for CAMHS, increasing in phase 2, waiting times should reduce and should hit revised targets. CAMHS are expecting a surge on their services. AHP cases loads being revised, home visits being offered for high risk patients.</p> <p>Increase in eating disorders, this is being reflected nationally.</p> <p>Two new pathways for ADHD &amp; ASD started in April 2020 and are performing to target.</p> <p>Draft recovery plans are due for submission by 01/09/20.</p> <p>Secondary care referrals have increased from previous months but are below pre COVID19 levels.</p> <p>Increase in breaches for non-emergency care and waiting more than 52 weeks failed.</p> <p>Information sub-group has restarted in July to focus on recovery planning.</p> <p>There is a phase 3 planning process underway which is intended to get the NHS back to pre-COVID-19 levels of performance particularly in elective and cancer services. There are significant risks this can be achieved which will leave remaining risks to longer waiting patients. The exact position will not be known until next month, planning deadline of 21/09/20. CW will update for the next meeting.</p> <p>There remain outstanding questions relating to cancer patient waits of 104 days and harm reviews. 104 day harm reviews guidance in draft to be included at CQPG &amp; CCQRM for providers to have that guidance, and TF liaises with Sarah McGrath.</p>	
20/129	<p><b>Quality Risk Register</b></p> <p>MS overviewed the number of risks currently reported on the CCG's risk register.</p> <p>A number of risks had been added since the last meeting, some related to COVID19. Some risks for commissioning are duplicates of existing risks already recorded. MS asked whether these risks are superseded by the risks currently on the register.</p> <p>Cancer risks were discussed and whether they could be merged.</p>	

No	Item	Action
	<p>The risk Inappropriate Discharges to the community - Care homes not accepting patients without having a negative test was also discussed and whether it could now be removed.</p> <p>Commissioning Team risks – A&amp;E Performance for both CCGs – SFCCG performing well possibly due to number of patients being reduced, SSSCG – 0.2% off target, it was questioned if these risks need to stay on the register.</p> <p>Commissioning &amp; Delivery and Planned Care risks have been broken down to CCG area.</p> <p>Billie Dodd has organised a session on the Corporate risk register for the Commissioning Team staff to assist in providing more guidance on updating the register and quality of entries. The Commissioning Team’s risks will then be regularly reviewed.</p> <p>The risk relating to 12 hour breaches from S&amp;O Trust - none have been recently reported.</p> <p>Quality Team risks have been reviewed and 2 were closed.</p> <p>Staffing issues at S&amp;O Trust highlighted, the risk and issue has not yet gone to audit committee, when it does it will be recommended for closure.</p> <p>Risk related to LAC is also expected to be closed, as capacity in the team has now been mitigated against.</p> <p>JL informed that the risk register, to be effective, should focus on active risks to ensure active management.</p> <p>Risks should be on the register due to an acceptable level of risk. For example if the performance has improved and there are no problems at A&amp;E the risk can come off the register. If problems reoccur the risk should then be re-added at a later date. Risks that are present and impacting patient safety or risk of harm should be on the register and not just in case something happens. The mechanism is there to re-flag a risk should the risk become live again.</p> <p>Risk register to be looked at in the round at the CCG which will provide better governance.</p> <p>There was a view that risks need to be looked at from a 360 degree view with regards to the impact of quality safety and patient harm and patient delivery should be the focus. The committee’s role in reviewing the risk register is to ensure that Trusts have robust processes in place and treating patients effectively due to their clinical needs and not just processing waiting lists.</p> <p>The CCGs do gain some assurance from providers and Trusts and their robust systems which ensure quality measures are in place. To create a better focus &amp; improve impact on patient experience it is important to the committee that they see the correct areas of risk at both provider and CCG level.</p> <p>It was recognised difficulties in cross referencing which committees should be picking up and questioning specific risks. There has been discussion from JL with leadership team at the CCG in regards to different committees requiring updates on the same risks and going forward an internal review is suggested to revise and align risks for the right committees. There are repetitive risks on the register from different teams.</p>	

No	Item	Action
	<p>JL will discuss the risk register with Debbie Fairclough then take the issue to SMT then possibly to LT before updating the JQPC.</p>	
20/130	<p><b>CCG Safeguarding Team Q1 (2020-21) Safeguarding Quality Schedule update and Quarterly Safeguarding Update – Covid 19</b></p> <p>NH gave an update on Safeguarding for Q1.</p> <p>Safeguarding KPIs for providers were stood down in Q1 for the trusts, they did submit some KPIs however and exception reports. No assurance levels assigned as no full data sets received due no full KPI suite. Training at the trusts is to become a priority. The Trusts have supplied exception reporting for safeguarding training. Safeguarding staff will work with the trusts going forward as part of their recovery plans.</p> <p>Expecting trusts to step back up KPI reporting in Q2, looking at providers to build in quality assurance functions. Quality site visits happened last year but working with providers what they can do now i.e. virtual visits as an extra layer of assurance and to update going forward.</p> <p>Safeguarding Children’s and Adult’s boards up and running again.</p> <p>Safeguarding Team continue to provide support to providers and locality groups.</p> <p>Official MCA delayed until April 2022.</p> <p>Increase in capacity for Safeguarding Team - Designated Doctor for children in care plus GP posts. Extra resource required for administration support and extra Safeguarding Administrator post in the Safeguarding Team is required.</p> <p>A lot of activity within LEDER, role of LAC to cover LCCG, North Mersey LEDER processes, working task &amp; finish group reviewing processes and case review group attendance.</p>	
20/131	<p><b>LeDeR Update</b></p> <p>TF gave an overview of the current LeDeR situation for the North Mersey region. A lot of work has been carried out with scrutiny from NHSE&amp;I.</p> <p>TF has taken on the role as Local Area Co-Ordinator for LCCG due to the departure of staff members.</p> <p>During the initial COVID 19 period the number of deaths attributed to people with learning disabilities increased. A lot of activity was initiated for rapid reviews to be completed for the North Mersey area. A co-ordinated approach was required involving the providers of the 3 CCGs. NHSE&amp;I supplied additional funding for the reviewers to complete the reviewer and administration support.</p> <p>A North Mersey Steering Group is to be established managed at LCCG to provide an oversight and governance to the LeDeR process for the North Mersey region. The steering group will include members from the LA. A chair for this meeting is to be confirmed. The minutes from the established LeDeR Process Review/Task &amp; Finish Group &amp; LeDeR Case Review meetings will be sent to the steering group for review.</p>	

No	Item	Action
	<p>It was historically difficult engage with the LA for LeDeR Case reviews but this has now improved and they are involved in the review of cases and take actions as necessary, social work actions and comments are forwarded from the case review meetings via the LA. Providers also attend the case review meetings to get direct feedback on individuals who have been admitted to their services.</p> <p>LeDeR has been under resourced since its inception in 2017 with no additional support for providers or the CCGs. This has prevented delivery of the program as set out by NHSE&amp;I.</p> <p>TF has been reporting through to NHSE&amp;I fortnightly with updates on the current status of LeDeR reviews for the North Mersey region. It is expected that all current outstanding LeDeR Case reviews will be reviewed or under review and coming to completion by end of December 2020.</p> <p>NHSE&amp;I have agreed to fund a Band 5 LeDeR Co-Ordinator Role (12 months non concurrent) to support the full LeDeR process. The role will support the reviewers in obtaining information from the providers and support and facilitate the running of the required meetings, including taking notes, producing minutes, ensuring actions as disseminated and feedback sent and general administration relating to LeDeR processes.</p> <p>BP highlighted and thanked TF for her work in the past few months, including picking up LCCG Co-Ordinator role.</p> <p>TF has liaised with GP Sue Gough in attending the LeDeR Case review meetings and LeDeR Steering Group Meeting as this is an area of interest to her. (SG is retiring in March 2021).</p>	
<b>For Information</b>		
20/132	<p><b>Joint Medicines Operation Group (JMOG) Key Issues</b></p> <p>The committee confirmed the document was read with no comments.</p>	
20/133	<p><b>NHS Southport and Formby CCG SIRG Minutes and Key Issues</b></p> <p>RC had discussions with S&amp;O Trust's Accountable Officer on the System Management Board regarding falls pathways not being implemented across the trust. A number of SIs have been reported in relation to falls. Issue of falls also raised at the Trust's CCQRM.</p>	
20/134	<p><b>NHS South Sefton CCG SIRG Minutes and Key Issues</b></p> <p>There is a lack of assurance regarding DMC. A north region meeting had been attended by the CCG and facilitated by NHSE&amp;I to gain a national point of view. Concerns are being monitored through the SIRG meetings and action plan monitoring being carried out by through contract and performance meetings.</p> <p>DMC have been transparent and corresponded and communicated well during discussions.</p>	

No	Item	Action
20/135	<p><b>SEND Performance Improvement Group Minutes and Key Issues</b></p> <p>The committee confirmed the document was read.</p>	
20/136	<p><b>JTAI Improvement Plan Meeting Minutes and Key Issues</b></p> <p>The committee confirmed the document has read.</p>	
Closing Business		
20/137	<p><b>Any Other Business</b></p> <p>None</p>	
20/138	<p><b>Key Issues Arising From This Meeting</b></p> <p>1. Communication from secondary to primary care is an issue with a direct effect of management of patients on transferral of care/ treatment. To be raised at the planned primary / secondary interface meeting for the Southport system.</p> <p>2. The variation in advice and guidance responses which has an impact on patient management in primary care. To be raised at the primary / secondary care interface meeting.</p> <p>3. IPR - reduction in performance has a negative impact on patient outcomes. Review of recovery plans and trajectory as well as assurance on the clinical prioritisation processes of trusts will be sought. Panel process to review sample of long waiters will also be established.</p> <p>4. Review of CCG CRR given the replication of risks and the role of respective committees to focus on impact will be proposed. This will be taken to LT for a view. Further training is being undertaken. JQPC role is to review risks to determine any negative impact on patient safety, experience and outcomes.</p> <p>5. Legislative delay to MCA/ DOLS until 2022. CCGs will continue to work under current processes and prepare for changes accordingly.</p>	
20/139	<p><b>Date of Next Meeting:-</b></p> <p>Thursday 24<sup>th</sup> September 2020, 9am to 12noon via Skype.</p>	

# Audit Committee NHS South Sefton CCG Minutes

Thursday 23<sup>rd</sup> April 2020, 3pm to 5pm  
Skype Meeting

<b>South Sefton CCG Audit Committee Members Present</b>		
Alan Sharples	Lay Member (SS Audit Committee Chair)	AS
Graham Bayliss	Lay Member (SS Audit Committee Vice Chair)	GB
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
<b>In attendance</b>		
Martin McDowell	Chief Finance Officer, SSCCG and SFCCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SSCCG and SFCCG	AOR
Leah Robinson	Chief Accountant, SSCCG and SFCCG	LR
Michelle Moss	Anti Fraud Specialist, MIAA	MM
Adrian Poll	Audit Manager, MIAA	AP
Joanne Brown	Partner - Audit, Grant Thornton	JB
Stephen Williams (A20/26 – A20/30-part)	Project Director (Place), SSCCG and SFCCG	SW
Judy Graves	Corporate Business Manager, SSCCG and SFCCG	JG
Chloe Howard (item A20/31 only)	Information Governance Business Partner, MLCSU	CH
Pippa Joyce (item A20/31 only)	Information Governance Business Partner, MLCSU	PJ
<b>Apologies</b>		
Andy Ayre	Manager - Audit, Grant Thornton	AA
<b>Minutes</b>		
Tahreen Kutub	PA to Chief Finance Officer, SSCCG and SFCCG	TK

**Attendance Tracker**      ✓ = Present      A = Apologies      N = Non-attendance

Name	Position	May 19	July 19	Nov 19	Jan 20	Apr 20
<b>South Sefton Audit Committee Membership</b>						
Alan Sharples	Lay Member (Chair) – Joined CCG in August 2019			✓	✓	✓
Graham Morris	Lay Member (Chair) – Left CCG in June 2019	✓				
Graham Bayliss	Lay Member (Vice Chair)	✓	✓	✓	A	✓
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	✓	A	✓	✓	✓
<b>In attendance</b>						
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	✓	A	✓	A	✓
Leah Robinson	Chief Accountant	✓	✓	✓	✓	✓
Michelle Moss	Local Anti-Fraud Specialist, MIAA			✓	✓	✓
Adrian Poll	Audit Manager, MIAA		✓	✓	A	✓
Robin Baker	Audit Director, Grant Thornton	A	✓	A	A	
Georgia Jones	Manager, Grant Thornton	✓	A	✓	✓	
Joanne Brown	Partner - Audit, Grant Thornton					✓
Andy Ayre	Manager – Audit, Grant Thornton					A

No	Item	Action
<b>General Business</b>		
<b>A20/26</b>	<p><b>Introductions and apologies for absence</b></p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the Audit Committee meeting today was taking place via Skype.</p> <p>Apologies for absence were received from Andy Ayre.</p> <p>Joanne Brown introduced herself as an Audit Partner from Grant Thornton, noting that she is covering Robin Baker's role on an interim basis. Stephen Williams informed the committee that he is leading the production of the CCG Annual Report for 2019/20, in support of the CCG's Interim Lead for Corporate Services, and was in attendance to present item <i>A20/30</i> with Leah Robinson.</p> <p>It was noted that Pippa Joyce and Chloe Howard from the Midlands &amp; Lancashire CSU Information Governance team would be joining the meeting later to present item <i>A20/31: Information Governance Annual Service Report</i>, and would be staying for this item only. Due to the time of their arrival, the Chair decided to cover item <i>A20/31</i> partway through item <i>A20/29</i> (this will be indicated accordingly in the minutes for item <i>A20/29</i>). The rest of the meeting followed the order of the agenda. The minutes of the meeting would be structured in line with the original order of the agenda.</p>	
<b>A20/27</b>	<p><b>Declarations of interest</b></p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton CCG.</p> <p>Declarations made by members of the South Sefton Audit Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: <a href="http://www.southseftonccg.nhs.uk/about-us/our-constitution">www.southseftonccg.nhs.uk/about-us/our-constitution</a>.</p> <p><b>Declarations of interest at today's meeting:</b></p> <ul style="list-style-type: none"> <li>• Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport &amp; Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</li> <li>• JS declared he is a member of both of the respective Governing Bodies and Audit Committees of South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</li> </ul>	
<b>A20/28</b>	<p><b>Minutes of the previous meeting and key issues</b></p> <p>The South Sefton minutes and key issues of the Audit Committees in Common meeting on 15<sup>th</sup> January 2020 were reviewed.</p> <p>AS referred to item <i>A20/07: Mental Health Military Veterans Service – Tender and Contract waiver forms</i>. Further to discussion at today's meeting under item <i>A20/40: Audit Committee Terms of Reference</i>, it was agreed to</p>	



No	Item	Action
	<p>change the wording of the resolution for item A20/07 to: 'The Mental Health Military Veterans Service tender and contract waiver form was reported to the Audit Committee. The committee agreed that the circumstances reported meant that it was appropriate to use the waiver process.'</p> <p>The South Sefton minutes of the Audit Committees in Common meeting on 15<sup>th</sup> January 2020 were approved as a true and accurate record subject to the amendment noted above. The key issues log was approved as an accurate reflection of the main issues from that meeting subject to the amendment noted above. TK to update the minutes and key issues with the agreed amendment.</p>	TK
A20/29	<p><b>Action points from previous meetings</b></p> <p><b>A19/39 (S&amp;F and SS): Whistleblowing Policy</b> MM reported that the training that is required for Governing Body Lay Members with responsibility for whistleblowing has been delayed due to the COVID-19 pandemic. Paul Bell from MIAA, who will be delivering the training, has contacted the CCG's Corporate Governance Manager to suggest booking a provisional training date for September 2020. It was agreed to keep this action open on the tracker but change the due date to October 2020.</p> <p><b>A19/49 (SS): Audit Committee Terms of Reference</b> MMcD reported that the CCG have been unable to recruit a Practice Manager Governing Body member onto the committee but that this is still an issue under consideration. It was noted that further efforts to recruit may be delayed due to COVID-19. Action to remain open on the tracker.</p> <p><b>A19/108 (S&amp;F and SS): Draft Report on MHIS Compliance Statement</b> JB reported that a publication date for the CCG's Mental Health Investment Standard (MHIS) Compliance Statement has not yet been confirmed and no further guidance has been received from NHS England. It was agreed to keep open the action regarding a debrief of audit procedures for the MHIS, noting that it would be carried out after the compliance statement has been published.</p> <p><b>A20/04 (S&amp;F and SS): Action points from previous meetings</b> <b>A19/109: Governing Body Assurance Framework, Corporate Risk Register and Heat Map</b> It was noted that the description and assessed post mitigation score for the below risk on the Heat Map and Corporate Risk Register (CRR) had been reviewed, with further details included in the report for item A20/50: <i>Governing Body Assurance Framework, Corporate Risk Register and Heat Map</i>. Action closed.</p> <p><i>Risk 11 (Heat Map): Quality of care - AUH challenging performance [Risk QUA047 on CRR]</i></p> <p><b>A20/11 (S&amp;F and SS): Update on Follow Up Actions / Response from MLCSU re. HR Case</b> MMcD is yet to contact Midlands &amp; Lancashire CSU regarding a response in relation to the follow up actions from the HR case reported at the Audit CiC meeting on 15<sup>th</sup> January 2020. Action still open.</p>	

No	Item	Action
	<p><b><i>PJ and CH joined the meeting to present item A20/31: Information Governance Annual Service Report. The Chair therefore decided to cover item A20/31 at this point in the meeting. The review of the action points from previous meetings was resumed after item A20/31.</i></b></p> <p><b>A20/18 (S&amp;F and SS): Challenge Question: Insights from the spread of the Primary Care Home</b>  <u>What are the CCG's views on the four key lessons in the report and how these could be implemented to help reduce emergency admissions in your locality</u>                      MMcD reported that a scheme in relation to high intensity users of A&amp;E has been commissioned through Sefton CVS; he did not have an update, however, on whether this scheme would definitely be going ahead given the current circumstances with COVID-19. He reported that there has been a reduction in A&amp;E attendances within the last eight weeks amid the COVID-19 outbreak. The committee noted this update and agreed to keep open both actions on the tracker in relation to the challenge question.</p> <p><b>A20/24 (S&amp;F and SS): Any other business</b>  <u>MHIS Compliance Statement</u>                      The Senior Leadership Team have agreed the content of the MHIS Compliance Statement and are awaiting guidance regarding publication before final sign off; action still open.</p> <p><b><i>It was noted that all other actions on the action tracker following the January 2020 Audit CiC 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></b></p>	
<b>Governance</b>		
<b>A20/30</b>	<p><b>Un-audited Annual Report and Accounts 2019/20 (inc. Annual Governance Statement for approval)</b></p> <p><u>Draft Annual Report and Annual Governance Statement 2019/20</u>                      SW introduced the draft Annual Report 2019/20 for South Sefton CCG. The committee were being asked to receive the draft report today but approve the Annual Governance Statement (AGS) section within the report.</p> <p>SW provided a comprehensive overview of the report, noting the key achievements, challenges and changes faced by the CCG in 2019/20. Headlines include development of three primary care networks (PCNs) across the CCG, which have led to new patient services including an innovative pharmacy 'hub'. Key points in the report also include the CCG's performance against the NHS Oversight Framework, which replaced the Improvement and Assessment Framework in April 2019, noting progress and ongoing challenges for the CCG.</p> <p>SW presented the AGS, which includes key risks identified through 2019/20, the Head of Internal Audit Opinion for 2019/20, as well as information on the CCG's response to the COVID-19 pandemic.</p> <p>Audit Committee members provided positive feedback on the draft report, noting that it was a comprehensive and thorough report. SW advised that the Annual Report is in draft format and asked that any comments are sent</p>	

No	Item	Action
	<p>to him prior to the submission date of the draft Annual Report and Accounts to NHS England (27<sup>th</sup> April 2020).</p> <p>The committee approved the AGS.</p> <p><b>SW left the meeting.</b></p> <p><u>Draft Annual Accounts 2019/20</u>            LR presented the draft Annual Accounts 2019/20 for South Sefton CCG and noted the following key points:</p> <ul style="list-style-type: none"> <li>• There has been a reduction in income for 2019/20 in comparison to the prior year, due to the increased level of funding received in 2018/19 for the GPIT refresh programme.</li> <li>• On the Statement of Comprehensive Net Expenditure, there has been an overall increase in expenditure due to the CCG undertaking delegated commissioning responsibilities for Primary Care Medical Services from NHS England from 1<sup>st</sup> April 2019.</li> <li>• There has been a decrease in the operating leases balance in 2019/20 compared to the prior year. The 2019/20 figure now only includes rent due to remapping of subjective codes by NHS England. The previous year balance was significantly higher as this included void and subsidies charges received from NHS Property Services and Community Health Partnerships.</li> <li>• There have been no provisions made within the 2019/20 accounts.</li> <li>• In reference to the note regarding related party transactions, the names of Governing Body GP members have been identified in connection with their practices, in line with the external audit recommendation within the ISA 260 report for 2018/19. Further work is required with the external auditors in relation to the appropriate inclusion / presentation of CCG Member Practices, which are related parties by entity and not individual. This note, therefore, is subject to change.</li> <li>• A note has been included regarding the COVID-19 pandemic, noting that the CCG has made an assessment of significant factors relating to 2019/20 and no material items have been identified.</li> <li>• In reference to the note regarding financial performance targets, which provides the overall financial position of the CCG at the end of the financial year, a disclosure note will be included to confirm the 2019/20 year-end position as a £8.9m deficit. LR informed the committee that the £281,847 figure reported within the financial performance targets section had been changed to £282,847 in an updated version of the accounts.</li> </ul> <p>GB referred to the related party transactions table; he requested that this section be made clearer to show that the listed transactions are in connection with the CCG and the named organisation in the table as opposed to the named individual. LR confirmed she would liaise with the external auditors to action this.</p> <p>MMcD queried whether related party transactions included Local Quality Contract transactions, given the CCG has undertaken delegated commissioning responsibilities for Primary Care Medical Services; LR confirmed she would check this before presentation of the final accounts.</p> <p>AS queried if there had been a change in the way the CCG had accounted for prescribing further to COVID-19. MMcD confirmed that the CCG has had</p>	<p>LR</p> <p>LR</p>

No	Item	Action
	<p>national confirmation that at this stage, procedures in relation to this area are to remain in line with normal practice in place throughout the year.</p> <ul style="list-style-type: none"> <li>• <b><i>The committee received the draft Annual Report 2019/20.</i></b></li> <li>• <b><i>The committee approved the Annual Governance Statement 2019/20.</i></b></li> <li>• <b><i>The committee received the draft Annual Accounts for 2019/20.</i></b></li> </ul>	
<p><b>A20/31</b></p>	<p><b>Information Governance Annual Service Report</b>            PJ presented the Information Governance Annual Service Report, dated 6<sup>th</sup> March 2020.</p> <p>Due to the pressure on resources with the COVID-19 response, the submission deadline for the Data Security and Protection Toolkit (DSPT) has been extended from 31<sup>st</sup> March 2020 to 30<sup>th</sup> September 2020. Although organisations had the option to submit their DSPT by the original submission deadline, the CCG has opted to take advantage of the extension.</p> <p>PJ provided a summary of the CCG's performance to date in relation to the DSPT and the current gaps, focussing in particular on the IG training compliance rate. It was noted that the CCG will work with the IG team to close the gaps prior to the DSPT submission deadline. PJ reported that the COVID-19 circumstances have had an impact on the completion of IG training. A discussion took place in relation to the IG training compliance rate and the implication of the extended submission deadline for the DSPT. AS enquired about the likelihood of achieving the IG training compliance target by the end of September 2020. PJ noted that the IG team will be assessing the IG training needs of individual staff members and plan to contact them regarding any outstanding training that needs to be completed ahead of the DSPT submission deadline.</p> <p>PJ and CH have been working on a full governance review from 1st April 2020, which will lead to the implementation of a new IG delivery and assurance plan; this plan will inform a quarterly Senior Information Risk Owner (SIRO) report. Areas reviewed to date include training needs analysis and statistics, asset register and incident reporting.</p> <p>GB commented that issues he had experienced previously with accessing online training through the ESR system have been resolved.</p> <p><b><i>The committee received the Information Governance Annual Service Report.</i></b></p> <p><b><i>PJ and CH left the meeting.</i></b></p>	
<p><b>A20/32</b></p>	<p><b>Information Governance Statements of Assurance</b></p> <ul style="list-style-type: none"> <li>• <b>Midlands &amp; Lancashire CSU</b></li> <li>• <b>iMerseyside</b></li> <li>• <b>NHS Shared Business Services</b></li> <li>• <b>St Helens &amp; Knowsley NHS Trust</b></li> </ul> <p>LR introduced this item, noting that the committee had agreed in July 2019 to receive IG statements of assurance in future from the following organisations (in addition to Midlands &amp; Lancashire CSU) that provide a</p>	

No	Item	Action
	<p>service to the CCG: iMerseyside, NHS Shared Business Services and St Helens &amp; Knowsley NHS Trust (as the CCG's payroll provider). Midlands &amp; Lancashire CSU have confirmed that as their IG statement of assurance is produced after submission of the DSPT, the statement would not be finalised this year until after 30<sup>th</sup> September 2020.</p> <p>Given the pressures on organisations with the COVID-19 situation, and the update provided on the Midlands &amp; Lancashire CSU IG statement of assurance, this item was deferred to October 2020; TK to update the committee work plan accordingly.</p> <p><b><i>This item was deferred to the Audit CiC meeting in October 2020.</i></b></p>	TK
A20/33	<p><b>Service Audit Reports</b></p> <ul style="list-style-type: none"> <li>• Midlands &amp; Lancashire CSU</li> <li>• Shared Business Services</li> <li>• St Helens &amp; Knowsley NHS Trust</li> <li>• Capita (PCSE)</li> </ul> <p>LR provided an update on the service audit reports 2019/20, noting that these reports are received from organisations that provide the CCG with a service. The CCG's external auditors will use information from the reports to inform the external audit work on the CCG's financial statements for 2019/20. A written update on the service audit reports will be presented at the next Audit Committee meeting.</p> <p>LR noted that at this stage in the year, she would usually have received an interim update from Midlands &amp; Lancashire CSU regarding the status of their service audit report but this had not been the case this year due to the pressures in relation to the COVID-19 pandemic. LR has not been informed of any delays in the production of the final service audit reports. An internal audit report has been received from St Helens &amp; Knowsley NHS Trust, which will be presented to the Audit Committee as part of the written update report at the next meeting.</p> <p><b><i>The committee received this verbal update.</i></b></p>	
A20/34	<p><b>Accounting Policies Update</b></p> <p>LR presented an update report on accounting policies and asked the committee to note the contents alongside review of the draft unaudited accounts prior to approval of the final audited accounts. The Department of Health Group Accounting Manual 2019-20 (GAM) sets the accounting policies to be followed by the CCG. The report within the meeting pack updated the committee on changes in accounting policy in 2019-20 and the impact on the CCG Annual Report and Accounts. LR noted the following key points:</p> <ul style="list-style-type: none"> <li>• IFRS16 was due to be implemented from 1<sup>st</sup> April 2020. From this date, all NHS organisations would be expected to bring leases onto the Statement of Financial Position. Due to COVID-19, however, the implementation has been delayed until 1<sup>st</sup> April 2021. The CCG will continue to prepare for the implementation of IFRS16 in 2021/22.</li> <li>• Under IAS39, where the CCG recognises a provision in year, the cash</li> </ul>	

No	Item	Action
	<p>flows must be discounted to take account of the time value of money. The applied discount rates are updated annually by the Department of Health; the rates applied in 2019/20 compared to the rates applied in 2018/19 were detailed in the report for this item. The CCG does not have any material provisions which are subject to the discount rates.</p> <p>AS raised a query regarding the treatment of Clinical Negligence Scheme for Trusts (CNST) in the accounts. LR explained that the CCG's treatment of CNST in the accounts is no different to that of an NHS Foundation Trust or NHS Trust; the CCG, however, does not normally have CNST provisions or responsibility as this would rest with the providers.</p> <p>MMcD notified the committee of an issue related to CNST that has recently arisen, which may impact the CCG's accounts for 2019/20. One to One Midwives ceased trading in 2019/20; the CCG worked alongside other commissioners, led by Wirral CCG as the co-ordinating commissioner for One to One Midwives, when the company went into liquidation. During this process, the CCG's Senior Contracts Manager sought clarity regarding any outstanding claims relating to the company under CNST arrangements; it was confirmed that there were no outstanding claims that related to South Sefton CCG. A statement from NHS Resolution was subsequently received, which stated a provision value of £9.9m relating to South Sefton CCG. The CCG has been working to understand the basis of the provision and the potential liability. The committee noted this update, which had been scheduled on the agenda for item A20/52: <i>NHS Resolution Update</i>.</p> <p><b><i>The committee received the accounting policies update report and noted the update regarding NHS Resolution.</i></b></p>	
A20/35	<p><b>Losses, Special Payments and Aged Debt</b></p> <p>LR provided an update on losses, special payments and aged debt for the CCG since the last report was presented to the Audit Committee on 15<sup>th</sup> January 2020. No losses have been identified for write-off and no special payments have been made in this period.</p> <p>LR reported on the outstanding debt as at 31<sup>st</sup> March 2020. Of the total debt outstanding (£1,501,801), there are two invoices above the £5k threshold which are greater than six months old, amounting to a total of £44,008. Further details were within the report received by the committee.</p> <p>The first invoice for the amount of £38,897 relates to Southport &amp; Ormskirk NHS Trust and Emergency Department – GP Assessment Unit follow ups. The Trust have continued to dispute this through the NHS agreement of balances exercise as at April 2020. MMcD confirmed he would write to the Trust to query why this invoice is being disputed.</p> <p>The second invoice for the amount of £5,111 relates to Liverpool CCG and a Looked After Children health assessment. LR confirmed this invoice was paid on 1<sup>st</sup> April 2020.</p> <p><b><i>The committee received the losses, special payments and aged debt report.</i></b></p>	MMcD
A20/36	<p><b>Macpherson Report</b></p> <p>LR presented a report providing information on the Macpherson review, its</p>	

No	Item	Action
	<p>recommendations and their implications for the quality assurance of the CCG's analytical models. The committee were asked to note the current estimation techniques utilised in order to ensure that the CCG meets the Macpherson recommendations on an ongoing basis.</p> <p>LR reported that to date the CCG have identified two business critical models in use that provide material accounting estimates for both the monthly management accounts and the year-end financial accounts. These are in the areas of prescribing and individual packages of care, which arise due to the significant time lag between the financial year-end and receiving the real time information. The report includes further details on each area to provide assurance that the CCG has robust processes in place.</p> <p>LR reported that there have been no issues reported from either internal audit or external audit in relation to the estimation techniques used within finance and noted that the CCG's overall financial control environment received high assurance from internal audit in the 2019/20 financial year.</p> <p><b><i>The committee received this report.</i></b></p>	
A20/37	<p><b>Single Tender Action Forms</b></p> <p>MMcD presented the following Single Tender Action (STA) forms, noting that the contract values are in his delegated limits as Chief Finance Officer to sign off.</p> <ol style="list-style-type: none"> <li>1) Provision of Continuing Healthcare Service: 1st April 2020 – 31st March 2022</li> <li>2) Occupational Health Contract: 1st April 2020 – 31st March 2021</li> <li>3) Consultancy Support for CCG Response to COVID-19 / Governance / Corporate Service Arrangements: 1st April 2020 – 31st March 2021</li> </ol> <p>MMcD provided an overview of all three STAs, reporting the circumstances in relation to each STA and the reasons for the tender waiver process. He reported that they have been reviewed and approved, and provided the rationale for approval.</p> <p>The committee noted the contents in each of the STAs and discussed the process. Members agreed that although the circumstances relating to each STA meant it was appropriate to use the waiver process, the tender review process should have started earlier ahead of the contract end date for the provision of the Continuing Healthcare Service; members commented that an earlier review process may have prevented the need to use a tender waiver process. MMcD noted this and advised that a schedule of upcoming contract end dates will be presented to the Finance &amp; Resource Committee to review.</p> <p><b><i>The above Single Tender Action forms were reported to the Audit Committee. The committee agreed that the circumstances relating to each STA meant that it was appropriate to use the waiver process. Members noted, however, that the tender review process should have started earlier ahead of the contract end date for the provision of the Continuing Healthcare Service, which may have prevented the need to use a tender waiver process.</i></b></p>	MMcD

No	Item	Action
A20/38	<p><b>CCG Published Registers</b></p> <p>JG presented the CCG's published registers as at 31<sup>st</sup> March 2020 and a comprehensive update report detailing the work carried out through 2019/20 in relation to the registers and conflicts of interest. The following registers were presented:</p> <ul style="list-style-type: none"> <li>• Register of Procurements</li> <li>• Register of Conflict Breaches</li> <li>• Register of Sponsorship</li> <li>• Gifts and Hospitality Register</li> <li>• Register of Interests</li> </ul> <p>The report and JG's presentation covered the following:</p> <ul style="list-style-type: none"> <li>• Work and improvements carried out through 2019/20 in relation to the CCG's published registers.</li> <li>• Next steps planned for 2020/21.</li> <li>• An update on the CCG's compliance with the NHSE Managing Conflicts of Interest online training.</li> <li>• An update on the recent MIAA Managing Conflicts of Interest audit undertaken in February and March 2020.</li> </ul> <p>JG reported that the MIAA Managing Conflicts of Interest audit concluded that the CCG is compliant in all areas reviewed. A recommendation from the audit was that sponsorship is reported on the Gifts and Hospitality Register; work will be undertaken to review and combine the Register of Sponsorship with the Gifts and Hospitality Register. A review will also be undertaken to ensure anyone in receipt of gifts or hospitality from a potential supplier is not involved in purchasing decisions involving that supplier.</p> <p>AS thanked JG for her work on the registers and conflicts of interest, and offered his congratulations in relation to the results of the MIAA Managing Conflicts of Interest audit.</p> <p><b><i>The committee received the CCG's published registers as at 31st March 2020 as well as an update report detailing the work carried out through 2019/20 in relation to the registers and conflicts of interest.</i></b></p>	
A20/39	<p><b>Draft Audit Committee Annual Report 2019/20</b></p> <p>AS presented the draft Audit Committee Annual Report 2019/20 which details the work of the Audit Committee in the 2019/20 financial year; the final draft of this report will be presented to the Governing Body.</p> <p>MM referred to the third bullet point under <i>section 6: Key Items in the Year for Noting</i>. She confirmed that it was the Anti-Fraud Plan for 2019/20 that was approved by the committee in April 2019; the sentence in the third bullet point is therefore to be amended to state '2019/20.'</p> <p>The committee agreed that no further changes were required.</p> <p><b><i>The committee received the draft Audit Committee Annual Report 2019/20, the final version of which will be presented to the Governing Body with section 6 updated as noted above.</i></b></p>	AS



No	Item	Action
A20/40	<p><b>Audit Committee Terms of Reference</b> MMcD presented the Audit Committee Terms of Reference, which are due for review in April 2020. The Terms of Reference were last reviewed and agreed in April 2019.</p> <p>AS referred to section 4.9 of the Terms of Reference, which states that a duty of the committee is:</p> <p>‘To review the circumstances relating to any suspensions to the Group’s constitution (as set out in the Scheme of Reservation and Delegation) and to report to the Governing Body and Wider Membership Council on the appropriateness of such actions.’</p> <p>AS noted that the Audit Committee has to date been asked to ratify the approval of Single Tender Action (STA) forms but in view of section 4.9, he queried whether ‘ratify’ was the appropriate word to use in terms of the recommendation to / action for the committee. He commented that as per section 4.9, the committee should review the tender waiver process and the circumstances that led to it, and provide relevant feedback on the appropriateness of the tender waiver action. The committee discussed this and agreed that the minutes of meetings going forward should note that STA forms have been reported to the committee; if members agree that the circumstances relating to the STA meant it was appropriate to use the tender waiver process, then this should be stated within the resolution for the item, without use of the word ‘ratify’. Further to this discussion, the wording of the resolutions for items A20/28 (A20/07) and A20/37 were finalised.</p> <p>The committee reviewed the contents of the Terms of Reference. TK noted 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. It was agreed that the membership section of the Terms of Reference be amended to specify that the Lay Member for Patient Experience &amp; Engagement is the Vice Chair of the committee; TK to action.</p> <p><b><i>The committee agreed the Audit Committee Terms of Reference subject to an amendment to specify that the Lay Member for Patient Experience &amp; Engagement is the Vice Chair of the committee. The updated Terms of Reference will be proposed to the Governing Body for approval.</i></b></p>	TK
A20/41	<p><b>Audit Committee Attendance Tracker - 2019/20</b> MMcD presented the Audit Committee attendance tracker for 2019/20. It was noted that committee attendance for Governing Body members is included in the CCG’s Annual Report 2019/20. The committee were therefore being asked to provide formal approval of the overall 2019/20 Audit Committee attendance tracker for members; this is to help ensure the accuracy of information regarding committee attendance for Governing Body members included in the CCG Annual Report 2019/20.</p> <p><b><i>The committee approved the Audit Committee attendance tracker for 2019/20.</i></b></p>	

No	Item	Action
<i>Audit and Anti-Fraud Specialist</i>		
A20/42	<p><b>Enquiries of Those Charged With Governance / Management</b></p> <p>AS and LR presented this item, noting that as part of the annual external audit, Grant Thornton circulate a template of questions requiring response from Those Charged With Governance. This is completed by the Audit Committee Chair whilst a similar but separate template is also completed by CCG management. The responses provided to each template had been included within the report for this item, prior to circulation to Grant Thornton.</p> <p>MM reported that the submission deadline for the 2019/20 Self Review Tool has been extended by a month to 31<sup>st</sup> May 2020; the Chair's response to the question 'What processes does the CCG have in place to identify and respond to risks of fraud?' is to be updated with this information.</p> <p>AS requested that the management response include reference to COVID-19; LR to action. AS also requested a formatting change to the presentation of the rows in the response template before the final submission to Grant Thornton; LR to action.</p> <p><b><i>The committee received a completed template with responses to Enquiries of Those Charged with Governance. A separate management response was also received.</i></b></p>	<p>AS</p> <p>LR</p> <p>LR</p>
A20/43	<p><b>External Audit Plan Update</b></p> <p>JB presented an External Audit Plan Update Report for South Sefton CCG, which draws attention to the insertion of a financial statement risk in respect of COVID-19 and outlines Grant Thornton's approach to this risk. JB reported that due to the timing of the pandemic, Grant Thornton do not anticipate that this risk would have a material impact on Value for Money for 2019/20; the risk will be more pertinent to the 2020/21 assessment.</p> <p>A typographical error was noted in the report in relation to the name of the CCG; JB confirmed this would be corrected.</p> <p><b><i>The committee received the External Audit Plan Update Report.</i></b></p>	
A20/44	<p><b>External Audit Progress Report and Sector Update</b></p> <p>JB presented the External Audit Progress and Sector Update Report. The report summarises the year to date external audit progress for 2019/20 in relation to South Sefton CCG. The report also includes a summary of emerging national issues and developments which may be relevant to the CCG as well as a number of challenge questions in respect of these emerging issues, which the committee may wish to consider.</p> <p>AOR referred to discussion at the Southport and Formby Audit Committee meeting yesterday (22<sup>nd</sup> April 2020) regarding consideration of challenge questions by the Audit Committees of the Sefton CCGs; an item regarding challenge questions to be considered by the Audit Committees will be added to the agenda for the Audit CiC meeting scheduled for July 2020.</p> <p><b><i>The committee received the External Audit Progress and Sector Update Report.</i></b></p>	

No	Item	Action
A20/45	<p><b>MIAA Internal Audit Progress Report</b></p> <p>AP presented the MIAA Internal Audit Progress Report for South Sefton CCG, which provides an update in respect of the assurances, key issues and progress against the internal audit plan for 2019/20.</p> <p>Since the Audit CiC meeting on 15<sup>th</sup> January 2020, the following reports have been finalised:</p> <ul style="list-style-type: none"> <li>• Conflicts of Interest – Assurance Level N/A. The report concludes that overall, there has been a consistent level of compliance with NHS guidance. The CCG is compliant in all areas reviewed.</li> <li>• Primary Care Commissioning: Contract Oversight &amp; Management – Full Assurance (per NHSE)</li> <li>• Financial Systems: Key Controls <ul style="list-style-type: none"> <li>- Accounts Payable, Accounts Receivable, Treasury Management &amp; Budgetary Control - High Assurance</li> <li>- General Ledger – Substantial Assurance</li> </ul> </li> <li>• Data Security &amp; Protection Toolkit (DSPT) – Assurance Level N/A (submission deadline of DSPT extended to 30<sup>th</sup> September 2020)</li> </ul> <p>Further details in relation to the reports, including recommendations, were within the progress report received by the committee.</p> <p>AS referred to the levels of assurance concluded by the reports and commended the CCG teams involved in the areas audited.</p> <p><b><i>The committee received the MIAA Internal Audit Progress Report.</i></b></p>	
A20/46	<p><b>MIAA Internal Audit Annual Report &amp; Head of Internal Audit Opinion 2019/20</b></p> <p>AP presented the MIAA Internal Audit Annual Report and Head of Internal Audit Opinion 2019/20 for South Sefton CCG. The report includes information on MIAA’s response on internal audit issues arising from the COVID-19 pandemic.</p> <p>He confirmed the following overall opinion for the CCG for the period 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020:  <i>Substantial Assurance</i> that there is a good system of internal control designed to meet the organisation’s objectives, and that controls are generally being applied consistently.</p> <p><b><i>The committee received the MIAA Internal Audit Annual Report &amp; Head of Internal Audit Opinion for 2019/20.</i></b></p>	
A20/47	<p><b>MIAA Internal Audit Plan 2020/21</b></p> <p>AP presented the MIAA Internal Audit Plan 2020/21 for South Sefton CCG. He noted that the plan and timings were subject to change, and that national priorities may need to be reflected, due to the COVID-19 pandemic.</p> <p>AS queried whether there would be a requirement to perform an audit on the expenditure that organisations have incurred in relation to the COVID-19</p>	

No	Item	Action
	<p>response. AP advised that this may be a requirement and would likely be carried out separately, outside of the internal audit plan for 2020/21. MIAA will keep CCG management updated with any guidance that is received regarding the COVID-19 response.</p> <p>AOR informed the committee that the CCG has received a guidance document and checklist that has been developed by MIAA to support their clients in reviewing their governance arrangements in the unprecedented circumstances of COVID-19. AOR confirmed that she has been reviewing the content of the checklist.</p> <p><b><i>The committee approved the MIAA Internal Audit Plan for 2020/21, noting that the plan and timings were subject to change, and that national priorities may need to be reflected, due to the COVID-19 pandemic.</i></b></p>	
A20/48	<p><b>MIAA Anti-Fraud Services Annual Report 2019/20</b></p> <p>MM presented the MIAA Anti-Fraud Services Annual Report 2019/20 for South Sefton CCG. She reported that the National Fraud Initiative was due to be actioned by 31<sup>st</sup> March 2020. Payroll matches are all complete but the creditor matches worked by the finance team are being reviewed and were not uploaded to the system by the deadline of 31<sup>st</sup> March 2020 due to the pressures in relation to COVID-19. She confirmed that the creditor matches would be marked as a late submission when uploaded but that there would not be any detrimental impact.</p> <p>MM provided an overview of the CCG's ratings against the NHS Counter Fraud Authority's Standards for Commissioners, detailed within the report received by the committee.</p> <p><b><i>The committee received the MIAA Anti-Fraud Services Annual Report 2019/20.</i></b></p>	
A20/49	<p><b>MIAA Anti-Fraud Services Work Plan 2020/21</b></p> <p>MM presented the MIAA Anti-Fraud Services Work Plan 2020/21 for South Sefton CCG. She noted that this is an indicative plan which is subject to change due to the circumstances in relation to the COVID-19 pandemic.</p> <p>MM reported that MIAA will be supporting the CCG in addressing fraud concerns arising from the pandemic but that due to the response to COVID-19, there will be limited routine anti-fraud work taking place in the first quarter of 2020/21.</p> <p><b><i>The committee received the MIAA Anti-Fraud Services Work Plan 2020/21 and noted that this was subject to change due to the circumstances in relation to the COVID-19 pandemic.</i></b></p>	
<b>Risk</b>		
A20/50	<p><b>Governing Body Assurance Framework, Corporate Risk Register and Heat Map</b></p> <p>MMcD presented the Governing Body Assurance Framework (GBAF), Corporate Risk Register (CRR) and Heat Map. The Heat Map summarises all the mitigated risks for the CCG with a score of 12 and above.</p>	

No	Item	Action
	<p>MMcD provided an overview of the Recent Movement table within the report, which shows the movements of risks within the CRR and Heat Map. Two new risks in relation to COVID-19 have been added; further details in relation to these risks were included in the report.</p> <p>MMcD referred to risk QUA058, which is the risk to delivering appropriate patient care caused by the high number of nursing vacancies at Southport and Ormskirk NHS Trust. This risk has been proposed for removal due to limited mitigation that can be directly applied by the CCG, and given that assurances and updates regarding the issue have been provided at meetings of the Clinical Quality Performance Group and the Collaborative Forum. MMcD reported that removal of this risk had been challenged at the Southport and Formby Audit Committee meeting on 22<sup>nd</sup> April 2020 and it had been agreed that this issue and the status of the risk are to be discussed further at the next Joint Quality and Performance Committee.</p> <p>AS referred to risk QUA047, which is in relation to performance at the Aintree University Hospital site. He noted the report states that following a review of this risk by the risk lead, a more current and relevant risk has been added to the CRR (QUA078); it has therefore been proposed that risk QUA047 is removed from the CRR. Members confirmed they were in support of the removal of risk QUA047 from the CRR.</p> <p><b><i>The committee approved the updates to the Heat Map, CRR and GBAF and noted that further discussion regarding the status of risk QUA058 would take place at the Joint Quality and Performance Committee meeting.</i></b></p>	
<b>Key Issues of other committees to be formally received</b>		
<b>A20/51</b>	<p><b>Key Issues reports of other committees</b></p> <ul style="list-style-type: none"> <li>• Finance and Resource Committee (January and February 2020)</li> <li>• Joint Quality and Performance Committee (January and February 2020)</li> <li>• Primary Care Commissioning Committee (January 2020)</li> </ul> <p><b><i>The committee received the key issues of the Finance and Resource Committee, Joint Quality and Performance Committee and Primary Care Commissioning CiC meetings for the months detailed above.</i></b></p>	
<b>Closing business</b>		
<b>A20/52</b>	<p><b>NHS Resolution Update</b> The committee had received an update regarding this item under item A20/34: Accounting Policies Update.</p>	
<b>A20/53</b>	<p><b>Any Other Business</b></p> <p><u>Scheme of Reservation and Delegation – CHC Arrangements During COVID-19 Pandemic</u> MMcD notified the committee that a temporary amendment to the Scheme of Reservation and Delegation had been agreed at the Senior Leadership Team meeting on 21<sup>st</sup> April 2020 in relation to CHC arrangements during the</p>	

No	Item	Action
	<p>COVID-19 pandemic. It has been agreed that the authorisation limit for high cost complex cases be increased from £60k to £100k per year for the duration of the COVID-19 pandemic. This is to allow the movement of patients more quickly than usual as part of the discharge process during the COVID-19 pandemic. This would enable senior clinical staff within Midlands &amp; Lancashire CSU (who are responsible for brokering appropriate care packages) to move patients quickly, with the safeguards of 14 and 21 day review. The committee noted this update.</p> <p><u>Next Audit Committee Meeting</u> AOR informed the committee of a proposed change to the next Audit Committee meeting date, which has been scheduled for 21<sup>st</sup> May 2020. The file date for final accounts has been extended to June 2020 as a result of the COVID-19 pandemic; it was therefore proposed that the date of the next Audit Committee meeting, planned for the sign-off of the Annual Report and Accounts 2019/20, be moved to mid-June 2020. TK to contact the committee to confirm the rescheduled meeting date and time.</p>	TK
A20/54	<p><b>Key Issues Review</b> MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues report to Governing Body.</p>	
A20/55	<p><b>Review of Meeting</b> AS asked members to provide feedback on the meeting today, particularly on process, content and behaviours.</p> <p>MMcD asked members whether they thought an appropriate amount of time had been spent on presentation of the draft Annual Report 2019/20 for the CCG today. AS provided positive feedback on the presentation, noting that it was concise.</p> <p>GB noted that the internal and external auditors are present for the duration of meetings but commented that a large number of items on the agenda (particularly for the April meeting) are not directly related to the auditors. It was noted that the auditors have not raised any issues in relation to this.</p> <p>AS expressed concerns regarding the use of the video conferencing tool for this meeting. MMcD and TK agreed to review options ahead of the next committee meeting.</p> <p>AOR thanked TK for her work on the Audit Committee meeting pack and ensuring that it was issued on time, particularly in light of the challenges presented by the COVID-19 pandemic and remote working.</p>	MMcD / TK
	<p><b>Date and time of next meeting</b> South Sefton Audit Committee Thursday 21<sup>st</sup> May 2020, 3pm-4.30pm Room 5A, Merton House</p>	

# Audit Committee NHS South Sefton CCG Minutes

Thursday 18<sup>th</sup> June 2020, 1pm to 2.30pm  
Skype Meeting

**South Sefton CCG Audit Committee Members Present**

Alan Sharples	Lay Member (SS Audit Committee Chair)	AS
Graham Bayliss	Lay Member (SS Audit Committee Vice Chair)	GB
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
<b>In attendance</b>		
Martin McDowell	Chief Finance Officer, SSCCG and SFCCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SSCCG and SFCCG	AOR
Leah Robinson	Chief Accountant, SSCCG and SFCCG	LR
Fiona Taylor	Chief Officer, SSCCG and SFCCG	FLT
Andy Ayre	Manager - Audit, Grant Thornton	AA
Joanne Brown	Partner - Audit, Grant Thornton	JB
Stephen Williams (A20/56 – A20/59-part)	Project Director (Place), SSCCG and SFCCG	SW
<b>Minutes</b>		
Tahreen Kutub	PA to Chief Finance Officer, SSCCG and SFCCG	TK

**Attendance Tracker**

✓ = Present

A = Apologies

N = Non-attendance

Name	Position	July 19	Nov 19	Jan 20	Apr 20	June 20
<b>South Sefton Audit Committee Membership</b>						
Alan Sharples	Lay Member (Chair) – Joined CCG in August 2019		✓	✓	✓	✓
Graham Bayliss	Lay Member (Vice Chair)	✓	✓	A	✓	✓
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	A	✓	✓	✓	✓
<b>In attendance</b>						
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	A	✓	A	✓	✓
Leah Robinson	Chief Accountant	✓	✓	✓	✓	✓
Michelle Moss	Local Anti-Fraud Specialist, MIAA		✓	✓	✓	
Adrian Poll	Audit Manager, MIAA	✓	✓	A	✓	
Robin Baker	Audit Director, Grant Thornton	✓	A	A		
Georgia Jones	Manager, Grant Thornton	A	✓	✓		
Joanne Brown	Partner - Audit, Grant Thornton				✓	✓
Andy Ayre	Manager – Audit, Grant Thornton				A	✓

No	Item	Action
<b>General Business</b>		
<b>A20/56</b>	<p><b>Introductions and apologies for absence</b></p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the Audit Committee meeting today was taking place via Skype.</p> <p>No apologies for absence had been received for this meeting.</p>	
<b>A20/57</b>	<p><b>Declarations of interest</b></p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton CCG.</p> <p>Declarations made by members of the South Sefton Audit Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: <a href="http://www.southseftonccg.nhs.uk/about-us/our-constitution">www.southseftonccg.nhs.uk/about-us/our-constitution</a>.</p> <p><b>Declarations of interest at today's meeting:</b></p> <ul style="list-style-type: none"> <li>• Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport &amp; Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</li> <li>• JS declared he is a member of both of the respective Governing Bodies and Audit Committees of South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</li> </ul>	
<b>Formal approval/receipt by Audit Committee</b>		
<b>A20/58</b>	<p><b>External Audit Report 2019/20 (ISA 260 Report)</b></p> <p>JB introduced the Audit Findings Report 2019/20 for South Sefton CCG, together with an addendum to the report. The addendum identified a £1.25m adjustment to the accounts in relation to both income and expenditure, which meant that the CCG's reported deficit remained unaltered. JB thanked the CCG's finance team for their joint working with the external auditors.</p> <p>AA reported that the majority of the audit work is complete, and provided a summary of the headlines as well as the further work required before conclusion of the audit.</p> <p>AA reported that subject to outstanding queries being resolved, the external auditors anticipate issuing the following audit conclusions for the CCG:</p> <ul style="list-style-type: none"> <li>• An unmodified opinion on the financial statements.</li> <li>• A qualified opinion on regularity, as the CCG did not meet its statutory duty to breakeven.</li> <li>• A qualified 'except for' Value for Money conclusion. The CCG had proper arrangements for securing economy, efficiency and effectiveness in its use of resources, except for the matter identified in the report in respect of the under delivery of QIPP.</li> </ul>	



No	Item	Action
	<p>It was noted that a referral has been issued to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 due to the CCG having not met its statutory financial duty.</p> <p>MMcD referred to the section of the report entitled, 'Other Statutory Powers and Duties.' Following discussion at the CCG's Senior Leadership Team meeting on 16<sup>th</sup> June 2020 and discussions with the auditors, it has been agreed for the third sentence within the commentary under this section to be removed. AA confirmed this would be actioned.</p> <p>A discussion followed regarding the key findings in the report, QIPP targets and the deliverability of savings.</p> <p>AA informed the committee of the next steps towards conclusion of the audit.</p> <p>AS and FLT thanked JB, AA and the Grant Thornton team for their work on the external audit.</p> <p><b><i>The committee received the Audit Findings Report (ISA 260 Report).</i></b></p>	AA
A20/59	<p><b>Annual Report and Accounts 2019/20</b></p> <p><u>Annual Report 2019/20</u> SW presented the Annual Report 2019/20 for South Sefton CCG. He detailed the material changes that have been made to the report since presentation of the draft report to the Audit Committee in April 2020.</p> <p>SW referred to the section entitled, 'What we are doing to address performance' and noted that the Southport &amp; Formby Audit Committee (at its meeting on 17<sup>th</sup> June 2020) had requested that a note be included (within the equivalent section of the Southport and Formby annual report) regarding the impact of COVID-19 on NHS services and performance. It was requested that information be included on how the CCG will continue performance in light of COVID-19. SW proposed to include this note in both of the respective annual reports of the Sefton CCGs. He read out the proposed text to the committee and confirmed that he would circulate the text via email as well. The committee approved the proposed text.</p> <p>The Chair thanked SW and the CCG team involved in the production of the annual report.</p> <p><b><i>SW left the meeting.</i></b></p> <p>LR presented the Annual Accounts 2019/20 and brought the following points to the committee's attention:</p> <ul style="list-style-type: none"> <li>• The audit adjustment period opened today (18<sup>th</sup> June 2020) for any audit adjustments to be processed in the ledger. The CCG's ledger operates on a 24-hour update and therefore all figures will be refreshed on Friday 19<sup>th</sup> June and the accounts will be sent to the external auditors.</li> <li>• The Senior Manager Remuneration table includes asterisks but is currently without an explanatory note. An explanatory note will be included before final submission. The table will also be reviewed to ensure all job titles are correct.</li> </ul>	LR

No	Item	Action
	<ul style="list-style-type: none"> <li>• The identified audit adjustment of £1.25m (detailed within the addendum to the Audit Findings report) will be processed, which will reduce income and expenditure in the Statement of Comprehensive Net Expenditure detailed within the accounts. This does not affect the overall reported position but will impact notes 2, 3, 5, 17 and 22 within the accounts.</li> <li>• The Related Party Transactions table under note 18 has been amended to make clearer that the listed transactions are in connection with the CCG and the named organisation in the table as opposed to the named individual.</li> <li>• A disclosure note has been added under note 22 (regarding financial performance targets) to confirm the 2019/20 year-end position was a deficit of £8.9m. Further to a request from the auditors, the following information has also been added to note the CCG’s control total and the process throughout the year: ‘The CCG was set a control total of £1m surplus at the outset of the financial year by NHSE. During the year, the CCG worked on a system wide Financial Recovery Plan, resulting in the CCG seeking a revision to its forecast out turn following the protocol set by NHS England. This revision was agreed and subsequently met by the CCG.’</li> </ul> <p>Members discussed the annual accounts and agreed that the amendments to the Related Party Transactions table have made it clearer that the listed transactions are in connection with the CCG and the named organisation in the table as opposed to the named individual. GB suggested that moving the Related Party column to the first column of the table may provide further clarity, which the committee agreed with; LR to action.</p> <p>LR referred to the issue in relation to the Clinical Negligence Scheme for Trusts (CNST), which was reported at the last Audit Committee meeting on 23<sup>rd</sup> April 2020. As part of the One to One (North West) Ltd liquidation process in September 2019, the CCG sought to confirm that there were no ongoing liabilities in relation to CNST arrangements which related to South Sefton CCG and received verbal assurance that this was the case. The CCG subsequently received a statement from NHS Resolution, identifying a balance of £9.9m assigned to the CCG under CNST liabilities. The CCG has sought to obtain detailed information on the NHS Resolution statement received, to support existing claims attributable to South Sefton CCG, and has yet to receive evidence to confirm that the liability relates to the CCG. The CCG has therefore taken the decision that it cannot positively confirm that the liability is attributable to the CCG and has taken the decision to not disclose this balance as a contingent liability within the notes to the financial accounts. The CCG will continue to seek clarification on this matter going forward.</p> <p>LR presented an accounts briefing paper, which contains supporting information relating to movements in the South Sefton CCG accounts between 2018/19 and 2019/20 (HFMA Introductory Guide – CCG Annual Report and Accounts).</p> <p><b>The committee agreed the following:</b></p> <ul style="list-style-type: none"> <li>• <b>Approved the CCG’s 2019/20 Annual Report subject to the amendment noted at the meeting and subject to any final amendments that may be required upon proofreading.</b></li> </ul>	LR

No	Item	Action
	<ul style="list-style-type: none"> <li><b>Approved the 2019/20 annual accounts subject to the amendments noted at the meeting and any final amendments that may be required further to the conclusion of the external audit.</b></li> </ul>	
A20/60	<p><b>Draft Letter of Representation 2019/20</b> MMcD presented the draft Letter of Representation 2019/20 and asked the committee if any changes were required. The following was noted / agreed:</p> <ul style="list-style-type: none"> <li>Section XX refers to 'the Trust.' This needs to be changed to 'the CCG'.</li> <li>Section XI is to make reference to the addendum to the Audit Findings Report.</li> <li>The issue regarding CNST liabilities attributed to the CCG (reported under item A20/59) is to be included within the letter.</li> <li>Further changes may be required to the letter as the outstanding work in relation to the audit is completed by the external auditors. The committee therefore provided delegated authority to the Audit Committee Chair and the Chief Officer to approve any further changes required to the letter following this meeting.</li> </ul> <p><b>The committee approved the Letter of Representation 2019/20 subject to the amendments noted above. 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.</b></p>	<p>LR / TK LR / TK LR / MMcD</p>
A20/61	<p><b>Service Audit Reports</b> LR presented an update regarding Service Audit Reports, which are received from organisations that provide the CCG with a service. The CCG's external auditors use these reports to inform their external audit work on the CCG's financial statements for 2019/20.</p> <p>Service Audit Reports have been received from NHS Midlands &amp; Lancashire CSU and NHS Shared Business Services. The report from Capita in relation to the provision of primary care support services has been delayed until 19<sup>th</sup> June 2020. It was noted that despite the delay, the report would be received before the submission deadline of the CCG's Annual Report and Accounts, to allow the external auditors to review.</p> <p>As in previous years, the CCG has not obtained a Service Audit Report for St Helens and Knowsley NHS Trust for the provision of payroll services to the CCG, but has received a copy of its latest Internal Audit controls report.</p> <p>AS queried whether the CCG would be impacted by St Helens and Knowsley NHS Trust's external audit report / opinion. LR and AA confirmed that the CCG's external auditors are concerned with the operating effectiveness of the controls in place at the Trust in its capacity as the CCG's payroll provider; therefore the external audit report is not required. MMcD also confirmed that the CCG would expect to be notified by the Trust regarding any weakness in system controls either in writing or verbally at one of the regular payroll service meetings attended by CCGs and other customers of the Trust.</p> <p><b>The committee received the update regarding the Service Audit Reports.</b></p>	

No	Item	Action
<b>Closing business</b>		
A20/62	<p><b>Any Other Business</b> AS and FLT thanked the Grant Thornton team for their work on the CCG's external audit, and the CCG team for the work on the Annual Report and Accounts. FLT also thanked AS for his work as Chair of the Audit Committee.</p>	
A20/63	<p><b>Key Issues Review</b> MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues report to Governing Body.</p>	
A20/64	<p><b>Review of Meeting</b> AS asked members to provide feedback on the meeting today, particularly on process, content and behaviours.</p> <p>GB and AS provided positive feedback on the presentations at the meeting today, noting they were concise.</p> <p>FLT commented that the Audit Committee operates efficiently and thanked TK for her work in the organisation and administering of committee meetings.</p> <p>JS commented that it was helpful to receive the meeting pack a week in advance of the meeting, which allowed the appropriate amount of time to review the meeting papers.</p> <p>JB commented that relevant questions were asked at the meeting today.</p> <p>MMcD and AOR thanked the CCG team involved in the production of the Annual Report and Accounts, as well as the Grant Thornton team for their work on the CCG's external audit.</p> <p>TK commented that the decisions were clear at the meeting, in order to be noted within the minutes.</p>	
	<p><b>Date and time of next meeting</b></p> <p><u>Audit Committees in Common</u> Wednesday 8<sup>th</sup> July 2020, 2.30pm-5pm Skype Meeting</p>	

# Audit Committees in Common NHS South Sefton CCG Minutes

Wednesday 8<sup>th</sup> July 2020, 2.30pm to 5pm  
Skype Meeting

<b>South Sefton CCG Audit Committee Members Present</b>		
Alan Sharples	Lay Member (SS Audit Committee Chair)	AS
<b>Southport and Formby Audit Committee Members Present</b>		
Helen Nichols	Lay Member (S&F Audit Committee Chair)	HN
Dil Daly	Lay Member (S&F Audit Committee Vice Chair)	DD
<b>In attendance</b>		
Alison Ormrod	Deputy Chief Finance Officer, SSCCG and SFCCG	AOR
Adrian Poll	Audit Manager, MIAA	AP
Andy Ayre	Manager - Audit, Grant Thornton	AA
Judy Graves	Corporate Business Manager, SSCCG and SFCCG	JG
<b>Apologies (South Sefton CCG Audit Committee Members)</b>		
Graham Bayliss	Lay Member (SS Audit Committee Vice Chair)	GB
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
<b>Apologies (Southport and Formby CCG Audit Committee Members)</b>		
Vikki Gilligan	Practice Manager Governing Body Member	VG
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
<b>Apologies (Regular Attendees)</b>		
Martin McDowell	Chief Finance Officer, SSCCG and SFCCG	MMcD
Joanne Brown	Partner - Audit, Grant Thornton	JB
<b>Minutes</b>		
Tahreen Kutub	PA to Chief Finance Officer, SSCCG and SFCCG	TK

**Attendance Tracker**    ✓ = Present    A = Apologies    N = Non-attendance

Name	Position	Nov 19	Jan 20	Apr 20	June 20	July 20
<b>South Sefton Audit Committee Membership</b>						
Alan Sharples	Lay Member (Chair)	✓	✓	✓	✓	✓
Graham Bayliss	Lay Member (Vice Chair)	✓	A	✓	✓	A
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	✓	✓	✓	✓	A
<b>In attendance</b>						
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	A
Alison Ormrod	Deputy Chief Finance Officer	✓	A	✓	✓	✓
Leah Robinson	Chief Accountant [On maternity leave from end of June 2020]	✓	✓	✓	✓	
Michelle Moss	Local Anti-Fraud Specialist, MIAA	✓	✓	✓		
Adrian Poll	Audit Manager, MIAA	✓	A	✓		✓
Robin Baker	Audit Director, Grant Thornton	A	A			

Name	Position	Nov 19	Jan 20	Apr 20	June 20	July 20
Georgia Jones	Manager, Grant Thornton	✓	✓			
Joanne Brown	Partner - Audit, Grant Thornton			✓	✓	A
Andy Ayre	Manager – Audit, Grant Thornton			A	✓	✓

No	Item	Action
<b>General Business</b>		
<b>A20/65</b>	<p><b>Introductions and apologies for absence</b> Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the Audit Committees in Common (CiC) meeting today was taking place via Skype.</p> <p>Apologies for absence were received from the following South Sefton Audit Committee members: Graham Bayliss and Jeff Simmonds.</p> <p>Apologies for absence were received from the following Southport &amp; Formby Audit Committee members: Vikki Gilligan and Jeff Simmonds.</p> <p>Apologies for absence were received from the following regular attendees: Martin McDowell and Joanne Brown.</p> <p>It was noted that Helen Nichols, Chair of the Southport &amp; Formby Audit Committee, would chair this CiC meeting.</p> <p>The Chair noted that the South Sefton Audit Committee was inquorate as at least one other member was not present in addition to the Audit Committee Chair. The Sefton CCGs' governance lead, Debbie Fairclough, has been consulted about this issue; she has advised that the meeting proceed and that South Sefton decisions / recommendations or combined Audit CiC decisions / recommendations made at this meeting will need to be ratified by the South Sefton Audit Committee at the next quorate meeting. This matter is to be raised at the next meeting by the South Sefton Audit Committee Chair.</p>	AS
<b>A20/66</b>	<p><b>Declarations of interest</b> Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton CCG.</p> <p>Declarations made by members of the South Sefton Audit Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: <a href="http://www.southseftonccg.nhs.uk/about-us/our-constitution">www.southseftonccg.nhs.uk/about-us/our-constitution</a>.</p> <p><b>Declarations of interest at today's meeting:</b> Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport &amp; Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	

No	Item	Action
A20/67	<p><b>Minutes of the previous meetings and key issues:</b></p> <p>The minutes of the South Sefton Audit Committee meeting on 23<sup>rd</sup> April 2020 were recommended for approval as a true and accurate record. The key issues log was recommended for approval as an accurate reflection of the main issues from the meeting.</p> <p>The minutes of the South Sefton Audit Committee meeting on 18<sup>th</sup> June 2020 were recommended for approval as a true and accurate record. The key issues log was recommended for approval as an accurate reflection of the main issues from the meeting.</p> <p>These recommendations are to be ratified by the South Sefton Audit Committee at the next quorate meeting.</p>	
A20/68	<p><b>Action points from previous meetings</b></p> <p><b>A19/39 (SS and S&amp;F): Whistleblowing Policy</b> It was noted that the due date for the action regarding training for Governing Body Lay Members with responsibility for whistleblowing was October 2020.</p> <p><b>A19/49 (SS): Audit Committee Terms of Reference</b> AOR reported that recruitment of a Practice Manager Governing Body member (who would join the Audit Committee) has been suspended due to the proposed upcoming merger between South Sefton CCG, Southport and Formby CCG, Liverpool CCG and Knowsley CCG. It was agreed to close this action but AS noted that he would raise Audit Committee quoracy issues with the CCG Chair.</p> <p><b>A19/108 (SS and S&amp;F): Draft Report on MHIS Compliance Statement</b> The publication date for each of the Sefton CCGs' Mental Health Investment Standard (MHIS) Compliance Statement has been confirmed as 9<sup>th</sup> July 2020. It was noted that a debrief of the audit procedures for the MHIS would now take place between the external auditors and joint CCG management, and that the outcomes would be reported back to the Audit CiC at the next meeting in October 2020. This action is to supersede the current action on the tracker.</p> <p><b>A20/11 (SS and S&amp;F): Update on Follow Up Actions / Response from MLCSU re. HR Case</b> AOR reported that there was not an update regarding a response from Midlands &amp; Lancashire CSU in relation to the follow up actions from the HR case reported at the Audit CiC meeting on 15th January 2020. Members stressed the need for completion of this action as soon as possible. AS asked that the CCG's Chief Officer be kept informed of communications with Midlands &amp; Lancashire CSU regarding this issue. TK to provide this feedback to MMcD.</p> <p><b>A20/18 (SS and S&amp;F): Challenge Question: Insights from the spread of the Primary Care Home</b> <u>What are the CCG's views on the four key lessons in the report and how these could be implemented to help reduce emergency admissions in your locality</u> AOR provided a verbal update to the Audit CiC regarding a response to the above challenge question, with information and data provided by</p>	<p>AA / AOR</p> <p>TK</p>

No	Item	Action
	<p>members of the Sefton CCGs' Commissioning Team. It was noted that the CCGs' Business Intelligence team will re-run data regarding A&amp;E attendances and admissions in residential homes to capture 2018/19 data against 2019/20 data for comparison purposes. AOR also provided a verbal update on high intensity users of A&amp;E and the social (particularly mental health) aspect in relation to A&amp;E attendances, using information and case studies provided by the Sefton CCGs' mental health lead. The Audit CiC discussed the verbal update and requested that a formal report with a response to the above challenge question be presented to the Audit CiC at the next meeting in October 2020; TK to add to the Audit CiC work plan. This action is to supersede the existing two actions in relation to this challenge question on the action tracker.</p> <p><b>A20/24 (SS and S&amp;F): Any other business</b>  <u>MHIS Compliance Statement</u>            It was noted that the MHIS Compliance Statement for each of the Sefton CCGs has been signed-off by the Chief Officer and will be published on the respective CCG websites on 9<sup>th</sup> July 2020. Each compliance statement has been emailed to the Senior Leadership Team with confirmation of the publication date. It was agreed to close this action.</p> <p><b>A20/35 (SS): Losses, Special Payments and Aged Debt</b>            In reference to the aged debt invoice for the amount of £38,897 relating to Southport &amp; Ormskirk NHS Trust and Emergency Department GPAU follow-ups – AOR reported that a letter to the Trust has been drafted to query why this invoice is being disputed, but is yet to be sent. Action still open. Concerns were raised that this aged debt invoice has remained outstanding and the need for a prompt resolution was stressed.</p> <p><i>It was noted that all other South Sefton CCG related actions on the action tracker following the April and May 2020 Audit Committee meetings 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>	TK
<b>Governance</b>		
A20/69	<p><b>CCG Governance in the Context of COVID-19</b>            AOR presented the following two completed checklists, which have been developed by MIAA (the Sefton CCGs' internal auditors) to assist CCGs in reviewing their governance arrangements during the COVID-19 emergency response period:</p> <ul style="list-style-type: none"> <li>• Governance in the context of COVID-19</li> <li>• COVID-19 - Governance - People</li> </ul> <p>The checklists have been completed with information on arrangements implemented by the Sefton CCGs during the response period. They have been reviewed by MIAA and will be updated regularly as part of the emergency response. The first checklist was presented to the respective Finance &amp; Resource (F&amp;R) Committees of the Sefton CCGs in June 2020; the second checklist ('COVID-19 – Governance – People') will be presented to the F&amp;R Committees in July 2020.</p>	



No	Item	Action
	<p>Members provided positive feedback on the level of assurance provided by the completed checklists. It was noted that the respective Governing Bodies of the Sefton CCGs had recently undertaken cyber security training (1<sup>st</sup> July 2020 for Southport &amp; Formby CCG and 2<sup>nd</sup> July 2020 for South Sefton CCG); members therefore requested that the response to the Cyber Risks question within the ‘<i>Governance in the context of COVID-19</i>’ checklist be updated with this information.</p> <p>AP reported that MIAA is developing further checklists in relation to governance during the COVID response, which will be sent to the CCGs when finalised.</p> <p><b><i>The Audit CiC received this report and noted the contents of the checklists.</i></b></p>	AOR
A20/70	<p><b>Losses, Special Payments and Aged Debt</b></p> <p>AOR provided an update on losses, special payments and aged debt for South Sefton CCG since the last report was presented to the Audit Committee in April 2020. No losses have been identified for write-off and no special payments have been made in this period.</p> <p>AOR reported on the outstanding debt as at 30<sup>th</sup> June 2020. Of the total debt outstanding (£697,854), there are seven invoices above the £5k threshold which are greater than six months old, amounting to a total of £367,805. Further details were within the report received by the committee.</p> <p>The first invoice for the amount of £38,897 relates to Southport &amp; Ormskirk NHS Trust and Emergency Department – GP Assessment Unit follow-ups. [This invoice was discussed under item A20/68: <i>Action points from previous meetings.</i>]</p> <p>The remaining six invoices for the total amount of £328,908 relate to GP IT funding. AOR confirmed that these invoices have now been paid by NHS England.</p> <p><b><i>The South Sefton Audit Committee received the Losses, Special Payments and Aged Debt Report.</i></b></p>	
A20/71	<p><b>CCG Published Registers</b></p> <p>JG presented an update report on the following published registers for South Sefton CCG as at 30<sup>th</sup> June 2020:</p> <ul style="list-style-type: none"> <li>• Register of Procurements</li> <li>• Register of Conflict Breaches</li> <li>• Register of Sponsorship</li> <li>• Gifts and Hospitality Register</li> <li>• Register of Interests</li> </ul> <p>The report provided an update on the processes in place for each register, the work carried out to date and the next steps.</p> <p>The following registers were enclosed for the committee to review:</p> <ul style="list-style-type: none"> <li>• Gifts and Hospitality Register</li> <li>• Register of Interests: Unpublished – Governing Body, Contractors</li> </ul>	

No	Item	Action
	<p>and Employees</p> <ul style="list-style-type: none"> <li>• Register of Interests: Unpublished – Member Practices</li> <li>• Register of Interests: Published – Governing Body, Contractors and Employees</li> <li>• Register of Interests: Published – Member Practices</li> </ul> <p>The committee provided positive feedback on the work in progress with the registers.</p> <p>The Gifts and Hospitality Register was discussed. JG confirmed that a review will be undertaken to ensure anyone in receipt of gifts or hospitality from a potential supplier is not involved in purchasing decisions involving that supplier. Work has commenced on reviewing and combining the Register of Sponsorship with the Gifts and Hospitality Register, further to an internal audit recommendation. It was noted that once this work is completed, the combined register would need to be reviewed periodically; AP confirmed that this review could be incorporated into a future MIAA internal audit work plan.</p> <p>In reference to the current Gifts &amp; Hospitality Register, concerns were raised that a number of entries may not comply with the Managing Conflicts of Interest and Gifts and Hospitality Policy, as the value of the accepted gifts / hospitality was above the limit in the policy. JG confirmed that guidance regarding gifts and hospitality has been communicated to staff. Further to discussion, it was agreed that the value limit in the policy needed to be reviewed and potentially increased (guidance permitting) or the non-compliant entries need to be addressed. It was agreed that if the value limit were to be increased, £50 would be an appropriate limit (guidance permitting). The committee requested that the Leadership Team review the Gifts &amp; Hospitality Register against the policy and decide whether the value limit needs to be increased. If the value limit is not increased, the non-compliant entries in the register need to be addressed by the CCG. AOR to provide this feedback to the Leadership Team.</p> <p><b><i>The South Sefton Audit Committee received an update report on the CCG's published registers as at 30<sup>th</sup> June 2020.</i></b></p>	AOR
A20/72	<p><b>Policy Tracker</b></p> <p>AOR presented the policy tracker, which provides an update on the review status of all CCG policies. The cover sheet for this item included a status update on the 14 policies that are out of their review dates, which was noted by the Audit CiC.</p> <p>TK reported on an error within the policy tracker report and clarified that the Security Management Policy is yet to be reviewed by the Corporate Governance Support Group, after which it will be presented to the respective Finance &amp; Resource Committees of the Sefton CCGs for approval.</p> <p>The Audit CiC raised concerns about the significant length of time elapsed since the Infertility Policy and Commissioning Policy were due to be reviewed. Members noted that the existing policies are still valid but requested the following for assurance:</p>	

No	Item	Action
	<ul style="list-style-type: none"> <li>A report is to be presented at the next Audit CiC meeting in October 2020, which provides an update on the review status of both policies and the factors causing the continued delay. TK to add this to the Audit CiC work plan and request a report from the CCGs' Interim Lead for Corporate Services and CCGs' Director of Place - North.</li> <li>The Audit CiC requested that the existing policies be presented to the respective Governing Bodies of the Sefton CCGs to reapprove / confirm that they are satisfied with the policies in their existing form. TK to request this be actioned by the CCGs' Interim Lead for Corporate Services.</li> </ul> <p><b><i>The Audit CiC received the policy tracker.</i></b></p>	<p>TK</p> <p>TK</p>
<p><b>A20/73</b></p>	<p><b>Data Security and Protection Toolkit Sign-off Arrangements</b> TK reported that in January 2020, the South Sefton Audit Committee had delegated approval of the sign-off of the Data Security and Protection Toolkit (DSPT) to the Chief Finance Officer and Audit Committee Chair. TK confirmed that she would arrange a meeting between the Chief Finance Officer and the Audit Committee Chair to sign-off the DSPT ahead of the extended submission deadline of 30<sup>th</sup> September 2020.</p> <p><b><i>The South Sefton Audit Committee received this verbal update.</i></b></p>	<p>TK</p>
<p><i>Audit and Anti-Fraud Specialist</i></p>		
<p><b>A20/74</b></p>	<p><b>Audit Committee Recommendations Tracker</b> AOR presented the Audit Committee Recommendations Tracker, which provides an update on progress against recommendations made to the Audit Committees through reports and internal audit review procedures.</p> <p>It was noted that the internal audit recommendation for each of the Sefton CCGs to report sponsorship on the respective Gifts and Hospitality Registers had been marked as green (completed). The Audit CiC agreed that the rating needed to be changed to amber further to the update provided under item A20/71, which noted that work on this recommendation is ongoing and yet to be completed; AOR to action.</p> <p>The Audit CiC were asked to review the contents of the tracking document and approve the removal of all items which are now complete relating to 2018/19 and 2019/20, in preparation for reviews being undertaken in 2020/21. The Audit CiC agreed this proposal subject to the amendment noted for the item regarding the Gifts and Hospitality Registers, which is to remain on the tracker.</p> <p><b><i>The Audit CiC received the Audit Committee Recommendations Tracker and agreed the removal of all items which are now complete, relating to 2018/19 and 2019/20. The item regarding the Gifts and Hospitality Registers, however, is to change to amber and remain on the tracker. This joint Audit Committee decision is to be ratified by the South Sefton Audit Committee at the next quorate meeting.</i></b></p>	<p>AOR</p>

No	Item	Action
A20/75	<p><b>Annual Audit Letter 2019/20</b> AA presented the Annual Audit Letter, which provides a high level summary of the findings of the external audit of South Sefton CCG for 2019/20. As this is a public document, it will be published on the CCG's website; TK to action.</p> <p><b><i>The South Sefton Audit Committee received the Annual Audit Letter 2019/20.</i></b></p>	TK
A20/76	<p><b>MIAA Internal Audit Progress Update</b> AP provided a verbal update on progress against the Internal Audit Plan for 2020/21. He reported that an audit in relation to Primary Care Commissioning is being undertaken. MIAA will also be commencing a post implementation review of the Adam Dynamic Purchasing System in relation to Continuing Healthcare.</p> <p><b><i>The South Sefton Audit Committee received a verbal update on internal audit progress.</i></b></p>	
A20/77	<p><b>Internal Audit Charter</b> AP presented 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. AP reported that the charter provides the framework against which MIAA provides the CCG's internal audit.</p> <p>The committee discussed the charter and the Internal Audit Plan for 2020/21. Audit CiC members asked MIAA to consider incorporating a joint self-assessment workshop for both of the Finance &amp; Resource Committees of the Sefton CCGs. AP to review incorporating this into the plan and liaise with TK regarding the timing of this session.</p> <p><b><i>The South Sefton Audit Committee received the Internal Audit Charter.</i></b></p>	AP / TK
<b>Risk</b>		
A20/78	<p><b>Governing Body Assurance Framework, Corporate Risk Register and Heat Map</b> AOR presented the Governing Body Assurance Framework (GBAF), Corporate Risk Register (CRR) and Heat Map for South Sefton CCG. The Heat Map summarises all the mitigated risks for the CCG with a score of 12 and above. The latest risk register for Special Educational Needs and Disabilities (SEND) was also presented.</p> <p>It was noted that the COVID-19 risks have now been incorporated into the CRR and will undergo further review by the responsible committees. The Heat Map will be reconfigured as appropriate once the COVID-19 risks have been fully aligned into the CCG's risk processes.</p> <p>The committee referred to principle risk 2.3 within the GBAF (<i>Failure to have in place plans in the event of a no-deal Brexit after the transition period may result in adverse consequences for patients due to potential medicines supply issues</i>). It was noted that under the 'Key changes since</p>	

No	Item	Action
	<p>last review' section for this risk, an update had been added to note that the CCG has been responding to the COVID-19 pandemic through establishment of the Incident Management Team and key cells. The committee queried the connection between this update and the principle risk which was in relation to Brexit. JG confirmed she would check this issue with the risk lead to obtain clarity.</p> <p>The committee stressed the need for Brexit risks to be reassessed given the end of the Brexit transition period is approaching (31<sup>st</sup> December 2020). The committee asked for this issue to be discussed by the Leadership Team with a focus on what issues are being identified and what actions the CCG is taking in terms of Brexit and the end of the transition period; AOR to provide this feedback to the Leadership Team.</p> <p>The committee referred to COVID risk C-29 within the CRR (<i>There is a risk that staff are not fully protected due to the current lack of PPE supplies particularly in primary care, CHC / PHB / Care Homes / Domiciliary Care / Pharmacies</i>). The committee queried the residual risk score of 12, noting that it may be too high given the mitigating actions documented. JG confirmed she would raise this query with the risk lead to obtain clarity on the rationale behind the scoring.</p> <p>The following risks were recommended for removal from the CRR, with the rationale for removal provided within the report received by the committee: FR009, FR009a, FR009b, FR0010, JC24, JC27 and C34. This was agreed and is to be ratified by the South Sefton Audit Committee at the next quorate meeting.</p> <p>Concerns were raised regarding the length of time since a number of the risks on the CRR were last reviewed. JG confirmed that she has raised this issue with the committee risk leads and the CCG's Interim Lead for Corporate Services. AOR to raise this issue with MMcD.</p> <ul style="list-style-type: none"> <li>• <b><i>The South Sefton Audit Committee recommended approval of the updates to the GBAF, CRR and Heat Map subject to the actions noted at the meeting under this item. This resolution is to be ratified by the South Sefton Audit Committee at the next quorate meeting.</i></b></li> <li>• <b><i>The South Sefton Audit Committee agreed the removal of the following risks from the CRR: FR009, FR009a, FR009b, FR0010, JC24, JC27 and C34. This resolution is to be ratified by the South Sefton Audit Committee at the next quorate meeting.</i></b></li> <li>• <b><i>The South Sefton Audit Committee noted the re-mapping of the Heat Map is to be carried out to include COVID risks once they have been fully aligned into the CCG's risk processes.</i></b></li> </ul>	<p>JG</p> <p>AOR</p> <p>JG</p> <p>AOR</p>
<b>Key Issues of other committees to be formally received</b>		
A20/79	<p><b>Key Issues reports of other committees</b></p> <ul style="list-style-type: none"> <li>• Finance and Resource Committee (March and May 2020)</li> <li>• Joint Quality and Performance Committee (March, April and May 2020)</li> <li>• Primary Care Commissioning Committee (March and May 2020)</li> </ul>	

No	Item	Action
	<i>The South Sefton Audit Committee received the key issues of the Finance and Resource Committee, Joint Quality and Performance Committee and Primary Care Commissioning CiC meetings for the months detailed above.</i>	
<b>Closing business</b>		
<b>A20/80</b>	<p><b>Any Other Business</b></p> <p><u>Capita ISAE 3402 Service Auditor Report</u> AOR reported that South Sefton CCG has received the Service Auditor Report for Capita (Primary Care Support England), which relates to primary care support services for the financial year 2019/20. The auditors have noted one control objective with exceptions. Primary Care Support England has agreed remedial actions with its auditors and this will be followed up to ensure that the right controls and assurance checks are operating for this area in 2020/21. AA confirmed that Grant Thornton has also received this report. The South Sefton Audit Committee received this verbal update.</p>	
<b>A20/81</b>	<p><b>Key Issues Review</b> AOR highlighted the key issues from the meeting and these will be circulated as a Key Issues report to Governing Body.</p>	
<b>A20/82</b>	<p><b>Review of Meeting</b> HN asked Audit CiC members to provide feedback on the meeting today. Members provided positive feedback on the meeting, particularly with regard to the chairing and time keeping.</p>	
	<p><b>Date and time of next meeting</b> Audit Committees in Common Wednesday 14<sup>th</sup> October 2020, 1.30pm-4pm Location TBC</p>	

**NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common**  
**Approved Minutes 16.07.2020 – Part I**

Date: Thursday 16<sup>th</sup> July 2020 Time 10.00-11.00am  
Venue: Skype meeting due to Covid-19 Pandemic

<b>Members</b>		
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 SSSCCG 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
<b>Non- Voting Attendees:</b>		
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
<b>Minutes</b>		
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	July 20
<b>Members:</b>							
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	✓	A
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	N
Angela Price	S&F SS CCG Programme Lead Primary Care	✓	C	✓	C	✓	✓
Alan Cummings	NHSE Senior Commissioning Manager	A	C	✓	C	N	✓
<b>Non- Voting Attendees:</b>							
LMC Representative		N	C	✓	C	✓	A
Health Watch Representative		N	C	✓	C	✓	A

Name	Membership	Jan 20	Feb 20	Mar20	April 20	May 20	July 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	✓	✓
Richard Hampson	SSECCG Primary Care Contracts Manager	✓	C	✓	C	✓	✓
Debbie Fairclough	SS SF CCG						✓
No	Item						Action
PCCiC20/44	<p><b>Apologies for absence</b></p> <p><b>Welcome and Introductions</b> The members of the committee introduced themselves.</p>						
PCCiC20/45	<p><b>Declarations of interest regarding agenda items</b> There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>						
PCCiC20/46	<p><b>Minutes of the previous meeting</b> Date 21<sup>st</sup> May 2020 was agreed as an accurate record.</p>						
PCCiC20/47	<p><b>Action points from the previous meeting</b> Members reviewed the action tracker and the tracker was updated.</p>						



PCCiC20/48	<p><b>Report from Operational Group and Decisions Made:</b></p> <p><b>June 2020:</b></p> <p><b>Key Issues to report back to the Primary Care Commissioning Committee in Common – South Sefton</b></p> <p>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 some resilience funding to support transformation.</p> <p>Blundellsands Surgery has requested that their list closure is extended for a further 6 months. This was supported by the group due to the number of new patient registrations when the list was open. Further work to be done with Crosby locality to address on-going issues of patient movement.</p> <p>It was proposed that the Primary Care Committee in Common should continue to meet bi-monthly as a result of assurances received by MIAA. Meetings would be via Skype during the Covid 19 pandemic.</p> <p><b>Key Issues to report back to the Primary Care Commissioning Committee in Common – Southport and Formby</b></p> <p>It was proposed that the Primary Care Committee in Common should continue to meet bi-monthly as a result of assurances received by MIAA. Meetings would be via Skype during the Covid 19 pandemic.</p> <p><b>July 2020:</b></p> <p><b>Key Issues to report back to the Primary Care Commissioning Committee in Common – South Sefton and Southport and Formby</b></p> <p>2 Premises Improvement Grant applications were included in the pack, the Committee reviewed these, there were no comments. These will be submitted to F&amp;R committee for approval.</p> <p>The process for reviewing QOF activity from 19/20 that has seen significant variance at practice level was discussed.</p> <p>It was reported that the 10 LeDer reviews are in the process of being submitted. The outcome of these and any learning will be shared back through the group.</p> <p>The recent outcome of a Judicial Review (elsewhere in the country) relating to payments to practices for Safeguarding work was discussed. Further work to agree a local rate for remuneration is required.</p> <p>It was noted that guidance from NHSE is expected imminently regarding the restarting of routine work in General Practice.</p> <p>The risk register was reviewed; a number of COVID risks were reduced. A new risk was added regarding access to phlebotomy services and the impact this is having on General Practice.</p> <p>An issue was highlighted regarding the weighting assigned to patients who reside in care homes. There was discussion around the process some concern that this may not be recorded correctly. Further work is being undertaken to understand the impact.</p> <p style="text-align: center;">Page 3 of 7</p> <p>2 Improvement Grant applications were included in the pack, the group</p>	
------------	--	--

PCCiC20/49	<p><b>Healthwatch Issues</b></p> <p>There was no representative from Healthwatch at the meeting.</p>		
PCCiC20/50	<p><b>PCN Update:</b></p> <p>South Sefton – Dr Gillespie gave feedback on the 2 PCNs in South Sefton, Seaforth and Litherland and the newly merged Crosby, Maghull and Bootle known as Team Sefton. 4 practices in Sefton have not signed to a PCN; however, 3 of the 4 practices have attended PCN meetings.</p> <p>Southport and Formby – Dr Scholtz gave feedback on Southport and Formby practices.</p> <p>Formby PCN continues to cover one practice not signed up to the Directed Enhanced Service (DES) for PCNs.</p> <p>Ainsdale and Birkdale PCN now covers one practice not signed up.</p> <p>Central and North localities no longer have PCN coverage.</p> <p>One practice in North did wish to sign up to the DES however there is not a geographically coterminous PCN to enable this.</p> <p>The CCG is working with providers and NHSE to ensure that the service specifications are delivered.</p> <p><b>PCNs in Sefton</b></p> <p>A PCN paper will be presented to the Leadership Team to review and authorise coverage of those practices that are not signed to a PCN.</p>		
PCCiC20/51	<p><b>Primary Care Finances</b></p> <p>It was reported that financial arrangements have changed due to Covid 19 with block arrangements in place to ensure delivery of services. The CCG is following advice from NHSE to support resolving the reported deficit of £152 to £78k for South Sefton to the end of July 2020. Southport and Formby reported deficit expected at £86k reducing to £71k following retrospective review. Advice from NHSE is to work through reviews on a month by month basis.</p> <p>Primary Care budgets are breaking even up to August 2020.</p>		



PCCiC20/52	<p><b>Primary Care Programme Report</b></p> <p>The Primary Care Programme Report was reviewed and updated, (updates highlighted blue) the exception is international recruitment which has no further update.</p>	
PCCiC20/53	<p><b>Performance (OOHs/7 Day Access/Contractual Compliance/DES</b></p> <p>South Sefton 7 Day Access service continued throughout the Covid 19 pandemic using a different operating model to reflect national guidance. Utilisation rates continue to rise above the national average set at 75% to 87%. The introduction of physiotherapy is now offered to patients.</p> <p>Go To Doc (GTD) is supporting the Covid Clinical Assessment Service for red and amber patients referred to the service by NHS 111. Regular meetings take place with Go To Doc to ensure contract compliance. It was noted that the Federation has been a great asset during the Covid 19 pandemic working alongside GTD and North West Boroughs to deliver services, the committee will write to the Federation expressing thanks for the support provided.</p> <p>The financial year 20/21 practices had 3 additional DES offered: Minor Surgery Out of Area Registrations Special Allocation Scheme</p> <p>Learning Disabilities DES is now part of LQC (for monitoring) all practices have signed up to this and have the option of providing the health check in practice or delegating to the Federation. Four practices in South Sefton have chosen the Federation option.</p> <p>Annual contract monitoring offering support and assurances will resume with practices as the CCG returns to usual business post Covid 19 with continued support from NHSE. There are no reported contract breaches.</p>	
PCCiC20/54	<p><b>Primary Care Quality Dashboard</b></p>	

PCCiC20/55	<p><b>Key Issues Log to Governing Body</b></p> <ul style="list-style-type: none"> <li>• Joint Operational Group reports from June and July 2020</li> <li>• PCN coverage of non- participating practices is robust in South Sefton. Southport and Formby are exploring coverage by alternative provider given the scale of no- participation.</li> <li>• The financial positon for the CCG was noted and block arrangements in place with providers. COVID expenditure being tracked and reported.</li> <li>• The Primary Care Programme report was noted.</li> <li>• Performance report relating to 7 Day Access, Out of Hours and Directed Enhanced Services was reviewed. A letter of thanks to be sent to South Sefton Federation and SF Health Ltd regarding their provision of services during COVID.</li> </ul>	
PCCiC20/56	<p><b>Any Other Business</b></p> <p>The GP survey has been released in July 2020, the survey was collected until March 20 therefore mainly unaffected by changes to ways in working a s a result of COVID. The performance of both CCGs is good and a further report will be presented to the next committee.</p>	
PCCiC20/57	<p><b>Date of Next Meeting:</b> Date of Next Meeting: 17<sup>th</sup> September 2020 10.00-11.00am <b>Venue: TBC</b></p>	
<p><b>Meeting Concluded.</b></p> <p><b>Motion to Exclude the Public:</b> 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>		