

Governing Body Meeting (Part I) Agenda

Date: Thursday 4th February 2021, 13:00hrs to 15:00hrs

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
Chrissie Cooke	Interim Chief Nurse	CC
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	
Bill Bruce	Chair, HealthWatch	BB

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
For Information					13:00hrs
GB21/01	Children and Young People Partnership Board Update (Video)	FLT	Verbal	Receive	15 mins
General					13:15hrs
GB21/02	Apologies for Absence	Chair	Verbal	Receive	20 mins
GB21/03	Declarations of Interest	Chair	Verbal	Receive	
GB21/04	Minutes of previous meeting – 5 th November 2020	Chair	Report	Approve	
GB21/05	Action Points from previous meeting – 5 th November 2020	Chair	Report	Approve	
GB21/06	Business Update	Chair	Verbal	Receive	
GB21/07	Chief Officer Report	FLT	Report	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
Quality					13:35hrs
GB21/08	Chief Nurse update	CC	Report	Receive	15 mins
Finance and Quality Performance					13:50hrs
GB21/09	Chief Finance Officer update	MMcD	Report	Receive	30 mins
GB21/10	Integrated Performance Report	MMcD	Report	Receive	
Governance					14:20hrs
GB21/11	Published Registers 2020/21	AS	Report	Receive	10 mins
GB21/12	Governing Body Assurance Framework, Corporate Risk Register and Heat Map: Q3 2020/21	AS	Report	Receive	10 mins
Key Issues Reports to be received for “review, comment and scrutiny”:					14:40hrs
GB21/13	Key Issues Reports: a) Finance & Resource Committee b) Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI e) Leadership Team	Chair	Report	Receive	10 mins
GB21/14	Approved Minutes: a) Finance & Resource Committee b) Joint Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI	Chair	Report	Receive	
Closing Business					14:50hrs
GB21/15	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB21/16	Date of Next Meeting Thursday 1st April 2021, 13:00hrs. Venue/Format: Teams All PTI public meetings will commence 13:00hrs.				
Estimated meeting close					14:55hrs

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 5th November 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
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
Dr. Gina Halstead	GP Clinical Director	GH
Jeff Simmonds	Secondary Care Doctor	JS

Co-opted Members (or deputy) in Attendance

Helen Armitage	Consultant in Public Health (<i>Item 20/107</i>)	HA
Deborah Butcher	Director for Adult Social Care (Sefton Council)	DB

In Attendance

Kerrie France	Associate Chief Nurse	KR
Terry Stapley	<i>Minute Taker</i>	TS
Debbie Rogers	Sean's Place Item	DR
Jacqueline Daley	Sean's Place Item	JD
Tracy Jeffes	Director of Place (South)	TJ
Debbie Fairclough	Interim Programme Lead – Corporate Services	DF
Jo Roberts	Equality and Diversity Service Merseyside CCGs & Contract Administration Manager	JR
Peter Wong	Children & Young People Commissioning Lead	PW
Jo Herndlhofer	Children and Young People Programme Manager	JH

Apologies

Dr Peter Chamberlain	GP Clinical Director	PC
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Name	Governing Body Membership	Feb 20	Apr 20	June20	Sept 20	Nov 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	✓
Director or Deputy	Director of Social Service & Health, Sefton MBC	A	A	A	A	✓
Graham Bayliss	Lay Member for Patient & Public Engagement	✓	✓	✓	✓	✓

Name	Governing Body Membership	Feb 20	Apr 20	June20	Sept 20	Nov 20
Dr Peter Chamberlain	GP Clinical Director	✓	✓	✓	✓	A
Gina Halstead	GP Clinical Director	✓	✓	✓	A	✓
Maureen Kelly	Chair, HealthWatch (<i>co-opted Member</i>)	A	✓	✓	A	A
Jane Lunt	Interim Chief Nurse	✓	✓	✓	✓	✓
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓
Dr Sunil Sapre	GP Clinical Director	A	✓	✓	✓	✓
Dr Jeff Simmonds	Secondary Care Doctor	✓	✓	✓	A	✓
Fiona Taylor	Chief Officer	✓	✓	✓	✓	✓
*Dr John Wray	GP Clinical Director	A	✓	✓	✓	✓

*Standing meeting clash

Quorum: Majority of voting members.

No	Item	Action
GB20/142	<p>Sean's Place</p> <p>The Governing Body were presented with an update on the work carried out by Sean's Place by the CEO and Founder Debbie Rogers. The presentation and video focused on how Sean's Place aims to improve men's mental health and well-being across Sefton and the Liverpool City Region through sessions specifically identified to improve confidence and self-esteem whilst reducing symptoms of stress and anxiety.</p> <p>DB asked how Sean's Place supports people move on to create space for more people. DR advised that they run a mentor programme which provides training in mental health awareness and building self-confidence / self-esteem which helps the men progress.</p> <p>TJ noted she is carrying out a piece of work which is looking at social prescribing link workers. Noting there is a number of small grants pots which could be used to support where social prescribers refer on to. TJ advised that she would be in touch in relation to any small grants which can be provided to support this piece of work.</p> <p>DB asked where most referrals come from. DR advised generally referrals come from men aged 45-55 and come via self-referral, but since COVID-19 there has been an increase in referrals from GPs and community services.</p> <p>DB advised that Stephen Roper (Mental Health Senior Manager) within the Local Authority is currently involved in a mental health research programme and may be looking for projects; DB will pass Debbie's details on to have a conversation in relation to this.</p> <p>Members thanked DR and the team at Sean's Place for the work they are doing for the local area.</p> <p>Resolution: The members received the update.</p>	

No	Item	Action
GB20/143	<p>Apologies for Absence</p> <p>Apologies were received from Dr Peter Chamberlain.</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>	
GB20/144	<p>Declarations of Interest</p> <p>The members were reminded of their obligation to declare any interests they may have in relation to any items on the agenda and any issues arising at governing body meetings which might conflict with the business of NHS South Sefton CCG.</p> <p>Those holding dual roles across both South Sefton CCG and Southport & Formby CCG declared their interest; Fiona Taylor, Martin McDowell and Jane Lunt who had been appointed as Interim Chief Nurse and had a substantive post with Liverpool CCG.</p> <p>It was noted that the interests raised did not constitute any material conflict of interest with items on the agenda.</p> <p>Declarations made are listed in the CCG's Register of Interests which is available on the website http://www.southseftonccg.nhs.uk/about-us/our-constitution/</p>	
GB20/145	<p>Minutes of Previous Meeting</p> <p>The minutes of the meeting from 3rd September 2020 were confirmed as a true and accurate record.</p>	
GB20/146	<p>Action Points from Previous Meeting</p> <p><u>GB20/77 COVID-19</u></p> <ul style="list-style-type: none"> • COVID patient data was hard to obtain with GPs not being informed when their own patients are tested positive for COVID, nor numbers within the area i.e. postcode, so as to enable mapping of cases. The Chair with PC, had raised this issue numerous times and will raise again at a regional meeting being held 5th June. • FLT advised of a discussion during a recent regional meeting call on similar work being looked at in Great Manchester for 'Track, Trace, Isolate and Support'. FLT offered to forward the lead contact details to CG and PC. • 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. 	

No	Item	Action
	<p>Resolution: CG advised that due to the continuing moving picture and increased COVID-19 prevalence this action has now been surpassed. Noting that the technology has now progressed and this information will now be available online.</p> <p><u>Update:</u> Completed</p> <p>20/114: Integrated Performance Report</p> <ul style="list-style-type: none"> 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>Resolution: MMcD noted that this has been incorporated into some elements of the IPR where the information is available.</p> <p><u>Update:</u> Completed</p> <ul style="list-style-type: none"> 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. <p>Resolution: MMcD advised the CCG is looking for other source data to compare with local CCGs due to Rightcare not producing packs currently.</p> <p><u>Update:</u> Cancer Alliance data to be shared with the Chair and members.</p> <ul style="list-style-type: none"> 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. <p>Resolution: Plans in place for this to be brought to the Development Session in December 2020.</p> <p><u>Update:</u> Completed</p> <p>GB20/118: GP Patient Survey 2020</p> <ul style="list-style-type: none"> 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>Resolution: Communications are re-circulating the survey results in the GP bulletin 29 October 2020 (originally went out in the bulletin on the 9th July 2020)</p> <p><u>Update:</u> Completed</p> <ul style="list-style-type: none"> 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>Resolution: AP to add as an item on the LMC agenda re GP survey questions (LMC meeting taking place on 5th November 2020).</p>	<p>Close</p> <p>FLT</p> <p>Close</p> <p>Close</p>

No	Item	Action
	<u>Update:</u> Completed	Close
GB20/147	<p>Business Update</p> <p>The Chair confirmed there were no specific business items in addition to the items within the Chief Officer Report and on today's agenda.</p> <p>Resolution: The members received the update.</p>	
GB20/148	<p>Chief Officer Report</p> <p>The governing body were presented with the Chief Officer report which focussed on those items not covered on today's agenda.</p> <p>The members were provided with an update on the Emergency Planning and Response (EPRR) procedures; the CCG has 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.</p> <p>FLT commended Debbie Fairclough for her work with the interface and linking with the Local Authority and noted that the NHS are now back up to level 4 to reflect the changes in the national lockdown.</p> <p>Reference was made to section three and the continued antigen and antibody testing arrangements locally. With reference made in relation to the whole population testing in Liverpool from Friday 6th November 2020.</p> <p>FLT provided an update on future premises for CCG staff to work from within our existing localities. An email has been circulated to CCG staff to advise of the relocation from March 2021 to Magdalene House alongside Local Authority colleagues.</p> <p>Reference was made to the EU Exit section of the report due to the transition period running out in two months' time noting that there is increased focus regarding compliance with the guidelines and that the CCG preparedness plan is in place.</p> <p>The members were asked to approve the recommendation 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.</p> <p>AS queried what would happen if South Sefton CCG Finance and Resources Committee and Southport & Formby CCG Finance and Resources Committee disagree with how they would like to implement the people plan? FLT advised this would be worked through by the joint management team.</p> <p>Resolution: The members approved the recommendation.</p> <p>Members attention was brought to the successful opening of the Haemato-Oncology – The Clatterbridge Cancer Centre Liverpool. The wards opened on Tuesday 15th September 2020 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.</p>	

No	Item	Action
	<p>Reference was made to section ten and the 2019 staff survey and COVID-19 staff survey 2020. The survey has helped in gaining an 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.</p> <p>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.</p> <p>FLT noted that within the staff survey there had been four reports of assaults on staff but a deep dive had been undertaken and there had not been any reported or evidence of incidents of such nature. Thus the assumption is that this may have been a data collection error.</p> <p>On a final and very sad note, FLT paid tribute to our former Southport & Formby CCG colleague Roger Pontefract, who recently passed away. Roger was a well-respected colleague and servant to the borough of Sefton having been a lay member for Southport and Formby CCG, non-executive director at Sefton PCT and former director of the Council.</p> <p>Resolution: The members received the report.</p> <p>Resolution (Item 6): The members approved the delegation of responsibility for overseeing delivery of the CCG's People Plan to the Finance and Resources Committee</p>	
GB20/149	<p>Integrated Performance Report</p> <p><u>114.1: NHS Constitution and Quality</u></p> <p>The report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group</p> <p>The information included in the report was collated during the outbreak of COVID-19 with the impact being noticed in month 5 across a number of performance areas. It is expected that there will be limited capacity to work on planned improvement trajectories with providers.</p> <p>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, which is a slight improvement.</p> <p>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.</p> <p>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.</p> <p>JLu advised the Quality team have been working through the Clinical Quality Performance Groups to understand each of the Trusts approach to their waiting lists and to understand the potential harm to gain assurance the Trust</p>	

No	Item	Action
	<p>has effective clinical input in relation to waiting lists. Furthermore the Cancer Alliance has carried research in relation to the 104 day waits, and is now providing support to the Trusts in terms of pathways.</p> <p>AS asked can the 12 month rolling data be included in the main document specifically pages 34-38. MMcD advised he will ask the team to look at this again and bring the details into the main document.</p> <p>The CCG are achieving 4 of the 9 cancer measures year to date. LUHFT are achieving 3 out of the 9 measures.</p> <p>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.</p> <p>The members attention was brought to page 43 and the referrals by all sources which is significantly down from previous years. The CCGs message to the public is that if you feel unwell the services are there and should be used.</p> <p>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%.</p> <p>MMcD noted the SEND improvements that have been seen prior to the visit from the Department of Education on the 8 December 2020.</p> <p>The members attention was brought to the data in relation to Learning Disability Health checks. FLT noted that the data has been requested and as of 3rd November, 86 out of 335 have been completed (26%). JLu is liaising with Primary Care to understand what the remedial action plan is.</p> <p>FLT advised the submission to the DFE in relation to SEND will be confidentially be sent out to Governing Body members. Following the re-visit a comprehensive report will be brought back to the Governing Body in February 2021.</p> <p>JLu and DB to discuss what packages could be put together with help from the Local Authority to help Primary Care meet the CCGs learning disabilities health check targets.</p> <p><u>Quality</u></p> <p>No further update in relation to Quality.</p> <p><u>114.2: Finance</u></p> <p>MMcD provided the Governing Body with an overview of the Month 6 financial position for NHS South Sefton Clinical Commissioning Group as at 30th September 2020. He provided an update which covered the CCG's latest draft plan and subsequent progress against this noting that a revised financial regime had been introduced in response to the COVID pandemic.</p> <p>Resolution: The Governing Body received the report and noted:</p>	<p>FLT</p> <p>JLu /DB</p>

No	Item	Action
	<ul style="list-style-type: none"> • 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 30th 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 31st 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. 	
GB20/150	<p>Updated Equality Briefing</p> <p>Jo Roberts presented the Updated Equality Briefing (Version 9) to the members of the Governing Body. The report highlights evidence that people who experience poverty / health inequalities and other protected characteristics such as 'Black, Asian Minority Ethnic', older age, faith and gender were being disproportionately affected by COVID-19.</p> <p>The members were asked to note the work that the Merseyside CCG Equality and Inclusion Service has highlighted and that all reset and recovery plans must consider the impact on people before developing mitigating actions, prior to making decisions to act or risk further disadvantage and poor outcomes.</p> <p>JR noted that 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 increased incidence of cases evident in certain groups.</p> <p>The Merseyside CCG Equality and Inclusion Service has kept the equality briefing as a 'live document' to continually update and share across the system and enable the CCG to understand and react to equality issues and support the recovery of NHS services. 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>	

No	Item	Action
	<p>HN noted that the onus on the CCG seems vast in order to do this properly, and asked how confident are the CCG that we are meeting the requirements. JR advised she attends provider Clinical Quality Performance Meetings as part of the assurance process.</p> <p>JR advised she will attending a steering group in relation to a research project commissioned by Cheshire and Mersey Healthcare Partnership to investigate the impact of COVID-19 on BAME communities. JR offered to report back to the Governing Body with the stakeholder briefings on the subject.</p> <p>Resolution: The members received the report.</p>	
GB20/151	<p>Emergency Preparedness Resilience and Response (EPRR) Assurance 2020</p> <p>The Governing Body were presented with the Emergency Preparedness Resilience and Response (EPRR) Annual Assurance and Winter Planning for 2020/21. The report was prepared by Niall Pemberton and presented by Debbie Fairclough.</p> <p>Members attention was brought to the amended process for 2020/21 which focusses only on three key areas only and are summarised as;</p> <ul style="list-style-type: none"> • Assurance that any outstanding matters from the previous year's submission have been completed • Plans are in place in respect of learning from COVID19 • Learning is reflected in the CCGs winter plans. <p>DF advised that the paper advised members regarding how the CCG has met those requirements in the three areas.</p> <p>The Governing Body is asked to consider the report and to approve the CCG as being fully compliant in the three key areas</p> <p>Resolution: The members approved the Emergency Preparedness Resilience and Response (EPRR) Assurance 2020.</p>	
GB20/152	<p>Governing Body Assurance Framework, Corporate Risk Register and Heat Map: Q2 2020/21</p> <p>The members were presented with the updated Corporate Risk Register (CRR) and GBAF as at 30th September 2020. It was noted that this was as presented to the Audit Committee on the final position of the risks for Q2 2020/21.</p> <p>Also provided is a heat map which summarises the mitigated CCG risks scored 12 and above.</p> <p>The documents have been reviewed and updated by the respective risk leads and, following analysis by the respective committees, presented through the review and scrutiny process.</p> <p>An update on the COVID-19 risks was also presented noting that the key risks have been incorporated into the main Corporate Risk Register.</p> <p>Reference was made to the Audit Committee recommendation that the GBAF and CRR are to be received by Leadership Team to review an issue with risk</p>	

No	Item	Action
	<p>scoring, noting issues in relation to the colour coding on the Risk Heat Map.</p> <p>MMcD asked that the members accept that the risks which had been requested for closure will continue to be shown on the Corporate Risk Register until considered for removal at the next Audit Committee (January 2021). He also noted that the Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map will be reviewed at Senior Management Team on a regular basis for completeness.</p> <p>Resolution: The members received the report and accept the proposed actions.</p>	
GB20/153	<p>Children and Young Peoples Delivery Plan 2020 – 2025</p> <p>The report presented the members with the Children and Young Peoples Delivery Plan 2020 – 2025. This is a multiagency plan following data and intelligence from the Joint Strategic Needs Assessment (JSNA).</p> <p>Resolution: The members received the report.</p>	
GB20/154	<p>SEND Improvement Plan and Business Continuity Arrangements</p> <p>The Governing Body were presented with a report which provided an update on the SEND Improvement plan and performance dashboard. The purpose of the 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.</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. The CCG and partners were focusing work upon Action 5 (service waiting standards) ahead of the planned DfE visit.</p> <p>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.</p> <p>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.</p> <p>The CCG has prioritised the commissioning an ASD 16-18 year-old pathway as a key piece of work alongside understanding of ASD 18-25 services to ensure that waiting times are reduced.</p> <p>KF 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.</p>	

No	Item	Action
	<p>The Designated Clinical Officer (DCO) role for Sefton and Liverpool has been vacant since the start of October after the current postholder was successful in securing a long-term secondment.</p> <p>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 new DCO is appointed. These arrangements commenced from the 19th October 2020.</p> <p>Resolution: The Governing Body received the report and noted:</p> <ul style="list-style-type: none"> • 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 8th 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 	
GB20/155	<p>Key Issues Reports:</p> <ol style="list-style-type: none"> a) Finance & Resource Committee b) Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI e) Localities –The Chair noted issues raised in relation to the extreme pressure general practice are under, noted within the key issues. FLT advised that information will be included within the stakeholder briefing regarding general practice contribution throughout the COVID-19 pandemic. <p>Resolution: The governing body received the key issues reports</p>	FLT
GB20/156	<p>Approved Minutes:</p> <ol style="list-style-type: none"> a) Finance & Resource Committee b) Joint Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI <p>Resolution: The governing body received the approved minutes.</p>	
GB20/157	<p>Any Other Business</p> <p>None.</p>	
GB20/158	<p>Date of Next Meeting</p> <p>Thursday 4th February 2021 13:00 hrs, Format to continue as Video Conferencing meetings unless otherwise advised.</p>	

No	Item	Action
	<p><u>Future Meetings:</u> The Governing Body meetings are held bi-monthly, on the first Thursday of the month. Future meeting dates: 4th February 2021 1st April 2021</p> <p>All PTI public meetings will commence 13:00hrs , Format to continue as Video Conferencing meetings unless otherwise advised.</p>	
Meeting concluded	PTI meeting concluded using the Teams platform.	15:15hrs
Motion to exclude the public:	Due to the format of the meeting the motion to exclude the public was not required.	

Governing Body Meeting in Public Action Points

Date: Thursday 5th November 2020

Item	Item and action	Lead	Update
GB20/114	<p>Integrated Performance Report</p> <ul style="list-style-type: none"> 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. 	MMcD /FLT	MMcD advised the CCG is looking for other source data to compare with local CCGs due to Rightcare not producing packs currently. Cancer Alliance data to be shared with the Chair and members.
GB20/149	<p>Integrated Performance Report</p> <ul style="list-style-type: none"> FLT advised the submission to the DFE in relation to SEND will be confidentially be sent out to Governing Body members. Following the re-visit a comprehensive report will be brought back to the Governing Body. JLu and DB to discuss what package could be put together with help from the Local Authority to help Primary Care meet the CCGs learning disabilities health check targets. 	<p>FLT</p> <p>JLu / DB</p>	
GB20/155	<p>Key Issues Reports</p> <ul style="list-style-type: none"> The Chair noted issues raised in relation to the extreme pressure general practice are under, noted within the key issues. FLT advised that information will be included within the stakeholder briefing regarding general practice contribution throughout the COVID-19 pandemic. 	FLT	

MEETING OF THE GOVERNING BODY February 2021

Agenda Item: 21/07	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southsefton.ccg.nhs.uk	Clinical Lead: N/A						
Report date: February 2021								
Title: Chief Officer Report								
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's monthly update.								
Recommendation The Governing Body is asked to <ul style="list-style-type: none"> Receive the update 		<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; width: 30px;"></td> </tr> <tr> <td>Ratify</td> <td style="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.
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 February 2021

1. COVID19 Mass Vaccination Programme

General Practice in Sefton through the work of the PCNs is on track with the roll out of mass vaccination in Sefton in accordance with the national guidelines and recommendations by the Joint Vaccination and Immunisation Committee. Initial dose immunisation of all elderly care home residents and staff across the borough was completed on 24 January 2021.

In terms of general progress, all vaccines received to the four identified vaccination sites have been delivered to date. However, the exact weekly roll-out of the programme continues to be largely shaped by the vaccine supply from the manufacturers which impacts upon local ability to run vaccine clinics unless local mutual aid can be sourced. The CCG is working alongside Southport and Ormskirk Hospitals NHS Trust who are responsible for vaccinating frontline health & social care staff.

Sites were initially working through the priority cohorts (initially care homes and their carers, over 80s and frontline health and care staff) and this has now been extended to over 70s and clinically extremely vulnerable individuals. Sites are doing their very best to ensure no vaccine is wasted in accordance with the terms of NHSE advice.

2. Cheshire and Merseyside Health and Care Partnership – Memorandum of Understanding (MoU)

On 7th January 2021 the Governing Body received the Cheshire and Merseyside Health and Care Partnership Memorandum of Understanding. The document had been produced following the successful Partnership Assembly, in which Alan Yates, Chair of the partnership, committed to developing a MoU for consideration by the respective partner organisations.

At the January meeting the Governing Body confirmed its acceptance of the MoU following which the CCG wrote to Alan Yates to confirm that decision with the understanding that the 'local voice' is heard and the equity of representation and equality of participation is continued and that there is consideration as to the way in which other individuals

A copy of the MoU is available at Appendix A.

3. Cheshire and Merseyside Joint Committee

At a meeting of the Governing Body on 7th January 2021, members received a proposal to recommend the establishment of a Joint Committee of the nine Cheshire and Mersey CCGs.

The Cheshire and Merseyside Health and Care Partnership (C&M HCP) is on a journey to be designated as an Integrated Care System (ICS) by April 2021. Key to this is developing the system architecture to support consistent operating arrangements for the future ICS.

In response to this, the nine Cheshire and Merseyside CCGs are seeking to establish a Joint Committee of CCGs to make commissioning decisions 'at scale' across Cheshire and Merseyside. The default principle however, is that wherever possible, commissioning decisions should be made at 'Place' i.e. in Sefton Borough; with only those commissioning decisions which make sense to do at

scale being undertaken at the Joint Committee of CCGs across the Cheshire and Merseyside footprint.

The Governing Body approved the proposal to recommend the establishment of the Joint Committee to the wider membership and also recommend the terms of reference for approval.

The proposal is available at Appendix B

4. EU Exit

The CCG continues to monitor the potential impact that the exit from the EU may have on local health services and is required to submit a situation report (Sitrep) daily to NHS England, 7 days per week advising of the current position. At the time of writing, concerns are beginning to emerge on a national level in respect of the supply of vaccine as a consequence of any potential EU restrictions. This will be kept under review the Leadership Team.

5. Recommendation

The Governing Body is asked to

- Receive this report.

Fiona Taylor
Chief Officer
February 2021

DRAFT



**Cheshire and
Merseyside**
Health and Care Partnership

21.07

Memorandum of Understanding

D R A F T

November 2020

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Foreword

This draft Memorandum signifies an important step in the maturing of the Cheshire and Merseyside Health and Care Partnership. Much good work has gone on before now and I wish to honour those who made and continue to make practical progress in supporting the integration of health and care in the nine places of the Partnership. I also want to recognise the work of those who have developed and supported the specialist programmes of work and the collaboration at scale which has benefitted the people of Cheshire and Merseyside.

We are clearer now about the Partnership. We know we want everyone in Cheshire and Merseyside to have a great start in life and get the support they need to stay healthy and live longer. We are committed to tackling health inequalities and improving the lives of our poorest fastest. We believe we can do this best by working in partnership.

And we know we will make these things happen best when we support and enable joint and integrated work in the 9 Council areas, sometimes known as Places in Cheshire and Merseyside. If we are to work on a bigger population than Place we need to know why this is the best way to do it, otherwise we operate locally.

As we have made progress over the last year or so, the point has been made clearly that the purpose of the Partnership and the arrangements of the Partnership need to be stated and understood. The Partnership Assembly held in September 2020 confirmed emphatically that this must be done.

What follows is a draft description of the Partnership's purpose and arrangements. It does not seek to be finally definitive. It will change over time by consent. COVID-19 has caused great distress and disruption but it has also increased an understanding of what is possible, lowered barriers between organisations and has increased the pace of change. Amongst other things we expect legislation next year which could change the legal status of the Partnership. Consequently, the following is designed to be a foundation document from which we can develop and not a statement for the next several years. We will develop it together and inclusively.

Alan Yates
Chair
Cheshire and Merseyside Health and Care Partnership

The centrality of place

The NHS and the Councils, within the partnership, have broadly similar definitions of place. We aspire for all of our Councils, CCGs, Healthcare and voluntary sector providers and Healthwatch organisations to be active partners and participants in their respective local place-based partnership arrangements.

The extent and scope of Place arrangements are determined locally, but they typically include elements of shared commissioning, integrated service delivery, aligned or pooled investment and joint decision-making between NHS and Local Authorities. Other key members of these partnerships include:

- GP Federations
- Primary Care Networks
- Specialist community service providers
- Voluntary and community sector organisations and groups
- Housing associations.
- Other primary care providers such as community pharmacy, dentists, optometrists
- Independent health and care providers including care homes.

The 'primacy of Place' and its associated neighbourhoods is sacrosanct to ensure that:

- The lead role of Local Authorities in the integration of care and system design is recognised.
- System design is built on a Place based approach.
- Place at the local authority level is the primary building block for integration between health and care and other sectors of the service system.
- Political engagement, democratic input and legitimacy (stewardship).
- the non health & care aspects of Local Authority's portfolios are included in the health determinants consideration

Within a criteria based framework Places determine how they achieve outcome improvement, including how they come together to deliver this (i.e. their own model of service delivery) estimated to represent the considerable majority of all care improvement. It is at this level that we expect to continue to see significant local authority, and community engagement.

Our Local Government Partners in Local places

The Cheshire and Merseyside Health and Care Partnership includes nine local government partners. The City Council, four Metropolitan Councils of the Liverpool City Region and four unitary authorities from Cheshire. These authorities lead on public health, adult social care and children's services, as well as statutory Health Overview and Scrutiny and local Health and Wellbeing Boards (or equivalent). They work with the NHS as commissioning and service delivery partners, as well as exercising powers to scrutinise NHS policy decision making. When we refer to health and care, the Partnership, it is all of these functions combined with voluntary and community sector provision and the NHS that is our focus.

Cheshire and Merseyside Health and Care Partnership is committed to working with both local authorities and NHS organisations, as equal partners, recognising that each part of the partnership provides a distinct contribution to the collaboration.

Local government's regulatory and statutory arrangements are separate from those of the NHS. As part of this memorandum of understanding all members of the Partnership, including Councils, commit to the mutual accountability principles for the partnership which are described later in this document. However, because of the separate regulatory regime certain aspects of these arrangements will not apply, for example, Councils are not subject a single NHS financial control total and any associated arrangements for managing financial risk. However, through this Memorandum, Councils agree to align planning, investment and performance improvement with NHS partners where it makes sense to do so. In addition, democratically elected Councillors will continue to hold the partner organisations accountable through their formal Scrutiny powers.

Introduction and context

This Memorandum of Understanding (Memorandum) is an understanding between the Cheshire and Merseyside Health and Care Partners. It sets out the details of our commitment to work together in partnership to realise our shared ambitions to improve the health of the 2.6 million people who live in our area, reduce health inequalities and to improve the quality of their health and care services.

Cheshire and Merseyside Health and Care Partnership began as one of 44 Sustainability and Transformation Partnerships (STPs) formed in 2016, in response to the *NHS Five Year Forward View*. It brings together all health and care organisations from across our nine places, with a strengthened partnership with local councils developed since this time. We are not, therefore, a new organisation but a collaboration that consolidates and combines our ambition, approaches and initiatives to meet the diverse needs of our citizens and communities.

Since our establishment we have made progress in building our system's capacity and infrastructure and established our principles and preferred way of working. Such foundations will enable and empower us to achieve our aims going forward. We expect to develop a medium to long term plan for the partnership by the spring of 2021.

Purpose

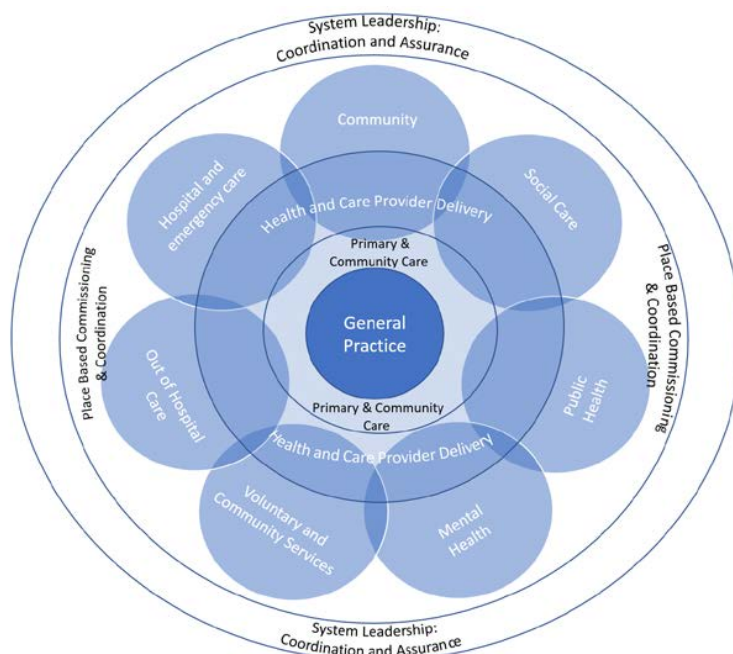
The purpose of this Memorandum is to formalise our partnership arrangements. We do not seek to introduce a hierarchical model; rather provide clarity through a framework, based on the principle of subsidiarity, to ensure collective ownership and coordination of delivery. This approach also provides the basis for a refreshed relationship with national NHS oversight bodies¹, who retain responsibilities for NHS delivery but retain a key interest in seeing the NHS work in partnership.

The Memorandum is not a legal contract. It is not intended to be legally binding and no legal obligations or legal rights shall arise between the Partners from this Memorandum. Rather the Memorandum provides a shared understanding between the Partnership's participants of our collective objectives and purpose. It does not replace or override the legal and regulatory frameworks that apply to our statutory NHS organisations and Councils.

The Memorandum should be read in conjunction with the Partnership's Plans and local Place priorities. The primacy of Place remains sacrosanct for the Partnership.

¹ We have a current Accountability Agreement in place between the Partnership and NHSE. We expect our current agreement to be reviewed which may result in a refresh.

Our integrated, system approach to collaboration



Our Partnership is grounded in the principle of collaboration which begins in each of our neighbourhoods. For the NHS each neighbourhood is consolidated around our GP practices who in turn work together, with community, voluntary and social care services in Primary Care Networks, offering integrated health and care services typically for populations of 30-50,000 people. These integrated neighbourhood services focus on preventing ill health, supporting people to stay well, and providing them with high quality care and treatment when they need it (definitions of activity will be included in Terms of Reference as appropriate).

Neighbourhoods are part of our nine local Places. Our Places are our system's communities. They are the primary units for partnerships between NHS services, local authorities, charities, voluntary and community groups, all of whom work together to agree how to improve people's health and improve the quality of their health and care services.

The focus of the partnerships within our Places has moved away from simply treating ill health to a greater focus on preventing it, and to tackling the wider determinants of health, such as housing, employment, social inclusion and the physical environment in addition to inequalities. The role of partners and Health and Wellbeing Boards as well as other place convenors are key to bringing partners together to achieve real and sustained improvements.

However in order to respond to the challenges we have within our region and the aims we have set, collectively, for our system we recognise that there are times when all partners need to work together on a wider footprint than the place, to combine resources, effort or attention to deliver a greater benefit. Such activity will be most critical in the following areas:

- to achieve a critical mass beyond local population level

- to achieve the best outcomes
- to share best practice and reduce variation; and
- to achieve better outcomes for people overall by tackling ‘wicked issues’ (i.e. complex, intractable problems).

How we are moving forward in Cheshire and Merseyside

Vision & Mission

We have worked together to develop a shared vision for health and care services across our region. Our aspiration is that all of our priorities, activities and initiatives support the delivery of this vision:

We want everyone in Cheshire and Merseyside to have a great start in life, and get the support they need to stay healthy and live longer.

The achievement of our vision will be supported by the delivery of our mission:

We will tackle health inequalities and improve the lives of our poorest fastest. We believe we can do this best by working in partnership.

Overarching aims of our Partnership

We have agreed a set of guiding principles that shape everything we do through our partnership. These principles are underpinned by our aims which themselves are derived from our vision and mission:

- 1. Improve the health and wellbeing of local people**
- 2. Shift from an illness based to a health & wellbeing model**
- 3. Provide better joined up care, closer to home**

Values and Behaviours

We commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our Place and of Cheshire and Merseyside
- We support each other and work collaboratively

- We act with honesty and integrity and trust each other to do the same
- We challenge constructively when we need to
- We assume good intentions
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery

Delivering our objectives and outcomes

In delivering our aims we recognise that the Partnership needs to:

- Plan and establish our approach to financial and performance management
- Enhance integrated commissioning at Place/Borough and streamline it at system level
- Incorporate NHS providers through a Provider Collaborative using a peer leadership approach
- Respond to and embed the NHS Constitution and other statutory duties relevant to the partnership, for example, our shared commitment to quality of care and safeguarding

We anticipate our plans will be developed, reviewed and confirmed annually. The Partnership will set its priorities and area for collaboration and coordination together. From this activity we will identify a number of priority programmes, initiatives and priority investment areas. Such priorities will be guided by our vision and longer-term planning assumptions and commitments.

Our portfolio of programmes will be signed off by the Partnership Board following proposals being brought forward by the Partnership Coordination Group. They will be presented to and reviewed by the Partnership Assembly.

Our programmes and all Partnership activities will be outcome focussed. By working together, we expect to empower and enhance Place or neighbourhood activities and priorities through the opportunity for co-ordinated and combined action. Some recent examples of outcomes secured the Partnership activity include:

- Covid19 Testing & Vaccine collaboration resulting in delivery of regional mass testing and vaccination role out supporting all of our communities
- Pathology and Imaging improvement and efficiency supporting investment
- Digital and technology investments and development particularly supporting delivery through Covid 19 but also longer-term infrastructure needs.

- Corporate Collaboration at Scale, for example, in procurement delivering savings in both the actual cost of purchasing goods but also the investment required to support such activities and their resilience during the recent pandemic

We anticipate that Places, though which a significant number of partners will interact will similarly focus on and track outcomes.

Involving the public

We are committed to meaningful conversations with people and our communities and highly value the feedback that people share with us. This will primarily be through our existing organisations, utilising and supplementing our existing communication channels. Effective public involvement, particularly with those with lived experience and who are seldom heard, ensures that we make the right decisions, together, about our health and care services.

Each of our organisations use a wide range of ways to involve the public. We will seek to supplement these activities, where appropriate, through any discreet work progressed by the Partnership using and linking with established Place channels. Examples of this may include public, resident and patient reference groups, engagement events, participation in our Assembly or through our Board.

Voluntary and Community Sector

Cheshire & Merseyside is home to nearly 14,000 voluntary organisations, community groups and social enterprises working to tackle inequalities, and improve the lives of local people. The sector employs many but also supports and empowers thousands of volunteers and carers.

Our Voluntary, Community, Faith and Social Enterprise (VCFSE) sector is hugely important to the Partnership and is a major contributor to our communities having the resilience, capacity and social value to support us all in co-designing and delivering outcomes but also responding to and challenging inequalities within our communities. This coupled with the trust and expertise the sector brings to our system is why we consider it to be integral to our work.

Definitions and Interpretation

This Memorandum is to be interpreted in accordance with the Definitions and Interpretation set out in Schedule 1, unless the context requires otherwise.

Term

This Memorandum is a dynamic document and is intended to reflect where the partnership is at the date of adoption. As the system, collaboration and any

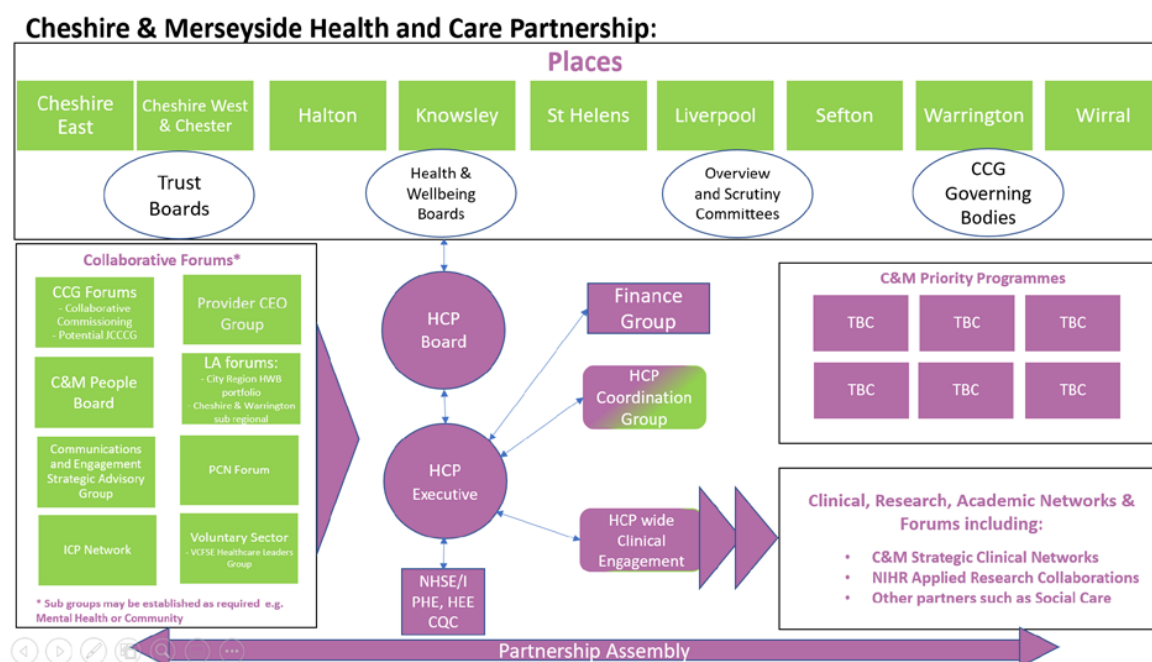
responsibilities or delegations are developed or assumed this document will be reviewed and updated. When we become a full Integrated Care System the governance arrangements will be subject to review.

Partnership Governance

The Partnership does not replace or override the authority of the Partners' Boards and governing bodies. Each of them remains sovereign and Councils remain directly accountable to their electorates.

The Partnership provides a mechanism for collaborative action and common decision-making for issues which are best tackled on a wider scale.

A schematic of our governance and accountability relationships is provided at Annex 2, a summary of the roles and responsibilities of the Partnership Assembly, Partnership Board and Partnership Executive, Partnership Coordination Group and our relationship with collaborative forums is set out below. The terms of reference for each group are subject to review and development and will be added as an annex to this agreement following their agreement by the groups themselves and this governance structure.



Partnership Assembly

The representative body of the Partnership, bringing together the members of the Partnership akin to a shareholder AGM. The Partnership's representative or democratic council, without it there would be no systematic scrutiny of the Partnership Board & possibly narrower interests represented.

Provides the context in which the Board works and acts as the body of last recourse for the partnership. The Assembly:

- Provide a “democratic” forum for the Partnership
- Represents the wider C&M community
- Holds the Partnership Board to account

- Critiques the decision-making process
- Insist on transparency & blow the whistle as necessary
- Put the public good first
- Act as the conscience of the Partnership
- Acts as a “Community of Interest” in support of the Partnership’s work

The Assembly will meet on average three times a year and is chaired by the Partnership Chair.

The Assembly’s constituencies are detailed in Annex 5 and include all parties to this agreement (Annex A).

Partnership Board

The Partnership Board provides the formal leadership and authority of the Partnership. The Partnership Board is responsible for setting strategic direction. It provides oversight for all Partnership business, and a forum to make decisions together as Partners. It is chaired by the Partnership Chair

The Partnership Board:

- Acts as the governing body of the Partnership
- Sets the strategic framework of the Partnership & monitor performance against it; gives authority for expenditure & policy decisions where appropriate
- Holds the Partnership Executive to account
- Is Accountable to the Partnership Assembly.

The Partnership Board meets monthly.

A representative Board membership is detailed in Annex 6

Partnership Coordination Group

The Partnership Coordination Group was initially established as an ad hoc operational group to coordinate the systems response to Covid-19. However the group has ongoing value as:

- A coordination forum across the partnership
- An informal, regular, communication channel and discussion point to support and influence pre work / thinking in advance of wider Partnership engagement

The co-ordination group meets twice monthly and is chaired by the Partnership Chief Officer

Partnership Executive

The Partnership Executive executes the strategic plan of the Partnership by delivering and helping Partners to deliver the vision and mission of the

Partnership. Accountable to the Partnership Board. It is chaired by the Partnership Chief Officer

The Partnership Executive focuses on:

- Strategic not operational issues.
- Creates & delivers plans to meet the Partnership's vision, mission & value
- Maintains oversight of programmes
- Provides the Partnership Board with information on key decisions
- Collects, collates & communicates data from across the Partnership
- Communicates simple, coherent messages from across the Partnership to stakeholders
- Advises on best practice across the Partnership

Finance Group

The Finance Group has been established to strengthen financial leadership, coordination and prioritisation across the Partnership. The Group makes proposals to the Partnership's decision-making structures on areas related to the Partnership's funding, system allocations and regional prioritisation. Financial leadership is built into each of our work programmes and groups, and the group provides financial advice to all of our programmes.

Where not already in place or available agreed Terms or References for each of the above described groups, or Boards will be developed by each group, discussed and circulated among interested parties before being put forward to the Partnership Board for approval.

It is envisaged that that such terms of reference will be finalised in Q4 of 20-21 and at that point form annexes of future versions of this Memorandum

Programme Governance

Strong governance and programme management arrangements are built into each of our programmes and workstreams. Each programme has a Senior Responsible Owner, typically a Chief Executive, Accountable Officer or other senior leader, and has a structure that builds in clinical and other stakeholder input, representation from each of our Places and each relevant service sector.

Programmes provide regular updates to the Partnership Executive and Partnership Co-ordination Group.

Clinical leadership, contribution and participation is central to all of the work we do and is integrated into the way we work both through our governance, through participation but also through our Strategic Clinical Networks (the number and scope of these networks will respond to the priorities of our system) local forums and research structures.

Clinical leadership is built into each of our work programmes and governance groups, to be supplemented by our developing PCN Forum. Our Strategic Clinical Networks and our regional clinical, research and wider forums provide structures to place clinical advice central to all of our programmes.

The importance of recognising and addressing inequalities in the care we provide, the way we work and within our populations remains central to our purpose, our thinking and our priorities. Accordingly, we identify and prioritise addressing inequalities as a cross cutting theme through all of our work and our programmes.

Other governance

The Partnership is also underpinned by a series of governance arrangements specific to particular sectors (e.g. commissioners, our providers and Councils) that support the way it works. These are described below.

Clinical Commissioning Groups

The nine CCGs in Cheshire and Merseyside are continuing to develop closer working arrangements within each of the nine Places that make up our Partnership.

The CCGs have established joint working arrangements. These arrangements allow for representatives of each CCG to meet to discuss and explore issues of common concern. The CCGs also have the opportunity, through formal delegation and prescribed governance steps, to establish a Joint Committee or Committee in Common, for formal collective decision making. Our CCGs are currently working through their approach to joint working which they will use to embed a shared agenda going forward.

Provider Collaborative

The nineteen provider trusts in Cheshire and Merseyside already work together and collaborate across a variety of initiatives. They meet through an established CEO Group. However in order support our system in achieving our aims we expect the scope and outputs needed of this group to grow over time as our providers collectively plan and integrate care to meet the needs of our population.

Over time we expect the focus of this forum to:

- Deliver on NHS Constitutional requirements: 52 weeks wait, cancer treatment requirements and activity targets:
- Progress detailed planning – marshalling resource around priorities
- Tackle variation through transparent data and peer review
- Realise capacity utilisation - equalize and optimise access
- Target expert support for outlier organizations and specialties – deployed from region to ICS

- Promote innovation at scale – ICS owned

We recognise other networks and forums may exist or be established related to provider delivery, for example, in social care or community services.

Primary Care Network Forum

The Partnership is establishing a forum to bring together our system's Primary Care Networks (PCNs). PCNs bring primary and community services together to work at scale (as set out in the NHS Long Term Plan)

Bringing our Networks together periodically provides a tremendous opportunity to ensure there is a connection with our neighbourhoods, that the Partnership remains connected to and relevant to the front line but also to ensure that a clinical voice is even more prominently connected to our work, strategic planning and decision making.

The scope and frequency of this groups work will be defined in due course.

Integrated Care Partnership Network

The Partnership is establishing a network to bring together our emerging system place-based integrators.

Establishing this forum will support our emerging systems to share best practice, share learning and undertake shared, stepped implementation progress or integration.

The scope and frequency of this groups work will be defined in due course.

Cheshire and Merseyside People Board

The NHS People Plan sets a requirement for systems to develop a local People Board which will be accountable to the NHS North West Regional People Board. The Cheshire and Merseyside People Board (C&MPB) brings together health and care organisations and key stakeholders to provide strategic leadership to ensure the implementation of the People Plan and system wide workforce plans.

It is intended that the local People Board will provide a forum to:

- Monitor the delivery of the Cheshire and Merseyside People Plan targets and milestones
- Agree workforce transformation programmes
- Determine workforce development priorities and allocation and approval of funding accordingly
- Monitor performance of any workforce programmes

The Board meets on a quarterly basis. Membership is drawn from across the health and care sectors. Key NHS members from this group also participate in social care and Liverpool City Region workforce groups to maximise alignment and partnership collaboration.

Communications and Engagement Strategic Advisory Group

The Communications and Engagement Strategic Advisory Group provides leadership and co-ordination for communications and engagement across the Cheshire and Merseyside health and care system.

The group links with the Partnership's Co-ordination Group and aims to facilitate and secure alignment and connection between Partnership activities and those being undertaken in each partner organisation. The group provides leadership to the local communications and engagement community and shares local intelligence on sensitive or contentious issues,

The Group meets monthly. Membership is drawn from across health and care and includes wide, representative, local authority membership.

Local Council Leadership

Relationships between local councils and NHS organisations are well established in each of the nine places. The Partnership places great emphasis on these Place level connections and relationships. How the Partnership interacts with Place, secures intelligence and acts on feedback is and will be critical. The Partnership itself recognises it needs to develop its own relationships, avoid duplication and accordingly focusses primarily on the system level. We will continue to strengthen relationships in our current areas of focus:

- Liverpool City Region Health and Well-being Portfolio Holders
- Cheshire and Warrington sub regional Leaders' Board
- Local authority chief executives engage and collaborate with the Health and Care Partnership;
- Health and Wellbeing Board chairs collaboration
- Provision for Joint Health Overview and Scrutiny Committees as may be beneficial

Local Place Based Partnerships

Local partnership arrangements for the Places bring together the Councils, voluntary and community groups, and NHS commissioners and providers in each Place, including GPs and other primary care providers working together in Primary Care Networks, to take responsibility for the cost and quality of care for the whole population.

Each of our Places has developed its own partnership arrangements to deliver the ambitions set out in its own Place Plan. These ways of working reflect local priorities and relationships, but all provide a focus on population health

management, integration between providers of services around the individual's needs, and a focus on care provided in primary and community settings.

We anticipate our local, place based, health and care partnerships will develop horizontally integrated networks to support seamless care for patients.

Mutual Accountability Arrangements

A single consistent approach for assurance and accountability² between Partners in Cheshire and Merseyside system wide matters will be applied through the governance structures and processes outlined in pages 12 through 17 above. Our mutual accountability framework is set out, in full, at Annex 4

Through this Memorandum the Partners agree to take a collaborative approach to, and collective responsibility for, managing collective performance, resources and the totality of population health, including tackling inequalities where relevant to committed Partnership activities or delivery.

Our mutual accountability arrangements will include a focus on delivery of key actions that have been agreed across the Partnership and agreement on areas where Places wish to access support from the wider Partnership to ensure the effective management of financial and delivery risk.

As part of the development of the Partnership and the collaborative working between the Partners under the terms of this Memorandum, NHS England and NHS Improvement will look to adopt a new relationship with the Partners (which are NHS Bodies) in Cheshire and Merseyside by, overtime, enacting streamlined oversight arrangements

Decision-Making and Resolving Disagreements

Our approach to making Partnership decisions and resolving any disagreements will follow the principle of subsidiarity and will be in line with our shared Values and Behaviours. We will take all reasonable steps to reach a mutually acceptable resolution to any dispute.

Collective Decisions

There will be three levels of decision making:

- **Decisions made by individual organisations** - this Memorandum does not affect the individual sovereignty of Partners or their statutory decision- making responsibilities.
- **Decisions delegated to collaborative forums** - some partners may from time to time delegate specific decisions to a collaborative forum, for example, a Joint Committee of CCGs. Arrangements for resolving disputes in such cases are set out in the Memorandum of the relevant collaborative forum and not this Memorandum.
- **Whole Partnership decisions** - the Partners will make decisions on a range of matters in the Partnership which will neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum, as set out in annex 4 below.

² Within the NHS and extending to areas of committed Partnership or Place based activity or delivery

Collaborative decisions on Partnership matters will be considered by the Partnership Board. The Partnership Board will not act where it has no formal powers delegated by any Partner. However, it will increasingly take on responsibility for coordinating decisions relating to regulatory and oversight functions currently exercised from outside the system and will look to reach recommendations and any decisions on a *Best for Cheshire and Merseyside* basis.

The Partnership Board will aim to make decisions by consensus of those eligible Partnership Board members present at a quorate meeting. If a consensus decision cannot be reached, then (save for decisions on allocation of capital investment and transformation funding) it may be referred to the dispute resolution procedure on page 19 below and Annex 4 by any of the affected Partners for resolution.

In respect of referring priorities for capital investment or apportionment of transformation funding from the Partnership, if a consensus cannot be reached the Partnership Board may make a decision provided that it is supported by not less than 75% of the eligible Partnership Board members. Partnership Board members will be eligible to participate on issues which apply to their organisation, in line with the scope of applicable issues set out in Annex 1.

Dispute resolution

Partners will attempt to resolve in good faith any dispute between them in respect of Partnership Board (or other Partnership-related) decisions, in line with the Principles, Values and Behaviours set out in this Memorandum.

Where necessary, Place or sector-based arrangements will be used to resolve any disputes which cannot be dealt with directly between individual Partners, or which relate to existing schemes of delegation.

The Partnership will apply a dispute resolution process to resolve any issues which cannot otherwise be agreed through these arrangements.

National and regional support

To support Partnership development as an Integrated Care System there will be a process of aligning resources from NHS Arm's Length Bodies, such as some regional NHSE/I focus, to support delivery and establish an integrated single assurance and regulation approach.

National capability and capacity will be available to support C&M from central teams including governance, finance and efficiency, regulation and competition, systems and national programme teams, primary care, urgent care, cancer, mental health, including external support.

Variations

This Memorandum, including the Schedules, may only be varied by the agreement of the Board after consultation with all Partners.

Charges and liabilities

Except as otherwise provided, the Partners shall each bear their own costs and expenses incurred in complying with their obligations under this Memorandum.

By separate agreement, the Parties may agree to share specific costs and expenses (or equivalent) arising in respect of the Partnership between them in accordance with a "Contributions Schedule" as may be developed by the Partnership through its Finance Forum.

Partners shall remain liable for any losses or liabilities incurred due to their own or their employee's actions.

Information Sharing

The Partners will provide to each other all information that is reasonably required in order to achieve the objectives and take decisions on a Best for C&M basis.

The Partners have obligations to comply with competition law. The Partners will therefore make sure that they share information, and in particular competition sensitive information, in such a way that is compliant with competition and data protection law.

Confidential Information

Each Partner shall keep in strict confidence all Confidential Information it receives from another Partner except to the extent that such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised disclosure by a Partner. Each Partner shall use any Confidential Information received from another Partner solely for the purpose of complying with its obligations under this Memorandum in accordance with the Principles and Objectives and for no other purpose. No Partner shall use any Confidential Information received under this Memorandum for any other purpose including use for their own commercial gain in services outside of the Partnership or to inform any competitive bid without the express written permission of the disclosing Partner. It is the responsibility of the disclosing Partner to handle any relevant requests for information as may be disclosable under FOI legislation as such information is held in trust, only, via this agreement on behalf of the information asset owner to support delivery on their behalf via the Partnership.

To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Partner or otherwise permitting disclosure of such Confidential Information does not constitute a

waiver of privilege or of any other rights which a Partner may have in respect of such Confidential Information.

The Parties agree to ensure, as far as is reasonably practicable, that the terms of this Paragraph (Confidential Information) are observed by any of their respective successors, assigns or transferees of respective businesses or interests or any part thereof as if they had been party to this Memorandum.

Nothing in this Paragraph will affect any of the Partners' regulatory or statutory obligations, including but not limited to competition law.

Additional Partners

If appropriate to achieve the Objectives, the Partners may agree to include additional partner(s) to the Partnership. If they agree on such a course the Partners will cooperate to enter into the necessary documentation and revisions to this Memorandum if required.

The Partners intend that any organisation who is to be a partner to this Memorandum (including themselves) shall commit to the Principles and the Objectives and ownership of the system success/failure as set out in this Memorandum.

Signatures

This Memorandum may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this Memorandum, but all the counterparts shall together constitute the same document. For the document to have effect all Partners must have supported it.

The expression "counterpart" shall include any executed copy of this Memorandum transmitted by fax or scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment.

Schedule 1 - Definitions and Interpretation

Annex A – Parties to the Memorandum

Annex 1 – Applicability of Memorandum Elements

Annex 2 – Schematic of Governance and Accountability Arrangements

Annex 3 – Signatories to the Memorandum

Annex 4 – Mutual Accountability Framework

Annex 5 – Partnership Assembly Constituencies

Annex 6 – Partnership Board Membership

Annex 7 – Terms of Reference - will be added in due course

Schedule 1 - Definitions and Interpretation

1. The headings in this Memorandum will not affect its interpretation.
2. Reference to any statute or statutory provision, to Law, or to Guidance, includes a reference to that statute or statutory provision, Law or Guidance as from time to time updated, amended, extended, supplemented, re-enacted or replaced.
3. Reference to a statutory provision includes any subordinate legislation made from time to time under that provision.
4. References to Annexes and Schedules are to the Annexes and Schedules of this Memorandum, unless expressly stated otherwise.
5. References to any body, organisation or office include reference to its applicable successor from time to time.

Glossary of terms and acronyms

6. The following words and phrases have the following meanings in this Memorandum:

ALB	Arm's Length Body A Non-Departmental Public Body or Executive Agency of the Department of Health and Social Care, e.g. NHSE, NHSI, HEE, PHE
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
Confidential Information	All information which is secret or otherwise not publicly available (in both cases in its entirety or in part) including commercial, financial, marketing or technical information, know-how, trade secrets or business methods, in all cases whether disclosed orally or in writing before or after the date of this Memorandum
CQC	Care Quality Commission, the independent regulator of all health and social care services in England
GP	General Practice (or practitioner)
HCP	Health and Care Partnership
Healthcare Providers	The Partners identified as Healthcare Providers under Annex A
HEE	Health Education England
Healthwatch	Independent organisations in each local authority area who listen to public and patient views and share them with those with the power to make local services better
HWB	Health and Wellbeing Board

ICS	Integrated Care System
JCCCG	Joint Committee of Clinical Commissioning Groups - a formal committee where two or more CCGs come together to form a joint decision-making forum. It has delegated commissioning functions
Law	any applicable statute or proclamation or any delegated or subordinate legislation or regulation; any enforceable EU right within the meaning of section 2(1) European Communities Act 1972; any applicable judgment of a relevant court of law which is a binding precedent in England; National Standards (as defined in the NHS Standard Contract); and any applicable code and “Laws” shall be construed accordingly
LWAB	Local Workforce Action Board sub-regional group within Health Education England
Memorandum	This Memorandum of Understanding
Neighbourhood	A number of geographical areas which make up Cheshire and Merseyside, in which GP practices work together as Primary Care Networks, with community and social care services, to offer integrated health and care services for populations of 30-50,000 people
NHS	National Health Service
NHSE	NHS England (formally the NHS Commissioning Board)
NHS FT	NHS Foundation Trust - a semi-autonomous organisational unit within the NHS
NHSI	NHS Improvement - The operational name for an organisation that brings together Monitor, the NHS Trust Development Authority and other functions
Partners	The members of the Partnership under this Memorandum as set out in Annex A
Partnership	The collaboration of the Partners under this Memorandum which is not intended to, or shall be deemed to, establish any legal partnership or joint venture between the Partners to the Memorandum
Partnership Board	The senior governance group for the Partnership set up in accordance with pages 12-17
Partnership Executive	The team of officers, led by the Partnership Chief Officer, which manages and co-ordinates the business and functions of the Partnership
PHE	Public Health England - An executive agency of the Department of Health and Social Care which exists to protect and improve the nation's health and wellbeing, and reduce health inequalities
Places	One of the nine geographical districts that make up Cheshire and Merseyside, being Knowsley, Sefton, Liverpool City Region, Halton, St Helens, Cheshire East, Cheshire West and Chester, Warrington, Wirral. and “Place” shall be construed accordingly
Programmes	The C&M programme of work established to achieve each of the objectives agreed by the Partnership

STP	Sustainability and Transformation Partnership (or Plan) The NHS and local councils have come together in 44 areas covering all of England to develop proposals and make improvements to health and care
Transformation Fund	Discretionary, non-recurrent funding made available by NHSE to support the achievement of service improvement and transformation priorities
Values and Behaviours	Shall have the meaning set out in pages 9 and 10

Annex A - Parties to the Memorandum

The members of the Cheshire and Merseyside Health and Care Partnership (the Partnership), and parties to this Memorandum, are:

Local Authorities

- Cheshire East Council
- Cheshire West and Chester Council
- Halton MBC
- Knowsley MBC
- Liverpool City Council
- Sefton MBC
- St Helens MBC
- Warrington Borough Council
- Wirral Council

NHS Commissioners

- NHS Cheshire CCG (Formerly Eastern, Western and South Cheshire and Vale Royal)
- NHS Halton
- NHS Knowsley
- NHS Liverpool
- NHS South Sefton
- NHS Southport and Formby
- NHS St Helens
- NHS Warrington
- NHS Wirral

NHS Service Providers

- Alder Hey Children's NHS FT
- Bridgewater Community Healthcare NHS FT
- Cheshire and Wirral Partnership NHS FT
- The Clatterbridge Cancer Centre NHS FT
- Countess of Chester Hospital NHS FT
- East Cheshire NHS Trust
- Liverpool Heart and Chest NHS FT
- Liverpool University Hospitals NHS FT
- Liverpool Women's NHS FT
- Mersey Care NHS FT
- The Mid Cheshire Hospitals NHS FT
- NW Boroughs Partnership NHS FT
- St Helens and Knowsley Teaching Hospitals NHS Trust
- Southport and Ormskirk Hospital NHS Trust

- The Walton Centre NHS FT
- Warrington and Halton Hospitals NHS FT
- Wirral Community NHS FT
- Wirral University Teaching Hospital NHS FT

Other Partners

- All PCNs in the Cheshire and Merseyside area
- Voluntary Sector North West
- Healthwatch in each of the Partnership's Places

As members of the Partnership all of these organisations subscribe to the vision, principles, values and behaviours stated below, and agree to participate in the governance and arrangements set out in this Memorandum.

Certain aspects of the Memorandum are not relevant to particular types of organisation within the partnership. These are indicated in the table at **Annex 1**.

There are other partners who are not members and therefore not signatories to this memorandum. These include:

Health Regulator and Oversight Bodies

- NHS England and NHS Improvement

Other National Bodies

- Health Education England
- Public Health England
- Care Quality Commission

Other Local Bodies

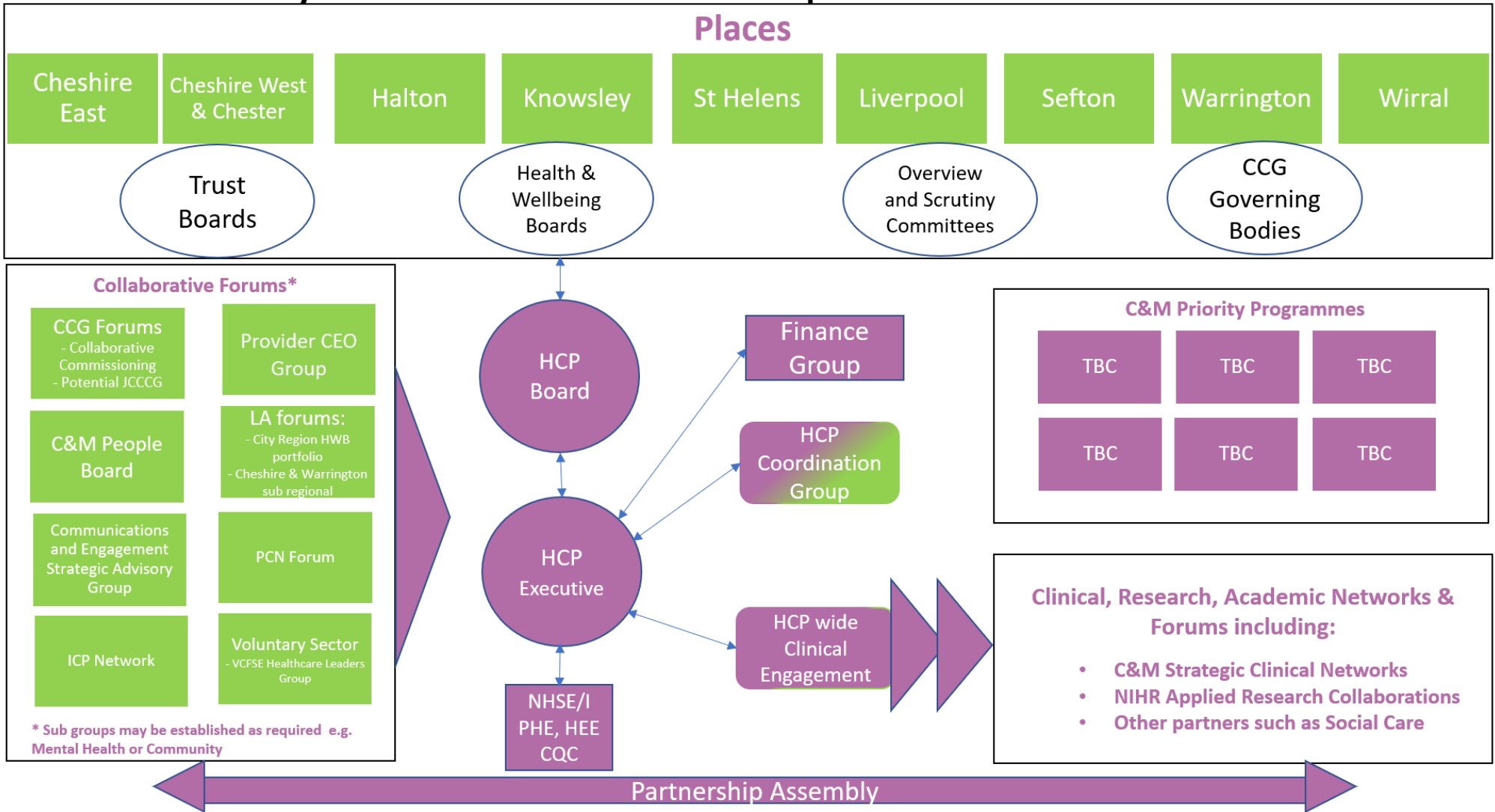
- Fire
- Police
- Probation
- Others, where relevant

Annex 1 – Applicability of Memorandum Elements

	CCGs	NHS Providers	Councils	NHSE and NHSI	Healthwatch	Other partners
Vision, principles, values and behaviours	✓	✓	✓	✓	✓	✓
Partnership aims	✓	✓	✓	✓	✓	✓
Governance	✓	✓	✓	✓	✓	✓
Decision-making and dispute resolution	✓	✓	✓	✓	✓	✓
Mutual accountability	✓	✓	✓	✓		
Financials: <ul style="list-style-type: none"> Financial risk management Allocation of capital and transformation 	✓	✓		✓		
National and regional support	✓	✓	✓	✓		

Annex 2 – Schematic of Governance and Accountability Arrangements

Cheshire & Merseyside Health and Care Partnership:



Annex 4 – Mutual Accountability Arrangements

A single consistent approach for assurance and accountability³ between Partners in Cheshire and Merseyside system wide matters will be applied through the governance structures and processes outlined in pages 12 through 17 above.

Current statutory requirements

NHS England and NHS Improvement were brought together to act as one organisation in 2019, but each retains its statutory responsibilities. NHS England has a duty under the NHS Act 2006 (as amended by the 2012 Act) to assess the performance of each CCG each year. The assessment must consider, in particular, the duties of CCGs to: improve the quality of services; reduce health inequalities; obtain appropriate advice; involve and consult the public; and comply with financial duties. The 2012 Act provides powers for NHS England to intervene where it is not assured that the CCG is meeting its statutory duties.

NHS Improvement is the operational name for an organisation that brings together Monitor and the NHS Trust Development Authority (NHS TDA). NHS Improvement must ensure the continuing operation of a licensing regime. The NHS provider licence forms the legal basis for Monitor's oversight of NHS foundation trusts. While NHS trusts are exempt from the requirement to apply for and hold the licence, directions from the Secretary of State require NHS TDA to ensure that NHS trusts comply with conditions equivalent to the licence as it deems appropriate. This includes giving directions to an NHS trust where necessary to ensure compliance.

We recognise that each non NHS partner has its own statutory and regulatory frameworks and requirements which are of equal importance and consideration. Some of these requirements may have greater relevance to the Partnership or Places than others. We envisage such arrangements will receive primary focus at a Place level e.g OFSTED.

Our model of mutual accountability

Through this Memorandum the Partners agree to take a collaborative approach to, and collective responsibility for, managing collective performance, resources and the totality of population health including tackling inequalities where relevant to committed Partnership activities or delivery. As Partners we will:

- agree ambitious outcomes, common datasets and dashboards for system improvement and transformation management;
- work through our collaborative groups to support any formally required decision making, engaging people and communities across our system; and

³ Within the NHS and extending to areas of committed Partnership or Place based activity or delivery

- identify good practice and innovation in individual places and organisations and ensure it is spread and adopted through the Programmes.

The Partnership approach to system oversight will be geared towards performance improvement and development rather than traditional performance management. It will be data-driven, evidence-based and rigorous. The focus will be on improvement, supporting the spread and adoption of innovation and best practice between Partners.

Peer review will be a core component of the improvement methodology. This will provide valuable insight for all Partners and support the identification and adoption of good practice across the Partnership.

We anticipate as we develop over time, and when legislation or regulation requires, system oversight will be undertaken through the application of a continuous improvement cycle, including the following elements:

- Monitoring performance against key standards and plans in each place;
- Ongoing dialogue on delivery and progress;
- Identifying the need for support through a process of peer review;
- Agreeing the need for more formal action or intervention on behalf of the partnership; and
- Application of regulatory powers or functions.

Progressing any action

We will prioritise work and the deployment of improvement support across the Partnership and agree recommendations for any action or interventions where relevant to committed Partnership activities or delivery. We envisage using our Partnership Co-ordination Group as the forum to agree recommendations on:

- Improvement or recovery plans;
- More detailed peer-review of specific plans;
- Commissioning expert external review;
- Co-ordination of any formal intervention and improvement support; and
- Agreement of any restrictions on access to discretionary funding and financial incentives.

For Places where financial performance is not consistent with plan, the Finance Group may make recommendations to the Partnership Co-ordination Group on a range of interventions.

The role of Places in accountability

This Memorandum has no direct impact on the roles and respective responsibilities of the Partners (including the Councils, Trust Boards and CCG governing bodies) which all retain their full statutory duties and powers.

Health and Wellbeing Boards (HWB) have a statutory role in each upper tier local authority area as the vehicle for joint local system leadership for health and care and this is not revised by the Partnership. HWB bring together key leaders from the local Place health and care system to improve the health and wellbeing of their population and reduce health inequalities through:

- developing a shared understanding of the health and wellbeing needs of their communities;
- providing system leadership to secure collaboration to meet these needs more effectively;
- having a strategic influence over commissioning decisions across health, public health and social care;
- involving councillors and patient representatives in commissioning decisions.

The Partnership and its constituent bodies recognise the statutory role and powers of Health Overview and Scrutiny arrangements

Implementation of agreed strategic actions

Our mutual accountability arrangements will include a focus on delivery of key actions that have been agreed across the Partnership and agreement on areas where Places wish to access support from the wider Partnership to ensure the effective management of financial and delivery risk.

National NHS Bodies oversight and escalation

As part of the development of the Partnership and the collaborative working between the Partners under the terms of this Memorandum, NHS England and NHS Improvement will look to adopt a new relationship with the Partners (which are NHS Bodies) in Cheshire and Merseyside by, overtime, enacting streamlined oversight arrangements which will support the Partnership to:

- take the collective lead on oversight of trusts and CCGs and Places in accordance with the terms of this Memorandum;

- Work with NHS England and NHS Improvement who will increasingly hold the NHS bodies in the Partnership to account as a whole system for delivery of the NHS Constitution and Mandate, financial and operational control, and quality (to the extent permitted at Law);
- Work with NHS England and NHS Improvement to agree where they will intervene in individual trust and CCG Partners only where it is necessary or required for the delivery of their statutory functions and will (where it is reasonable to do so, having regard to the nature of the issue) in the first instance look to notify the Partnership and work with it to seek a resolution prior to making an intervention.

These arrangements will build upon the current Accountability Agreement in place between the Partnership and NHSE. We expect our current agreement to be reviewed which may result in a refresh.

Decision-Making and Resolving Disagreements

Our approach to making Partnership decisions and resolving any disagreements will follow the principle of subsidiarity and will be in line with our shared Values and Behaviours. We will take all reasonable steps to reach a mutually acceptable resolution to any dispute.

Collective Decisions

There will be three levels of decision making:

- **Decisions made by individual organisations** - this Memorandum does not affect the individual sovereignty of Partners or their statutory decision-making responsibilities.
- **Decisions delegated to collaborative forums** - some partners may from time to time delegate specific decisions to a collaborative forum, for example, a Joint Committee of CCGs. Arrangements for resolving disputes in such cases are set out in the Memorandum of the relevant collaborative forum and not this Memorandum.
- **Whole Partnership decisions** - the Partners will make decisions on a range of matters in the Partnership which will neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum, as set out below.

Collaborative decisions on Partnership matters will be considered by the Partnership Board. The Partnership Board will not act where it has no formal powers delegated by any Partner. However, it will increasingly take on responsibility for coordinating decisions relating to regulatory and oversight functions currently exercised from outside the system and will look to reach recommendations and any decisions on a *Best for Cheshire and Merseyside* basis.

The Partnership Board will aim to make decisions by consensus of those eligible Partnership Board members present at a quorate meeting. If a consensus decision cannot be reached, then (save for decisions on allocation of capital investment and transformation funding) it may be referred to the dispute resolution procedure on page 35 below by any of the affected Partners for resolution.

In respect of referring priorities for capital investment or apportionment of transformation funding from the Partnership, if a consensus cannot be reached the Partnership Board may make a decision provided that it is supported by not less than 75% of the eligible Partnership Board members. Partnership Board members will be eligible to participate on issues which apply to their organisation, in line with the scope of applicable issues set out in Annex 1.

Dispute resolution

Partners will attempt to resolve in good faith any dispute between them in respect of Partnership Board (or other Partnership-related) decisions, in line with the Principles, Values and Behaviours set out in this Memorandum.

Where necessary, Place or sector-based arrangements will be used to resolve any disputes which cannot be dealt with directly between individual Partners, or which relate to existing schemes of delegation.

The Partnership will apply a dispute resolution process to resolve any issues which cannot otherwise be agreed through these arrangements.

As decisions made by the Partnership do not impact on the statutory responsibilities of individual organisations, Partners will be expected to apply shared Values and Behaviours and come to a mutual agreement through the dispute resolution process.

The key stages of the dispute resolution process are

- I. The Partnership, working through the Partnership Executive, will seek to resolve the dispute to the mutual satisfaction of each of the affected parties. If the Executive cannot resolve the dispute within 30 days, the dispute should be referred to Partnership Chief Officer who will, likely, involve the Partnership Coordination Group.
- II. The Co-ordination Group will consider the issues and, where necessary, make a recommendation based upon a majority decision (i.e. a majority of eligible Partners participating in the meeting who are not affected by the matter in dispute determined by the scope of applicable issues set out in Annex 1) on how best to resolve the dispute based, applying the Principles, Values and Behaviours of this Memorandum, taking account of the Objectives of the Partnership. The Partnership Executive will advise the affected Partners of its decision in writing.
- III. If the parties do not accept the decision, or Board cannot come to a decision which resolves the dispute, it will be referred to an independent facilitator selected by Partnership's Chief Officer. The facilitator will work with the

Partners to resolve the dispute in accordance with the terms of this Memorandum.

- IV. In the unlikely event that the independent facilitator cannot resolve the dispute, it will be referred back to the Partnership Board for final resolution based upon majority decision on how best to resolve the dispute in accordance with the terms of this Memorandum and advise the parties of its decision.

Annex 5 – Partnership Assembly Constituencies

Organisations that represent constituencies within our Partnership Assembly above and beyond those listed as Parties to this agreement (Annex A):

Age UK Cheshire	Liverpool John Moores University
ANCS	University of Liverpool
Cheshire Fire	Edge Hill University
Cheshire Fire and Rescue Service	Merseyside Fire and Rescue Service
Cheshire Police	Merseyside Police
Healthwatch Cheshire	CPS Mersey-Cheshire
Manchester Metropolitan University	Innovation Agency
Cheshire West Integrated Care Partnership	North West Ambulance Service
Cheshire Halton & Warrington Race & Equality Centre	Torus
The University of Chester	Voluntary Sector North West
Public Health England	Sefton CVS
Greater Manchester Health and Social Care Partnership	Venus Working Creatively with Young Women
Her Majesty's Prison and Probation Service	'Together We're Better' - Staffordshire and Stoke on Trent STP
Citizens Advice Halton	Citizens Advice Warrington
Halton Housing	Fearnhead Cross Medical Centre
Halton & St Helens VCA	People First UK
Healthwatch	Right to Succeed
R-Health	Sovini
Lancashire and South Cumbria STP	VCFSE representatives
Lancashire Care	
Inclusive Community Development	

This list may be extended through a simple process of proposition and agreement via the Partnership Board.

Annex 6 – Partnership Board Membership

4 Local Authority representatives (2x elected members and 2x CEs: covering Merseyside and Cheshire)

2 NHS Commissioning representatives (1x Clinical Chair, 1x Accountable Officer)

Primary Care (1 representative)

Public Health Directors (1 representative)

Voluntary sector (1 representative)

Lay representatives (2)

Members of the Partnership Executive team⁴

⁴ To be defined but it is not expected formal members from this constituency will form a majority

Joint Committee of Cheshire and Merseyside CCGs

Proposal to establish the Joint Committee of the nine Cheshire and Merseyside CCGs

December 2020



 Cheshire Clinical Commissioning Group	 Halton Clinical Commissioning Group	 Knowsley Clinical Commissioning Group
 Liverpool Clinical Commissioning Group	 Southport and Formby Clinical Commissioning Group	 South Sefton Clinical Commissioning Group
 St Helens Clinical Commissioning Group	 Warrington Clinical Commissioning Group	 Wirral Clinical Commissioning Group

Title	Proposal to establish the Joint Committee of the nine Cheshire and Merseyside CCGs		
Author(s)	Dianne Johnson, Gemma Batchelor		
Version	V0.7		
Target Audience	CCG Accountable Officers		
Date of Issue	18/12/2020		
Document Status (Draft/Final)	Final		
Description	This document sets out the background, purpose, principles and responsibilities of the Joint Committee of the nine Cheshire and Merseyside CCGs. It also outlines the proposed representation and a suggested roadmap to its establishment.		
Document History:			
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09/12/2020	0.4	Dianne Johnson/Gemma Batchelor	Updated following CCG AO meeting 07/12/2020
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Version	Group or Individual	Date	Comments
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0.7	CCG AOs	18/12/2020	



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1. Introduction and context

The Cheshire and Merseyside Health and Care Partnership (C&M HCP) is on a journey to be designated as an Integrated Care System (ICS) by April 2021. Key to this is developing the system architecture to support consistent operating arrangements for the future ICS.

In response to this, the nine Cheshire and Merseyside CCGs are seeking to establish a Joint Committee of CCGs to make commissioning decisions 'at scale' across Cheshire and Merseyside. The default principle however, is that wherever possible, commissioning decisions should be made at 'Place' with only those commissioning decisions which make sense to do at scale being undertaken at the Joint Committee of CCGs across the Cheshire and Merseyside footprint.

This document sets out the background, proposed purpose, principles and responsibilities of the Joint Committee of Cheshire and Merseyside CCGs and outlines the proposed representation and a suggested 'roadmap' to the establishment of the Joint Committee of Cheshire and Merseyside CCGs.

It is for each CCG to seek approval of the establishment of the Joint Committee, including its terms of Reference and associated governance documents, via the approval route as described within their respective Constitutions.

The purpose of this document is to seek approval from each CCG to establish the Joint Committee of the nine CCGs across Cheshire & Merseyside.

2. Joint Committee of Cheshire and Merseyside CCGs

2.1 Purpose

It is proposed that the Joint Committee of Cheshire and Merseyside CCGs is established, with the primary purpose of enabling Cheshire and Merseyside CCGs to work effectively together and make binding decisions on agreed service areas, for the Cheshire and Merseyside population. Members will represent the whole Cheshire and Merseyside population and make decisions in the interests of all patients.

In addition, the Joint Committee will also provide a forum for the nine CCGs to consider national initiatives and/or new policy implementation. Working collaboratively, the CCGs would review, determine at which level commissioning should take place i.e. C&M scale or at 'Place' and, where appropriate, agree common standards.

Joint Committees require an annual workplan to be agreed by each constituent CCG however in a changing NHS landscape there is a need to be flexible and be able to respond to change in year. It should be noted that any addition to the agreed annual workplan must be approved by constituent CCGs.

The nine CCGs in Cheshire and Merseyside are:

- NHS Cheshire CCG
- NHS Halton CCG
- NHS Knowsley CCG
- NHS Liverpool CCG
- NHS South Sefton CCG
- NHS Southport and Formby CCG
- NHS St Helens CCG
- NHS Warrington CCG
- NHS Wirral CCG

2.2 Principles

The commissioning of health and care services in the Cheshire and Merseyside system, whether undertaken at a Place or 'at scale', should align with the strategic priorities of the C&M HCP and contribute towards the achievement of these in order to improve outcomes for our population.

The C&M HCP strategic aims are aligned to the NHS Long Term Plan (2019) which focuses on improving and modernising our health and care services by:

- delivering safe and sustainable high-quality services;
- improving the health and wellbeing of local communities and tackling health inequalities; and
- delivering better joined up care closer to home.

Therefore, in identifying service areas which could be managed 'at scale', the following principles, aligned to these strategic priorities, are proposed.

Figure 1: Principles

HCP strategic aims	Principles for identifying service areas which could be managed 'at scale'
a) Delivering safe and sustainable high-quality services	<p>The service requires a critical mass beyond a local Place level to deliver safe, high quality and sustainable services;</p> <ul style="list-style-type: none"> ▪ A level of activity required to ensure optimal patient outcomes ▪ Clinical evidence base ▪ A scarcity in the workforce required to deliver a safe and sustainable service ▪ Working at scale will result in efficiencies and greater value for money than would be achieved otherwise ▪ Reduce inequalities and improve all aspects of quality ▪ To undertake activities in such a way as to support provider collaboratives to develop and mature
b) Improving the health and wellbeing of local communities and tackling health inequalities	<p>Working together collaboratively to tackle collective health inequalities across Cheshire and Merseyside</p> <ul style="list-style-type: none"> • Must require a C&M approach • Levelling up approach – prioritising one area must not lead to increased inequalities in another area
c) Deliver better joined up care closer to home	<p>Working together will achieve greater effectiveness in improving health and care outcomes</p> <ul style="list-style-type: none"> • Low volume/high cost • Activities must complement local arrangements and support integration at place • Brings together a team of talents to look at more complex issues

RECOMMENDATION 1

It is recommended that the CCG Governing Body approves the proposed purpose and principles of the Joint Committee of Cheshire and Merseyside CCGs.

2.3 Background

Discussions on the Joint Committee of Cheshire and Merseyside CCGs have been undertaken with system leaders, on a one-to-one basis (in October and November 2020), which included CCG Accountable Officers, CCG Chairs, Local Authority Chief Executives and Place leads, and Health and Care Partnership leads.

There was consensus on the need for the majority of commissioning to remain local at Place. There was general agreement that Primary Care services, Community Care services and Voluntary Care services should continue to be commissioned at Place. There was also consensus that there was merit in exploring services that could be commissioned at scale and that CCGs should consider establishing a Joint Committee of Cheshire and Merseyside CCGs.

An outline initial workplan for the services proposed is provided below and a more detailed example workplan is provided in **Appendix B**.

More service areas may be added to the work plan as the Joint Committee of Cheshire and Merseyside CCGs develops, any such development will be aligned to the principles outlined in **Figure 1** and will require approval from each CCG for any changes to the Committee's approved annual workplan.

Figure 2: Outline initial workplan

Service area to be commissioned 'at scale'	Specific services to be included in the workplan of the Joint Committee of Cheshire and Merseyside CCGs
Mental Health Services	<ul style="list-style-type: none"> A. Specialist Community Perinatal Mental Health services B. Children and Young People mental health services <ul style="list-style-type: none"> • Crisis services • Eating disorder services C. Agree common standards and develop a common workforce strategy for Improving Access to Psychological Therapies (IAPT) to address widespread variation in access, provision, quality and outcomes D. Adult Crisis services E. Out of area placements and inpatient services
Acute services	<ul style="list-style-type: none"> A. Specialist Rehabilitation Services (Neuro, Mental Health, Stroke, complex cases) B. Re-procure Bariatric services during 2021/22. C. Spinal Services D. Influencing services which are provided at scale such as ambulance services, specialist services etc

2.4 Responsibilities

For these agreed service areas, to be jointly commissioned 'at scale', the responsibilities of the Joint Committee of CCG would include:

- Ensuring the Joint Committee of Cheshire and Merseyside CCGs conducts its activities cognisant of the statutory duties and responsibilities of CCGs;
- Population analysis of needs which should be addressed at a Cheshire and Merseyside level;
- Setting common standards across the agreed commissioned service areas, to be adhered to across Cheshire and Merseyside and aligned to where services are commissioned outside of Cheshire and Merseyside;
- Monitoring standards and providing assurance;
- Overseeing and co-ordinating any public consultation or engagement required in relation to these agreed service areas (individual CCGs would undertake the public consultation and engagement and remain accountable); and
- Allocating spend related to the decisions made on the agreed service areas.

RECOMMENDATION 2

It is recommended that the CCG Governing Body approves the proposed responsibilities and outline initial workplan of the Joint Committee of Cheshire and Merseyside CCGs.

2.5 Representation

Working to the following constraints developed through discussion so far; options for the representation at the Joint Committee of Cheshire and Merseyside CCGs are outlined in Figure 3.

Constraints:

- Each of the nine CCGs in Cheshire and Merseyside should be represented.
- Each CCG Accountable Officer must be part of the Joint Committee.
- The Joint Committee will be NHS based with the decisions in the Joint Committee made by CCGs.

Figure 3: Options for Joint Committee of Cheshire and Merseyside CCGs makeup

	Representatives	Committee Size	Advantages/Disadvantages
1	<p><u>Accountable Officers and 1 additional representative per CCG</u></p> <ul style="list-style-type: none"> • CCG Accountable Officers (x7) • CCG representative (x9) 	16 members	<ul style="list-style-type: none"> ✓ Manageable committee size. ✓ Flexibility for CCGs to choose additional representative. ✗ Not a reflection of Governing Body make-up.
2	<p><u>Inclusion of Chief Finance Officers</u></p> <ul style="list-style-type: none"> • CCG Accountable Officers (x7) • CCG Chairs (x9) • CCG Chief Finance Officers (x6) 	22 members	<ul style="list-style-type: none"> ✗ Larger committee size ✗ A mixture of CCG Chairs and Chief Finance Officers could be included in the representation in Option 1. ✗ Not a reflection of Governing Body make-up.
3	<p><u>Mirror a Governing Body configuration</u></p> <ul style="list-style-type: none"> • Per CCG, one member with statutory duties (x9) <ul style="list-style-type: none"> • CCG Accountable Officer (x7) • CCG Chief Finance Officer (x2) * • Per CCG, one other representative from the Governing Body (x9) ** <ul style="list-style-type: none"> • CCG Chair • CCG Clinical member (Secondary Care Doctor or Registered Nurse) • CCG Executive Quality Lead • CCG Lay member <p>* For CCGs with Joint Accountable Officers **The CCGs would work together to ensure each role on a typical Governing Body is represented.</p>	18 members	<ul style="list-style-type: none"> ✓ Manageable committee size. ✓ Broader representation of different views from across a typical governing body.



It is proposed that an Independent Chair be appointed.

The Joint Committee of Cheshire and Merseyside CCGs will co-opt representatives from other partners as required to deliver the workplan.

2.5.1 Support to the Joint Committee of Cheshire and Merseyside CCGs

To enact the business of the Joint Committee of Cheshire and Merseyside CCGs and progress the workplan for agreed service areas, dedicated administrative resource (such as that currently provided to the established Collaborative Commissioning Forum) will be required.

The Joint Committee of Cheshire and Merseyside CCGs will establish task and finish groups and well as sub groups as required to deliver the agreed workplan e.g. to ensure effective clinical commissioning expertise.

RECOMMENDATION 3

It is recommended that the CCG Governing Body approves Option 3 for the representation of the Joint Committee of Cheshire and Merseyside CCGs. This option allows for a broad representation of different views from across a typical governing body.



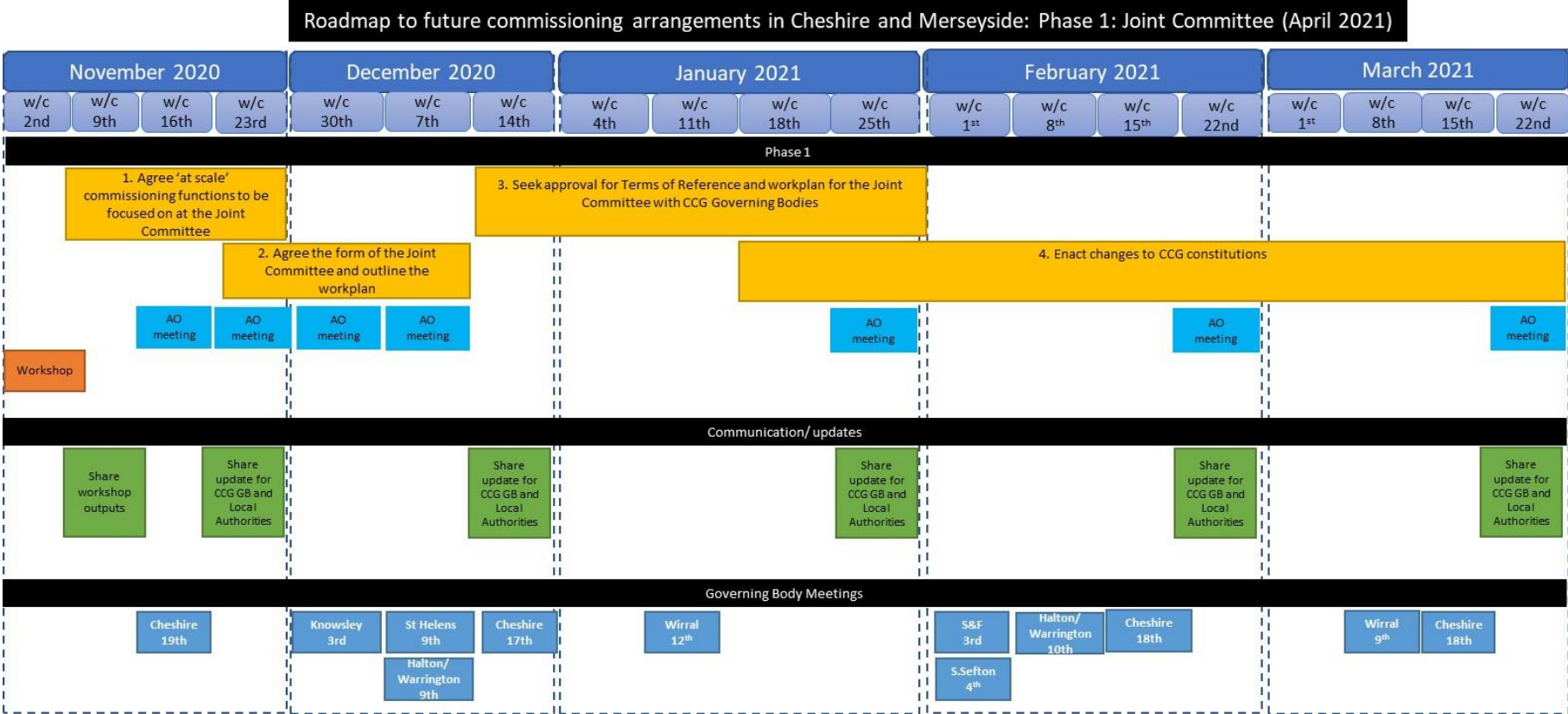
3. Roadmap for the establishment of a Joint Committee of Cheshire and Merseyside CCGs

A roadmap, outlining the key tasks in the development of a Joint Committee of Cheshire and Merseyside CCGs is outlined below.

The key milestones in the roadmap include:

- Agree 'at scale' commissioning decisions to be focused on at the Joint Committee of Cheshire and Merseyside CCGs
- Agree the form of the Joint Committee of Cheshire and Merseyside CCGs and outline the workplan
- Take the proposal set out in this document through each CCG's governance to gain approval.

Figure 4: Roadmap: Phase 1: Joint Committee (April 2021)



Outputs of each stage of the roadmap

1. **Agree 'at scale' commissioning decisions to be focused on at the Joint Committee of Cheshire and Merseyside CCGs**
 - Based on the engagement so far (semi-structured interviews and 4th November workshop) and a review of the Collaborative Commissioning Forum minutes, develop a list of potential services¹, which could be commissioned 'at scale' on a Cheshire and Merseyside footprint.
 - Develop a prioritisation method or criteria which can be applied to this list for review by the CCG Accountable Officers.

2. **Agree the form of the Joint Committee of Cheshire and Merseyside CCGs and outline the workplan**
 - Based on the potential list of services to be commissioned 'at scale' at a Cheshire and Merseyside level, develop the work plan for the Joint Committee, detailing the decisions to be delegated from each CCG.
 - Determine the required membership of the Joint Committee to allow these decisions to be made.
 - Outline the Terms of Reference for the Joint Committee, including meeting frequency, quoracy rules and the decision-making process, for review by the CCG Accountable Officers.
 - Determine the required constitutional changes and CCG sign-off route, per CCG, engaging governance leads and/or legal support where required.

3. **Seek approval for the Joint Committee of Cheshire and Merseyside CCGs from each of the nine CCGs**
 - Each CCG to take proposal and Terms of Reference for the Joint Committee to their Governing Body/approval committee for approval.
 - C&M Health and Care Partnership leader to attend Governing Body meetings to discuss the ICS vision with each CCG.

4. **Enact changes to CCG constitutions**
 - Completion of variation request applications for NHS England/Improvement.
 - Receive authorisation letters from NHS England/Improvement.
 - Refinement of supporting Standard Financial Instructions and Scheme of Reservation and Delegation to allow the Joint Committee of CCGs to make binding decisions against agreed budgets.

¹ Focus of discussions has been on the CCG function of 'commissioning healthcare services to meet the reasonable needs of the persons for whom they are responsible' .

4. Conclusion

A summary of the recommendations made in this paper is provided below:

- It is recommended that the CCG Governing Body approves the proposed purpose and principles of the Joint Committee of Cheshire and Merseyside CCGs.
- It is recommended that the CCG Governing Body approves the proposed responsibilities, focus and outline initial workplan of the Joint Committee of Cheshire and Merseyside CCGs.
- It is recommended that the CCG Governing Body approves Option 3 for the representation of the Joint Committee of Cheshire and Merseyside CCGs and identifies the individuals it wishes to put forward. This option allows for a broad representation of different views from across a typical governing body.

If agreement is reached on the purpose, principles, focus and responsibilities of the proposed Joint Committee of Cheshire and Merseyside CCGs, the next step will be to draft an annual workplan for approval and then obtain approval on consequent changes to CCG constitutions.

Appendices

Appendix A: Engagement process

In developing these proposals:

- 28 one-to-one discussions with system leaders were undertaken in October and November 2020. This included: CCG Accountable Officers, CCG Chairs, Local Authority Chief Executives and Place Leads and Health and Care Partnership leads.

Participants were asked the following key questions:

- *What are your thoughts on the commissioning function(s) that should happen locally at Place?*
 - *What are your thoughts on the commissioning function(s) needed at a C&M level?*
 - *What are your thoughts on establishing a robust joint decision-making forum at a Cheshire and Merseyside level by April 2021?*
 - *What support would you need to help your membership or elective members consider and hopefully approve new arrangements by March 2021?*
- Collective discussions were held at a workshop on the 4th November attended by 23 of these leaders.
 - Follow-on discussions have taken place at the CCG Accountable Officer regular meeting on the 16th, 23rd, 30th November and 7th December 2020.



Appendix B: Worked example: Mental Health services

A Strategic Commissioning Task and Finish Group for Cheshire and Merseyside mental health and learning disabilities services has been recently established. This task and finish group has recommended that strategic commissioning discussions pertaining to nationally defined service strategies for people of all ages with mental health conditions should be taken forward by the Collaborative Commissioning Forum until the establishment of the Joint Committee of CCGs in April 2021.

Work has already been undertaken by the Mental Health Programme Board which was reported to the Collaborative Commissioning Forum (January 2020) on which Mental Health priorities should be progressed at a 'Place' or 'at scale' level. The Mental Health services used as an example below, were proposed as being progressed 'at scale'.

Where a 'commissioning team' is referred to in the table below, for mental health services this might be the programme team of the established Mental Health Programme Board or a newly established Mental Health Improvement Board however, discussions on this matter are on-going.

Figure 5: Example workplan: Mental Health services 'a scale'

Area	Key areas of work	Potential role of Joint Committee of CCGs
<p>Joint Commissioning areas (with regard to commissioning at scale across Cheshire and Merseyside)</p>	<p>Mental Health Services</p> <p>a) Specialist Community Perinatal Mental Health services</p> <p>b) Children and Young People mental health services</p> <ul style="list-style-type: none"> • Crisis services • Eating disorder services <p>c) Improving Access to Psychological Therapies (IAPT)</p> <p>d) Adult Crisis services</p> <p>e) Out of area placements and inpatient services</p>	<p>a) Specialist Community Perinatal Mental Health services</p> <ol style="list-style-type: none"> 1. Receive and decide on the implementation of recommendations of the Joint Committee of CCGs commissioning team regarding service commissioning / de-commissioning and performance management of 'Specialist Community Perinatal Mental Health services and maternity outreach clinics' at scale across C&M. 2. Approve commissioning policies for commissioned services where the expected standards and outcomes will be applied across the C&M population. i.e. <ul style="list-style-type: none"> ○ Support at least 30,000 more women each year to access evidence-based specialist mental health care during the perinatal period (By 2021) ○ At least 66,000 women with moderate to severe perinatal mental health difficulties will have access to specialist community care by 2023/24 ○ Access extends from pre-conception to 24 months after birth (By 2024) ○ Partners of women accessing specialist community care will be able to access an assessment for their mental health and signposting (By 2024) 3. Co-ordinate the workforce plan <p>b) Children and Young People crisis services</p> <ol style="list-style-type: none"> 1. Receive and decide on the implementation of recommendations of the Joint Committee of CCGs commissioning team regarding service commissioning / de-commissioning and performance management of 'CYP crisis services' at scale across C&M. 2. Approve commissioning policies for commissioned services where the expected standards and outcomes will be applied across the C&M population, i.e. <p>CRISIS</p> <ul style="list-style-type: none"> ○ Ensure there is a CYP crisis response (under 18 year olds) - (by 2021) ○ 100% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions by 2023/24 ○ 100% coverage of 24/7 age-appropriate crisis care via NHS 111 <p>Eating disorders</p> <ul style="list-style-type: none"> ○ Achieve 2020/21 target of 95% of CYP with eating disorders accessing treatment within 1 week (urgent) and 4 weeks (routine) 3. Co-ordinate the workforce plan

Area	Key areas of work	Potential role of Joint Committee of CCGs
		<p><u>c) Improving Access to Psychological Therapies (IAPT)</u></p> <ol style="list-style-type: none"> 1. Agree common standards for IAPT services 2. Develop a common workforce strategy IAPT services to address widespread variation in access, provision, quality and outcomes <p><u>d) Adult crisis services</u></p> <ol style="list-style-type: none"> 1. Receive and decide on the implementation of recommendations of the Joint Committee of CCGs commissioning team regarding service commissioning / de-commissioning and performance management of 'Adult crisis services' at scale across C&M. 2. Approve commissioning policies for commissioned services where the expected standards and outcomes will be applied across the C&M population, i.e. <ul style="list-style-type: none"> ○ By 2020/21, all areas will provide crisis resolution and home treatment (CRHT) functions that are resourced to operate in line with recognised best practice, delivering a 24/7 community-based crisis response and intensive home treatment as an alternative to acute inpatient admission ○ Complementary crisis care alternatives in place in each STP/ICS by 2023/24 3. Co-ordinate the workforce plan <p><u>e) Out of area placements and inpatient services</u></p> <ol style="list-style-type: none"> 1. Oversight to ensure elimination of inappropriate acute adult out of area placements and improve patient outcomes 2. Approve commissioning policies for commissioned services where the expected standards and outcomes will be applied across the C&M population, i.e. <ul style="list-style-type: none"> ○ Deliver against STP-level plans to eliminate all inappropriate adult acute out of area placements (by 2021) ○ Maintain ambition to eliminate all inappropriate adult acute out of area placements (by 2024) ○ Improved therapeutic offer to improve patient outcomes and experience of inpatient care, and reduce average length of stay in all in adult acute inpatient mental health settings to the current average of 32 days (or fewer) (by 2024)

Appendix C: Examples of other Joint Committee structures

Lancashire and South Cumbria Joint Committee of CCGs

- Joint Committee of 8 CCGs
- Focused on taking collective decisions about services provided to the L&SC population.
- Independent Chair in place
- It has 2 x reps from each CCG
- Quorate if there is one voting member from each CCG present
- Aim for consensus but if not achieved, decisions need 75% of voting members to approve.
- Meetings held in public.
- Collaborative commissioning arrangement in place with (NHS E/I for services which are directly commissioned by NHS E/I and Local Authorities as outside of the delegated authority of the Committee).

(Terms of Reference, December 2019)

Cheshire CCGs

Joint Commissioning Committee (AHEAD OF MERGER)

- Joint Committee of 4 CCGs (Ahead of Merger)
- Focused on delegated decision making for *recommendations made at a C&M level for adoption across Cheshire strategic oversight and development of a workplan for the establishment of unified commissioning of health and social care services across Cheshire on commissioning services at scale.*
- Chaired by one of GP clinical Chairs
- Each CCG had equal representation (CCG clinical chair and GP rep, CCG AO and executive director, Lay member)
- Additional standing members included: Secondary Care Doctor, Reg Nurse, Healthwatch, Public Health rep, Local Authority Chief Executive.
- Quorate if there are two voting members present from each CCG, GP Chair or Lay member, CCG AO and Chair of Joint Committee.
- Aimed for consensus but if not achieved, decisions needed 75% of voting members to approve.
- Meetings held in public.

(Terms of Reference, May 2019)

MEETING OF THE GOVERNING BODY February 2021

Agenda Item: 21/08	Author of the Paper: Chrissie Cooke Interim Chief Nurse chrissie.cooke@southseftonccg.nhs.uk	Clinical Lead: Dr Gina Halstead Clinical Lead for Quality Dr Sue Gough Clinical Lead for Mental Health
Report date: February 2021		
Title: Chief Nurse Report		
<p>Summary/Key Issues:</p> <p>This report offers an overview of the current key issues in terms of quality within the CCG commissioned services and the wider aspects of the Chief Nurse portfolio. The covering report identifies issues that are of key importance to maintaining an oversight of quality of care and sets out clarity regarding revised quality monitoring arrangements for providers. Appendix 1 sets out an update on provider quality and specific work streams, aligned to the Sefton 2gether shaping care strategy. It sets out the risks and issues facing services and the CCG in the light of increased infections during the Covid-19 pandemic.</p> <p>Key issues for Governing Body to note are the potential risks to safety posed by rising infection rates- in particular nosocomial infections, the supply of safe staffing impacted by the pandemic and the ongoing demand of the mass vaccination programme.</p>		
<p>Recommendation</p> <p>The Governing Body is asked to receive this report.</p>		<p>Receive <input checked="" type="checkbox"/></p> <p>Approve <input type="checkbox"/></p> <p>Ratify <input type="checkbox"/></p>

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		There is a live equality impact assessment in relation to the mass vaccination programme
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 February 2021

1. Executive Summary

This report offers an overview of the current key issues in terms of quality within the CCG commissioned services and the wider aspects of the Chief Nurse portfolio. The covering report identifies issues that are of key importance to maintaining an oversight of quality of care and sets out clarity regarding revised quality monitoring arrangements for providers. It covers work that is being done to manage infections, improve complaints handling, review safe staffing arrangements and gain assurance that serious incidents are effectively investigated.

Appendix 1 sets out an update on provider quality and specific work streams, aligned to the Sefton 2gether shaping care strategy. It sets out the risks and issues facing services and the CCG in the light of increased infections during the Covid-19 pandemic.

In summary work has progressed to assure quality of care in provider services. In addition work is continuing to improve quality and performance in relation to

- Continuing Health Care
- Children with Special Educational Needs
- Children in Care
- Learning Disabilities via the Transforming Care Programme, Annual Health Checks and the Learning from Deaths Review programme (LeDeR)

The report also identifies threats to quality going forward and the approach the CCG is taking to manage them.

2. Introduction and Background

This report offers an overview of the current key issues in terms of quality within the CCG commissioned services and the wider aspects of the Chief Nurse portfolio. It is aligned with the quality priorities set out in the CCGs Sefton 2gether Shaping Sefton Strategy and the operational priorities set out by NHS England/Improvement.

Current pressures brought about by the Covid-19 pandemic.

Health services in Sefton are responding to the variable impact of changes in the infection rates of the virus. There was a reduction in rates across Merseyside in early December following the lockdown in November, leading to an associated reduction in Covid positive patients presenting to health services. However following identification of a new strain of Covid and an increase in rates of infection there has been an increase in demand for services in the second half of December and into January. In addition mass vaccination began in Sefton in early December 2020 as part of the national programme.

In order to manage infection rates within both Liverpool University Hospitals and Southport and Ormskirk Hospital, there has been an increased focus on adherence to strict Infection Prevention & Control (IPC) plans and policies, including testing and cohorting of in-patients, appropriate use of

Personal Protective Equipment (PPE) and management of visiting policies to reduce the risks of nosocomial infection.

Primary Care and Community Services are also increasing a focus on adherence to strict IPC policies and cohorting of patients with use of technology to reduce the number of patients who are required to attend a practice in person. Despite these arrangements, we have seen a rise in nosocomial rates within trusts in Merseyside which requires vigilance, and for staff and visitors to follow the required restrictions.

The rise in the rates has impacted across all parts of the community, including NHS staff, and all trusts and primary care have seen an increase in staff sickness/self-isolation. This has put additional pressure on provider management teams as they constantly review and adjust staff allocation and rotas to ensure that quality and safety is maintained. The impact of covid has meant that some services are temporarily stepped down, using a risk stratification process and quality impact assessments. This is constantly kept under review by trusts and also commissioners via both local and Cheshire and Mersey governance structures, so that we can achieve a balance between quantity of staff and the quality of service provision. This will manifest itself in changes in the staff to patient ratio in key areas such as critical care, and a reduction in elective activity, for example.

3. Key Issues

Temporary quality monitoring arrangements

As detailed above this rise in infection rates, the demand on health services is being dynamically managed across the health system. As part of the response, NHS Improvement (NHSI) North West Regional Director wrote to the system on 11 January outlining that we needed to act with absolute focus and urgency to save lives of those with Covid and other urgent conditions, and asking that we stop other activities to prioritise the response.

The learning from Wave 1 was that stepping down quality assurance processes ultimately led to gaps and assurance and a lack of understanding of risks and impact following changes in service delivery. In order to respond to the NHSI letter but also recognising the need to promote the safety of patients, the CCG has temporarily revised quality monitoring mechanisms, confirming the arrangements to provider organisations in writing.

In short quality monitoring will continue, such as serious incidents, safeguarding, complaints, healthcare acquired infections etc. Quality oversight meetings will continue with key quality leads, but will be a focused discussion on risks to quality and exception reporting on key indicators, rather than the usual agenda. Developmental work has been stood down in the short-term.

Safe staffing

The supply of safe staffing has been severely challenged during the pandemic. This has been impacted on by a number of factors

- a) Existing vacancies
- b) Staff being ill with covid or other illnesses
- c) Staff needing to self-isolate as clinical extremely vulnerable
- d) Staff needing to isolate post exposure to a covid positive person
- e) Increased demand for specialist skills due to patient need

Guidance has recently been circulated to the Directors of Nursing network on safe staffing principles to be applied during the Covid-19 pandemic. This is now being used to assess the staffing in each

NHS provider and is discussed as part of the quality monitoring arrangements already set out. Managing staffing is a key part of the pandemic response and occupies operational teams for a significant proportion of their time. Despite the efforts being made there are occasions where staffing has fallen below optimum levels. The providers that the CCG commissions services from are all monitoring this and reporting by exception under the revised quality monitoring arrangements set out above.

Safeguarding

The protection and safeguarding of vulnerable individuals is a mandatory and key requirement of health services. As such the activities with regard to Safeguarding Children and Adults are continuing with business as usual. The CCG has not stood down any of the committees or working groups in relation to these areas of work, and they will continue to be reported to Joint Quality and Performance Committee.

Complaints

Officers have reviewed the Complaints Policy and procedure and are currently taking it through the approval mechanism within the CCG governance structure. We are also in the process of securing complaints management training for key people, which will likely be delivered towards the end of February. This is to take account of the demands of the covid response and the mass vaccination programme.

The Chief Nurse is maintaining an overview of complaints both to the CCG and through the stepped down quality monitoring mechanisms outlined above. There is a possibility that patient complaints could increase during the pandemic response and so the revised quality monitoring process requires exception reporting if complaints start to increase. The CCG is also in the process of reconciling some primary care outstanding complaints action plans on behalf of NHS England, as detailed above. It is proposed that scrutiny of the CCGs handling of complaints will be undertaken by the Joint Quality and Performance Group, with the Terms of Reference being discussed by the next JQPG in February

Serious Incident Management

Monthly CCG serious incident review group (SIRGs) have been stepped down and cancelled in February. There is a risk that the CCG will not be able to support the closure of incidents within the 60 day timescale as per the Serious Incident Framework. However providers will be required to submit 72 hour reviews within the 72 hour timescale to provide assurance on lessons learned and actions taken. All 72 hour reviews will be reviewed internally by the Quality Team and CCG serious incident lead to ensure 72 hour reviews capture learning and provide assurance to the CCG of actions being taken to reduce future risk.

Infection Control

Nosocomial infection rates were a concern to the Governing Body at the last meeting. The Chief Nurse promised to bring a consolidated report on how outbreaks were being managed across different providers. This report has summarised this in Appendix 1. Governing Body Members are asked to note two issues. Firstly that both LUHFT and S&O have slightly lower post 15 day infection rates than the Cheshire and Merseyside average and that secondly further work is being undertaken and reported to the Cheshire and Merseyside Director of Nursing network to understand what is happening in practice so that improvements can be made at the frontline.

4. Conclusions

The content above reports on the activities of the CCG in quality monitoring and development over the past few weeks. As set out the progress of quality improvements in some areas will be hampered by the efforts to save lives through the pandemic. Key issues for Governing Body to note are the potential risks to safety posed by rising infection rates- in particular nosocomial infections, the supply

of safe staffing impacted by the pandemic and the ongoing demand of the mass vaccination programme.

5. Recommendations

The Governing Body is asked to note the steps that the CCG are taking to ensure effective risk management in these areas.

6. Appendices

Appendix 1- Summary of Quality Issues, Provider and CCG Workstreams

Chrissie Cooke
Interim Chief Nurse
February 2021

Appendix 1- Summary of Quality Issues by Provider and CCG Workstreams

Southport and Ormskirk Hospitals (S&O)

Daily outbreak meetings chaired by the Director of Nursing continue to take place with numbers of outbreaks increasing in January. Estates work to maintain social distancing on wards has continued to be rolled out.

Ophthalmology. It was agreed further assurance on the review and risk stratification of patients would be provided by the Trust after verbal reassurance on the screening of all patients was given at December CQRM.

CQRM for January 2021 was revised to focus on quality and safety issues, staffing and focussed performance review due to the COVID pressures.

The CCGs have confirmed with Southport and Ormskirk the requirement to quality assure and identify themes resulting from any root cause analyses resulting from the Cheshire and Mersey local agreement for the management of long waiting cancer patients. The Trust has amended its processes to accommodate any patients on the 31 day cancer pathway.

The Trust has not reported any significant issues with staffing over the past month. There is an incentive scheme in place to encourage reliable and safe staffing which is having the desired effect. The problems caused by covid positive results and self isolation are continuing to cause safe staffing pressures, which is likely to result in lower than target performance.

The Trust has shared their processes for managing pressures with the Chief Nurse and Deputy Chief Nurse and there is a high degree of assurance that quality risks are being managed as effectively as possible.

Liverpool University Hospitals NHS Foundation Trust (LUHFT).

The Trust currently remains under enhanced surveillance and a paper recommending surveillance status be stepped to routine will be presented to Cheshire and Mersey QSG in February. This recommendations on Trust actions on reduction of risk in patient safety, incident and risk management, safeguarding, urgent care performance affecting patient flow and regulator inspection reports.

The CCG is seeking further assurance with the Trust on the risk stratification and harm review processes for ophthalmology patients requiring follow up.

The Trust continues to hold daily IPC sit rep meetings chaired by the Director of Nursing to manage minimise the risk of nosocomial infections with continued estates work and active staff patient swabbing at days 3 and 5 of admission.

QUALITY OF MENTAL HEALTH

Merseycare NHS Foundation Trust (MCFT)

The Trust remains on Enhanced Surveillance in light of the transaction of the former Liverpool Community Health Services in April 2018, with a current focus on internal governance, specifically the work to bring together the former Serious Incident process for

the mental health and physical health services into one coherent framework with associated corporate governance.

Staff sickness has increased in recent days to 12%. This will impact on delivery of services and the Trust has Business Continuity Plans in place where appropriate. This will be monitored via the CQPG.

QUALITY OF COMMUNITY & PRIMARY CARE

Primary Care

All practices are heavily involved in delivering the mass vaccination programme.

There have been some legacy complaint action plans that have been passed to the CCG for follow up. Three practices have not supplied a serious event analysis and three practices have not confirmed that actions have been closed. Support is being provided by the primary care quality lead and the complaints manager to progress these issues.

Lancashire and South Cumbria NHS Foundation Trust (LSCFT)

As well as the revised quality arrangements detailed above, pressure ulcer development work is looking to identify trends for grade 2 pressure ulcers. In line with the local pattern staff sickness, up to December, and recruitment have both shown an improvement, with the Trust offering various methods of staff support during the COVID period. There remain significant pressures on the community services. Commissioning and Quality team officers are working with service management to address and manage some of these pressures so that resources are directed to the most appropriate place.

North West Ambulance Service (NWAS)

NWAS have had challenge in terms of staffing and have worked to ensure safe staffing levels during recent months as demand on the service has increased to pre Covid levels. LCCG is reviewing our representation with the NWAS Mersey quality meetings to enable us to link more effectively.

AGEING WELL SERVICES

Care Homes

Care Homes in Sefton have been working with partners such as Sefton Council and MCFT to ensure that staff and residents are tested for Covid and that residents receive the Covid vaccine. As of 18 January 2021, 32 care homes in Sefton were reporting a COVID outbreak of 2 or more cases. A cumulative total of 86 residents and 128 staff had tested positive for COVID. A further 5 homes had reported a single positive COVID case with 4 staff and 1 resident positive. Quality Team members are providing support to care homes on IPC training of staff to minimise infection in line with operational priorities for winter and 20/21.

Continuing Healthcare (CHC)

Following the re-introduction of the CHC framework last year the CCG has been working hard to manage the back log of referrals and existing reviews. The fortnightly submission to

NHSE regarding the CCG position against the deferred assessments shows progress being made at the defined rate following the submission of the revised trajectory in Late November.

A decision to step down the CHC deferred assessment work was taken by the North West Regional to redirect CHC nursing resource to promote flow across the system. The suspended period was for an initial 2 week period, effective from 11 January 2021. Directors of Nursing at respective provider trusts were asked to see how the extra resource could be best utilised over the time period. A verbal update will be given at the Governing Body meeting as this is a fast changing picture.

Cancer Services

The CCG is working with the Cheshire and Mersey Cancer alliance to ensure that safety and quality arrangements remain in place. The Cancer alliance has a process in place to review the long waiters and is supporting the Trust in addressing this.

The CCGs have confirmed with Southport and Ormskirk the requirement to quality assure and identify themes resulting from any root cause analyses resulting from the Cheshire and Mersey local agreement for the management of long waiting cancer patients. The Trust has amended its processes to accommodate any patients on the 31 day cancer pathway. CCG colleagues will be meeting with Trust colleagues to agree sample size and flow of information which will be reviewed via Performance & Quality Investigation Review Panel.

CHILDREN AND YOUNG PEOPLE SERVICES

Special Educational Needs & Disability (SEND)

Progress on the five key areas continues following the 12 month progress review meeting with the Department for Education, Local Authority and Health colleagues on 8 December 2020.

Areas of noted improvement for health were the focus on the quality of Education and Health Care Plans; Designated Clinical Officer work to support health practitioners and joint working with the Local Authority; strong local partnerships to support improvement between schools, health and parents and progress for the ASD/ADHD pathway. Over the next six months inspectors will be seeking further evidence for improvements in co-production and supporting the mental health of children and young people are sustained and develop further. Paediatric therapy and initial health assessments targets have been met for the most recent month's activity. CAMHS therapy targets remain a challenge (62.5% vs target of 92% referral to partnership). Additional short term CAMHS investment was agreed by both CCGs to provide additional service capacity and resilience for Alder Hey and third sector providers, VENUS and Parenting 2000. The additional capacity will be implemented for a six month period. CCGs and providers have agreed temporary performance indicators to monitor the impact.

Waiting times for therapies and ASD/ADHD services (0-18) continue to exceed SEND KPIs. In November 2020 (the latest available dataset), therapy services achieved SEND targets for the third month in a row. Notably waiting times for speech and language therapy had reduced from 25.6 weeks in December 2019 to 12.6 weeks in November 2020, despite the impact of the pandemic.

CAMHS therapy waiting times had largely been improving in line with COVID recovery plans and were due to be back on track by December 2020, however, due to the impact of the pandemic on the number of urgent referrals and the increase in the number of complex and high risk patients, there was a slight deterioration in performance in November 2020.

The CCGs have been monitoring the impact of covid on the mental health and children and young people, and in November 2020 took the pre-emptive measure of agreeing to additional short term CAMHS investment to support service resilience and to provide additional capacity. This additional resource is due to start in January/February 2021 and will support an improvement in waiting times. This funding has also been granted to third sector providers Venus and Parenting 2000 which will increase overall CAMHS capacity across Sefton. Notably, providers have given assurance that therapy and CAMHS staff will not be redeployed as part of the 2021 third wave covid response.

In November 2020, the ASD pathway at Alder Hey was extended up to 18 years, addressing the identified commissioning gap for 16 -18 year olds and ensuring a fully NICE compliant 0 -18 pathway in Sefton.

In response to the long waits for the ASD adult pathway (up to 25 years), the CCGs have been working collaboratively with Mersey Care to consider a way forward. In October 2020, the CCGs released £100,000 for a waiting list initiative and Mersey Care has developed a business case for recurring investment in a sustainable service, for consideration by the Sefton and Liverpool CCGs in Q4 2020/21.

Children in Care Service (CiC)

Liverpool & Sefton CCG Designated Nurses for CiC were commissioned to complete a review of CiC Service Provision within Alder Hey. The review concluded in December with full report shared internally within Alder Hey and discussed within the CQRM on 18/12/20. Alder Hey will now develop an action plan to implement the accepted recommendations which will be monitored via CQRM. Key work streams have been identified with some 'must do's' including review of the role of the Designated Doctor for CiC, currently hosted by Alder Hey on behalf of the CCG.

Associated with this work, and linking with Mersey Care as the commissioned provider of CiC services within the community, has been the transfer of administrative function from Alder Hey to MCFT to support the provision of statutory Initial Health Assessments for CiC. Performance in this area is historically poor within the City with on average only 50% of assessments being completed within statutory timescales of 20 working days. The CCG has worked closely with providers and Liverpool City Council to address the challenges, in part created by a complex pathway and fragmented commissioning arrangements; the response was to move resource however the impact of Covid saw a delay but despite this, and in the interests of this vulnerable cohort of children and young people, a pilot arrangement was agreed and implemented on 2nd November 2020. Initial review of implementation suggests this pathway change will positively influence timescales. This is a further concern due to Written Statement of Action for SEND and a meeting with providers and wider partnership members is to be held in January 21 to agree actions to sustain positive pathway changes.

Alder Hey

In October 2020, Alder Hey discovered a problem with the recording and management of their Patient Waiting Lists, which elicited that a number of patients who had been waiting more than 104 weeks for treatment. The Trust engaged an external company to support them to diagnose to full extent of the problem and how to correct their systems to ensure that the issue did not recur. There is a Harm Review Process aligned to this work, the outcome of which will be reported through the Trust quality governance processes.

LCCG met with the trust on 9th December regarding this issue, and now has weekly updates on progress, with a member of the CCG Performance Team joining the Trust weekly meetings. In addition, there is regular reporting via the CQPG.

In December 2020 the CCG was made aware that a CQC section 31 notice has been imposed following concerns regarding the care of a number of young people with Learning Disability and Mental Health needs cared for at the Trust whilst awaiting Tier 4 CAMHS placement. An associated revised Root Cause Analysis (RCA) report and action plan is expected from the Trust regarding two young people and this will be reviewed at a Serious Incident panel in January 2021. NHSE/I will also attend this panel.

The Trust reported COVID outbreaks on the Medical Care Unit on 29 December with 3 staff positive but no patients positive and High Dependency Unit on 31 December with 5 staff testing positive and 2 patients, one being identified as nosocomial. A further 2 outbreaks have been reported on 3 January on 2 separate wards with a total of 8 staff testing positive, and no patients positive. Daily incident meetings are taking place and deep cleaning has been undertaken and no impact to services have been reported.

MATERNITY

Liverpool Womens

On 10 December 2020, a report into the Maternity Services at the Shrewsbury and Telford Hospital Trust (The Ockenden Report) was published. This was a report outlining the outcome of 250 Clinical Reviews. Within the report were 7 immediate and essential actions to improve care and safety in Maternity Services that were relevant to all trusts providing Maternity care. The Chief Nursing Officer (CNO- Ruth May) required all trusts to review compliance with the 7 action as a matter of urgency as a method of immediately increasing the safety of services. A Cheshire & Merseyside assurance meeting was held on 21 December and the Trust highlighted their current status following rapid self assessment. LWH were honest in their assessment and declared partial compliance with some actions, with plans to become fully compliant. The action to achieve compliance will be monitored via Liverpool's CQPG. There has been a recent instruction to stand down monitoring reports until after the covid response.

LEARNING DISABILITIES AND AUTISM

Learning from Learning Disability Deaths Mortality Review (LeDeR) programme

The Sefton CCGs Assistant Chief Nurse continues to coordinate Leder reviews across Liverpool and Sefton CCG areas. Performance of the process is reported through Joint Quality Performance Committee. As part of the response to mass vaccinations outlined above, some of the Leder activity has been paused for a short time. Sefton CCGs are performing reasonably well in that all planned reviews are in the last phases of approval. Agreement has been made for all new cases registered on the LeDeR platform to be allocated to a reviewer employed by North of England Commissioning Support Unit (NECS). This would release capacity for Mersey Care to support the mass vaccination programme.

The Chief Nurse of Liverpool CCG is sighted on the potential impact of the LAC re-deployment to support the CCGs mass vaccination programme. Fortnightly reporting to NHS England will continue with exception reporting due to the demands of the COVID vaccination programme, as outlined above.

Mersey Care have submitted a business case to support the Sefton CCGs LeDeR programme. There will be a delay in the consideration of the business case to be taken through CCG governance arrangements.

Transforming Care Programme

All individuals at risk of inpatient admission would normally have a Care and Treatment Review (CTR) in line with Transforming Care best practice requirements and are either appropriately placed for care and treatment in hospital bed or have an active discharge plan in place and are working towards living in the community with bespoke packages of care. This has continued during Covid and active discharges have continued to take place. The present situation for local commissioned inpatient beds with MCFT is that South Sefton CCG has two patients in active treatment. The CCG is working with Specialised Commissioning regarding those patients in secure inpatient setting that have been identified as possible discharges. Currently the CCG is working with 3 patients.

The NHS Long Term Plan made a commitment to improve the quality of care within inpatient settings for people with a learning disability, autism or both. It is vitally important that commissioners have robust and effective systems in place to identify and address any concerns relating to quality of care and patient safety at the earliest possible opportunity. On a national level there have been significant quality failings in inpatient units, where there are patients placed from multiple and detached commissioners, which underlines the need for the development of a robust monitoring model.

The Secretary of State for Health and Social Care announced in May 2019 that early action needs to be taken to ensure that every person who is placed out of area has a minimum of a 6-8 weekly quality site visit from their commissioner (6 weeks for children and young people in a Tier 4 Child and Adolescent Mental Health Service setting and 8 weeks for adults aged 18 or over with a learning disability, autism or both in an inpatient setting) in addition to a Care and Treatment Review (CTR) every six months. This requirement was also set out in the Long Term Plan Implementation Framework.

In response to this requirement there is an agreement by North Mersey CCGs to invest resources to undertake these visits. In addition to the hospital visits the post holder will also undertake quality visits to services that are jointly funded in residential and care home settings. Currently work is being undertaken on the Job description for this post.

Learning Disability Annual health checks

To support the Annual health checks MCFT Learning Disabilities Service is supporting General Practice with their undertaking of Annual Physical Health Checks by completing a Pre-Health Screening Questionnaire for all patients who have been registered with their practice as having a learning disability. To support the LD service with their Pre-Health Screening Questionnaire's it is proposed that a monthly data flow is set up whereby Informatics Merseyside Data Quality Team will extract the list of patients on the Learning Disabilities Quality and Outcomes Framework (Qof), Aged 14 and over (as coded in practice EMIS systems). The data will be received by the LD Service via a monthly report into their NHS.Net

MCFT IS currently awaiting approval for the Data Protection Impact Assessment and Information Sharing Agreement from Sefton LMC and are aiming to have this presented for approval at January 2021 LMC meeting

MEETING OF THE GOVERNING BODY February 2021

Agenda Item: 21/09	Author of the Paper: Martin McDowell Chief Finance Officer martin.mcdowell@southseftonccg.nhs.uk 0151 317 8350	Clinical Lead: N/A
Report date: February 2021	Rebecca McCullough Head of Strategic Financial Planning rebecca.mccullough@southseftonccg.nhs.uk 0151 317 8396	

Title: Financial Position of NHS South Sefton Clinical Commissioning Group – Month 9 2020/21

Summary/Key Issues:

This paper presents the Governing Body with an overview of the Month 9 financial position for NHS South Sefton Clinical Commissioning Group as at 31st December 2020.

The standard business rules set out by NHS England require a 1% surplus in each financial year. However, as part of the CCG's long term recovery plan, the control total 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.

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 England.

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.

Further guidance was issued in September 2020 to confirm the financial and contracting framework for the remainder of the 2020/21 financial year to support phase 3 of the NHS response to the COVID-19 pandemic. Funding arrangements are managed at system level (Cheshire & 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.

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. This control total was provided to the CCG as an additional allocation in Month 7.

The CCG's latest draft planning return was submitted to NHSE/I on the 5th January 2021. The draft financial plan includes an expenditure forecast for the remainder of the financial year which, when assessed against revised allocations for the period, results in a deficit of £3.063m. Action will be

required to mitigate the financial risk facing the CCG. It should also be noted that the forecast deficit may be subject to potential revision pending review with NHSE/I.

For the first six months of the financial year, the CCG revised control total was breakeven and a monthly claims and reconciliation process was agreed to reimburse costs directly related to COVID and to adjust allocations to support actual expenditure incurred by the CCG. The CCG has received additional allocations of £5.983m to date to support COVID related costs and other CCG cost pressures. All expenditure to Month 6 has now been reimbursed and the Months 1-6 financial position is breakeven.

It should be noted that NHS England have advised that the additional allocations relating to expenditure linked to COVID and Top-up claims 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 Month 9 reporting position is based on the CCGs planning return of 5th January 2021 which included a forecast deficit of £3.063m for 2020/21. This is consistent with NHS England reporting for the period.

The financial position at Month 9 is £2.806m overspent which includes an overspend of £1.532m which is in line with the CCG financial plan and also an overspend of £1.274m relating to costs for the Hospital Discharge programme and Local Independent Sector contracts which are yet to be reimbursed.

The year-end forecast is predicted at £4.337m deficit which includes a break even position for Months 1-6, a deficit of £3.063m in line with the financial plan for Months 7-12 and a further £1.274m relating to costs for the Hospital Discharge Programme and Local Independent Sector contracts at Month 9.

The forecast deficit will reduce to £3.063m once the retrospective allocations for the Hospital Discharge Programme and Local Independent Sector contracts are approved.

Recommendations;

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 30th 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.

- The CCG has received additional allocations of £5.983m to date to support all COVID related costs and other cost pressures up to Month 6 and the financial position to Month 6 is now breakeven
- A revised financial framework was implemented from October 2020 and will be based on financial plans agreed 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 CCG financial plan was updated on 5th January 2021 and includes a forecast year end position of £3.063m deficit. Action will be required to mitigate this risk.
- The Month 9 financial position is £2.806m overspent which includes an overspend of £1.532m in line with the CCG financial plan and also an overspend of £1.274m relating to costs for the Hospital Discharge programme and Local Independent Sector contracts which are awaiting a retrospective allocation adjustment.
- The year-end forecast is predicted at £4.337m deficit, which includes a break even position for Months 1-6, a planned deficit of £3.063m for Months 7-12 and cost pressures of £1.274m awaiting a retrospective allocation adjustment. The additional allocations when received will reduce the deficit to £3.603m in line with the CCG financial plan

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

X	To progress a potential CCG merger to have in place an effective clinical commissioning group function.
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Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	X			
Clinical Engagement	X			
Equality Impact Assessment			X	
Legal Advice Sought			X	
Quality Impact Assessment			X	
Resource Implications Considered	X			
Locality Engagement		X		
Presented to other Committees		X		

Report to Finance and Resource Committee February 2021

1. Executive Summary

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

Table 1 – CCG Financial Position

	Annual Budget	Budget To Date	Actual To Date	Variance To Date	Actual Outturn	Forecast
	£000	£000	£000	£000	£000	£000
Acute Care	146,765	110,224	109,849	(375)	146,530	(235)
Mental Health	26,819	20,112	19,838	(274)	26,566	(253)
Continuing Care	20,481	16,043	17,322	1,279	22,019	1,539
Community Health	35,786	26,748	26,716	(32)	35,630	(156)
Prescribing	31,598	24,014	24,013	(0)	31,597	(0)
Primary Care	33,424	25,107	24,370	(736)	32,685	(738)
Corporate Costs & Services	2,626	1,987	1,892	(96)	2,576	(51)
Other CCG Budgets	10,720	8,088	8,176	88	10,812	92
Total Operating budgets	308,219	232,323	232,177	(146)	308,416	197
Reserves	2,996	(1,419)	0	1,419	4,073	1,077
In Year (Surplus)/Deficit	(4,072)	(1,531)	0	1,531	(1,009)	3,063
Grand Total (Surplus)/ Deficit	307,143	229,373	232,177	2,806	311,480	4,337
Retrospective Allocation - HDP	0	0	0	0	(1,080)	(1,080)
Retrospective Allocation - IS Contracts	0	0	0	0	(194)	(194)
Revised (Surplus)/Deficit	307,143	229,373	232,177	2,806	310,206	3,063

The Month 9 financial position is £2.806m overspent which is in line with the financial plan but also includes costs for the Hospital Discharge Programme and Local Independent Sector contracts which are yet to be reimbursed.

The year-end forecast is predicted at £4.337m deficit which includes a break even position for Months 1-6 and a deficit of £3.063m in line with the financial plan for Months 7-12. For consistency with NHSE reporting, the forecast also includes cost pressures of £1.274m relating to the Hospital Discharge Programme and Local Independent Sector contracts.

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 April to September 2020 and CCG allocations were replaced with revised allocations to reflect the temporary finance and contracting arrangements in place.

For the first six months of this financial year, the CCG revised control total was breakeven. A monthly claim process was agreed 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 process 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.

Retrospective allocations have now been received and all cost pressures up to Month 6 reimbursed, the financial position for Months 1-6 is breakeven.

Financial Arrangements October 2020 to March 2021.

Guidance was published in September 2020 on the financial and contracting framework for the remainder of the 2020/21 financial year to 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. This control total has been received as an additional allocation for Months 7-12

The Month 9 financial position is based on the CCG's planning return submitted to NHSE/I on 5th January 2021. The draft financial plan included an expenditure forecast for the remainder of the financial year which, when assessed against revised allocations for the period, results in a financial position of £3.063m deficit.

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 for the year to date, and as a result, the CCG will not incur costs for these providers. Other contracts with Non-NHS providers have been renegotiated for the period based on expected activity levels.

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 9 Financial Position

The main variances from the revised allocations can be analysed as follows:

- The Continuing Care budget is overspent in respect of additional care packages related to hospital discharges to support the COVID response. Additional allocations anticipated for the Hospital Discharge Programme will reduce this overspend.
- The Acute Commissioning (Non NHS) budget is overspent due to costs for Local Independent Sector contracts which were not included in CCG allocations, and are anticipated to be reimbursed in future months.
- The Primary Care Delegated Commissioning budget is underspent relating to a delay in recruitment to additional roles.

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				Commentary
Report				
Report Section	Key Performance Indicator		This Month	
1	Business Rules	1% Surplus	n/a	<ul style="list-style-type: none"> The standard business rules set out by NHS England require CCGs to deliver a 1% surplus. The CCG control total for 2020/21 was a surplus of £1.800m. The revised control total for April to September 2020 was breakeven. The CCG control total for October – March is a deficit of £3.937m. The breakeven target has been achieved following the retrospective allocation adjustment from NHS England but the control total for October – March will not be achieved. The 0.5% Contingency reserve and the 0.5% Non-Recurrent reserve are not required in 2020/21. 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 all been achieved.
		0.5% Contingency Reserve	n/a	
		0.5% Non-Recurrent Reserve	n/a	
		2020/21 Control Total (April-September)	✓	
		2020/21 Control Total (October - March)	x	
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%	99.86%	
		NHS - Volume YTD > 95%	96.44%	
		Non NHS - Value YTD > 95%	96.42%	
		Non NHS - Volume YTD > 95%	97.57%	

2. CCG Financial Position – Month 9 2020/21																									
Report	Commentary																								
<p style="text-align: center;">South Sefton CCG Forecast Outturn at Month 9</p> <table border="1" style="margin-top: 10px;"> <caption>South Sefton CCG Forecast Outturn at Month 9 Data</caption> <thead> <tr> <th>Cost Area</th> <th>Variance (£'000)</th> </tr> </thead> <tbody> <tr> <td>CCG PLANNED DEFICIT</td> <td>3,063</td> </tr> <tr> <td>CONTINUING CARE PACKAGES</td> <td>1,539</td> </tr> <tr> <td>CCG RESERVE BUDGET</td> <td>1,077</td> </tr> <tr> <td>INDEPENDENT SECTOR</td> <td>535</td> </tr> <tr> <td>OTHER</td> <td>28</td> </tr> <tr> <td>COMMUNITY</td> <td>156</td> </tr> <tr> <td>MENTAL HEALTH PACKAGES</td> <td>239</td> </tr> <tr> <td>OTHER PRIMARY CARE</td> <td>347</td> </tr> <tr> <td>DELEGATED CO-COMMISSIONING</td> <td>392</td> </tr> <tr> <td>ACUTE COMMISSIONING</td> <td>771</td> </tr> <tr> <td>FORECAST DEFICIT (MONTH 9)</td> <td>4,337</td> </tr> </tbody> </table>	Cost Area	Variance (£'000)	CCG PLANNED DEFICIT	3,063	CONTINUING CARE PACKAGES	1,539	CCG RESERVE BUDGET	1,077	INDEPENDENT SECTOR	535	OTHER	28	COMMUNITY	156	MENTAL HEALTH PACKAGES	239	OTHER PRIMARY CARE	347	DELEGATED CO-COMMISSIONING	392	ACUTE COMMISSIONING	771	FORECAST DEFICIT (MONTH 9)	4,337	<ul style="list-style-type: none"> The CCG Month 9 financial position is an overspend of £2.806m after the application of additional allocations received. The forecast deficit is £4.337m which includes £3.063m in line with the financial plan for the remainder of the year and cost pressures awaiting reimbursement of £1.274m. The main financial pressures and benefits are as follows: <ul style="list-style-type: none"> The CCG planned deficit for Months 7-12. Local Independent Sector contracts awaiting reimbursement. Continuing Care pressures due to increased cost and number of packages mainly related to the Hospital Discharge programme in Months 7-9, also awaiting reimbursement. The CCG reserve budget which is holding funding for additional expenditure planned in later months of the year. An underspend on Primary Care Delegated Commissioning due to a delay in recruitment to additional roles. <p>The cost pressures are partly offset with savings on Independent Sector contracts which have been procured nationally and Primary care Delegated Commissioning as detailed above. Some of the additional allocations are also held on the CCG reserve budget.</p>
Cost Area	Variance (£'000)																								
CCG PLANNED DEFICIT	3,063																								
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FORECAST DEFICIT (MONTH 9)	4,337																								

3. Forecast Run Rate							
Report				Commentary			
	Total Months 7-12	Actual			Forecast		
		Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
CCG Allocation	148,367	24,099	25,593	24,669	24,669	24,669	24,669
Total CCG Allocation	148,367	24,099	25,593	24,669	24,669	24,669	24,669
Acute	72,424	12,313	11,984	11,963	12,055	12,055	12,055
Mental Health	13,921	1,988	2,984	1,905	2,348	2,348	2,348
Community	17,646	2,917	2,968	2,656	3,035	3,035	3,035
Continuing Care	10,616	1,493	2,399	2,245	1,493	1,493	1,493
Primary Care Services	5,985	829	1,166	798	1,064	1,064	1,064
Prescribing	14,916	2,476	2,417	2,523	2,500	2,500	2,500
Primary Care Co-Commissioning	9,995	1,677	1,406	1,693	1,740	1,740	1,740
Other Programme Services	5,988	934	649	932	1,159	1,159	1,156
Running Costs	1,212	298	156	165	198	198	198
Total CCG Expenditure	152,703	24,923	26,128	24,880	25,592	25,592	25,589
In Year Underspend/(Deficit)	(4,337)	(824)	(535)	(211)	(923)	(923)	(920)

- The forecast run rate is based on the CCG financial plan.
- The planned deficit for Months 7-12 was reduced from an original £4.945m in Month 7, adjusted £4.072m in Month 8 then to £3.063m in Month 9 following submission of revised financial plans to NHS England.
- The deficit of £4.337m reported in Month 9 also includes cost pressures for Independent Sector contracts (£0.194m) and the Hospital Discharge Programme (£1.080m).
- Full costs for Independent Sector contracts are included in the Month 9 expenditure for Acute services and full costs for the Hospital Discharge Programme are included in the Month 9 expenditure for Continuing Care, these costs will reduce when retrospective allocations are received.
- Additional costs are included in the CCG forecast for Months 9-12 for Other Programme Services in respect of Winter pressures, GPIT expenditure, PMO team costs and CHC restoration.

4. Risk Adjusted Position			
Report			
Risk Adjusted Position:			
South Sefton CCG	Best Case £m	Most Likely £m	Worst Case £m
CCG Planned Deficit	(4.072)	(4.072)	(4.072)
I&E impact (General Ledger)	-	-	-
Forecast Surplus / (Deficit)	(4.072)	(4.072)	(4.072)
Further Risk			
Prescribing	-	-	(0.700)
CHC	-	-	(0.300)
Step Down beds	-	-	(0.672)
LD High Cost Case (LA recharge)			(0.462)
Local Independent Sector Contracts			(0.523)
Sub Total	-	-	(2.657)
Mitigations			
NHS Contracts Prior Year	0.300	0.300	0.300
NHS Contracts Prior Year	0.250		
Mersey Care COVID recharge	0.177		
Primary Care - COVID costs	0.100		
CHC Restoration	0.300		
CHC Staffing	0.250	0.250	0.250
GPIT / ETTF 1920	0.159	0.159	0.159
GPIT / ETTF 2021	0.200		
Primary Care - ARRS	0.300	0.300	0.300
Winter Pressures	0.300		
Sub Total	2.336	1.009	1.009
Surplus / (Deficit)	(1.736)	(3.063)	(5.720)

Commentary

- The CCG control total for Months 1-6 of the financial year was breakeven.
- The NHSE System financial modelling confirmed a control total of £3.937m deficit for Months 7-12.
- The financial plan submitted on 1st December included a deficit of £4.072m for Months 7-12.
- The revised financial plan submitted on 5th January 2021 included a revised deficit of £3.063m following improvements in a number of areas as shown in the table.
- The best case scenario is a deficit of £1.736m and includes reduced expenditure across a number of areas as shown in the table.
- The worst case of £5.720m deficit includes additional pressures for Prescribing, CHC and commissioning additional step down bed capacity.
- The likely case financial position is a deficit of £3.063m which includes known or agreed reductions in expenditure. There is potential for further improvement related to other items included in the best case scenario.
- There are a number of assumptions included in the Months 1-6 financial position which upon review has indicated that the estimates can be reduced.

- The CCG has also been able to confirm a reduced expenditure forecast for Months 7-12 in respect of CHC Staffing, GPIT, and Primary Care.
- The CCG is closely monitoring its plan in respect of GPIT expenditure to determine whether it can be fully delivered in 20/21 and some programmes may need to be rescheduled.

5. 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	13.561		(11.557)	2.004
Other Adjustments			0.693			0.693
Independent Sector Contract Income		(0.523)	0.523			0.000
QIPP Target		(0.250)	0.286			0.036
I&E improvement target		(0.100)				(0.100)
Total Reserves	(12.749)	(0.679)	15.662	0.000	(11.987)	2.996

- 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.
- 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.
- Additional allocations relating to Months 7-12 in line with the CCG financial plan were received in Month 7
- The majority of budgets have been deployed to operational budgets with £2.004m remaining in reserves, this balance will be allocated as necessary when the CCG financial plan is finalised.
- The reserves budget was adjusted in Month 8 to reflect the financial plan for Months 7-12. Provisions have been included for QIPP and efficiency targets agreed in the revised financial plan.
- The final balance on the CCG reserve budget at Month 8 is £2.996m.

6. Statement of Financial Position					Report	Commentary
Summary Working Capital						
Working Capital and Aged Debt	Quarter 1	Quarter 2	Quarter 3	Prior Year 2019/20		
	M3 £'000	M6 £'000	M9 £'000	M12 £'000		
Non-Current Assets	36	36	46	76		
Receivables	3,539	18,591	18,935	3,069		
Cash	41	3,803	(82)	16		
Payables & Provisions	(1,642)	(21,434)	(20,170)	(15,695)		
Value of Debt > 180 days	423	28	107	71		
						<ul style="list-style-type: none"> The non-current asset balance relates to assets funded by NHS England for capital projects. An automated, national Fixed Asset Management system was introduced and implemented for M7. As such a thorough review of assets and depreciation has been completed. The receivables balance includes invoices raised for services provided accrued income and prepayments. Due to payments being made to NHS Trusts and Foundation Trusts one month in advance, the prepayment values for 2020-21 are significantly higher than prior years. The cash position includes uncleared payments of £0.581m which cleared early January 2021. The closing cleared cash balance at month 9 was £0.500m. Outstanding debt in excess of 6 months old stands at £0.107m. There is one invoice of £0.061m to Sefton MBC that remains unpaid but efforts to resolve are ongoing. At month 9, the CCG had drawn down £221.663m and made payments via NHS Business Services Authority of £22.678m, totalling £244.361m (79.6%) of its Annual Cash Drawdown Requirement (ACDR). The target cash balance at this point in the year is £230.357m (75.0%). 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 £62.802m will be managed through the financial year and the CCG anticipates no issues relating to its cash limit.

7. 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 30th 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.
- The CCG has received additional allocations of £5.983m to date to support all COVID related costs and other cost pressures up to Month 6 and the financial position to Month 6 is now breakeven
- A revised financial framework was implemented from October 2020 and will be based on financial plans agreed 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 CCG financial plan was updated on 5th January 2021 and includes a forecast year end position of £3.063m deficit. Action will be required to mitigate this risk.
- The Month 9 financial position is £2.806m overspent which includes an overspend of £1.532m in line with the CCG financial plan and also an overspend of £1.274m relating to costs for the Hospital Discharge programme and Local Independent Sector Contracts which are awaiting a retrospective allocation adjustment.
- The year-end forecast is predicted at £4.337m deficit, which includes a break even position for Months 1-6, a planned deficit of £3.063m for Months 7-12 and cost pressures of £1.274m awaiting a retrospective allocation adjustment. The additional allocations when received will reduce the deficit to £3.063m in line with the CCG financial plan

MEETING OF THE GOVERNING BODY February 2021

Agenda Item: 21/10	Author of the Paper: Martin McDowell Deputy Chief Officer Email: Martin.McDowell@southseftonccg.nhs.uk Tel: 0151 317 8350						
Report date: February 2021							
Title: South Sefton Clinical Commissioning Group Integrated Performance Report							
<p>Summary/Key Issues: This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group.</p> <p>Please note the effects of COVID-19 are noticed in month 8 across a number of performance areas.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to receive this report.</p>	<table border="0"> <tr> <td>Receive</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives 2020/21 (<i>x those that apply</i>)	
	To support the implementation of Sefton2gether and 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 Summary

Summary Performance Dashboard

Metric	Reporting Level	2020-21													
		Q1			Q2			Q3			Q4			YTD	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
E-Referrals															
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	R	R	R	R						R
		Actual	52.3%	39.1%	28.5%	28.7%	30.1%	33.8%	33.9%	Not available					35.2%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Diagnostics & Referral to Treatment (RTT)															
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R
		Actual	65.46%	66.85%	53.45%	38.95%	39.38%	31.61%	27.67%	22.14%					
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R
		Actual	70.35%	59.72%	49.96%	47.24%	53.57%	59.74%	64.54%	65.78%					
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R
		Actual	8	46	106	171	198	247	349	503					
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
Cancellations for non-clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Liverpool University Foundation Hospital Trust	RAG	R	G	G	R	R	R	R	R					R
		Actual	28	0	0	1	5	3	8	3					48
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Liverpool University Foundation Hospital Trust	RAG													
		Actual	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available					
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times															
% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	G	G	G	G	G	G	R					G
		Actual	93.51%	99.72%	98.11%	96.45%	93.58%	93.60%	94.18%	83.14%					93.48%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G	G	G	G	G	G	R						R
		Actual	93.33%	100%	100%	96.55%	95.24%	100%	95.35%	43.48%					89.29%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	R	R	G	G	G	R	G						R
		Actual	94.92%	90.48%	98.36%	97.78%	98.25%	97.18%	93.10%	97.83%					95.94%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	R	R	G	R	G	R					R
		Actual	90.91%	100%	87.50%	80%	100%	91.67%	100%	78.57%					89.52%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	R	R	G	R	G	G	G					G
		Actual	100%	93.33%	93.75%	100%	96.30%	100%	100%	100%					98.09%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	R	G	G	G	G	G					G
		Actual	100%	100%	85.71%	100%	94.12%	100%	100%	100%					97.80%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	R	R	G	R	R	R	R					R
		Actual	79.31%	73.91%	83.87%	85.71%	69.70%	78.79%	68.89%	62.79%					74.03%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	R	R		R	R		R	G					R
		Actual	50%	66.67%	No patients	50%	0%	No patients	0%	100%					45.45%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG (local target 85%)	RAG				G	G		G						
		Actual	80%	0%	75%	90.91%	100%	84.62%	87.50%	76.92%					83.12%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level	2020-21													
		Q1			Q2			Q3			Q4			YTD	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Accident & Emergency															
4-Hour A&E Waiting Time Target (All Types) % of patients who spent less than four hours in A&E	South Sefton CCG	RAG	R	G	R	R	R	R	R	R					R
		Actual	93.19%	96.37%	94.13%	92.81%	89.83%	85.16%	78.48%	85.32%					88.76%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
MSA															
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG													
		Actual	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available					
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG													
		Actual	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available					
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
HCAI															
Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	G	G	G	G	G					G
		YTD	0	0	0	0	0	0	0	0					0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	G	G	G	G	G					G
		YTD	4	6	7	9	11	17	19	23					23
		Target	6	11	15	20	24	28	34	40	46	51	55	60	60
Number of E.Coli Incidence of E.Coli (Commissioner) cumulative	South Sefton CCG	RAG	G	R	R	G	R	R	R	R					R
		YTD	9	23	35	39	56	67	76	86					86
		Target	11	21	32	42	53	63	75	85	96	108	125	128	128

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Mental Health															
Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G			G									G
		Actual	97.3%			97.2%									97.3%
		Target	95%			95%			95%			95%			95%
Episode of Psychosis															
First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral.	South Sefton CCG	RAG	G			G									G
		Actual	77.6%			85.2%									81.4%
		Target	60%			60%			60%			60%			
IAPT (Improving Access to Psychological Therapies)															
IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R
		Actual	39.8%	33.8%	44.3%	44.0%	47.3%	37.8%	46.6%	47.1%					42.71%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R
		Actual	0.74%	0.46%	0.67%	0.77%	0.81%	1.03%	1.03%	0.78%					6.31%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G	G	G	G	G	G	G					G
		Actual	100%	95.71%	98.50%	98.6%	98.5%	95.7%	96.3%	95.1%					97.6 %
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G	G	G	G	G	G	G					G
		Actual	100%	98.57%	100%	100%	100%	100%	100%	98.6%					100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Dementia															
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R
		Actual	60.40%	59.42%	59.36%	59.53%	58.3%	58.5%	58.2%	57.1%					58.84%
		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	
Learning Disability Health checks															
No of people who have had their Annual LD Health Check – local data (cumulative)	South Sefton CCG	RAG	G	R									R		
		Actual	6.2%	12.4%									12.4%		
		Target	5.4%	16.1%			33.6%			60.1%			60.1%		
Severe Mental Illness - Physical Health Check															
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%) 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									R		
		Actual	19%	16.1%									35.1%		
		Target	50%	50%			50%			50%			50%		
Children & Young People Mental Health Services (CYPMH) Rolling 12 months															
Improve access rate to Children and Young People's Mental Health Services (CYPMH) Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	South Sefton CCG	RAG	G	R									G		
		Actual	14.6%	8.8%									35.6%		
		Target	8.75%	8.75%			8.75%			8.75%			35%		
Children and Young People with Eating Disorders															
The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY) Access Plan 100%, National Target 95%	South Sefton CCG	RAG	Data being validated by Trust			Data being validated by Trust									
		Actual													
		Target	95%			95%			95%			95%			
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY) Access Plan 100%, National Target 95%	South Sefton CCG	RAG	Data being validated by Trust			Data being validated by Trust									
		Actual													
		Target	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 8 of 2020/21 (note: time periods of data are different for each source).

Constitutional Performance for Nov and Quarter 2 2020/21	CCG	LUHFT
Diagnostics (National Target <1%)	22.14%	25.21%
Referral to Treatment (RTT) (92% Target)	65.78%	65.05%
No of incomplete pathways waiting over 52 weeks	503	1,778
Cancer 62 Day Standard (Nat Target 85%)	62.79%	60.76%
A&E 4 Hour All Types (National Target 95%)	85.32%	84.74%
A&E 12 Hour Breaches (Zero Tolerance)	-	2
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	90
Ambulance Handovers 60+ mins (Zero Tolerance)	-	7
Stroke (Target 80%)	-	Not Available
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	Not Available	Not Available
CPA 7 Day Follow Up (95% Target) 2020/21 - Q2	98.0%	-
EIP 2 Weeks (60% Target) 2020/21 - Q2	85.2%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.78%	-
IAPT Recovery (Target 50%)	47.1%	-
IAPT 6 Weeks (75% Target)	95.1%	-
IAPT 18 Weeks (95% Target)	98.6%	-

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 available capacity to support urgent elective activity. This will include use of nationally agreed independent sector contracts following clinical assessment in terms of triage and prioritisation.

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 increased levels of 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 return to pre-COVID-19 levels.

Secondary care referrals remain below historic levels across all referral sources. GP referrals have shown a year to date decrease of -37.7% compared to 2019/20. In November 2020, Aintree Hospital saw a -34.5% decrease in total referrals received compared to November 2019. Trauma & Orthopaedics was the highest referred to speciality for South Sefton CCG in 2019/20. Referrals to this specialty in November 2020 are -8.7% lower than in November 2019. Decreases in referrals are also evident in other specialties, notably Gynaecology, ENT, Dermatology, Respiratory Medicine and Ophthalmology. All referral priorities have seen a reduction, the largest being routine referrals by -42.7%. However, analysis of two week wait referrals suggests recovery to more expected levels, with November 2020 seeing 6.6% more referrals than in November 2019.

In October 2020 (the latest available information), the CCG's performance for E-Referrals remained stable at 33.9%, significantly below the 100% target. Liverpool University Hospitals NHS FT reported 1,809 Appointment Slot Issues (ASIs) out of a total 5,716 direct bookings; an ASI rate of 31.65%. This shows an increase in the proportion of ASIs compared to October 2019, when 3,644 ASIs of 12,881 direct bookings (28.29%) were reported.

The CCG has failed the target of less than 1% of patients waiting 6 weeks or more for their diagnostic test with 22.14% in November. However, a steady decrease in patients waiting over 6 weeks can be seen from August 2020. Liverpool University Hospital Foundation Trust (LUHFT) performance was 25.21% in October, again showing a steady improvement.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in November was 65.78%, a slight decline on last month's performance (64.54%). LUHFT reported 65.05% which also shows a slight decline from 61.94% in October. There were a total of 2,851 South Sefton CCG patients waiting over 36+ weeks, the majority at LUHFT (2,398). Of the total long waiters, 503 patients were waiting over 52 weeks, a significant increase on last month when 349 breaches were reported. Overall waiters continue to grow with a total 14,029 South Sefton patients now on the RTT waiting list. LUHFT had a total of 1,778 52 week breaches in November, again showing a significant increase from 1,298 reported last month.

In November 2020, LUHFT reported 3 patients having their planned operation cancelled on or the day after admission for non-clinical reasons, and not having another date offered within 28 days. This shows an improvement on the 8 reported in October 2020.

The CCG is achieving 3 of the 9 cancer measures year to date, whilst LUHFT are achieving 2 out of the 9 measures. The numbers of South Sefton CCG patients waiting over 104 days has decreased slightly to 13 patients in November 2020, 3 less than in October 2020. The longest waiting patient was at 317 days with delays due to a complex diagnostic pathway. Other delays were due to a health care provider initiated delay (2), complex diagnostic pathways (4), medical reasons (1) and other reasons not listed (5). Performance in two week wait breast services has decreased in the latest month due to increased breaches within LUFHT and the majority of breaches due to 'inadequate outpatient capacity'. The maximum wait for patients seen was 37 days for two week wait breast services. The Trust has provided assurance that it is prioritising patients at most clinical risk.

There are 3 faster cancer diagnosis measures with target of 75% expected to be implemented in 2021. In November 2020, the CCG performed above the proposed target across all 3 measures. However, due to lower performance seen in previous months, YTD the 2 week referral is marginally below 75% at 74.42% and the screening referral is significantly under with 40.45%.

For planned care, month 8 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, year to date activity levels remain well below historical averages. A further increase in elective capacity was anticipated as part of the phase three NHS response to the pandemic. Plans were developed in conjunction with providers and the CCG will continue to monitor activity against these plans on a monthly basis for the remainder of 2020/21. Indications are that the second national lockdown initiated on 5th November has resulted in a further decrease in planned care activity at lead providers for the CCG.

Unplanned Care

In relation to A&E 4-Hour waits for all types, the CCG and Trust have failed the 95% target in November, reporting 85.32% and 84.74% respectively. Actions previously reported in relation to the North Mersey capacity and flow group, patient flow (admission and discharge), NHS 111 First, winter plan and urgent treatment centre continue. These actions are all critical now with increased emergency admissions and rising COVID patients within the Trust in October and November 2020.

LUHFT reported two 12-hour breaches in November 2020, an improvement on last month when 7 were reported. All breaches are followed up by a detailed Root Cause Analysis (RCA). The CCG quality team have set up a task and finish group to standardise the reporting of breaches and mechanisms for providing assurance of patient safety.

The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 2020/21 has not been met and was severely adversely impacted upon by COVID-19, which began to hit service delivery in Q4 2019/20 and then all the way through Q1 2020/21 and continuing into Q2 2020/21. However, November 2020 performance has shown significant improvements across all category types, particularly in category 1 with both the mean and 90th percentile achieving the targets. The South Sefton area does not have SERV car in place as in other neighbouring areas which would help to support category 3 and 4 work and alleviate wait times but also potential conveyances and admissions.

All ambulance handovers between ambulance and A&E must take place within 15 minutes. LUHFT reported a significant improvement in ambulance handover times in November 2020. Handovers between 30 and 60 minutes decreased from 384 to 90, and those above 60 minutes decreased from 99 to 7.

LUHFT reported 24.4% of patients who had a stroke spending at least 90% of their time on a stroke unit in October 2020 (the latest available information). This is significantly below the 80% target and a decline in performance can be seen across the previous three months. Actions continue in relation to the Trust gaining support from The Walton Centre and The Stroke Network.

The CCG reported no new cases of MRSA in November. LUHFT also reported no new cases but have had 3 year to date so have failed the zero tolerance threshold for 2020/21.

For *C difficile*, the CCG reported 4 new cases of *C difficile* cases in November (23 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 the standard. LUHFT reported 8 new cases in November (69 YTD) so are also achieving their objective of no more than 73 cases.

NHS Improvement and NHS England (NHSE/I) have not set new CCG targets for reductions in *E.coli* for 2020/21 so the CCG is reporting against last year's target of 128. In November there were 10 new cases, bringing the YTD total to 86 against a target of 85 so the CCG are now failing the target by just 1 case. LUHFT reported 47 new cases in November, bringing the YTD total to 359. There are no targets set for Trusts at present.

LUHFT's Hospital Standardised Mortality Ratio (HSMR) was 87.79 in October 2020, remaining under the 100 threshold. The ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

For unplanned care, month 8 of the financial year 2020/21 continues to show 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. Further increases in activity levels were anticipated as part of the phase three NHS response to the pandemic. Plans were developed in conjunction with providers and the CCG will continue to monitor activity against these plans on a monthly basis for the remainder of 2020/21. Indications are that the second national lockdown initiated on 5th November 2020 has resulted in a further decrease in unplanned care activity at lead providers for the CCG.

Mental Health

The Eating Disorder service has reported 40% of patients commencing treatment within 18 weeks of referral in November 2020, compared to a 95% target. 10 patients out of 25 commenced treatment within 18 weeks. This shows an improvement on the previous three months.

For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership performance was 0.78% in November, below the target standard of 1.59%. The percentage of people who moved to recovery was 47.1% in November 2020, just below the 50% target but an improvement from the previous two month's performance. Year to date the CCG's performance is at 42.71%.

South Sefton CCG is recording a dementia diagnosis rate in November of 57.1%, which is under the national dementia diagnosis ambition of 66.7%. This is slightly lower than last month's performance.

Demand for Autistic Spectrum Disorder (ASD) assessment and diagnosis (270 approx. per year in Sefton) is in excess of assessment capacity. Commissioners are considering a business case for investment to address current waiting times. In the interim, the CCG has approved non-recurrent investment so support a waiting list initiative to reduce backlog numbers.

In quarter 2 2020/21 year to date, 12.4% of South Sefton CCG patients identified as having a learning disability received a physical health check. This is slightly below the CCG's target of 16.1%.

Adult Community Health Services

Focus with the Trust remains on COVID-19 recovery/resilience 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 and an understanding of services that are not operating at pre-COVID levels. 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 8 assurance, the Trust has advised that AHP waiting times are showing improved positions with all services within the 18 week standard. The CCG continues to monitor these with close monitoring of the Speech & Language Therapy (SALT) service. Consideration will be given to reduce the waiting times targets in 2021/22 in recognition of the sustained improved performance in line with agreed transformation work by the Trust.

Children's Services

Alder Hey Trust raised queries with the CCG regarding the validity of the eating disorder referral and breaches data provided as part of the Q1 and Q2 2020/21 national mental health data set and this was withheld to allow sufficient time for the Trust to investigate. The CCG has reviewed the Q1 and Q2 data provided by the Trust and is assured that the service performed within the required targets with no breaches in the waiting times for urgent referrals, which were all seen within one week.

In quarter 2 2020/21, 8.8% of children and young people (CYP) with a diagnosable mental health condition received treatment from NHS funded services. Year to date performance is at 35.6% which

shows that performance is on track to achieve the annual plan of 35%. This is in large part due to the reporting of Venus and Kooth data through the national data set which commenced in 2019/20. There are also plans for third sector provider Parenting 2000 to start to flow their data in Q4 and it is noted that the increase in CAMHS provision and increased mental health provision in response to COVID-19 will also positively impact on access rates.

In November 2020, 93% of CYP on an ASD pathway started an assessment within 12 weeks and 98% completed an assessment within 30 weeks, above the 90% target. Likewise for CYP on an ADHD pathway, 100% started an assessment within 12 weeks and 96% completed an assessment within 30 weeks, against a 90% target.

For Child and Adolescent Mental Health Services (CAMHS), the 92% target for referral to choice within 6 weeks was not achieved in November with 87.3%, and the percentage referred to partnership within 18 weeks was 51.9%, below the 75% target. There continues to be an increase in demand for the service which is being closely monitored by the CCG. Given the increase in demand for the service and the potential impact of COVID-19 on staff absence, the CCG has agreed additional short term investment to support service resilience and to ensure no further deterioration in waiting times.

In its ongoing response to the impact of COVID-19, Alder Hey continues to focus on the restoration and recovery of community services and CAMHS, formally agreeing that no therapy or CAMHS staff will be redeployed to other services in response to the second or future waves of the pandemic. The Trust has increased 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.

Alder Hey Trust has revised current reporting to ensure consistency across the patch. This new information shows that, for South Sefton CCG patients, the percentage of patients on an open RTT pathway waiting within 18 weeks has improved consistently since July/August and is reporting above the national 92% target for the SALT, occupational therapy and continence services. Performance has remained at 100% for the dietetics service during 2020/21.

The positive increase in community therapy services provision has enabled services to focus on reducing the numbers of CYP who have been waiting the longest whilst managing increases in referrals. Services continue to carry out local risk assessments and prioritise caseloads and new referrals in accordance with the risk and needs of CYP.

In relation to SEND, Waiting times for therapies and ASD/ADHD services (0-18) continue to exceed SEND KPIs. In November 2020 (the latest available dataset), therapy services achieved SEND targets for the third month in a row. Notably waiting times for speech and language therapy had reduced from 25.6 weeks in December 2019 to 12.6 weeks in November 2020, despite the impact of the pandemic. Also relating to SEND, a revisit was held on 8th Dec-20 with national and regional representatives from DFE and NHSE/I to assess overall progress made with improvement notice findings as part of the by-12 month review process, and outline areas requiring focus on prior to next re-visit planned in June-21. Feedback was positive and inspectors acknowledged the progress with the needs led ASD/ADHD Pathway, including the reduction in waiting times, and the response to increasing numbers whilst ensuring clear routes for those on the waiting list.

MEETING OF THE GOVERNING BODY February 2021

Agenda Item: 21/11	Author of the Paper: Terry Stapley Corporate Business Manager terry.stapley@southseftonccg.nhs.uk	Clinical Lead: N/A						
Report date: February 2021								
Title: CCG Published Registers 2020/21								
Summary/Key Issues: The members are presented with the CCG's published registers as at 31 st December 2020. The report includes an update on the work undertaken and the next steps planned for 2020/21, as reported to the Audit Committee in January 2021.								
Recommendation The Governing Body is asked to receive the report, noting the areas identified within the report and making recommendation for further consideration or improvement.		<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			Audit Committee, 27 th January 2021

Report to the Governing Body February 2021

1. Summary

The members are presented with an update on the published registers as at 31st December 2021 as presented to the Audit Committee for the:

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

2. Register of Procurements

The register captures the procurement decisions and is published on the CCG website.

<http://www.southseftonccg.nhs.uk/what-we-do/who-we-buy-services-from/our-procurements/previous-procurements/>

Next steps: Update

The information received in the last request for updates have been added into the register which has now been published on the CCG website.

Additional documentation is still being requested in support of any register updates including copies of approved minutes and meeting declaration forms.

The intention is to review the format of the register once the documentation is received. This is to ensure any changes capture the necessary information.

The request for the additional information is to ensure that any potential conflicts have been dealt with accordingly and that individuals are not making decisions where they are conflicted.

3. Register of Conflict Breaches

The register captures any CCG breaches as at 31st December 2020.

There have been no breaches identified or reported since the last report.

The latest version of the register can be found on the CCG website

<http://www.southseftonccg.nhs.uk/about-us/our-constitution/>

4. Register of Sponsorship

CCG staff, governing body and committee members, and GP member practices may be offered commercial sponsorship for courses, conferences, post/project funding, meetings and publications in

connection with the activities which they carry out for or on behalf of the CCG or their GP practices. All known offers, whether accepted, declined or scheduled, have been included within the sponsorship registers.

The current register is published on the CCG website and can be found here <http://www.southseftonccg.nhs.uk/about-us/our-constitution/>

Next Steps: Update

Work is continuing on the previous update provided to the committee. Since the previous meeting I have met with Judy Graves to clarify the next steps for action:

- Contacting the finance team to ensure there is a process for reporting any sponsorship payments on a regular basis; this is still yet to be determined whether it would be monthly or quarterly update.
- Review the information on the ABPI system and compare with information previously exported from the system.
- Report any discrepancies to ABPI (as described below).

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

Furthermore:

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

5. Register of Gifts and Hospitality

The register captures the current gifts and hospitality with the latest version presented in appendix A.

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

Next Steps: Update

The information received in the last request for updates have been added into the register which has now been published on the CCG website

6. Register of Interests

There is a fully compliant process in place for the management of the CCG conflicts. This includes:

Process:

- Quarterly requests for updates
- Ad hoc interim updates as a result of meeting declarations or responses to queries or chasers for information
- Regular reminders of responsibilities via staff bulletin and information leaflets

- Reminders sent to those that facilitate meetings so as to ensure raised as a regular agenda item, forms circulated with agenda and/or meeting pack, minuted accordingly and that any such declarations are notified to the reporting officer
- Links provided to the policy and website information
- Improvements made to new starter and leaver process; information contained within the staff handbook, induction pack and leaver form.
- Updates made to the staff handbook
- Review of staff bulletin to capture any information on starters, leavers and any other changes
- Information requests made to HR for information on starters, leavers, changes, individuals on long term sick, secondments, etc.

Content

- On requesting updates individuals are requested to confirm their entries. This ensures clarity on register content. Changes could be needed as a result of input error, omissions, change in interests and lack of clarity or detail on information provided.
- Differing register versions enables detailed process and information; unpublished and published
- Process introduced for the unpublished register that triangulates and identifies data from a number of differing sources; helps identify any gaps in process and those that have not responded
- Regular data cleanse of items that have elapsed for more than circa 7/8 months
- Review of membership and committees. The CCG is only required to publish information on members and decision makers. The inclusion of the membership information was added in order to identify those entries that are required to be published. The position of governing body member superseded the need for any further committee information.
- The identification of the members and decision makers also assists in the monitoring of responses from that cohort of individuals

The latest version of the registers, as at 31st December 2020, can be seen in appendices B, C, D and E, with the published version of the registers updated on the CCG website here

<http://www.southseftonccg.nhs.uk/about-us/our-constitution/>

Next Steps: Update

The information received in the last request for updates have been added into the register which has now been published on the CCG website

7. NHSE Conflicts of Interest Training

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

Module 1 of the training is mandatory for:

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

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

The current round of training has been available from 1 February 2020 and expires 31 January 2021. A review of individuals required to undertake this training has been carried out and has included:

- Current staff listing taking into consideration starters, leavers and changers since the completion of the first tranche of NHSE training which concluded end May 2018. This has also included a review of employment status and learning accounts as this has an impact on how the individual is able to access the training
- Committees and committee membership
- Clinical leads
- Governing body membership
- Statutory and mandatory training reports

Following review the individuals have now been contacted directly to complete the training. The completion of this will be monitored through the statutory and mandatory training reports, aim being to achieve 100% by the deadline of 31st January 2021.

8. Audit Committee Resolution: 27th January 2021

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

- Noted the work and improvements carried out through 2020/21
- Review required on the CCGs Gifts and Hospitality policy and ensure it reflects the training and national guidance. Communicate the adherence of the policy to staff.
- Review the how long entries are required to stay on the Gifts and Hospitality register.

9. Recommendations

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

10. Appendices

Registers as at 31st December 2020.

Appendix A: Register of Gifts and Hospitality

Appendix B: Register of Interests: Published – Governing Body, Contractors and Employees

Appendix C: Register of Interests: Published – Member Practices

Terry Stapley
Corporate Business Manager
January 2021

Register of gifts and hospitality

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

Recipient Name	Position	Date of Offer	Date of Receipt /Received (if applicable)	Details of Gift / Hospitality	Estimated Value	Supplier / Offeror Name and Nature of Business	Details of Previous Offers or Acceptance by this Offeror/ Supplier	Details of the officer reviewing and approving the declaration made and date	Declined or Accepted?	Reason for Accepting or Declining	Other Comments
Colette Page	Practice Nurse Lead	09/07/2019	09/07/2019	Provision of hospitality during a nurse educational meeting	£5	Napp Pharmaceutical			Accepted	Napp funded the event venue and refreshment	Collaborative working with to provide training free to nurses across the CCG
Colette Page	Practice Nurse Lead	04/07/2019	04/07/2019	Provision of hospitality during a nurse educational meeting	£5	Chiesi Pharmaceutical Industry			Accepted	Chiesi were funding the cost of the training event	Collaborative working with Chiesi to provide training free to nurses
Fiona Taylor	Chief Officer	10/02/2019	23/03/2019	Annual LMC dinner	£50.00	LMC	24/03/2017		Accepted	On behalf of CCG	
Lesley Fazenfield	Pharmacy Technician	05/09/2018	21/12/2018	Christmas meal / evening out	£40.00	The Strand Medical Centre GP Surgery	None	Chris Brennan	Accepted	Team building	
Janet Spallen	Senior Manager, Commissioning and Redesign	09/11/2018		Box of Chocolates	Unknown	Consultants working on behalf of Newton Europe	None		Accepted	Thank you gift.	
Debbie Fagan	Chief Nurse	14/08/2018	14/08/2018	Flowers	Unknown	CSU CHC Team	None	Debbie Fairclough	Accepted	As a thank you gift for support given.	
William Taylor	Clinical Lead: Diabetes	21/09/2018	21/09/2018	Invited to attend a meeting in relation to Diabetes. Includes overnight accomodation	Unknown	OmniaMed Communications (PCADS is sponsored by NAPP Pharmaceuticals but they have no input into the agenda or the content of the programme)	None		Accepted	The information gathered will assist in Clinical Role.	
CCG (Community Teams)	Commissioning Team (Transformation)	26/01/2018	26/01/2018	19 Blood Pressure Wrist Watches	Unknown	Public Health		Debbie Fairclough	Accepted	Offered and accepted to support the cardiology pilot and community teams.	
Jennifer Johnston	Lead Pharmacist	01/01/82018	January 2018	Sandwich	£3	GSK Rep	N/A	Susanne Lynch	Accepted		
Dr Jill Thomas	GP Member JMOG	Dec-17	Dec-17	Christmas Meal	£30	Norwood Surgery	N/A		Accepted		
Emma Dagnall	Meds management pharmacist	22/12/2017	22/12/2017	Cash	£20	Concept House Surgery	N/A		N/A	N/A	
Alain Anderson	Medicines Management Technician	21/12/2017	21/12/2017	Money	£20.00	Concept House Surgery			Accepted		

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

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Interest Declared at meeting	Nature of Interest	Date of Interest		Action taken to mitigate risk	Notes
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests				From	To		
Helen	Armitage	Representative on Governing Body (on behalf of co-opted member)	Sefton MBC										
Matthew	Ashton	Governing Body - Co-opted	Nil							31 March 2020			
Graham	Bayliss	Governing Body Member	Pharmaceutical Company			✓	Indirect	Friend works at a Pharmaceutical Company who deals with CCG	2000	Current	Interest declared at relevant meetings		
Graham	Bayliss	continued...						Remuneration Committee 17/3/2020 agenda item 20/7 MIAA Review and Remuneration Framework for Clinical Commissioners/ Contractors: Update Item discusses the remuneration of Lay Members and their ability to claim travel expenses	17/03/2020	17/03/2020	Interest declared at meetings, excluded from decision making on this topic and a note made that Remuneration Committee does not have the power to approve changes, only recommend them to the Governing Body. Where conflicts at Rem Com have arisen in the past, this is how they have been dealt with.		
Craig	Blakey	Clinical Lead (Urgent Care)	Glovers Lane Surgery University of Liverpool South Sefton GP Federation		✓		Direct Direct Indirect	Salaried GP Communities Clinical Teacher Wife is Director for federation.	November 2019 November 2019 January 2020	Current Current Current	All interests declared at relevant clinical meetings and excluded from decision making as relevant and appropriate All interests declared at relevant clinical meetings and excluded from decision making as relevant and appropriate All interests declared at relevant clinical meetings and excluded from decision making as relevant and appropriate	December 2019 bulletin. Issue 42	
Peter	Chamberlain	Governing Body	Westway Medical Centre Mersey Care	✓			Direct Direct	GP Partner Secondment to Merseycare NHS trust to assist in Community Services Transformation	Oct 2016 June 2017	Current Current	Interest declared at relevant meetings Excluded from making final decisions in relation to LQC funding Interest declared at relevant meetings ; 5. Prohibition from voting in respect of matters relating to Merseycare 6. Prohibition from making formal		
Peter	Chamberlain	Governing Body				✓	Indirect	Wife works in Merseycare Perinatal regional team	Jan-19	Current	No involvement with funding decisions Interest declared at relevant meetings during related discussions		

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Interest Declared at meeting	Nature of Interest	Date of Interest		Action taken to mitigate risk	Notes
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests				From	To		
Lyn	Cooke	Employee	Nil										
Jane	Elliott	Employee	Nil										
Debbie	Fagan	Employee Governing Body	NHS Southport and Formby CCG (NHS)		✓		Direct		Joint appointment		Current		Stepped down from Governing Body following secondment position.
Debbie	Fairclough	Management Consultant	DF Consultancy	✓			Direct		Sole trader (Owner)	May 2016	Current	excluded from decision making with regard to this organisation No action required	
			Knowsley CCG			✓	In-direct		Daughter (Danielle McCulloch) employed by as Commissioning Manager	May 2016	Current		
			Southport & Formby CCG	✓			Direct		Provide management consultancy support	May 2016	Current		
			Multi Health Specialists (associate contractor)		✓		Direct		Working at Birmingham and Solihull CCG: via Multi Health	May 2019	Current		
Debbie	Fairclough <i>Continued</i>	Management Consultant	Bridgwater NHS Trust	✓			Direct		Provision of governance support	March 2020	August 2020	CCG does not commission services from Bridgwater. In the event that this did occur DF to be excluded from any discussions or decisions. DF to declare if any further support is provided. Excluded from decision making with regard to this organisation DF to declare if any further support is provided. DF to declare if any further support is provided.	
			MIAA Solutions	✓			Direct		DF Consultancy remains an associate of MIAA Solutions although have not provided any support since October 2018. MIAA Solutions is an entirely separate function from the Internal Audit service that provides internal audit support to the CCG.	July 2018	October 2018		
			Director of DFC Consultancy Ltd	✓			Direct		Director	13.10.2020	Current		
			Director of DFC Consultancy Ltd	✓			Direct		Providing support to MIAA Solutions to support the CHC Deferred Assessment Programme	10.10.2020	10.11.2020		
			Director of DFC Consultancy Ltd	✓			Direct		Working with MIAASolutions /MHS to provide CHC project support to Wigan and Wirral CCG	12.2020	Current		

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests				From	To		
Craig	Gillespie	Governing Body (Crosby Locality)	Blundellsands Surgery, 1 Warren Road, L23 6TZ	✓		✓	Direct	Partner	2008	Current	To not have voting rights for decisions that affect General Practice.	Financial interest commenced in January 2018.	
			Member of South Sefton GP Federation	✓			Direct	Member	Jan 2016	Current	To have no involvement in any decision where South Sefton GP Federation have an interest.		
Craig	Gillespie continued	Governing Body	Crosby and Maghull PCN	✓			Direct	Clinical Director	1 Jan 2019	30/03/2020	No voting rights for decisions impacting on General Practice or PCNs		
			Bootle , Crosby & Maghull PCN	✓			Direct	Clinical Director	01/04/2020	Current	No voting rights for decisions impacting on General Practice or PCNs		
Susan	Gough	Clinical Lead (Mental Health)	Westway Medical Centre	✓			Direct	GP Partner of member practice then sessional GP	18/02/2003 then: 01/04/2018	31/03/2018 then: Current	Interest declared at relevant meetings		
Georgina	Halstead	Governing Body Member and Clinical Lead for Safety	Concept House Surgery 17 Merton Road Bootle L20 3BG	✓			Direct	Partner	July 2013	Current	Interest declared at relevant meetings and voting rights to be suspended on matters related to GP practices	Vice Chair of CCG Quality Committee and Clinical Lead for Quality	
			South Sefton GP Federation	✓			Direct	Member of Federation	2017	Current	Interest declared at relevant meetings and voting rights to be suspended on matters related to federation		
			Bootle Primary Care Network	✓			Direct	Member of Network	July 2018	Current	Interest declared at relevant meetings and voting rights to be suspended on matters related to federation		
Debbie	Harvey	Employee - Clinical Lead	Concept House Surgery 17 Merton Road Bootle L20 3BG	✓			Direct	Salaried GP	1 September 2014	Current		Clinical Lead for Cancer and End of Life SS CCG and End of Life S&F CCG	
			MacMillan GP, Wirral	✓			Direct	GP	January 2017	Current			
			Cheshire and Merseyside NWC SCN	✓			Direct	CRUK GP Lead and EOL Lead	September 2014 and March 2016	Current			
			Cancer Alliance Cheshire and Merseyside	✓			Direct	Board Member and MacMillan GP IOM	March 2017 and July 2016	Current			
				✓			Direct			Current	Interest declared at relevant meetings		
Wendy	Hewitt	Employee	Nil										

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Interest Declared at meeting	Nature of Interest	Date of Interest		Action taken to mitigate risk	Notes
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests				From	To		
Anna	Hunter	Clinical Lead	Strand Medical Centre	✓			Direct		GP Partner of Member Practice	2003	Current	Interests to be declared at relevant meetings	Clinical Lead position for South Sefton CCG commenced August 2017 Partner of South Sefton CCG member practice
			Sefton MBC	✓			Direct		Clinical Lead for Sexual Health	August 2012	Current		
			Southport & Formby CCG	✓			Direct		Clinical Lead for Transgender Service	August 2017	Current		
Tracy	Jeffes	Employee	Nil										
Maureen	Kelly	Governing Body (co-opted from Health Watch)	Nil										
Ruari	Killlough	Employee and Clinical Lead	Westway Medical Centre		✓		Direct		Lead GP for social prescribing (Maghull & Crosby PCN)	Sept 2019	Current	Conflict will be highlighted and discussed with CCG manager if conflict should arise	
Jan	Leonard	Employee	SF GP Federation (NHS)		✓		Indirect		Sister is a member of the SF GP Federation		Current	Internal governance process mitigates this risk via committee / approvals process.	
Niall	Leonard	COVID-19 Clinical Advisor and GP Gastroenterology Pathway Advisor	Roe Lane Surgery	✓			Direct		Sessional GP	2018	Current		
			Exactamedico Legal Ltd	✓			Direct		Director	2010	Current		
Jane	Lunt	Governing Body Member	Liverpool CCG		✓		Direct		Chief Nurse (substantive post) and Interim Chief Nurse for S&F CCG	01/10/2019	30/06/2020	Conflict declared at each meeting as part of the regular joint declarations.	Conflict arises from being party to confidential or other information which has a material impact on substantive post.
			Southport & Formby CCG		✓		Direct						
Jane	Lunt <i>continued</i>	Employee and Governing Body					Prejudicial	CCG Governing Body PTII Private SS 4/6/2020	AOB: VSM discussion under AOB. Member conflicted as part of the Senior Management team.	4th June 2020	4th June 2020	Declaration submitted and minuted. Member vacated the meeting prior to the item and therefore was not present during the time and took no part in the discussion.	

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Interest Declared at meeting	Nature of Interest	Date of Interest		Action taken to mitigate risk	Notes
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests				From	To		
Susanne	Lynch	Employee	Cambridge Road Pharmacy (NHS)		✓		Indirect		Husband is a business partner and superintendent pharmacist for Cambridge Road Pharmacy	2014	Current	Excluded from signing off invoices for commissioned community pharmacy services. Delegate work involving this pharmacy to other senior pharmacists.	
Karl	McCluskey	Employee	Nil										Sick leave from mid October 2019 Leaving date 17.09.2020
Martin	McDowell	Employee Governing Body Member	NHS Southport & Formby CCG (NHS)		✓		Direct		Joint appointment as CFO at NHS Southport and Formby CCG and NHS South Sefton CCG	2013	Current	Protocols in place with Chairs, GB & SLT of both organisations	
			Liverpool E&P Theatres				✓	Indirect		Partner is Director of Finance	1/9/18	Current	Monitor decision making.
Martin	McDowell <i>continued</i>	Employee and Governing Body					Direct	CCG Governing Body PTII Private SS 4/6/2020	AOB: VSM discussion under AOB. Member conflicted as VSM employee.	4th June 2020	4th June 2020	Declaration submitted and minuted. Member vacated the meeting prior to the item and therefore was not present during the time and took no part in the discussion.	
Alison	Ommrod	Employee	Mersey Care			✓	Indirect		Son is employed as Financial Support Supervisor	3 January 2017	Current	Interest declared at relevant meetings. Exclusions from discussions/decision making where conflicted.	
Brendan	Prescott	Employee	Aintree Hospital (NHS)		✓		Indirect		Spouse is an employee at Liverpool University Hospitals NHS Foundation Trust	2013	Current	Interest declared at relevant meetings.	
Angela	Price	Employee	Nil										
Jikta	Roberts	Seconded	tbc										
Sunil	Sapre	Governing Body Member	S2S Health Ltd	✓			Direct		Director.	11th June 2016	Current	Interest declared at relevant meetings	
			Maghull Health Centre, L31 0DJ		✓		Indirect		Wife is also Practice Manager and Partner, Son-in-Law is also a partner.	July 1993/ April 2005 October 2013	Current	Interest declared at relevant meetings	
			Daughter is Consultant Pshychiatrist in Wirral			✓	Indirect		Daughter is Consultant Pshychiatrist	11th June 2016	Current	No mitigation required.	

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Interest Declared at meeting	Nature of Interest	Date of Interest		Action taken to mitigate risk	Notes
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests				From	To		
Alan	Sharples	Governing Body Member Lay member for Governance	Cheshire and Wirral Partnership NHS FT			✓	Indirect	Wife (Rebecca Burke-Sharples) is a Non-Executive Director	22nd Jan 2005	Current		Appointed August 2019	
			Vision 4 Children (The Littler Trust)			✓	Direct	Trustee	Sep 2009	Current	Interest declared at relevant meetings		
Alan	Sharples	continued...						Remuneration Committee 17/3/2020 agenda item 20/7 MIAA Review and Remuneration Framework for Clinical Commissioners/ Contractors: Update	Item discusses the remuneration of Lay Members and their ability to claim travel expenses	17/03/2020	17/03/2020	Interest declared at meetings, excluded from decision making on this topic and a note made that Remuneration Committee does not have the power to approve changes, only recommend them to the Governing Body. Where conflicts at Rem Com have arisen in the past, this is how they have been dealt with.	
Jeff	Simmonds	Governing Body	Southport & Formby CCG	✓			Direct	Governing Body member		Jan-18	Current	Protocols in place with Chairs, GB & SLT of both organisations and interest declared at relevant meetings	
Jeff	Simmonds	Governing Body continued						Remuneration Committee 17/3/2020 agenda item 20/7 MIAA Review and Remuneration Framework for Clinical Commissioners/ Contractors: Update	Item includes proposals in relation to Secondary Care Doctor which is the position held by JS	17/03/2020	17/03/2020	Interest declared at meetings, excluded from decision making on this topic and a note made that Remuneration Committee does not have the power to approve changes, only recommend them to the Governing Body. Where conflicts at Rem Com have arisen in the past, this is how they have been dealt with.	
Charlotte	Smith	Representative on Governing Body (on behalf of co-opted member)	Nil - Sefton MBC										

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Interest Declared at meeting	Nature of Interest	Date of Interest		Action taken to mitigate risk	Notes
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests				From	To		
Fiona	Taylor	Employee Governing Body Member	NHS Southport & formby CCG		✓		Direct	Joint appointment as CFO at NHS Southport and Formby CCG and NHS South Sefton CCG	2013	Current	Protocols in place with Chairs, GB & SLT of both organisations		
							Direct		Conflict raised at PTII Private GB meeting (May 2017 - GB17/94 and GB17/95)	May 2017	Current		Chair notified in advance, declaration declared at the commencement of the meeting, FLT vacated meeting whilst item was discussed.
Fiona	Taylor <i>continued</i>	Employee and Governing Body					Direct	CCG Governing Body PTII Private SS 4/6/2020 AOB: VSM discussion under AOB. Member conflicted as VSM employee.	4th June 2020	4th June 2020	Declaration submitted and minuted. Member vacated the meeting prior to the item and therefore was not present during the itme and took no part in the discussion.		
William Nigel	Taylor	Employee and Clinical Lead	Eastview Surgery (General Practice)		✓		Indirect	Married to Dr Harwood, salaried GP at Eastview Surgery	14 February 2014	Current	All interests declared at relevant meetings and excluded from decision making as relevant and appropriate.		
			AQuA			✓	Direct	Member of Clinical Refernce Group	2006	Current			
			Primary Care Diabetes Society			✓	Direct	Member	2004	Current			
			Diabetes UK			✓	Direct	Member	November 1999	Current			
			British Heart Foundation			✓	Direct	Member	November 1999 November 1999	Current			
			MSD Janssen, Sanofi, AstraZeneca				Direct	Educational sessions and Chairing meeting services provided; honararium received.	2006	Current			
			C&M Diabetes SCN			✓	Direct	Member	2007	Current			
			Merseyside Retinal Screening Board	✓		✓	Direct	Member	March 2018	Current			
			C&M Health & Care Partnerships			✓	Direct	Member of Diabetes Programme Board	August 2018	Current			
			Wirral University Teaching Hospital NHS Foundation Trust			✓	Indirect	Niece employed as Physiotherapist	2015	Current			

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Interest Declared at meeting	Nature of Interest	Date of Interest		Action taken to mitigate risk	Notes
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests				From	To		
William Nigel	Taylor continued	Employee and Clinical Lead	Liverpool University Hospitals Foundation Trust		✓		Indirect		Niece employed as theatre nurse	June 2018	Current	All interests declared at relevant meetings and excluded from decision making as relevant and appropriate.	Payment received for work undertaken looking at guidance for patients recovering from Acute Kidney Injury (AKI RAND).
			Member of Primary Care Academy of Diabetes Specialists		✓		Direct		Member of academy	September 2018	Current		
			Royal College of General Practitioners	✓			Direct		Ad hoc work	21 May 2019	Current		
			Health and Care Partnership Elective Care Board	✓			Direct		Primary Care Clinical Lead for Nephrology	September 2019	15 June 2020		
Jill	Thomas	Employee	Nil										
Cameron	Ward	Contractor	Age Concern Tyneside South, based in South Shields (a charity for older people)			✓	Direct		Trustee	April 2018	Current	No interest as the charity provides services to older people in the north east of England	
			Mtech (advisor to organisations providing services/ supplies to the NHS)	✓			Direct		Associate providing ad hoc paid advice	March 2020	Current	No financial interest in CCG commissioning decisions	
Cameron	Ward continued	Contractor	NECS – a provider of commissioning support services	✓			Direct		Associate providing advisory services	2016	Current	No financial interest in CCG commissioning decisions. Will not be involved in any decision regarding CSU support	
John	Wray	Governing Body Member (GP Clinical Director) and Clinical Lead	NWAS		✓		Direct		NWAS Merit Team Dr then Associate Medical Director	2015 then 1st June 2017	Current	Excluded from decision making regarding this organisation	Interest declared at relevant meetings
			Concept House Surgery, Bootle L20		✓		Direct		Salaried GP	01/07/17	Current	Interest declared at relevant meetings	

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Member Practice	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
					Nil	Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Navaid	Alam	Member practice	North Park Medical Centre		Nil								
Catherine	Aspden	Member practice	Bootle Village Surgery	Bootle Locality					Chair of Bootle PCN				
Chavi	Bhatnagar	Member practice	Glovers Lane Surgery Netherton L30 5TA		Nil								
Gus	Bernie	Member practice	42 Kingsway	SS Federation Crosby Locality					Director of SS Federation	TBC			
Gus	Bernie (continued)	Member practice	42 Kingsway	SS Federation Crosby Locality				✓	Indirect	Wife - Associate Director of Public Health in Liverpool (Liverpool Council)	TBC	Current	Interest declared at relevant meetings
Graham	Bird	Member practice (partner)	Liverpool Road Medical Practice Drs Bird and Kassha 133 Liverpool Road Crosby L23 5TE	Practice partner	Nil								
Hannah	Brooks	Member practice (partner)	Glovers Lane Surgery Netherton L30 5TA	South Sefton CCG South Sefton Federation				✓	Indirect	Husband (Dr Craig Blakey) is Clinical Lead for CCG.	Dec 2019		All interests declared at relevant clinical meetings and excluded from decision making as relevant and appropriate.
								✓	Direct	Director of Federation.	Jan 2020		All interests declared at relevant clinical meetings and excluded from decision making as relevant and appropriate.
Jon	Clarkson	Member practice			Nil								

South Sefton CCG Register of Interests
Member Practices
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					Nil	Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Peter	Chamberlain	Member practice (GP Partner)	Westway Medical Centre	South Sefton CCG		✓			Direct	Governing Body member and Clinical Lead	TBC	Current	Interest declared at relevant meetings	
				Mersey Care					✓	Direct	Secondment to Merseycare NHS trust to assist in Community Services Transformation	June 2017	Current	Interest declared at relevant meetings ; 5. Prohibition from voting in respect of matters relating to Merseycare 6. Prohibition from making formal representation on behalf of Merseycare in any CCG meeting
Joanne	Cross	Member practice	North Park Medical Centre		Nil									
Brian	Fraser	Member practice	Ford Medical Practice (General Practice)			✓			Direct	GP at Ford Medical Practice		Current	Interest declared at relevant meetings	
			Sefton LMC (NHS)					✓	Direct	Chair of Sefton LMC				
			Royal Liverpool and Broadgreen University Hospitals (NHS)					✓	Indirect	Spouse employed by RLBHUT				
Craig	Gillespie	Governing Body Member and Member Practice (practice partner)	Blundellsands Surgery	South Sefton CCG Governing Body member		✓			Direct	Governing Body Member	2003	Current		
				South Sefton GP Federation				✓		Direct	Member	2016	Current	
				Crosby & Maghull PCN				✓		Direct	Clinical Director	1 Jan 2019	30/03/2020	
				Bootle , Crosby & Maghull PCN				✓		Direct	Clinical Director	01/04/2020	Current	
David	Goldberg	Member practice	Concept House Surgery 17 Merton Road Bootle L20 3BG	Nil										
Peter	Goldstein	Member practice			Nil									

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					Nil	Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Sue	Gough	Member practice	Westway Medical Centre		Nil				Direct	GP partner of member practice 18/2/03 to 31/3/18 Sessional GP 1/4/18 to current	18/02/2003 01/04/2018	31/03/2018 Current	Interest declared at relevant meetings	
Gina	Halstead	Member practice (partner)	Concept House Surgery 17 Merton Road Bootle L20 3BG	South Sefton CCG		✓			Direct	Governing Body Member	July 2013	Current	Interest declared at relevant meetings and voting rights to be suspended on matters related to GP practices Interest declared at relevant meetings and voting rights to be suspended on matters related to federation Vice Chair of CCG Quality Committee and Clinical Lead for Quality	
				South Sefton GP Federation				✓		Direct	Member of federation	2017		Current
				Bootle Primary Care Network					✓		Direct	Member of PCN		July 2019
Elizabeth	Harwood	Member Practice (salaried GP)							In-direct	Married to Dr W N Taylor, Clinical Lead for respiratory and long term conditions Southport & Formby CCG and South Sefton CCG	14/02/2014	Current	Interest to be declared at relevant meetings	
			Eastview Surgery (SS CCG)			✓				Direct	Salaried GP Eastview Surgery	1/4/2017	Current	Interest to be declared at relevant meetings

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					Nil	Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Anna	Hunter	Member practice (partner)	Strand Medical Centre			✓			Direct	GP Partner	2003	Current	
		Clinical Lead		Sefton MBC		✓			Direct	Clinical Lead for Sexual Health	August 2012	Current	
		Clinical Lead		South Sefton CCG		✓			Direct	Clinical Lead for Transgender Service	August 2017	Current	
Kays	Kassha	Member practice (partner)	Liverpool Road Medical Practice Drs Bird and Kassha 133 Liverpool Road Crosby L23 5TE	Partner	Nil								
Jakub	Krecichwost	Member practice	Aintree road Medical Centre, Liverpool Maghull Family Surgery		Nil								
Ruari	Killough	Member Practice	Westway Medical Centre	South Sefton CCG		✓			Direct	Clinical Lead for CCG	2/12/2019	Current	Conflict will be highlighted and discussed with CCG manager if conflict should arise
				South Sefton CCG		✓			Direct	Lead GP for social prescribing (Maghull & Crosby PCN)	Sept 2019	Current	
Colette	McDonagh	Member practice	30 Kingsway Surgery, Waterloo, L22 4RQ		Nil								
Emma	McDonnell	Member practice	Bridge Road Medical Centre	Member of Sefton LMC				✓	Direct	Member	April 2019		Interests to be declared at all relevant meetings and voting rights suspended at discretion of the Chair
				Chair, Seaforth and Litherland Locality				✓	Direct	Chair	7 Feb 2018		Interests to be declared at all relevant meetings and voting rights suspended at discretion of the Chair
				Deputy Chair of Seaforth & Litherland PCN				✓	Direct	Deputy Chair	1 July 2019		Interests to be declared at all relevant meetings and voting rights suspended at discretion of the Chair

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Member Practice	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk	
					Nil	Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Colette	McElroy	Member Practice (partner)	Dr C A McElroy & Partners 15 Sefton Road, Litherland, Merseyside L21 9HA		Nil						Principle Partner	Current		
Hannah	McKay	Member Practice (salaried GP)	GP UC24 Crossways				✓				Salaried GP for UC24 based clinically at UC24Crossways and deliver remote/at scale care across the 7 UC24 practices PCN Connecting Crosby Support Role	1 Dec 2018	Current	
Karen	McKracken	Member practice	Drs Berny and Vitty 40-42 Kingsway, Waterloo, Liverpool L22 4RQ	SS Federation Crosby locality	Nil						Director of SS Federation			
Kebsi	Naidoo	Member practice	Blundellsands Surgery		Nil									
Pauline	Needham	Member practice			Nil									
Halina	Obuchowicz	Member practice	Kew Surgery 85 Town Lane PR8 6RG		Nil									
Sandra	Oelbaum	PCN Member (Seaforth & Litherland Locality)	PC24	Seaforth & Litherland PCN Primary Care 24			✓		Direct Direct	Clinical Director/Chair Executive Medical/Clinical Director	01/04/2019 TBC	Current Current	Interest declared at relevant meetings	

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Member Practice	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
					Nil	Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Sophie	Reck	Member practice	Ford Medical Practice (General Practice)			✓			Direct	GP at Ford Medical Practice		Current	Interest declared at relevent meetings
Christine	Randall	Member practice	Cumberland House Surgery	Exacta Medical		✓			Direct	Wider Constitent rep on behalf of surgery.		Current	
			Cumberland House Surgery			✓			Indirect	Inhouse Pharmacy at practice: surgery receives income via rent Practice rents space to Physio		Current	
			Cumberland House Surgery			✓			Indirect			Current	
						✓			Direct	Director of Exacta Medical with husband		Current	
						✓				GPSI in Dermatology	2004	Current	
			Dermo Working Group			✓			Advisor to the group	2016	Current		
Janette	Rimmer	Member practice	PC24 Units 4-6 Enterprise Way Liverpool L13 1FB		Nil								
Anthony	Roberts	Member practice	Moore Street Surgery 77 Moore Street, Bootle, L20 4SE		Nil								
Naveen	Sahu	Member Practice	Bridge Road Medical Centre		Nil								

South Sefton CCG Register of Interests
Member Practices
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First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Member Practice	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk	
					Nil	Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Sunil	Sapre	Maghull Health Centre (Partner)	S2S Health Ltd			✓			Direct	Director.	11th June 2016	Current	Interest declared at relevant meetings	
			Maghull Health Centre, L31 0DJ			✓			Indirect	Wife is also Practice Manager and Partner, Son-in-Law is also a partner.	July 1993 and April 2005, October 2013	Current	Interest declared at relevant meetings	
			Daughter is Consultant Pshychiatrist in Wirral					✓		Indirect	Daughter is Consultant Pshychiatrist	11th June 2016	Current	No mitigation required.
			South Sefton CCG			✓				Direct	Governing Body member and Clinical Lead	tbc	Current	Interest declared at relevant meetings
Robin	Scott	Member Practice (salaried GP)	The Blundellsands Surgery, Crosby		Nil									
Dan	Seddon	Member practice	Litherland GP		Nil									
Graham	Sharrock	Member practice	Ford Medical Practice		Nil									
Helen	Shillcock	Member practice	Moore Street Surgery 77 Moore Street, Bootle, L20 4SE		Nil									
Andrew	Slade	Member practice	Glovers Lane Surgery Netherton L30 5TA		Nil									
Pauline	Sweeney	Member practice	Park Street Surgery Park Street Bootle L20 3DF		Nil									
Ade	Taiwo	Member practice	Ford Medical Practice (General Practice)		Nil									

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Member Practice	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
					Nil	Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Jill	Thomas	Member practice			Nil								
Carolyn	Thomson	Member practice	High Pastures Surgery, Maghull		Nil								
Terry	Thompson	Member practice	Dr C A McElroy & Partners 15 Sefton Road, Litherland, Merseyside L21 9HA		Nil								
Nigel	Tong	Member practice			Nil								
Martin	Vickers	Member practice (partner)	Bridge Road Medical Centre			✓		Direct	GP Partner		Current	No longer at Seaforth and Litherland meetings but still Chair of South Sefton GP Federation. Interest declared at relevant meetings.	
Phil	Weston	Member practice	High Pastures Surgery, Maghull	Maghul Locality					Chair of Maghull locality Member of LMC				
Samantha	Weston	Member practice	The Blundellsands Surgery, Crosby										
John	Wray	Member practice (salaried GP)	Concept House Surgery 17 Merton Road Bootle L20 3BG	NWAS South Sefton CCG			✓	Direct	NWAS Merit Team Dr then Associate Medical Director	2015 then 1st June 2017	Current Current	Excluded from decision making regarding this organisation Interest declared at relevant meetings	
						✓		Direct	Clinical Lead and Governing Body member	01/07/17	Current	Interest declared at relevant meetings	

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Member Practice	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
					Nil	Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Roy Doran Potts Vitty Berni	Swapna Clare Katherine Frederick Gustavo	Member practice	Drs Berny and Vitty 40-42 Kingsway, Waterloo, Liverpool L22 4RQ		Nil								
Practice			Park Street Surgery Park Street Bootle L20 3DF		Nil								

MEETING OF THE GOVERNING BODY February 2021

Agenda Item: 21/12	Author of the Paper: Terry Stapley Corporate Business Manager Terry.Stapley@southseftonccg.nhs.uk	Clinical Lead: N/A						
Report date: February 2021								
Title: Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map: Q3 2020/21								
<p>Summary/Key Issues:</p> <p>The members are presented with the updated Corporate Risk Register (CRR) and GBAF for Q3 2020/21 as at 15 January 2021. 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>Recommendation</p> <p>Following review and scrutiny, the Governing Body is asked to:</p> <ul style="list-style-type: none"> • approve the report content and actions • note the actions of the Audit Committee • make recommendation for any further updates and actions 		<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	X			Reviewed by the respective risk leads, committees and Leadership Team. The documents are as presented to the Audit Committee in January 2021

Report to the Governing Body February 2021

1. Executive Summary

The paper provides an updated Corporate Risk Register (CRR), Risk Heat Map and Governing Body Assurance Framework (GBAF) as at 15th January 2021 (Q3 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 15th January 2021 (Q3 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	1
High	8-12	7
Extreme	15 - 25	4

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 5 rated as high (score of 12) or above and currently aligned to:

- Access to Services: 2
- Quality and Performance: 1
- Primary Care Commissioning: 1
- COVID-19: 1

Of the 90 operational risks on the CRR as at 15th January 2021 (Q3 2020/21), there are 33 rated high (score of 12) or above:

- Financial Duties: 2
- Quality Assurance of Providers: 10
- Primary Care Services: 8
- Access to Services: 2
- Commissioning: 3
- Corporate Systems and Processes: 1
- COVID-19: 2
- Performance Targets: 5

The CRR presented (**appendix D**) now includes any risks reduced below the normal reporting threshold of 12 for one cycle. This is following discussion 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"> • 7 new risks 	<ul style="list-style-type: none"> • QUA083: The risk that the health related targets of the SEND improvement plan will not be met due to the impact of covid-19 on progress and ability to deliver, specifically the waiting times for therapy services and CAMHS. • QUA084: There is the is that children's and young people's mental health needs are not met due to an increasing demand for support and treatment as a result of Covid-19, which could be further exacerbated by lockdown 3 measures. • QUA085: Southport and Ormskirk Trust are currently not achieving the 95% of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E dept. causing overcrowding and the inability to practice safe social distancing supersedes risk 006. • QUA087: NWAS unable to achieve 15 minute handover target and at times of increased pressure are at risk of >60 minute handover breaches caused by ED overcrowding and resulting in poor patient experience. • QUA088: There is a risk that matters requiring escalation associated with complaints are missed as a result of ineffective complaints management arrangements being in place • QUA089: There is a risk that there will be an increase in complaints following CHC appeals outcomes as a consequence of the CHC framework being stepped back up on 1st September 2020. This could result in a backlog of complaints as there is insufficient capacity within the corporate team to manage additional volumes.
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	<ul style="list-style-type: none"> JC37: There is a risk that the PCNs will be unable to administer the COVID Mass Vaccine programme if appropriate premises are not identified for the receipt, storage and administration of the vaccine resulting in continued and sustained risk of COVID19 infection within the community and in care home settings
<ul style="list-style-type: none"> 3 risks increased 	<ul style="list-style-type: none"> FR011: There is a risk of non delivery of the CCG's control total in 2020/21 due to emerging pressures on expenditure or non-delivery of its savings plan. <ul style="list-style-type: none"> Rationale: The F&R Committee agreed to increase the consequence residual score from 4 to 5 as the overall financial pressure is now above £2m and the potential to make cash releasing savings is very limited. It was agreed not to increase the likelihood residual score of 4 due to the potential outcome of NHS related discussions taking place at a national level. FR0011a: 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. <ul style="list-style-type: none"> Rationale: The F&R Committee agreed to increase the likelihood residual score from 4 to 5 as it is almost certain that the CCG will not fully deliver its planned QIPP target in 2020/21. QUA084: There is the risk that children's and young people's mental health needs are not met due to an increasing demand for support and treatment as a result of Covid-19, which could be further exacerbated by lockdown 3 measures. <ul style="list-style-type: none"> Rationale: CCGs are considering additional short term funding to enhance the resilience of the locally commissioned CAMHS services. Providers are managing increases in demand by using additional capacity in existing team and agency staff. In collaboration with LAs, the Kooth contract has been renewed and additional funding agreed to continue to provide the enhanced covid-19 service from 2021 – 2024. Using national lottery funding, Alder Hey is setting up a short term 'covid support team' for CYP across Liverpool and Sefton. The CAMHS partnership has been successful in securing £720k for 2 x Mental Health Support Teams which are being set up to support CYP mental health in schools.
<ul style="list-style-type: none"> 23 risks remained static of which 8 have been recommended for removal: 	<ul style="list-style-type: none"> QUA011: Risk of infection/ hospital admission caused by poorly maintained nebuliser equipment resulting in harm to patients. <ul style="list-style-type: none"> 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. QUA014: 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 <ul style="list-style-type: none"> Rationale: Request closure of this risk due to risk being superseded by that described in the COVID related risks 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"> Rationale: Recommended for closure at JQPC in June 2020. Awaiting confirmation at Audit Committee.

	<ul style="list-style-type: none"> • QUA077: There is a risk that the challenging QIPP financial target in 2021 will impact on Mental Health LTP ambitions, e.g. Crisis, IAPT, Individual Placement Support, SMI health checks and CYP by the lack of available financial envelope for delivery. CCG is working with providers to agree part year allocations for development as per the Phase 3 guidance issued on 15 September MHIS as standard <ul style="list-style-type: none"> ○ Rationale: Request Close on CRR and for finance team to pick up. Stay on team register as BAU • JC25: (PTII confidential) • JC30: (PTII confidential) • JC33(PTII confidential) • JC34: (PTII confidential)
<ul style="list-style-type: none"> • 6 risks have reduced to below the reporting level 	<ul style="list-style-type: none"> • 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"> ○ Rationale: The CCG have secured alternative provision to maintain system flow. (recommended for closure) • C25: 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. <ul style="list-style-type: none"> ○ Rationale: HR function now managed by CCG Director of Strategic Partnerships Interim Programme Lead Corporate. Services and HR services continue to be commissioned from the CSU. • QUA080: There is a risk to the delivery and quality of phlebotomy service as it resumes business as usual in line with COVID restrictions - significant loss in capacity and potential increases in access times <ul style="list-style-type: none"> ○ Rationale: Operational delivery position significantly improved following local action plan to recover capacity and develop workforce. Waiting times mainly in line with KPIs as previous to COVID 19. • QUA087: NWAS unable to achieve 15 minute handover target and at times of increased pressure are at risk of >60 minute handover breaches caused by ED overcrowding and resulting in poor patient experience. <ul style="list-style-type: none"> ○ Rationale: NWAS are working collaboratively with the acute trust and are at present able to achieve ambulance handover of <30 minutes enabling the crews to clear. • QUA088: There is a risk that matters requiring escalation associated with complaints are missed as a result of ineffective complaints management arrangements being in place <ul style="list-style-type: none"> ○ Rationale: Q&P to receive complaints reports and GB to receive complaints report. • QUA089: There is a risk that there will be an increase in complaints following CHC appeals outcomes as a consequence of the CHC framework being stepped back up on 1st September 2020. This could result in a backlog of complaints as there is insufficient capacity within the corporate team to manage additional volumes <ul style="list-style-type: none"> ○ Rationale: The post is currently with the banding panel for confirmation of A4C Band, CCG will advertise the post with a view to having new starter in place December 20.

	SOPs being developed between the CCG and CSU to ensure there are effective arrangements in place for the management and escalation of those complaints.
<ul style="list-style-type: none"> Of the risks below the reporting level of 12: 11 have been recommended for removal (<i>see register</i>) 	<ul style="list-style-type: none"> QUA020a: 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. <ul style="list-style-type: none"> 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. 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"> 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. QUA027: There is a risk of decreasing Mental Health outcomes for adolescents and children caused by a lack of effective joint commissioning resulting in ineffective pathways of care. <ul style="list-style-type: none"> Rationale: Latest update is that the EHWP strategy is being refreshed. The CCG led a successful bid for new Mental Health Support Teams and this is being delivered through a partnership structure reporting formally to the EHWP Steering Group. Request that this risk be closed as the issue is being successfully progressed through the mitigating plans, controls and actions as outlined. Also the risk to CYP mental health has since been superseded by the impact of covid-19. QUA36: There is a risk of a lack of a simple discharge pathway from Mersey Care to primary care for patients with SMI caused by service overcapacity and lack of agreed shared care resulting in lack of continuity of care for patients the build up of a waiting list and reputational damage. Waiting lists still high. <ul style="list-style-type: none"> Rationale: Now BAU- request close risk on CRR and replace with ASD 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"> Rationale: Request to close due mandated usage of ERS by GPs. QUA066: There is risk that recommendations from the CQC review are not successfully implemented caused by delay or lack or ineffective implementation resulting in damage to the reputation of the CCG and the quality of safeguarding children and LAC services. <ul style="list-style-type: none"> Rationale: All actions against the CQC action plan have now been completed and all relevant evidence has been received by the CCG. The CQC action plan is now completed and therefore this risk can be closed. QUA69: There is a lack of formal process for issuing and maintaining nebuliser compressors and replacement tubing, caused by lack of funding from the CCG resulting in patients not receiving the necessary equipment for their respiratory condition. <ul style="list-style-type: none"> Rationale: This risk is to be removed as a provider risk

	<ul style="list-style-type: none"> • QUA076: Risk to the provision of IAPT services as a result of a failure to procure alternative service provision following CWP's notice to cease provision from April 2020. <ul style="list-style-type: none"> Long standing performance issues with IAPT provider around nationally mandated Access and Recovery KPIs. The provider served notice and CCGs undertook procurement exercise ○ Rationale: Now BAU Request close CRR and keep on team register • AC008: Risk of an act of fraud being perpetrated against the health body. This could originate internally, externally or collusively. It could be opportunistic or organised, isolated or on-going, with the overarching intent to cause a loss to the NHS and a personal or private gain to another. <ul style="list-style-type: none"> ○ Rationale: No longer a risk. Proposal to close risk. • JC26: (PTII confidential) • JC31: (PTII confidential)
COVID Risks	
<ul style="list-style-type: none"> • 13 risks have been recommended for removal 	<ul style="list-style-type: none"> • 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"> ○ 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 • C4: There is a risk that Acute hospitals are discharging patients to primary care/community or to self management and therefore will have an adverse effect on primary/community care capacity and patient health outcomes. <ul style="list-style-type: none"> ○ Rationale: Compliant initially raised in relation to a service at LUFT that was dealt with by the Head of Meds Management, no further complaints about inappropriate discharges have been received. • 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"> ○ Rationale: This risk is to be closed due to reopening of services and referrals being allowed • C6: Issues identified through SI process, and issues escalated via CCQRM, with assurances sort re: wider fail safe processes to ensure mitigations in place. <ul style="list-style-type: none"> ○ Rationale: SI process initiated and addition assurances sort via Elective care weekly calls with LCCG NO update due to COVID recovery - duplicate risk (C9) • C7: Issue relates to risk reference 004. StEIS report identified 2000 patients late to follow up. Issue will be addressed through the RCA, quality assurance process. and on weekly called with LCCG (lead commissioners). Additional email queries seeking assurance have also been actioned. <ul style="list-style-type: none"> ○ Rationale: SI process initiated and addition assurances sort via Elective care weekly calls with trust and LCCG, CCG are not aware of any concerns and have been given assurances that the Trust had mitigations in place, ie risk stratification, clinical validation and process for patients to contact if conditions

deteriorate.

- C8: There is a risk that Late to follow (S&O)- Patients on S&O surveillance registers/ scheduled follow ups, requiring follow up but delayed due to capacity prior to COVID-19 pandemic, will lead to poor patient experience and potential harm. Clarity required as to whether late to follow up patients have been prioritised for virtual consultations or risk stratified and clinical decision being made to delay follow ups.
 - Rationale: CCG are not aware of any concerns and have been given assurances that the Trust had mitigations in place, ie risk stratification, clinical validation and process for patients to contact if conditions deteriorate.
- 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 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.
 - Rationale: Request to close due to progression to Phase 3 planning and restoration supporting hcp.
- 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.
 - Rationale: Request to close due to staff recruitment and step down of IMT.
- 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.
 - 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.
- C30: There is a risk that patients will not be shielding due to delays in national EMIS searches being available
 - 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.
- C31: Risk to sustainability of General Medical Service due to COVID-19
 - 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.
- C32: There is a risk that patients will not be seen for essential ongoing appointments due to availability of staff in primary care
 - Rationale: Practices are utilising more online and video

	<p>consultations to allow for more agile working. Proposal to close risk.</p> <ul style="list-style-type: none"> • C35: 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. <ul style="list-style-type: none"> ○ Rationale: LA have increased testing capacity so no longer a risk to CCGs. Request to close
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COVID-19 Risk Positions (12+)

Risk	Score	Number of Risks
High	8-12	9
Extreme	15 – 25	4

CRR Operational Risk Positions (12+)

Risk	Score	Number of Risks
High	8-12	29
Extreme	15 – 25	14

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 was presented with a copy of the latest confidential SEND Continuous Improvement Board (CIB) risk register as at 8th December 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: 27th January 2021

At the Audit Committee meeting in January 2021 the membership reviewed and discussed the documents and approved it for submission to the governing body subject to the following:

- The members approved the following risks for removal as listed in section 2:
 - C2
 - C4
 - C5
 - C6
 - C7
 - C13
 - C14
 - C29
 - C30
 - C31
 - C32
 - QUA011
 - QUA014
 - QUA020a
 - QUA027
 - QUA036
 - QUA025a
 - QUA058
 - QUA025a
 - QUA062
 - QUA066
 - QUA076
 - QUA077
 - JC25 (PTII confidential)
 - JC26 (PTII confidential)
 - JC30 (PTII confidential)
 - JC31(PTII confidential)
 - JC33(PTII confidential)
 - JC34 (PTII confidential)
- 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
January 2021

South Sefton CCG
Governing Body Assurance Framework
2020/21
Update as at: 19th January 2021

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	Stephen Williams	12	12	<ul style="list-style-type: none"> • Sefton2gether plan agreed by all partners • Implementation plan prepared. • Implementation suspended due to Covid-19 (national request) • Recovery underway to incorporate Sefton2gether implementation • Phase 3 planning includes recovery and focus on addressing health inequalities incorporating Sefton2gether objectives • Planning underway for 2021/22 commissioning intentions to re-focus on Sefton2gether ambitions and objectives • Maintain communications with all stakeholders • System Leaders Group meeting held in November to align all partners to the strategies. A single plan to support implementation is to be developed by March 2021.
	1.2 Reconfigurations of organisations detract from implementation agenda	Stephen Williams	9	9	<ul style="list-style-type: none"> • Review implementation approach alongside potential organisational changes

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
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"> Joint Quality and Performance committee meetings continuing Review of performance and shortfall areas identified and pursued. Covid-19 will impact on provider abilities to meet standards Cancer Alliance supporting providers on cancer performance shortfalls
	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"> Statutory Lead in place NHSE approval of assurance against key standards. Full incident management team and cell arrangements established in response to of C-19 AO lead role for Sefton in wider system c-19 response IMT continuing to operate with the focus solely on the Mass Vaccine effort Sefton Mass Vaccine Strategic Group of stakeholders now established to co-ordinate a local response
	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	Debbie Fairclough	20	4	<ul style="list-style-type: none"> EU exit event attended NHSE sitrep procedure now paused NHSE EU exit webinars scheduled for forthcoming months for CCG leads EU planning arrangements to be reinstated Business continuity exercise for leadership team completed for February 2020 EU Exit planning arrangements to recommence

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 Chrissie Cooke	9	20	<ul style="list-style-type: none"> • UK left EU on 31.1.20 • NHSE will issue guidance in October 2020 setting out the NHS operational response requirements. • Interim Programme Lead – Corporate Services is the identified “UK end of transition SRO” for the CCG. • CCG liaises with LA in respect of traffic management risk assessments in the context of the supply of medicines not being disrupted particularly in relation to the COVID19 Mass Vaccine Programme • CCG responding to c-19 response through establishment of IMT and key cells • The UK exited the EU at the end of the transition period • Care home provider failure plan in place and has been tested • CCG and LA lead have met to consider and review risks and remain in contact to ensure any new risks are identified and managed • The COVID19 outbreak will have a significant and adverse impact on delivery of this objective.
3. To ensure delivery of the CCG’s QIPP plan and to align it with Sefton2gether and the work plan of	3.1 Failure to deliver the CCGs overall QIPP plan	Martin McDowell	9	20	<ul style="list-style-type: none"> • The COVID19 outbreak will have a significant and adverse impact on delivery of this objective.

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
<p>established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.</p>	<p>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. <i>(prev 6.1)</i></p>	<p>Tracy Jeffes</p>	<p>9</p>	<p>9</p>	<ul style="list-style-type: none"> • Integrated Commissioning Group membership expanded and joint development programme commenced. established and plan for more ambitious joint working • Pooled budget arrangements within BCF agreed and plan for more pooled budget arrangements • Working together on implementation plan for the Health & Wellbeing strategy and the 5 year plan • BCF steering group is actively reviewing commissioning activity in BCF plan • 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. • New BCF approved by council and governing bodies with s75 agreed • Many areas of development are paused to enable c-19 response, however now recommencing.
<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"> • PCN expectation document completed • LQC for 2019/20 operational and schemes live • 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

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
					<p>referral routes due to C-19. Two additional roles commenced and a further two in recruitment.</p> <ul style="list-style-type: none"> • Social prescribing link workers commenced in post December and now supporting C-19 response for most vulnerable • Extended access schemes all live. Monitoring of impact. Proposal for Formby to be presented to JOG • Draft quality dashboard being presented to PCCiC • PCNs have been completed plans and a maturity matrix for NHSE which will assist with planning and support from the CCG • Many areas of the PCN DES are now suspended due to C-19 but work on care homes continues. <ul style="list-style-type: none"> • Collaborative work across Sefton with partners to deliver the PCN care home DES is progressing • PCNs with CCG co-ordination have submitted PCN additional roles allocation plans to NHSE.

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
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"> Supporting the development of the Provider Alliance Producing a project initiation document and project plan for the development of the Provider Alliance Supporting monthly meetings of the Provider Alliance and the Operational Group CCG co-Charing (with Public Health) Falls Work Stream, Comms and Engagement and Social Prescribing Work streams in place for falls and childrens and social prescribing Operational Delivery Group being reviewed to improve effectiveness The COVID19 outbreak has had a significant and adverse impact on delivery of this objective but work has now recommenced
	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"> Phased development of PCNs PCN progress reviewed by Prim 3 PCNs now authorised MOUs in place for Medicines Hub Contractual monitoring in place for 7 day access service Development sessions with Wider Group The COVID19 outbreak will have a significant and adverse impact on delivery of this objective.
6. To progress a potential CCG merger to have in place an effective clinical commissioning group function.	6.1 Organisation reconfiguration detracts from strategic commissioning (prev 6.2)	Tracy Jeffes	9	9	<ul style="list-style-type: none"> Working together on developing the Health & Wellbeing strategy and the 5 year plan Ensuring the primacy of "place" within NHS guidance as the key planning

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

Strategic Objective 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.			
Risk 1.1	Diversion of supporting and recovering from COVID-19			
Risk Rating	Lead Director			
Initial Score	3 x 4 = 12	Stephen Williams		
Current Score	3 x 3 = 9	Date Last Reviewed		
		14 January 2021		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Informal Senior Leaders Oversight Group established with independent facilitator Regular liaison with partners including Board to Board meetings and co-ordination meetings Recovery groups in place for the S&O and Liverpool systems involving providers and commissioner Implementation Plan prepared Five year plan Sefton2gether agreed by partners. 		Action	Responsible Officer	Due By
		Preparing commissioning intentions for 2021/22	Stephen Williams	31.03.21
		Single implementation plan prepared and agreed	Stephen Williams	31.03.21
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Monthly IPR approach and reporting Review progress at Leadership Team Review progress at Health & Wellbeing Executive Group 				
Additional Comments:		Link to Risk Register:		

Strategic Objective 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.		
Risk 1.2	Reconfigurations of organisations detract from implementation agenda		
Risk Rating Initial Score 3 x 3 = 9 Current Score 3 x 3 = 9	Lead Director Stephen Williams Date Last Reviewed 14 January 2021		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> • Focussing on business as usual • Increased focussed on performance levels • Clarity of roles and responsibilities during times of change • Increased engagement and communications between partners 	Action	Responsible Officer	Due By
	Continuing to emphasise business as usual in all CCG dealings Progressing the development of a single implementation plan as the response to the pandemic allows	Stephen Williams	31.03.21
Assurances (how do we know if the things we are doing are having an impact?):			
<ul style="list-style-type: none"> • Single plan in place and supported by partners • Reviews of performance levels across the system and of individual organisations • Board to board meetings • Meetings within Cheshire & Merseyside Health & Care Partnership 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 2	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.			
Risk 2.1	There is a risk that identified areas of adverse performance are not managed effectively or initially identified			
Risk Rating Initial Score Current Score	4x4 = 16 4x4 = 16		Lead Director Cameron Ward/Martin McDowell Date Last Reviewed 30 September 2020	
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Roll out of Aristotle Business Intelligence portal makes performance information available to all CCG staff at all times New Integrated Performance Report framework means all key constitutional and other performance is reported on, and actions agreed at monthly Integrated Performance meeting with leads allocated Performance Exceptions formally considered through respective CCFs and Joint Quality and Performance committee Performance is standing agenda item at Leadership Team/Senior Leadership Team/Senior Management Team meetings each week. New management structure put in place with clear lines of accountability and responsibility Identified individuals update monthly through integrated performance meetings and SMT Links between Contracting team and CQPG to triangulate on quality aspects of performance CCG Improvement and Assessment Framework performance reported to Governing Body quarterly Continued monthly performance meetings internally On-going review of all standards by governing body Newly established escalation process has been developed for performance issues 		Action	Responsible Officer	Due By
		Continued monitoring of associated risks	All	On-going
		Monthly performance calls with NHSE to review all constitutional targets. Key areas are highlighted as exceptions: <ul style="list-style-type: none"> A&E performance Diagnostic test waits performance Cancer wait times performance RTT performance 	All	On-going
		Performance issues highlighted during fortnightly SMT meetings and weekly meetings with CCG commissioning staff	Martin McDowell	On-going
		Potential impact on performance with efforts focussed on Covid-19		
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Weekly discussions of performance issues at LT/SLT/SMT and progress on actions checked Integrated Performance Report shows CCG understanding of issues and oversight of actions Integrated Performance Reports may show improved performance as a result of robust management by CCG Performance continues to be maintained Monthly check and challenge meetings with planned/unplanned care leads will become part of the QIUPP and Financial recovery meeting 				

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

Strategic Objective 2	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.		
Risk 2.2	Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category 2 responder.		
Risk Rating	Lead Director		
Initial Score	4x4=16	Tracy Jeffes-Debbie Fairclough	
Current Score	2x4=8	Date Last Reviewed	
		15 January 2021	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> • CCG Commissions EPRR and Business Continuity support from MLCSU • CCG has in place business continuity plans with plans and strategies refreshed September 2018 • Emergency Planning training • CCG Statutory Lead Director of Place – South Sefton • NHSE Self-Assessment Assurance process completed. Development Plan in place. • Business Continuity Plans exercised, with an action plan being progressed as a result of the plan being implemented. • Mutual aid confirmed with neighbouring CCGs • Fast access laptops now in place to enable working at remote locations at all times • Deep Dive assessment of severe weather impact undertaken • Leadership Training completed in February 2020 for Programme Lead for Corporate Services • Incident Management Team has been in place since outset of the pandemic • IMT continuing to operate with the focus solely on the Mass Vaccine effort 	Action	Responsible Officer	Due By
	Action plan from exercising from Business Continuity Plans being implemented	Lisa Gilbert	Ongoing
	On-going training for key staff – multiagency response training event.	Tracy Jeffes	Ongoing
	Leadership training to take place in February 2020 – completed	Programme Lead for Corporate Services	Completed
	AO lead role for Sefton in wider system c-19 response		
	Sefton Mass Vaccine Strategic Group of stakeholders now established to co-ordinate a local response.		
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> • NHSE assurance through self-assessment and improvement plan • Response received from NHSE assuring our assessment and plans. Substantial assurance received from NHSE against the EPRR core standards for 2018/19. 	<ul style="list-style-type: none"> • System wide Pan Flu planning to be established • Sefton COVID19 Mass Vaccine plan to be finalised and implemented 		
Additional Comments:	Link to Risk Register:		

Strategic Objective 2	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.		
Risk 2.3	Failure to have in place plans in the event of a no-deal Brexit after the transition period may result in adverse consequences for patients due to potential medicines supply issues		
Risk Rating	Lead Director		
Initial Score	4x5=20	Jan Leonard-Debbie Fairclough	
Current Score	2x2=4	Date Last Reviewed	
		15 January 2021	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> CCG continues to participate in NHSE events on planning CCG MM lead is linked into national programme MM hub model will provide medicines resilience in primary care Communication from NHS England shared with practices and LMC asking for feedback on any specific issues. EU no deal NHSE Sitrep procedure now implemented EU exit lead attended planning workshop Business continuity plans and strategy have been updated and approved by LT 8.10.19 Business continuity exercise for leadership team held February 2020. The UK exited the EU at the end of the transition period 	Action	Responsible Officer	Due By
	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.		
	EU Sitrep daily process in place which enables continued vigilance on any post transition impacts	Debbie Fairclough	Daily
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
Additional Comments:	Link to Risk Register:		

Strategic Objective 2		To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.		
Risk 2.4		Failure to have in place care home provider failure plans could adversely affect continuity of care for patients		
Risk Rating		Lead Director		
Initial Score	3 x 3 = 9	Jane Lunt Chrissie Cooke		
Current Score	4x5=20	Date Last Reviewed		
		14 January 2021		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Care home provider failure plan in place and has been tested: enacted in the last 12 months with the safe transfer of patients. This was followed with a Lessons Learnt even to identify any areas of improvement. Actions were identified and put in place to mitigate for any future care home failures. CCG and LA lead have met to consider and review risks and remain in contact to ensure any new risks are identified and managed Plans taken through IPA (Individual Patient Activity Programme Board) for annual review. Good engagement with CSU and colleagues leading on patient assessment and placement 		Action	Responsible Officer	Due By
		COVID19 outbreak will have a significant and adverse impact on delivery of this objective. The DH and NHSE have issued mandated models of care and delivery that have now been implemented. Impact assessments of how those models will affect the objective will be undertaken.		
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> A successfully tested care home provider failure plan in place Review of plans through IPA 				
Additional Comments:		Link to Risk Register:		

Strategic Objective 3	To 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.		
Risk 3.1	Failure to deliver overall QIPP plan		
Risk Rating Initial Score Current Score	3 x 3 = 9	Lead Director Martin McDowell Date Last Reviewed 30 September 2020	
	4 x 5 = 20	Controls (what are we currently doing about the risk?):	
<ul style="list-style-type: none"> STB with independent chair meets monthly to progress the transformation plan Working groups established to progress key aspects of the programme Maximising the existing resources and managing workloads within budget. Additional support staff now in place for Sefton provider Alliance, integrated commissioning, digital and Shaping Care Together. Recruitment underway for comms Additional links with Liverpool system Revisions to financial regime to be fully considered 	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
	Action	Responsible Officer	Due By
	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.		
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Monitoring performance of transformation programme milestones 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 3	To 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.			
Risk 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			
Risk Rating Initial Score Current Score	3x3=9 3x3=9	Lead Director Tracy Jeffes Date Last Reviewed 30 September 2020		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Health and wellbeing board executive in place Review of current BCF and Section 75 arrangements now complete; approved and signed off. Integrated Commissioning Group established and plan for more ambitious joint working Making It Happen – joint approach to integration approved, with implementation agreed. Pooled budget arrangements within BCF agreed and plan for more pooled budget arrangements Finalised iBCF and BCF and aligned to “Making it Happen” Implementation plan for the Working together on developing the Health & Wellbeing strategy and the 5 year plan Steering Group established to monitor and further develop the ambitions within the pooled budget Joint planning group established (refresh of HWB strategy and development of underpinning Sefton 5 year plan). ICG role and function review completed 		Action	Responsible Officer	Due By
		Working together on implementation plan for the Health & Wellbeing strategy and the 5 year plan	Cameron Ward	Complete
		Joint planning group continue to meet to refresh HWB approved by governing body and HWB Board. Joint delivery plan to be agreed	Cameron Ward	July 2020
		Membership widened and arrangements strengthened. Joint commissioning posts in place, Aqua session planned and joint work programme established		July 2020
		New BCF approved by council and governing bodies and new S.75 now signed.	Tracy Jeffes	Complete
		Many areas of development are paused to enable c-19 response but recommencing in July 2020		July 2020
			Review of joint integrated commissioning workplans	Stephen Williams
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Senior leader meetings Health & Wellbeing Executive meetings 		<ul style="list-style-type: none"> Capacity to deliver on all priority areas. 		
Additional Comments:		Link to Risk Register:		

Strategic Objective 4	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs)		
Risk 4.1	Current work pressures reduce ability to engage on the transformation agenda.		
Risk Rating	Lead Director		
Initial Score	3x3=9	Jan Leonard / Tracy Jeffes	
Current Score	3x3=9	Date Last Reviewed 30 September 2020	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Delegated Commissioners of Primary Medical Care services Primary Care Commissioning Committee reviewed by MIAA LQC for 20/21 reviewed as a result of COVID and revised, changes agreed by Approvals Panel and scheme now live. Work plan for transformation in place New GP contract in place PCNs reauthorized with the merger of Crosby & Maghull PCN with Bootle PCN. Seaforth and Litherland continue. Medicines Hub operational and medicines offer to PCNs has been accepted. Engagement plans for PCN covering non participating practices to go to PCCC Contractual monitoring in place for 7 day access service Working with PCNs to support their development 	Action	Responsible Officer	Due By
	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
Assurances (how do we know if the things we are doing are having an impact?):			
<ul style="list-style-type: none"> Primary Care Dashboard in development in Aristotle Transformation agenda monitored through Primary Care Commissioning Committee LQC Monitoring 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 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.		
Risk 5.1	Lack of engagement of all providers in the development of the Provider Alliance.		
Risk Rating Initial Score Current Score	3 x 4 = 12 3 x 4 = 12	Lead Director Jan Leonard Date Last Reviewed 30 September 2020	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Supporting the development of the Provider Alliance Supporting monthly meetings of the Provider Alliance and the Operational Group CCG co-Charing (with Public Health) Falls Work Stream Ensuring alignment of provider alliance priorities with work of Integrated Commissioning Group 	Action	Responsible Officer	Due By
	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
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Regular review by the STB of Provider Alliance progress 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 5	To 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.		
Risk 5.2	Ability and capacity of PCNs to develop and to contribute to the integration model.		
Risk Rating	Lead Director		
Initial Score	Jan Leonard		
Current Score	Date Last Reviewed		
	30 September 2020		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Phased development of PCNs PCN progress reviewed by Primary Care Commissioning Committee 3 PCNs now authorised MOUs in place for Medicines Hub Contractual monitoring in place for 7 day access service MOU in place with SF Health to offer network services to non-participating practices 	Action	Responsible Officer	Due By
	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	
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Review of PCN progress 			
Additional Comments:	Link to Risk Register:		
Links to risk 4.1			

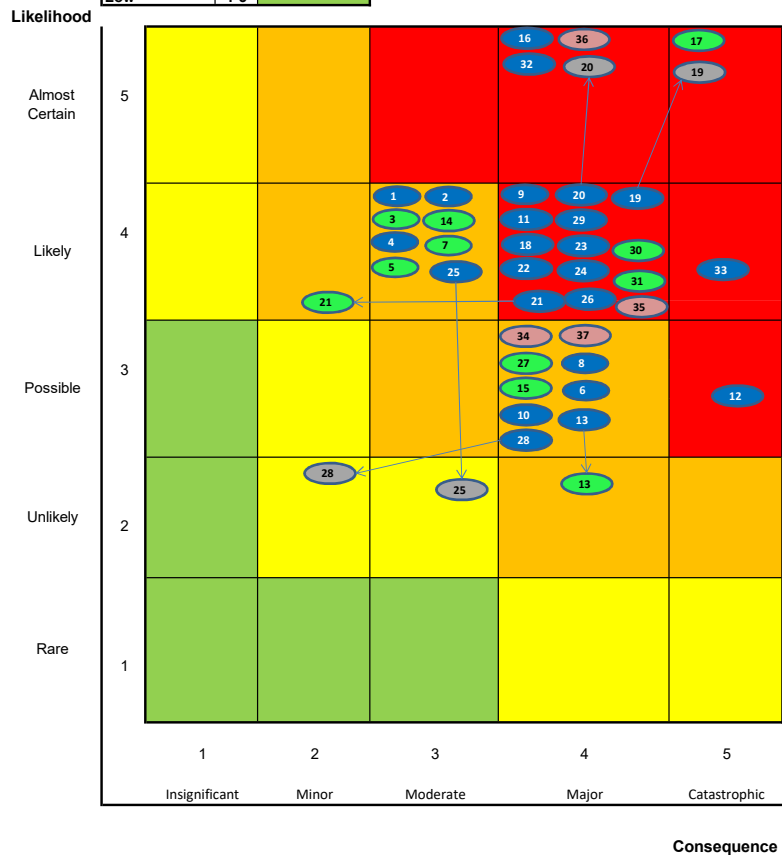
Strategic Objective 6	To progress a potential CCG merger to have in place an effective clinical commissioning group function.		
Risk 6.1 (prev 6.2)	Organisation reconfiguration detracts from strategic commissioning		
Risk Rating Initial Score 3x3=9 Current Score 3x3=9	Lead Director Tracy Jeffes Date Last Reviewed 30 September 2020		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Focussing on business as usual Increased focussed on performance levels Clarity of roles and responsibilities during times of change Working with neighbouring CCGs to design a larger CCG which ensured locally responsive planning / commissioning through clear governance arrangements. Ensuring the primacy of “place” within NHS guidance as the key planning and integrated commissioning footprint, regardless of larger commissioning footprints for some other services. Timescales for possible reorganisation of CCGs allows for the strengthening of place / integrated commissioning arrangements in advance of organisational change. Joint Integration Commissioning Workshop action plan complete. Paper presented to cabinet and governing body. Joint Commissioning Intention for 2020/21 developed and available Joint integrated commissioning posts now operational 	Action	Responsible Officer	Due By
	Paper to go to both cabinet and governing body recommendations for more integrated working.	Cameron Ward	Complete
	Joint commissioning intention for 2020/21 in development and to be available from February 2020.	Cameron Ward	Complete
	Integrated Commissioning Group plans to be progressed with support from HWBB Executive	Cameron Ward	June 2020
	Development work on hold to deal with Covid 19 but now recommencing	Stephen Williams	July 2020
	Integrated Commissioning workplans to be reviewed	Cameron Ward	31.03.21
	Strategic discussions underway regarding future configuration of CCGs	Fiona Taylor	On-going
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Reviews of performance levels across the system and of individual organisations Board to board meetings 	Capacity to deliver on all priority areas.		
Additional Comments:	Link to Risk Register:		

SOUTH SEFTON CCG - SUMMARY OF CORPORATE RISKS HEAT MAP Q3 2020/21
(MITIGATED SCORES - 12 AND ABOVE)

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

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	CRR ID	Score	Risk Owner	Equivalent SS Key
1	Not delivering National KPI Access Psychological Therapies	QUA002	12 (4x3)	JL/GOC	1
2	There is a risk of not meeting the A&E target caused by an increase in demand on the service	QUA009	12 (4x3)	SWJS	x (N)
3	Infectory hospital admissions - poorly maintained nebuliser equipt	QUA011	12 (4x3)	JO	5
4	Extra service pressures due to lack of workforce planning and financial pressures	QUA026	12 (4x3)	TJ	6
5	Risk the CCG will not meet the constitutional RTT target for 18 weeks	QUA014	12 (4x3)	SW/TH	x (N)
6	Non delivery of SEND recommendations	QUA033	12 (3x4)	JLu	7
7	Safe and appropriate patient care - nursing capacity at S&O	QUA058	12 (4x3)	BP	8
8	Failure to meet national emergency ambulance responses - ARP	QUA063	12 (3x4)	SW/JS	9
9	Non delivery of GP medical services	JC03	16 (4x4)	JL	10
10	Records transfer issues.	JC05	12 (3x4)	JL	11
11	There is risk that Woodlands Hospice will not be able to sustain the level of provision	QUA068	16 (4x4)	MH	x (N)
12	Risk that the CCG will continue to fail the 62 day constitutional access target for cancer	QUA070	16 (4x4)	SW	x (N)
13	Risk to IAPT service delivery following notice by provider to cease provision 1.4.2020	QUA076	8 (2x4)	SW/GOC	13
14	Risk to Mental Health LTP ambitions due to lack of finances re challenging QIPP for 2021	QUA077	12 (3x4)	GJ	14
15	Private Part II Risk	JC25	12 (4x3)	JL	x (N)
16	Performance and quality at AUH site LUHFT due to service reconfiguration from merger	QUA078	15 (5x3)	BP	15
17	Private Part II Risk	JC30	25 (5x5)	JL	16
18	Risk to performance, quality and delivery of the CHC programme caused by COVID-19	QUA079	16 (4x4)	JLu	17
19	Non delivery of CCG control total/savings plan in 2020/21 due to emerging pressures	FR0011	25 (5x5)	MMcD	18
20	Not deliver planned QIPP target in 2020/21 due to non-delivery of high risk QIPP	FR0011a	20 (5x4)	MMcD	19
21	Risk home providers will not accept patients without a negative Covid 19 swab	C2	8 (4x2)	CW	20
22	Increase in size of elective care waiting lists, caused by reduced activity due to COVID-19	C3	16 (4x4)	BD/TH	21
23	Risk of reduced survial outcomes due to delays in diagnosis and treatment of cancer	C10	16 (4x4)	SMc	22
24	Risk of delays to cancer diagnosis and treatment	C11	16 (4x4)	SMc	23
25	Risk that there is insufficient capacity within the CCGs to manage HR	C25	6 (2x3)	HR Lead	24
26	Risk regarding primary care access to routine referrals into secondary care	C33	16 (4x4)	AP	25
27	Risk to security of the site in terms of antisocial behaviour, theft and criminal damage.	C35	12 (3x4)	MW	26
28	Significant loss in capacity and potential increases in access times - phlebotomy service	QUA080	4 (2x2)	SW/JS	27
29	Shortage in access to phlebotomy within primary care and community care services	JC32	16 (4x4)	JL	28
30	Private Part II Risk	JC33	16 (4x4)	JL	29
31	Private Part II Risk	JC34	16 (4x4)	JL	30
32	Adult ASD service, waiting times continue to remain under review	QUA081	15 (5x3)	GJ	31
33	Adult Eating Disorder service has long standing challenges around achieving 18 week waits.	QUA082	20 (4x5)	GJ	32
34	The risk that the health related targets of the SEND improvement plan will not be met due to the impact of covid-19	QUA083	12 (3x4)	PW	34
35	There is the isk that childrens and young people's mental health needs are not met due to an increasing demand for support and treatment as a result of Covid-19	QUA084	12 (3x4)	PW	35
36	Southport and Ormkirk Trust are currently not achieving the 95% of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E dept. causing overcrowding and the inability to practice safe social distancing	QUA085	15 (5x3)	SF	36
37	There is a risk that the PCNs will be unable to adminster the COVID Mass Vaccine programme if appropraite premises are not identified for the receipt, storage and administration of the vaccine	JC37	12 (3x4)	JL	38

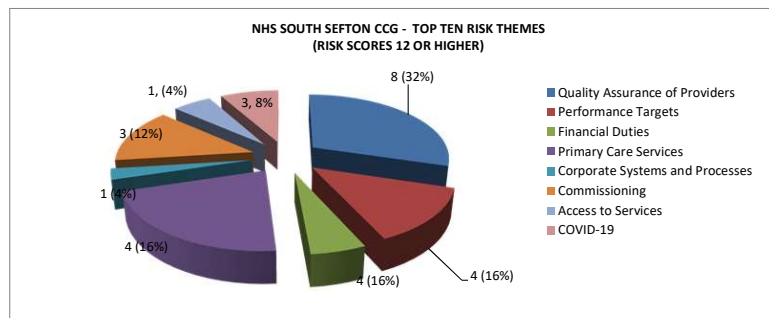
Equivalent SS Key
x (N)
x (Y)

No equivalent risk on SF Heat Map (N - and not on SS CRR)

No equivalent risk on SF Heat Map (Y - but on SS CRR)

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	CRR ID	Risk Owner	Theme
1	Not delivering National KPI Access Psychological Therapies	QUA002	JL/GOC	Quality Assurance of Providers
2	There is a risk of not meeting the A&E target caused by an increase in demand on the service	QUA009	SW/JS	Performance Targets
3	Infectory hospital admissions - poorly maintained nebuliser equip	QUA011	JO	Quality Assurance of Providers
4	Extra service pressures due to lack of workforce planning and financial pressures	QUA026	TJ	Quality Assurance of Providers
5	Risk the CCG will not meet the constitutional RTT target for 18 weeks	QUA014	SW/TH	Performance Targets
6	Non delivery of SEND recommendations	QUA033	JLu	Performance Targets
7	Safe and appropriate patient care - nursing capacity at S&O	QUA058	BP	Quality Assurance of Providers
8	Failure to meet national emergency ambulance responses - ARP	QUA063	SW/JS	Quality Assurance of Providers
9	Non delivery of GP medical services	JC03	JL	Primary Care Services
10	Records transfer issues.	JC05	JL	Corporate Systems and Processes
11	There is risk that Woodlands Hospice will not be able to sustain the level of provision	QUA068	MH	Quality Assurance of Providers
12	Risk that the CCG will continue to fail the 62 day constitutional access target for cancer	QUA070	SW	Performance Targets
13	Risk to IAPT service delivery following notice by provider to cease provision 1.4.2020	QUA076	SW/GOC	Commissioning
14	Risk to Mental Health LTP ambitions due to lack of finances re challenging QIPP for 2021	QUA077	GJ	Commissioning
15	Private Part II Risk	JC25	JL	Primary Care Services
16	Performance and quality at AUH site LUHFT due to service reconfiguration from merger	QUA078	BP	Performance Targets
17	Private Part II Risk	JC30	JL	Primary Care Services
18	Risk to performance, quality and delivery of the CHC programme caused by COVID-19	QUA079	JLu	COVID-19
19	Non delivery of CCG control total/savings plan in 2020/21 due to emerging pressures	FR0011	MMcD	Financial Duties
20	Not deliver planned QIPP target in 2020/21 due to non-delivery of high risk QIPP	FR0011a	MMcD	Financial Duties
21	Risk home providers will not accept patients without a negative Covid 19 swab	C2	CW	Quality Assurance of Providers
22	Increase in size of elective care waiting lists, caused by reduced activity due to COVID-19	C3	BD/TH	Quality Assurance of Providers
23	Risk of reduced survival outcomes due to delays in diagnosis and treatment of cancer	C10	SMc	Access to Services
24	Risk of delays to cancer diagnosis and treatment	C11	SMc	Access to Services
25	Risk that there is insufficient capacity within the CCGs to manage HR	C25	HR Lead	COVID-19
26	Risk regarding primary care access to routine referrals into secondary care	C33	AP	Primary Care Services
27	Risk to security of the site in terms of antisocial behaviour, theft and criminal damage.	C35	MW	COVID-19
28	Significant loss in capacity and potential increases in access times - phlebotomy service	QUA080	SW/JS	Commissioning
29	Shortage in access to phlebotomy within primary care and community care services	JC32	JL	Primary Care Services
30	Private Part II Risk	JC33	JL	Primary Care Services
31	Private Part II Risk	JC34	JL	Primary Care Services
32	Adult ASD service, waiting times continue to remain under review	QUA081	GJ	Commissioning
33	Adult Eating Disorder service has long standing challenges around achieving 18 week waits.	QUA082	GJ	Commissioning
34	The risk that the health related targets of the SEND improvement plan will not be met due to the impact of covid-19	QUA083	PW	Quality Assurance of Providers
35	There is the risk that childrens and young people's mental health needs are not met due to an increasing demand for support and treatment as a result of Covid-19	QUA084	PW	Quality Assurance of Providers
36	Southport and Ormkirk Trust are currently not achieving the 95% of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E dept. causing overcrowding and the inability to practice safe social distancing	QUA085	SF	Quality Assurance of Providers
37	There is a risk that the PCNs will be unable to administer the COVID Mass Vaccine programme if appropriate premises are not identified for the receipt, storage and administration of the vaccine	JC37	JL	Primary Care Services

COVID-19										Update: Q3 2020/21: 15 January 2021														
Details of Risk										Initial Score					Residual Risk Q3 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	Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Proposed Action	Action Owner/Lead	Q4 19/20	Q1 2021	Q2 2021	Trend to prior Q	Overall Trend 1-1	Theme		
Quality and Performance Committee	C1	SS	Q1 15/4/20 (C-19)	Unplanned Care	Southport and Formby - Potential short fall in community nursing services and therapy services due to surge management and increased pressures within the system	Cameron Ward / Sharon Forrester	3	3	9	3	3	9	Jan-21	Jan-21	Request has been mutual-aid pursued with Virgin Health Care and Mersey Care Foundation Trust. Capacity gap identified and business case developed. Additional investment required. LSCFT securing additional capacity via bank, agency and offering current core staff overtime. Assurances given by LSCFT that recruitment has been successful and the vacancy rate has reduced as a consequence. Needs to remain on the risk register due to unforeseen impact of Covid 19 on surge management and staff absence.	Cameron Ward / Sharon Forrester	N/A	9	9	---	---	Quality Assurance of Providers		
Quality and Performance Committee	C2	SS	Q1-16/4/20 (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	Stephen Williams / Sharon Forrester / Jane Keenan	5	30	150	4	2	8	Nov-20	Nov-20	Implement pre discharge swabbing guidance. Provide FITT testing support to care homes and ensure adequate PPE. Timely commission of an alternative to patients needing to isolate for 7-14 days in acute hospital environment. The CCG have completed a procurement for the provision of 5 beds to flex up to 10 if needed for patients still testing +ve for Covid-19. The LA have received a mandate to identify a designated area for residential patients testing +ve for Covid-19 to support flow from the Acute trusts	Stephen Williams / Sharon Forrester / Jane Keenan	N/A	16	16	↓	↓	Quality Assurance of Providers		
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	4	4	16	Jan-21	Jan-21	Weekly calls with Acute Trust (S&G) and neighbouring CCG leads (Liverpool CCG) to understand impacts of COVID-19 and signing strategies. S&G to provide elective care updates including date to waiting lists (not numbers of 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.	Billie Dodd/Terry Hill	N/A	16	16	---	---	Quality Assurance of Providers		
Quality and Performance Committee	C4	SS	Q1-16/4/20 (C-19)	Planned care	There is a risk that Acute hospitals are discharging patients to primary care/community or to self management - potential for patients to be inappropriately discharged to services in the community that are not equipped to treat patients and therefore will have an adverse effect on primary/community care capacity and patient health outcomes	Billie Dodd / Terry Hill	3	9	27	2	2	4	Jan-21	Jan-21	Weekly calls with Acute Trust (S&G) and neighbouring CCG leads (Liverpool CCG) to understand impacts of COVID-19 and signing strategies. S&G have provided update on discharge process which includes telephone lines for patients, and escalation process for patients who condition is less deteriorated. Reciprocal arrangements also in place with LCCG to pick up any issues with providers where either CCG is the lead commissioner. Additionally, 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.	Billie Dodd/Terry Hill	N/A	4	4	---	↓	Commissioning		
Quality and Performance Committee	C5	SS	Q1-16/4/20 (C-19)	Planned care	LHNET 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. Most of planned early T-NH&E's	Billie Dodd / Terry Hill	3	4	12	3	3	9	May-20		Conversations between LCCG and Sefton CB chairs have taken place, along with conversations between Fiona Tommons (LCCG Chair) and Deputy medical director for LHNET. Additionally weekly calls with elective care leads at LCCG are taking place to understand changes to policy. Expectations that national guidance will be published imminently which will clarify expectations regarding process Acute trusts should follow during this pandemic.	Billie Dodd/Terry Hill	N/A	9	9	---	↓	Quality Assurance of Providers		
Quality and Performance Committee	C6	SS	Q1-16/4/20 (C-19)	Planned care	There is a risk that patients become lost to follow up. Local Acute providers identified patient lost to follow up prior to COVID-19. Possible 200 ENT patients at LHNET and possible gastroenterology due to inadequate operational processes that may lead to poor patient experience and potential harm.	Billie Dodd / Terry Hill/LCCG	3	9	27	2	2	4	Jan-21	Jan-21	Issues identified through SI process, and reassessed via CCGRM, with assurances sort reviewed. Fair safe processes to ensure mitigations in place.	Billie Dodd/Terry Hill	N/A	4	4	---	↓	Quality Assurance of Providers		
Quality and Performance Committee	C7	SS	Q1-16/4/20 (C-19)	Planned care	There is a risk that late to follow (LHNET) - Patients on LHNET surveillance registers identified for follow up requiring follow up but delayed due to capacity prior to COVID-19 pandemic - will lead to poor patient experience and potential harm. Items report received 41 from LHNET suggests 2000 patients identified as late to follow up. Clarity required as to how many late to follow up patients exist and whether patients have been prioritised for virtual consultations or risk stratified and clinical decision being made to delay follow up.	Billie Dodd / Terry Hill/Sarah McGrath/LCCG Quality team	3	9	27	2	2	4	Jan-21	Jan-21	Issue relate to risk reference Q04 - SHEG report identified 2000 patients late to follow up. Issue will be addressed through the RCA quality assurance process and assured that LCCG had commissioned. Additional email queries seeking assurance have also been actioned.	Billie Dodd/ Terry Hill/Sarah McGrath	N/A	4	4	---	↓	Quality Assurance of Providers		

Update: Q3 2020/21: 15 January 2021																									
Details of Risk																									
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	Initial Score	Key controls and assurances in place (and actions completed)					Residual Risk Q3 2020					Mitigating Actions				
											(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
Quality and Performance Committee	G6	SS	01-16/4/20 (C-19)	Planned care	There is a risk that Late to follow (S&O) Patients on S&O surveillance registers scheduled follow ups requiring follow up but delayed due to capacity prior to COVID-19 pandemic will lead to poor patient experience and potential harm. Clarity required to whether late to follow up patients have been prioritised for virtual consultations or risk stratified and clinical decision being needed to delay follow ups.	Billie Dodd / Terry Hill/CCG	5	3	3	3	Issue will be addressed with Acute providers via weekly call. Provider has assured the CCG leads that resources are in place to identify and risk stratify late to follow up patients. As part of Simon Stephens mandate (17th March 2020), the Trust identified a number of patients requiring follow-up that subsequently were discharged as a result of no longer requiring secondary care interventions. However, as routine activity has been postponed, expectations are that late to follow up will grow. Risk stratification however will mitigate issues, as any patient requiring urgent review will be escalated.	2	3	6	Jan-21	Jan-21	Action picked up via elective care weekly calls with the acute provider. S&O planned care needs to seek agreement from CCG. Review clinicians for an elective care report to be shared with the CCG that will articulate elective care impact of COVID-19, including increasing number of late to follow up patients. CCG are not aware of any concerns and have been given assurances that the Trust had mitigations in place, ie risk stratification, clinical validation and process for patients to contact if conditions deteriorate. Request to close	Billie Dodd/Terry Hill	N/A	6	6	---	↓	Quality Assurance of Providers	
Quality and Performance Committee	C9	SS	Q1 15/4/20 (C-19)	Planned care	There is a risk that a number of patients at S&O have been lost to follow up due to late to follow up (S&O) - A number of patients identified at S&O as being lost to follow-up due to a technical issues with the PAS and lack of robust processes to ensure the trust are sited on patients due for a follow up, which could lead to patient harm. This is due in part to issues with the trust PAS system and how it creates additional pathways for individual patients. The trust have approximately 1.10k pathways open (number of patients unknown as well) that require validating to close, of pathways that are not required to be open. The trust had employed validators to review pathways and identify any further need to follow up prior to COVID-19.	Billie Dodd / Terry Hill/CCG	3	3	9	3	Issue identified pre-covid and followed Quality Assurance processes. S&O trust have employed validators to review all open pathways on PAS and close of pathways that have been identified as erroneous. Any patients that are identified has having been lost to follow up with follow RCA process and will have a harm review. Further clarity sort with provider that validation process continues during COVID-19. Provider stated that additional secretarial and administrative staff have been utilised to validate pathways with an additional 10k pathways closed. Until PAS suppliers makes alterations to PAS, still risk that additional pathways are created. Manual processes in place to mitigate lost to follow up too.	2	2	4	Jan-21	Jan-21	Additional assurance to be sort as to timescales for completion of validation of pathways, with additional capacity redeployed within the trust to tackle this issue. Trust 'Lost to follow up' action plan to be reviewed at CCG with a recommendation that the Trust provides us with an update on Progress	Billie Dodd/Terry Hill	N/A	4	4	---	↓	Quality Assurance of Providers	
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	5	Guidance on stratification for treatment Cancer Alliance SITREP weekly reporting referrals, waiting times and waiting list sizes. Use of surgical hubs to provide safer capacity Established Endoscopy Recovery Team- national cancer services recovery plan dec-2020	4	4	16	Jan-21	Jan-21	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	N/A	16	16	---	↓	Access to Services	
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	4	EMIS safety netting system communicators to primary care	4	4	16	Jan-21	Jan-21	Need for consistent referral management processes across providers, work with Liverpool CCG. Communicators encouraging patients to take ownership and make contact if they have not heard from hospital or have worsening symptoms. Work with Digital Strategy Lead re assurance on approach to referrals returned to primary care using eRS when these are rejected from cancer pathways due to not evidently meeting NICE guidelines or requiring more clinical information to enable triage or prioritisation. Assurance is required that re-referrals with additional information are using the same UBRN on eRS to preserve referral date. A review of practice cancer safety netting policies has also been undertaken by the CCG cancer clinical and managerial leads. Good practice to be shared with stakeholders	Sarah McGrath	N/A	16	16	---	---	Access to Services	
Quality and Performance Committee	C12	SS	Q1 15/4/20 (C-19)	Planned Care/Ophthalmology	Evidence suggests that people are not seeking care for urgent eye conditions which could result in sight loss during COVID-19.	AG	4	4	16	4	GP/Optom tel helpline in place/ weekly calls with CAM HCP/ weekly calls with LUF and SOHT and commissioners. Advanced discussions in place to link to commission a service that will mitigate sight loss. National and local comms encouraging pts to access	3	3	9	Jan-21	Nov-20	Commission COVID-19 Urgent Eye Care Service (CUES) as directed by NHSE. A paper has been produced that will be presented to leadership team seeking support to commission a CUES for a minimum of 3 months that will mitigate risk of loss of sight in patients. Further work on primary care eye services ongoing with decision to be made online 20. Ongoing monitoring of waiting lists at both providers	Billie Dodd/Terry Hill	N/A	9	9	---	↓	Quality Assurance of Providers	
Quality and Performance Committee	C13	SS	Q1-16/4/20 (C-19)	Planned care	Second stage letter received from Devon Devon CCG asking requesting plans to be developed for urgent and where possible routine activity to resume. There were 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 gaps in activity that providers may not be able to deal with.	BD/TH	4	2	3	4	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 trust will provide further clarity until 17th May. With a deadline for plans to be submitted to the recovery unit on 16th May. It does not provide sufficient time to try to co-ordinate with neighbouring commissioning providers engaged and consider the plan to ensure that demand can be managed appropriately.	2	2	4	May-20		Continue weekly discussions and seek assurances from neighbouring CCGs that plans are currently being developed in line with national guidance (ie opening up to referrals to primary care) and that a 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 CCGs to provide resilience in secondary care during COVID recovery. CLOSE DUE TO PROGRESSION TO PHASE 3 planning and restoration supporting HCP.	BD/CW/TH	N/A	4	4	---	↓	Commissioning	

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							Likelihood	Consequence	Likelihood	Consequence	Score	Action Owner/Lead	Q4 19/20				Q1 2021	Q2 2021	Trend to prior Q	Overall Trend	Theme		
Quality and Performance Committee	G14	SS	Q1-16/4/20 (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 enacted before the redeployment policy was enacted. Therefore a disproportionate amount of resources from the redeploying team were devoted to the care home call. Therefore the team does not have the resources to support the required activities whilst team members are redeployed.	BDV/H	3	3	Redeployment has been escalated to CCOILT for discussion.	2	2	4	May-20			Requirement of 2 x band 7 project managers and 1 x project facilitator to underwrite and will support the delivery of QIP. However we will not provide the resources in the team in the short term. Request for redeployment of team members to support recovery post-15th May. CLOSE DUE TO STAFF RECRUITMENT AND STEP DOWN OF IMT	CW/BD/H	N/A	4	4	---	↓	Commissioning
Finance and Resource	C15	SS	Q1-16/4/20 (C-19)	Finance	Failure to identify all costs associated with the COVID pandemic for recovery and guidance issued by NICE may lead to increased financial pressure	Martin McDowell	3	4	42	Finance involvement in working groups to design and implement reporting mechanisms to capture all COVID related costs.	2	3	6	Jun-20	Jul-20	Links established with QIP working group and with MLCG1 regarding discharge tracker and ongoing monitoring to ensure all associated packages of care are captured and costs 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	N/A	6	6	N/A	↑	Corporate Systems and Processes Financial Duties
Finance and Resource	G16	SS	Q2-2/7/20	Finance	Failure to identify 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 NICE England improvement funding streams leading to increased risk of financial pressure to the CCG.	Alison Ormrod	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 captured. The ADAM system is being used to capture all associated packages of care based on information provided to discharge to assess processor through MLCG1.	2	3	6	Jul-20	Jul-20	Ongoing review of systems and processes across North Morsey via MLCG1 and CCGs during the emergency response period. Monthly reporting processes established via NMC England. Regular review of cost bases for packages of care to identify COVID related spend and ensure inclusion through the monthly process to recover COVID associated costs.	Alison Ormrod MOVED TO FR0011	N/A	N/A	6	N/A		
Finance and Resource	C16	SS	Q1-16/4/20 (C-19)	Finance	Failure to progress with the Safon financial recovery plan which may result in risk to long term financial sustainability across the health economy	Martin McDowell	4	4	36	Continued focus on QIP through CCG PMO Committee meetings and ongoing discussions with providers to ensure progression with QIP activities where appropriate and to understand timescales for the recovery period to plan for resuming work on further QIP schemes. Develop an understanding of Provider QIP schemes which will continue during the COVID period	4	4	16	Jun-20	Jul-20	QIP 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 QIP processes and governance arrangements has progressed in Q1.	Martin McDowell MOVED TO FR0011a	N/A	16	16	N/A	---	Financial Duties Commissioning
Finance and Resource	C17	SS	Q1 15/4/20 (C-19)	Finance	Risk to the continued operation of business as usual operational finance as a result of staff becoming incapacitated due to COVID related health/family issues may lead to delays in payments/ability to meet reporting deadlines	Alison Ormrod	3	4	12	Finance business continuity arrangements have been reviewed and will be kept under review as required. An assessment of cover for posts within the Finance team to understand where team members can provide cover and work flexibly as required	2	2	4	Jan-21	Nov-20	MIAA CCG Governance checklist reviewed and reported to Finance and Resource Committee and presented to Audit CCG in July 2020. Business continuity arrangements implemented, routine reporting, final accounts and year end audit process all progressed successfully in the April to June 2020 period.	Alison Ormrod	N/A	4	4	---	↓	Corporate Systems and Processes
Finance and Resource	C18	SS	Q1-16/4/20 (C-19)	Finance	Risk that progress with transformation QIP schemes (which are not affected by COVID), is stalled as a result of COVID activities	Gemeren Ward Martin McDowell	4	4	36	PMO and commissioner to develop an understanding of which QIP schemes are continuing to be progressed and maintain communication with all parties through the COVID period	4	4	16	Jun-20	Jul-20	QIP 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 QIP processes and governance arrangements has progressed in Q1.	Camaron Ward Martin McDowell MOVED TO FR0011a	N/A	16	16	N/A	↑	Financial Duties Commissioning
Finance and Resource	G19	SS	Q1-16/4/20 (C-19)	Finance	Failure to review and assess long term changes to medium long term health needs through the COVID period may impact the CCG financially in the longer term	Camaron Ward Martin McDowell	4	4	36	Work closely with CCG and provider colleagues to understand the medium term implications changes to provision as a result of COVID	3	3	9	Jun-20	Jul-20	Communications and engagement with CCG and Provider recovery calls will be key in determining financial impact of future changes as part of QIP work and contracting processes going forward	Gemeren Ward Martin McDowell MOVED TO FR0011b	N/A	9	9	N/A	↑	Financial Duties Commissioning
Finance and Resource	C20	SS	Q1 15/4/20 (C-19)	Finance	Internal controls may not operate as intended during the COVID period resulting in increased risk of irregularity or fraud	Alison Ormrod	3	4	12	Review of internal controls and scheme of delegation with adjustments necessary to ensure business continuity. Work with MIAA to understand good financial governance and ensure continued implementation of good practice during the COVID period	2	2	4	Jan-21	Nov-20	Internal Controls reviewed as part of the implementation of working from home arrangements and business continuity plans. Advice sought from CCG internal auditors and MIAA CCG governance checklist reviewed and completed. Electronic authorisation extended wherever possible.	Alison Ormrod	N/A	4	4	---	↓	Corporate Systems and Processes
Finance and Resource	C21	SS	Q1 15/4/20 (C-19)	Human Resources	There is a risk that the CCG's sickness absence rate will increase due to the direct (contracting the virus) and/or indirect (mental health issues relating to home working) effects of COVID-19, resulting in capacity issues.	HR Lead	5	3	15	Improved notification and reporting protocols are in place to monitor all sickness absence, including that relating to Covid-19. Six instances of Covid-19 related absence have so far been reported with the impact on March 2020 (the latest reporting period) <1%. All staff have been risk assessed and are working from home with the exception of the Medicines Management Team who are working in Merion House (and where Covid-19 secure guidance has been implemented). A staff circumstance, skills and capacity return was completed in April and has facilitated decision-making regarding internal and external redeployment, where capacity gaps have been identified. All staff are being supported with regular communications to support personal wellbeing while home working.	4	2	8	Jan-21	Nov-20	To continue to review all new guidance promptly once received and to implement associated actions where necessary. The CCG sickness absence levels continue to be monitored and at present COVID in terms of infection itself or mental health issues associated the outbreak are not adversely impacting on sickness absence levels. Staff continue to receive support from line managers and are subject to appropriate risk assessments.	HR Lead	N/A	8	8	---	↓	Risk reducing as a consequence of controls in place and evidence from sickness level data

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Finance and Resource	C22	SS	Q1 15/4/20 (C-19)	Human Resources	There is a risk that Covid-19 secure guidance cannot be fully implemented in Merton House or at Curzon Road due to the physical layout of both buildings, resulting in increased exposure for staff members.	Debbie Fairclough	3	5	15	2	5	10	Jan-21	Nov-20	<ul style="list-style-type: none"> To continue to work with Estates colleagues (GB Partnerships and NHS Property Services) to ensure that all guidance is fully implemented and staff are kept informed as part of weekly communications. This work is ongoing and COVID secure guidelines have been implemented. Staff are required to complete a risk assessment before any on site working or visit. There are regular updates in the bulletins to reinforce the CCGs position. Staff now advised to wear masks when walking through the offices. Risk assessments updated again following publication of new guidance on 5th November Update 7.1.21: Staff are continuing to follow guidance and there are regular updates in bulletins. 	Debbie Fairclough	N/A	15	8	↑	↓	Risk reducing as a consequence of controls in place and evidence from sickness level data
Finance and Resource	C23	SS	Q1 15/4/20 (C-19)	Human Resources	There is a risk that staff do not feel engaged and/or supported while home working due to a lack of physical and/or face-to-face contact, resulting in low morale and disillusionment.	Debbie Fairclough	3	2	6	3	2	6	Jan-21	Nov-20	<ul style="list-style-type: none"> To work with staff Sounding Board so that two-way communication channels continue to be actively promoted and through staff representatives. Update 20.08.2020: The Sounding Board now meets more frequently to support increased staff engagement and two way communications. Staff continue to receive regular advice and update via the bulletin and are supported by line managers regularly. HR bulletins regularly feature advice and support relating to health and wellbeing and also advise staff of any changes to CCG work. Staff were advised w/c 2.9.20 of the move from Merton to Magdalene, Sounding Board will be heavily involved in that work Update 7.1.21: No significant update - arrangements remain in place. New lockdown rules came into force first week in January 21 and managers will continue to support staff 	Debbie Fairclough / Lyn Cooke / Mark Scott	N/A	4	4	↑	↔	Corporate Systems and Processes
Finance and Resource	C24	SS	Q1 15/4/20 (C-19)	Human Resources	There is a risk that line managers do not adhere to current or revised HR policies due to multiple work pressures, resulting in non-compliance and a failure to support staff.	Debbie Fairclough	3	3	9	2	3	6	Jan-21	Nov-20	<ul style="list-style-type: none"> To continue with targeted messages aimed at line managers to support the management of staff in a virtual environment. To expand the development support for line managers, as part of the CCGs OD programme. 	HR Lead	N/A	6	6	↔	↓	Corporate Systems and Processes
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.	Debbie Fairclough	5	3	15	2	3	6	Jan-21	Nov-20	<ul style="list-style-type: none"> To consider and implement the recommendations of the HR and OD review. To source 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 Director of Strategic Partnerships Istaitim Programme Lead Corporate Services and HR services continue to be commissioned from the CSU. 	HR Lead	N/A	12	12	↓	↓	Corporate Systems and Processes
Finance and Resource	C26	SS	Q1 15/4/20 (C-19)	Human Resources	There is a risk that staff who are more vulnerable to Covid-19 are not identified and/or not adequately supported.	Debbie Fairclough	3	5	15	2	4	8	Jan-21	Nov-20	<ul style="list-style-type: none"> All staff have been risk assessed and are working from home with the exception of the Medicines Management Team who are working in Merton House (and where Covid-19 secure guidance has been implemented). 31 staff (21%) have been identified as being in the extremely vulnerable or at risk categories or live in a household with someone who is. Line managers have completed risk assessments and put in place additional control measures where necessary. Workforce intelligence has highlighted the CCGs have only a small proportion of BAME staff (five in total). Additional guidance is proactively sought from the Equalities and Diversity Team on a regular basis. Risks assessments continue, and E&D team continue to send out advice and information 	HR Lead	N/A	10	10	↓	↓	Corporate Systems and Processes
Finance and Resource	C27	SS	Q1 15/4/20 (C-19)	Medicines Management	Financial risk on prescribing spend	Susanne Lynch	4	3	12	4	3	12	May-20	Jul-20	<ul style="list-style-type: none"> Plan in place for QIRP work post COVID-19 support 	Susanne Lynch MOVED TO FR0011	N/A	12	12	N/A	↔	
Quality and Performance Committee	C28	SS	Q1 15/4/20 (C-19)	Medicines Management	Lack of access to medicines during COVID 19	Susanne Lynch	4	3	12	3	3	9	Jan-21		<ul style="list-style-type: none"> Commissioning of COVID 19 Medicines Supply Service (incorporating 1 hour fast track delivery) from community pharmacy. SF hot sites have stock of morphine sulphate liquid, lorazepam and antibiotics. Working with community services to ensure electronic medicines administration documents in place. Assurance from GCH providers about access to medicines during GCH period. No change 	Susanne Lynch	N/A	9	9	↔	↓	Commissioning
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 lack of PPE supplies particularly in primary care, CHC and B/C case. Home/Community Care/Thammasak.	Fiona Taylor	5	4	20	2	3	6	Aug-20	Aug-20	<ul style="list-style-type: none"> Legal and clinical advice sought and position statement drafted for CCGs recently with 2-3 day approval. Clear position now on ability to source PPE and level of demand. PPE supply chain pilot implemented. Although the pilot of work has not resulted in being able to source 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. Risk has been mitigated as much as possible, but a small residual risk remains in the event of a surge for PPE which must be accepted. The National Supply Disruption Route 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	6	N/A	↓	Primary Care Services

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Primary Care Commissioning Committee in Common	G99	SS	01-16/4/20 (6-19)	Primary Care	There is a risk that patients will not be shielding due to delays in national EMIS searches being available	APHE	5	5	35	The CCG worked with clinicians supported with media management input to create searches to identify patients at highest clinical risk during COVID-19. Patients were identified from the BMA/RGCP and NHSE guidance provided in March to NHS patients. The roles of General Practice during COVID-19 and those patients thought to be clinically appropriate. GPs were asked not to develop patient 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, practice locally developed searches to identify their cohort. GPs practice can searches and communicated with patients identified on 4/20. 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 release 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 has been sent electronically to practice via EMIS. Practice able to monitor shielding patients. National guidance has relaxed shielding practice allowing patients to go outdoors and mix in bubbles of 6. Proposal to close risk.	AP	N/A	4	4	N/A	↓	↓	Primary Care Services
Primary Care Commissioning Committee in Common	C31	SS	Q1-15/4/20 (C-19)	Primary Care	Risk to sustainability of General Med	JL	5	5	35	Practices have continuity policies in place that should be followed. Relationships between practices. Locality/CPUs will allow partnership working	2	2	4	Jul-20	Jul-20	CCG 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. B. Mosey side has given assurance on IT solutions to enable remote working including an increase in bandwidth to accommodate higher usage. Community testing has been put into place to enable patients to be managed in the community. In. D. D. sites have now been established. PPE, workforce and antibody testing remain risks to the system and delivery of these plans. Practice have now activated smartcard 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.	JL	N/A	4	4	N/A	↓	↓	Primary Care Services
Primary Care Commissioning Committee in Common	C32	SS	Q1-15/4/20 (C-19)	Primary Care	There is a risk that patients will not be seen for essential ongoing appointments due to availability of staff in primary care	AD	4	4	16	Practices are following the national primary care standard opening 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.	1	1	1	Jul-20	Jul-20	Practices have buddying partners in place and red amber green site appointments and visit arrangements identified. The CCG have facilitated a list of local clinicians who have identified themselves as having additional capacity to support local practices. The lists available on the CCG website 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	1	1	N/A	↓	↓	Primary Care Services
Primary Care Commissioning Committee in Common	C33	SS	Q1 15/4/20 (C-19)	Primary Care	Risk regarding primary care access to routine referrals into secondary care	AP	5	5	35	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 CCGs are in discussion with LUT and other Trusts to ensure all services are open again ASAP. Advice given to primary care regarding use of Advice and Guidance, asking as much detail as possible to referral letter to aid secondary care triage, use of 2w/urgent pathways, and safety netting procedures within general practice	4	4	16	Nov-20	Nov-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. Concern over the clinical review of referrals prior to being sent back to practices. Risk increased. Situation has improved, however is variable across specialities. Interface group addressing issues. Less of an issue in SF CCG for referrals to S&O. Interface meetings being held, impact of 2nd wave of COVID to be understood.	AP	N/A	9	16	↑	↑	Primary Care Services	
Quality and Performance Committee	C35	SS	Q1-15/4/20 (C-19)	Salvage Test Centres	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.	Mal Wright	4	4	16	Security staff and secure site plan under development.	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. LA have increased testing capacity so no longer a risk to CCGs. Request to close	Mal Wright	N/A	12	12	↑	↑	COVID-19	
Quality and Performance Committee	QUA02	SS	Jan 15, 04 2014/15	Commissioning and Delivery	There is risk of patients being harmed or receiving inadequate care caused by failure to deliver against National Key Performance Indicator for IPT (Improving Access to Psychological Therapies) resulting in the potential for reduced levels of patient care.	Kate McCloskey (Jan Leonard & Geraldine O-Carroll)	4	3	12	<ul style="list-style-type: none"> Monthly performance and contractual meetings and reporting process in place Enhanced open access provision for patients to self refer including easier on line referral Group sessions and LTC pilot in place Business case for additional investment approved. Following procurement, Mental Health Matters have taken over the service from 1 January 2021. 	4	3	12	Jan-21	Jan-21	<ul style="list-style-type: none"> 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 CCG in improving performance. Hope site performance 18/19 (August) was suboptimal but improved when compared to same period of 17/18. Self referrals have increased within the Access Referral service in August 17. Further initiatives in place focusing on specific GP practices, community groups and local employers. Group sessions are also in place. Access target increases to 19% in 2018/19. 2/3 of the increase are by LTC/IAPT as part of the MHSSEV, commitment to integrated Long-Term Condition working. Business case has been approved, recruitment of additional staff will be commencing. Additional staff have been recruited however there remains a risk that the 23% access target for 2019/20 will not be achieved. Nov-19 Expressions of interest invited following Provider giving notice to cease provision, evaluation currently being undertaken with outcome expected to inform procurement approach. Additional focus on reducing Internal Wails and Did Not Attend Increased IAPT group work. no update, work ongoing with new provider 		12	12	12	↑	↑	Quality Assurance of Providers	

Update: Q3 2020/21: 15 January 2021																						
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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...)	Residual Risk Q3 2020			Lead Review Date	Comm Review Date	Mitigating Actions	Review					
											Likelihood	Consequence	Score				Q4 19/20	Q1 2021	Q2 2021	Trend to prior Q	Overall Trend 1-1	Theme
Quality and Performance Committee	QUAD09	SS	Apr 2015; Q1 2015/16	Commissioning and Delivery	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)	Stephen Williams (Janet Spallen)	3	3	9	<ul style="list-style-type: none"> A&E delivery Board in place to monitor & manage performance NM A&E subgroup in place Monthly contractual performance meetings Monthly Integrated Performance Report: reported to Governing Body Operational Service level meetings held: DW: currently weekly MADE events, weekly DTOC Teleconference and bi weekly Purple to Gold meeting Monthly contractual Performance meetings Monthly Integrated Performance Report: reported to Governing Body Monthly Quality meeting: reported to Governing Body (SS) Pan Mersey Sub Group responsible for prescribing 	4	3	12	Jan-21	Jan-21	<p>Workforce issues reviewed at trust level and skill mix required to improve A&E pathway flow:</p> <ul style="list-style-type: none"> Enhanced recruitment of nursing staff to support ambulance turnaround times A&E staff resource reviewed with focus on medical staffing needs particularly to support ambulatory care unit. ICRAS (Integrated Care Reablement and Assessment) model well established and evidencing timely discharge from inpatient beds and retrieval at A&E front door units 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. Aintree part of NM urgent care review with opportunities to decrease A&E activity through redesign of whole system pathways of care. 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. Work will continue at Aintree to improve performance whilst national work on-going. 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 85% target but will focus on assurance of appropriate patient pathways within A&E to deliver safe / clinically appropriate models of care. Sept-19 ongoing Nov 19 - ongoing 28 day bed process and CRC to be reviewed for implementation of new pathway March 2020. Wide range of initiatives which have been underway in last year to improve internal A&E processes and general patient flow 11/20 - M1NHS11 First shadow implementation group in place with plans to go live November 2020. Work underway to determine patient chort and pathways with potential for diversion from A&E. Type 4 walk-in centre activity no longer able to contribute to Aintree target due to being revised in the main to planned through telephone triage and bookings. 	16	16	16	↓	↑	Performance Targets
Quality and Performance Committee	QUAD14	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	<ul style="list-style-type: none"> Pan Mersey Sub Group informed Identifying short term solution for patients currently prescribed a nebuliser to be reviewed, be given advice on cleaning equipment and have access to replacement filters and tubing Long term talking with respiratory teams, consultants, GPs and GPs teams to ensure basics are right for the future Patient information leaflet produced. 	4	3	12	Nov-19	Jul-20	<p>Primary Care prescribing - Following the completion of the search it was identified that Medicines Management did not have the capacity to take through. As a result the Nurses in Practice will review the data as part of the practice patient annual review and complete the process. Should a patient be identified as needing a full review this will be referred to the appropriate specialist team. The referral process will be completed by April 2018.</p> <p>July 2018 - this process went to the LMC in Feb 18 and was approved. Nurses in CRT given deadline for referral in Oct 2018. Audit process put in place to review activity and effectiveness will report Nov 19. Work being undertaken with providers and primary care to identify and put in place safe patient pathways across the system in line with best practice - Sep 18 - Email sent direct to GP and practice Nurses to outline the review process along with referral form and audit tool - 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 could only be sent in until end of August 2018</p> <p>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 Mersey Care re numbers of patients received, reviewed and sent back to primary care with plans - not all patients have been reviewed to date, this has been discussed with the clinical lead for Southport Dr. Kai Scholtz 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 nebuliser and a name of a company they can get replacement tubing from.</p> <p>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 - GO to record recommendations to provider.</p> <p>Nov 18 - Mersey Care respiratory team will take ongoing referrals for nebuliser use review as opposed to 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	12	↔	↔	Quality Assurance of Providers
Quality and Performance Committee	QUAD14	SS	Sep 2016; Q2 2016/17	Commissioning and Delivery	There is a risk the CCC will not meet the constitutional RIT 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	Stephen Williams (Terry Hill)	4	4	16	<ul style="list-style-type: none"> Clinical Quality and performance meetings with providers Clinical lead for planned care and quality Weekly and monthly monitoring through SMT and contractual performance Performance of QIPD schemes managed through Joint CRHT committee and check and challenge meetings Reporting system developed that provides earlier notification of waiting time concerns in respect of SDG Integrated Performance Report developed and reported to SMT (Senior Management Team and SMT (Senior Leadership Team) Integrated Performance Report developed and presented to Governing Body Proposed agreed regarding the escalation process and intention for issuing notices for review by SSCCG Aintree Planned Care Group - monthly meeting RIT provided commissioning group now re-established 	4	3	12	Sep-20	Sep-20	<p>The Trust is reviewing long waiting patients and capacity within the Divisions in the Trust RIT action plan.</p> <p>G&M&GP identified Dermatology and Gastroenterology as priority programmes and will work closely to implement remedial actions to support RIT performance.</p> <p>CCG have requested target managers to support QIPD delivery (of which Dermatology and Gastroenterology are key priorities)</p> <p>Reviews of individual priorities and escalated through QIPD or Contract Review Meetings</p> <p>Aintree Planned Care Group has been re-established with further review and actioning developed</p> <p>SEPT 18 update - Southport and Mersey Care event 09/09/18 resulting in commitment to work together to improve pathways - paper to go to Committee in common on future commissioning strategy. Planned care group continues to meet and manage CRH action plans.</p> <p>Nov 18 - 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 a satisfactory and for the CCG to write back to trust CCG requesting a revised trajectory - REQUEST CLOSURE OF THIS RISK due to risk being superseded by that described in the COVID related risks</p>	12	12	12	↔	↓	Performance Targets
Quality and Performance Committee	QUAD22a	SS	Jan 2016-04-2016/16	Commissioning and Delivery	There is a risk to mental health patients exposed by the 12-hour waiting time in A&E resulting in compromised quality of patient care	Stephen Williams (Gordon Jones)	4	3	12	<ul style="list-style-type: none"> Refreshed processes for escalation and alert to the CCG and NHS England Trust has implemented CRHT model from October 2018 - this should enable crisis interventions to be undertaken in a timely manner Joint operational arrangements between Aintree and Mersey Care day to day hour to hour arise so as to ensure adequate provision Recovery Action Plan in place to address capacity issues within Mersey Care wards CCG process review of patient about their experience excessive waiting or admission <p>There have been few SFCCG and SSCCG related 12 hour breaches due to mental health beds and as such this risk can be removed</p>	3	3	9	Nov-20	Nov-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> <p>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.</p> <p>Trust is aiming to fully implement CRHT model from October 2018 - this should enable crisis interventions to be undertaken in a community setting.</p> <p>SDGH and Mersey care are establishing closer working links.</p> <p>Mersey Care are working to draft business case to seek good standard CRHT response. In addition they are seeking to fund to main stream NNAS Triage Care</p> <p>Nov 19 - CCG meeting NHS 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</p> <p>REQUEST CLOSURE OF THE RISK DUE TO REDUCING NUMBER OF 12 HOUR BREACHES AND ONGOING WORK SUPPORTING PROCESSES AND REPORTING INCLUDING A&E DELIVERY BOARD, ESCALATION PROCESSES AND IMPROVED REPORTING/LEARNING MECHANISMS</p>	9	9	9	↔	↓	Quality Assurance of Providers

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Quality and Performance Committee	QUA020b	SS	Sep 2016: Q2 2016/17	Corporate	There is a risk of non-implementation of integration plans caused by financial pressures resulting in a negative impact on local services.	Tracy Jeffes	4	4	16	<ul style="list-style-type: none"> Strengthen partnership within HWBB and HWBB Executive to ensure collaborative working. Actions: Joint Commissioning priorities agreed by the Integrated Commissioning Group BCF and associated s75 in place and reviewed signed and submitted Agreed BCF to improve rehabilitation services and care home quality 	3	3	9	Nov-19	Jan-21	<ul style="list-style-type: none"> Joint meeting with LA in place. Joint CD work with LGA planned to further strengthen integrated working within HWBB Integrated Commissioning group development continues to progress with CCG investment in joint commissioning roles and clear joint programme of work, planning progress work on priorities and workshop planned for further development of the CCG - Successful workshop at CCG held in August 2019. Re-focused group with wider membership and new Chair. Nov-19 - BCF approved by Health and Wellbeing Board and submitted to NHS Task and finish group reviewing detail of BCF and working to expand areas to be included in the pooled budget. COVID response has strengthened integrated working across many areas e.g. care home support, mass testing England. BCF sub-group now developing benefits realisation approach. 							Commissioning
Quality and Performance Committee	QUA026a	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 Health Team resulting in potential negative effect outcomes.	Brandon Prescott (Helen Case)	4	4	16	<ul style="list-style-type: none"> Action plan aligned to Business Continuity Plan - LACs in contract for Looked After Children and monitored through Quality Committee and contract meetings. CCG concerns raised by Chief Nurse via meetings with Director of Operations and Integration at M&BS Chief Nurse concerns reported to both JCC and Governing Body. Designated Doctor for LAC now in post NWB milestones now complete Designated Nurse oversight and support in place for the team Commissioner Provider update meetings held every 2 weeks Band 7 and 8 now in post 	1	4	4	Oct-20	Aug-20	<ul style="list-style-type: none"> LAC now at full establishment - does not meet guidance for numbers of LAC. Designated Nurse for Children in Care escalated to the Chief Nurse who has recommended a business case to be undertaken for additional funding. Also briefing paper for the leadership team to be presented in June 2019. 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. 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. 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 5 post. Trust has back-filled reduced staffing capacity with some secondment posts however current staffing resource remains below required capacity. 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 3) with additional funding based on recommendations of the Designated Nurse CIC. Due to ongoing staffing capacity issues and reduced performance issues within the LAC contract, risk to remain the same. 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. 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 22.08.2020 and an administrator expected to start in July 2020. Therefore the staffing resource is improved and the risk is reducing. 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. 							Quality Assurance of Providers
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"> Link into C&M Healthcare Partnership Workforce Development work stream. Continue to work with Sefton Council on wider strategies to promote Sefton as a 'great place to work' Development of workforce element in Sefton Transformation Programme Sefton work force group established and working on the development of a workforce plan for Sefton 	4	3	12	Jun-20	Jan-21	<ul style="list-style-type: none"> Greater connection with wider strategic HR Workforce and OD groups through COVID response to be maintained. Baseline work completed on current workforce challenges in Sefton as part of Transformation Programme. CCG level and Sefton-wide People Plan in place to mirror CSM HCP People Plan. Workforce redeployment to support COVID response which is generating further pressure on the workforce. 							Quality Assurance of Providers
Quality and Performance Committee	QUA027	SS	Apr 2016: Q1 2016/16	Commissioning and Delivery	There is a risk of decreasing Mental Health outcomes for adolescents and children caused by a lack of effective joint commissioning resulting in ineffective pathways of care.	Peter Wong	3	3	9	<ul style="list-style-type: none"> Joint funded post employed within the Sefton Council infrastructure CCG Children's Commissioner part of Sefton Integrated Children's Commissioning Group Delivery of Sefton Joint CAMHS strategy 	3	2	6	Jan-21	Sep-20	<ul style="list-style-type: none"> Mar 20 - There is 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. Latest update is that the EHWB strategy is being refreshed. The CCG led a successful bid for new Mental Health Support Teams and this is being delivered through a partnership structure reporting formally to the EHWB Steering Group. Request that this risk be closed as the issue is being successfully progressed through the mitigating plans, controls and actions as outlined. Also the risk to CYP mental health has since been superseded by the impact of covid-19 - see below 							Quality Assurance of Providers
Quality and Performance Committee	QUA028	SS	Oct 2014: originally split from REPO01	Quality	Risk that the CCGs cannot meet CHC statutory duty of care caused by inadequate work processes resulting in the inability to meet patients needs.	Brandon Prescott	3	3	9	<ul style="list-style-type: none"> Monthly CHC Programme Board now in place with both LA and Provider attendance Children's complex commissioning policy in place. CHC Programme Manager in place for 12 months to support service development and mobilisation. 2 x senior lead CHC posts filled by MCFT in preparation for the new end-to-end service. 	3	3	9	Nov-20	Aug-20	<ul style="list-style-type: none"> Feb 20 - MAA are undertaking a comparative audit of DPS versus other systems. Monthly meetings between commissioners and providers on new CHC processes established. Jun 20 - MAA audit was suspended due to COVID-19 and will be undertaken late June/early Jul 2020. The development of end to end service was also delayed due to COVID-19 and will now be progressed through Q2 and Q3 2021. The Statutory CHC process has been suspended by NHSEI until further notice. Oct 2020 - The NHS Framework for CHC was reinstated in September 2020. CSU continue of support business as usual processes for assessment of patients for CHC eligibility since 01/09/20. CSU has approached CCG for resumption of end-to-end service development planning. This is currently supported by the interim CHC programme lead. There is a parallel programme of work in conjunction with local authority and CSU equates to completion of the deferred assessment of 210 patients across Sefton by March 2021. Assessments were deferred as a consequence of the suspension of the CHC framework. The MAA audit is continuing and is expected to be completed by end of November 2020. Nov 2020 - MAA audit is still ongoing due to IG issues with CSU and is likely to now be completed by end of December 2020. Focus on deferred assessment programme of work for completion by March 2021 and currently on trajectory to complete all Sefton cases. 							Performance Targets

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Quality and Performance Committee	QUA033	SS	Mar 2017- Q4 2016/17	Quality	There is a risk of non-delivery of recommendations from the joint SEND CQC/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	3	4	12	Nov-20	Aug-20	<ul style="list-style-type: none"> SENDIAS embedded 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 Oct 2020 - SEND performance continues to be monitored by the SEND CIB. there continues to be an improvement regarding Childrens Therapeutic services which continue to remain on target to current trajectory. An interim appointment of Salford DCO has been made. Nov 2020 - Performance trajectory continues to show improvement and development of ASD pathway is currently underway to address the short term waiting list issues. Interim DCO now in post and linking with Designated Network and maintaining oversight of partner contributions to plan. Awaiting SEND revisit on 08/12/20. 	12	12	12	↔	↑	Performance Targets
Quality and Performance Committee	QUA036	SS	May 2017- Q4 2017/18	Commissioning and Delivery	There is a risk of a lack of a simple discharge pathway from Mersey. Care to primary care for patients with SMI caused by service ineffectiveness and loss of agreed shared care resulting in loss of continuity of care for patients the build up of a waiting list and reputational damage - Waiting lists still high	Gordon Jones	4	3	12	2	3	6	Nov-20	Nov-20	<ul style="list-style-type: none"> The current waiting list (September 18) across both CCGs is 500. Shared care is still bedding in, but it has released some capacity within the ADHD service. Sept 2019 The additional £1.7k investment should make an impact from Q2 onwards. Meeting 4th October to discuss impact of investment. Nov 19 - Transition pathway to commence Dec 2019 Sept 20 - Investment of £1.7k made recurrently into Merseycare Contract Waiting lists still remain high Now BAU - request close risk on CRR and replace with ASD 	9	9	6	↔	↓	Quality Assurance of Providers
Quality and Performance Committee	QUA044	SS	Sep 2017- Q2 2017/18	Quality	There is a risk that the decreased capacity within the quality team caused by secondment and resignation of team members & growing quality agenda will result in an inability to provide necessary internal and external quality assurance to the GB.	Brendan Prescott	2	4	8	2	3	6	Nov-20	Aug-20	<ul style="list-style-type: none"> Mar 20 - more joined up working with Liverpool CCG Quality Team means workloads are covered. Risk to CCG has reduced and would not require entry onto CRR based on current risk level. Jun 20 - Joint working continues with LCCG team to review current work programmes and processes. It is anticipated that this risk score will increase due to expected changes within the two teams. Jul 20 - Recruitment process to be undertaken for roles and review of workstreams to be undertaken for Salford CCGs and LCCG. Primary Care Quality Lead role increased to full time. Risk may need to be increased following review of roles/workstreams Oct 20 - Team currently running with 1 x quality vacancy and 1 x safeguarding admin vacancy which limits the capacity of the team with increasing demands due to COVID activity. Teams roles and functions have immediately been reviewed and will continue to be developed to meet future demand. Nov 20 - Safeguarding vacancy now out to advert 	6	6	6	↔	↓	Commissioning
Quality and Performance Committee	QUA056	SS	Mar 18- Q4 17/18	Quality	There is a risk to deliver appropriate patient care caused by the high number of missing referrals at Southport and Ormskirk Trust resulting in compromised quality of care.	Brendan Prescott	4	3	12	4	3	12	Oct-20	Aug-20	<ul style="list-style-type: none"> 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. Mar 20 - It is recommended this be removed as the CCGs are not directly mitigating against this risk. Assurances and updates are being obtained via meetings like COPG and CP. April 20 - this was reviewed by Audit Committee and it was requested to remain for further discussion. Jun 20 - This is ongoing risk for all Providers and will continue to be monitored via CCORM and the SOIB. Recommended for closure at JQPC in June 2020. Awaiting confirmation at Audit Committee. 	12	12	12	↔	↔	Quality Assurance of Providers
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 Salford GPs still using paper referrals resulting in referrals not being processed and accepted by Amreec University Hospital	Tazzy Hill	3	4	12	2	4	8	Nov-19	Sep-20	<ul style="list-style-type: none"> GP practices requested contractually to be using ERS by Oct 2018. Proposal agreed regarding the escalation process and timescales for issuing notices for review by CEO/CCO GP's are now contracted to use ERS from October 2018. Latest utilisation is 80.6% and likely to increase There are still issues with eRS access to some services which will be monitored. Sept 20-19 ongoing Nov 19 - A review of ASI (Appointment slot issues) was conducted and identified specialties 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 were possible put corrective measures in place. Trust to provide an update at the planned care group in December 2019. REQUEST TO CLOSE DUE MANDATED USAGE OF ERS BY GPs 	8	8	8	↔	↓	Primary Care Services

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Quality and Performance Committee	QUA063	SS	Jun 2019: Q1 2019/19	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 2019/19	Stephen Williams (Janet Spallen)	3	4	12	3	4	12	Jan-21	Jan-21	24/6/20 Weekly and daily performance monitoring M4 Information shared with all CCGs on monthly basis at NWSASHS111 meeting with NM commissioners present. 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. 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 20/21 9/11/20 Work has been refocused following failure to meet ARP targets by Q1 20/21 and impact of COVID-19 pandemic. NWSAS recovery plan. 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. Integrated UEC: 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. Patient Transport Service (PTS) redesign: 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	NW regional work continues with Aintree (due to high activity and trauma centre status) being one of six trusts identified for improvement work in handovers. Focus on ED internal improvements required to reduce handover delays. As part of NWSAS contract it has been agreed that work will continue with the first six trusts and that a further group will be identified for improvement work. On-going work with community trusts to develop alternatives to transfers for patients seen by NWSAS who do not require conveyance but alternative support within the community. Ambulance commissioning team working with NWSAS to develop SDIP to deliver performance within ARP standards and trajectories for reducing conveyances, improving handover delays and workforce/resource capacity. Will also link with roster review, continued transformation and delivery of new models of care and implementation of Carter recommendations. Nov 19 - The 2019/20 contract agreement with NWSAS identified that the ARP standards must be met in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards. 24/6/20 Ambulance Response Programme agreed (19/20) and range of initiatives introduced to improve service delivery. Reprofiling vehicle fleet to increase response vehicles Improving call pick up times in Emergency Operation Centres Use of Manchester triage tool to support hear and treat and see and treat and reduce conveyances to hospital Re-alignment of staffing resources to meet demand with roster review Local initiatives/pathways introduced to provide alternatives to conveyancing 1/19/20 - No further update on above due to COVID 19 stand down of formal reporting. Plans in place to return reporting to business as usual 9/11/20 - Plans in place as outlined in key controls and assurances but with no further updates on how actions progressing.													Quality Assurance of Providers
Finance and Resource	FR007	SS	Q1 2018/19	Finance	There is a risk of reputational damage caused by incorrect treatment of payments to GP Governing Body members and Clinical Leads resulting in a potential for cost pressures.	Marlin McDowell	4	3	12	4	2	8	Jan-21	Nov-20	Commissioning expert advise and support to undertake the internal review and make recommendations to the Remuneration Committee for resolution. Involving clinical leads in the process so they understand the review and the process that will be undertaken. Clear communication regarding outcome of the process and associated actions.	Marlin McDowell	8	8	8	--	↓	Financial Duties							
Quality and Performance Committee	QUA066	SS	Dec-18-Q3-2018/19	Quality	There is risk that recommendations from the CQC review are not successfully implemented caused by delay or lack of effective implementation resulting in damage to the reputation of the CCG and the quality of safeguarding children and LAD services.	Helen Gese	3	4	12	1	4	4	Oct-20	Aug-20	Jun 19 - the action plan is being prepared for resubmission to CQC on 04/07/19. Providers have submitted evidence against the action plan which has been reviewed by the Safeguarding Team. the action plan is due for sign off with Fiona Taylor by the end of June 2019. Sept 19 - Action plan was signed off by Fiona Taylor and submitted to CQC on 04/07/19. Response from CQC is that the plan will now be managed by the provider CQC relationship managers. Task and Finish Group meeting held 02/09/19 to ensure continued progress against the action plan. Further Task and Finish Group meeting planned for December 19. Anticipated completion of all remaining actions is 31/12/19. November 19: Action plan is progressing. Designated Nurses have a meeting to apprise the Chief Officer of the progress against the plan in early December. A further task and finish group is planned for mid-December with the plan due for completion by 31.12.19 if all outstanding actions remain on current trajectory for completion. Mar 20 - This risk sits with the CCG as the 'holder' of the CQC action plan. However, the action plan is due to be finalised/closed in mid-April once we have had the final T&F group. Currently there are 6 red actions on the whole plan of which 3 are the CQC actions. Jun 20 - The final CQC task and finish group planned for 09.04.2020 was postponed due to the need to prioritise Covid19 related activities. The action plan currently has two red actions neither of which are CQC actions. The plan is to reconvene the task and finish group one provider/service are in a more settled 'reset and recovery' phase. Jul 2020 - The final task and finish group that had been planned for the 9th April will be reconvened in Q3 in order to consider the learning from the CQC action planning process and look at how assurance of ongoing continual improvement against the action plan can be obtained. October 2020: All actions against the CQC action plan have now been completed and all relevant evidence has been received by the CQC. The CQC action plan is now completed and therefore this risk can be closed.														Performance Targets
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	Nov-20	Nov-20	Strategic priority of the CCG. Scrutiny at Joint Commissioning Committee. GP5YFV transformation plans. LQC funding to support transformation. PCN development.										Primary Care Services				

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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	PCSE working groups, regular updates to practices. Discussed at Joint Committee and LMC liaison meetings.	3	4	12	Nov-20	Nov-20	Attendance at meeting by CCG reps. JL has written to NHSE regarding on-going situation and lack of progress, awaiting formal response. Issues raised at Regional Meeting, similar issues in other areas, await formal response. Issues continue with concerns over performers lists - meeting with NHSE Jan 18 to discuss actions. Issues continue to be raised and forwarded to NHSE / PCSE. JL to escalate to FT. No further update although PCSE staff now based within Regatta Place with NHSE which may help with resolving issues. Survey undertaken, poor response rate identified issues with pensions rather than operational issues. Issues continue, committee felt risk of likelihood has increased. Further incidents have been identified around children not being invited for screening. A subgroup has been set up to reduce further incidents. Practice views to be sought re current situation with PCSE in practice. It was agreed at PCCC that practices should be contacted on a quarterly basis to establish if problems are resolving with PCSE or if they continue. 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 with general practice to establish current situation.						12	12	12	---	1	Corporate Systems and Processes
Quality and Performance Committee	QUA068	SS	Q4 - Mar 19	Quality	<p>There is risk that Woodlands Hospice will not be able to sustain the level of provision required 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	Integrated working Close monitoring Transparent communications	4	4	16	Jan-21		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). From July-September 2020, Working in collaboration with LUFF and Mersey Care, Woodlands Hospice will be piloting a new model of care - IMPACT. 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 LUFF are awaited. Woodlands have contacted Hospice UK to see if there is any support available. They have also approached AUH to discuss finances. 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. - Impact of Community Services - Impact of CH bed requests - Delayed Discharge - Increased avoidable hospital admissions - Quality COVID UPDATE: Woodlands have received funding as directed by DCHSC and through NHSE's national Hospices are required to submit data on their hospice beds and community capacity onto the National Capacity Tracker daily, including weekends and bank holidays. Woodlands are complying with this requirement. This risk remains in anticipation of plans for 21/22						16	16	16	---	---	Quality Assurance of Providers
Quality and Performance Committee	QUA069	SE	Q1-Apr-19	Quality	There is a lack of formal process for issuing and maintaining reburial consent and replacement having caused by lack of funding from the CCG resulting in patients not receiving the necessary equipment for their respiratory condition.	Jenny Owen	3	3	9	Service is maintaining the current service. Commissioner has identified a service that will address the risk. The proposed activity has been process mapped and CCG has costings for the proposed service from CEDAS.	3	3	9	Sep-20	Sep-20	This risk is to be removed as a provider risk						9	9	9	---	---	Quality Assurance of Providers
Quality and Performance Committee	QUA070	SS	refreshed 8.5.19	Commissioning and Delivery	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	stephen Williams (Sarah McGrath)	5	3	15	Aintree CRM and COG (monthly) Aintree Planned Care Group (monthly) Aintree Cancer Improvement Group (quarterly) RLBUHT Collaborative - Cancer Performance meeting (monthly) Strengthened process for sharing pathway level and 104-days breaches with CCG Internal to CCG IPR meetings monthly fed through to Quality and Performance Committee and to NHSE performance calls through KLOES CPRI issued (as per agreement) Superseded by Covid arrangements led by Cheshire and Merseyside Cancer Alliance Weekly Step reporting Focus on PTL size rather than performance Trajectories reviewed for reduction of very long waiters > 104 days	5	3	15	Jan-21	Jan-21	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 reviewed for reduction of very long waiters > 104 days						12	15	15	---	---	Performance Targets

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Quality and Performance Committee	QUA075	SS	New Sept 19	Commissioning and Delivery	There is a financial and quality of care risk to the CCG that patients requiring complex and specialist rehabilitation care needs are not being assessed by an appropriately skilled team while currently that direct patient case management support is being provided as an additional role to the existing Head of Urgent Care & Community Services portfolio. Inputs are required on an urgent basis and are time consuming in regard to development/agreement of appropriate support arrangements which often entail high cost placements / packages of care. Risks are at an individual level in terms of workload and as lone practitioner for complex cases. Organisationally there are issues in regard to information governance, service resilience, costs and ensuring quality of care.	Stephen Williams (Janet Spallen)	3	9	3	3	9	Jan-21	Jan-21	CSU currently working through mobilisation plan - timescales for implementation to be confirmed. In interim CCG staff member retains responsibility for a cohort of complex patients with some significant issues which are being dealt with on a frequent basis with working week impacting on core role. Sept 2019 update CSU service commences 11th September. Nov 19 - staff in place and currently reviewing the patient cohort. Role has been implemented with tangible improvements seen in patient management and ability to review effectiveness and efficiency of individual support arrangements in regard to patient experience and utilisation of resources/financial benefits. Review of post pending to determine long term requirements. 11/9/20 - Permanent post agreed at 0.8 WTE and presently being recruited. Need to monitor going forward if this is sufficient to manage caseload given increasing number of referrals. 9/11/20 - Support arrangements being embedded within CSU. Work proposed at CCM level for complex rehab with opportunity to develop peer support network for case manager roles across CCG areas - mitigate risks associated with sickness or annual leave. 4/1/21 No change to above. Post not agreed as yet to progress work on behalf of CCGs	16	9	9	---	---	Quality Assurance of Providers	
Quality and Performance Committee	QUA076	SS	New Sept 19	Commissioning and Delivery	Risk to the provision of LAPT services as a result of a failure to procure alternative service provision following CCGs notice to cease provision from April 2020 - long standing performance issues with LAPT provider around nationally mandated Access and Recovery KPIs - the provider ceased service and CCGs undertook procurement exercise	Stephen Williams and Gordon Jones Gordon Jones	2	4	2	4	8	Nov-20	Nov-20	Sept 2019 update-procurement advice taken to LT 10/09/19 and agreed to publish an expression of interest invitation to test market. Nov 19 - EOI being evaluated and will inform further procurement approach - Procurement complete with new provider to commence on 1st January 2021 - New provider is mobilising and linking in with existing provider. - Both CCGs tasked to find new LAPT service for 10% access rate in 2021/22 with additional resource being allocated if the provider was able to demonstrate achievement of 19%. The intention is to work with the provider to achieve 25% in 2023/24. NOW BAU Request close CRR and keep on team register	12	12	8	---	---	Commissioning	
Quality and Performance Committee	QUA077	SS	Nov-19	Commissioning	There is a risk that the challenging QIPF financial target in 2021 will impact on Mental Health LFTD ambitions e.g. Growth, MHFT, Individual Placement Support, SMT, health checks and CMT by the lack of available financial envelope for delivery. CCG is working with providers to agree post year allocations for development as per the Q3 21 guidance issued on 15 September. MHS as standard	Gordon Jones	4	4	4	4	12	Nov-20	Nov-20	Phase 3 guidance and Health Care Partnership exercise - Ongoing dialogue with providers aimed at part year investment M106	16	16	12	↓	---	Commissioning	
Quality and Performance Committee	QUA080	SS	NEW 01/08/2020	Commissioning	There is a risk to the delivery and quality of phlebotomy service as it resumes business as usual in line with COVID restrictions - significant loss in capacity and potential increases in access times	Stephen Williams (Janet Spallen)	3	4	2	2	4	Jan-21	Jan-21	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, MCFIT, LCFT and Clinical Labs and engagement with primary care. Local action plan to be developed. 4/1/21 Collaborative CCG/Provider work has led to improved position with clinic capacity, more resilient workforce and waiting times in line with agreed KPIs but with some variation based on fluctuating demand. Risk level significantly decreased but still with a requirement to determine long term model of delivery to reflect new ways of working at secondary care level. 4/1/21 Operational delivery position significantly improved following local action plan to recover capacity and develop workforce. Waiting times mainly in line with KPIs as previous to COVID 19.	N/A	9	12	↓	↓	Commissioning	
Quality and Performance Committee	QUA078	SS	Mar-20	Commissioning	There is a risk to performance and quality at the AUH site LUHFT caused by the service reconfiguration due the merger resulting in potential adverse impact on care and outcomes.	Brendan Prescott	4	3	12	5	3	15	Nov-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 recomerced 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. Oct 20 - enhanced surveillance indicators have been agreed with the Trust to monitor the impact of the merger with both a operational and OD focus. The trust has experienced recent and intensive pressures on performance as a result of COVID with impact on both staffing and operational delivery. A single item QSG has been convened for October 20 to review stakeholder concerns. Nov 20 - Follow-up QSGS with regulators and commissioners planned once CCG have published inspection report. This is expected December 2020. Focs areas at CQPG to receive assurance on IPC, workforce and staffing, VTE, MUST, and Never Event thematic identification.	12	12	15	---	↑	Performance Targets
Primary Care Commissioning Committee in Common	JC29	SS	25/02/2020	Commissioning	Non Medical Prescribing (NMP) Risk that without robust NMP policy in place staff may be being asked to work outside the scope of their role.	Jan Leonard	3	3	9	3	3	9	Nov-20	Nov-20	NMP policy being reviewed. This will be presented through appropriate CCG governance process for approval and the LMC, then shared with all GP Practices. Review of NMP policy delayed due to COVID, will now pick up this work. Staff policy went to JMOG and LMC to review. LMC are in the process of reviewing this document. Policy to be presented to Quality Committee for approval.	9	9	9	---	---	Commissioning

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Details of Risk										Initial Score		Residual Risk Q3 2020		Mitigating Actions		Review								
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Quality and Performance Committee	QUA079	SS	Mar-20	Commissioning	There is a risk to performance, quality and delivery of the CHC programme caused by COVID-19 resulting people being lost to the system, care packages, not being appropriate to patient need and a post Covid 19 backlog of referrals and assessments.	Jane Lunt	4	4	16	SFI; SO; Established Financial Controls; Audits of Financial Systems; Completion of Starter / Leaver Documentation	4	4	16	Nov-20	Aug-20	<ul style="list-style-type: none"> 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 QOQ3 2021. Twice weekly calls with MLCU are in place to review any operational issues caused by COVID. Oct 20 - a North Mersey Steering Group has been established to develop an agreed process to complete all deferred assessments by March 2021. Health actions for assessment and recommendations are being led by MLCU and LSCFT. Current validation of patient lists continue in order to develop workplans and allocate NHSEI CHC COVID resource accordingly. Panels for decision ratification have now commenced with a RAG rating for patients agreed. The complaints and communication processes continue to be developed through October with a consistent North Mersey approach. Regular bi-monthly meeting with NHSEI and bi-monthly SHRep submissions will continue through Q3/Q4 2021. Nov 20 - Review of Seflon deferred continues and is currently on trajectory to complete by Marcy 2021. CSU colleagues working with LA to determine whether patients require CHC assessments or if needs have changed over the last 9 months. A single point of access for patient appeal/complaints is now in place to ensure all cases can be considered. 			16	16	16	---	---	COVID-19
Finance and Resource	FR0011	SS	Q1 2020/21	Finance	There is a risk of non-delivery of the CCG's control total in 2020/21 due to emerging pressures on expenditure or non-delivery of its savings plan.	Martin McDowell	4	4	16	<ul style="list-style-type: none"> 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 F&R 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 capturing 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 MLCU. Monitoring of prescribing changes due to COVID-19 in development with the BI team. Monitoring information will provide a more accurate assessment of level of risk. 	5	5	25	Jan-21	Nov-20	<ul style="list-style-type: none"> 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 MLCU 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 MLCU 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. 29/10/20 – the F&R Committee agreed to increase the consequence residual score from 4 to 5 as the overall financial pressure is now above £2m and the potential to make cash releasing savings is very limited. The committee also agreed to increase the likelihood residual score from 4 to 5, as it is almost certain that the CCG will not deliver its Control Total or statutory duty. The likelihood residual score may be subject to change at a later stage depending on the outcome of NHS related discussions taking place at a national level. 	Martin McDowell	N/A	16	16	↑	↑	Financial Duties	
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/ Stephen Williams Ganeseen-Ward	4	4	16	<ul style="list-style-type: none"> Monthly review and monitoring of all QIPP schemes to assess delivery in year and highlight risks and issues affecting delivery of planned QIPP savings. Revised QIPP reporting arrangements through F&R Committee anticipated to enable greater impact of "check and challenge". Continued focus on QIPP through the emergency response through CCG PMO 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. PMO to develop an understanding of system partner QIP/ QIPP schemes which will continue to be progressed during the COVID response period and maintain communications with all parties. 	5	4	20	Jan-21	Nov-20	<ul style="list-style-type: none"> CCG needs to continue to focus upon the delivery of new models of care arising from COVID arrangements and QIPP work plans to ensure mobilisation and inclusion in future contracting processes. QIPP Progression suspended during the COVID emergency response and revised financial regime implemented nationally. NHS England and improvement published guidance on 16th September 2020 on the financial and contracting framework for the remainder of 2020/21. Contracting processes for 2020/21 have been suspended, which limits the scope to achieve cash releasing savings in 2020/21. Funding arrangements will be managed at system level with fixed system funding envelopes and the requirement for the CCG to achieve financial balance within these envelopes. PMO work to develop QIPP processes and governance arrangements has progressed in the year to date. 29/10/20 – the F&R Committee agreed to increase the likelihood residual score from 4 to 5 as it is almost certain that the CCG will not fully deliver its planned QIPP target in 2020/21. 	Martin McDowell	N/A	16	16	↑	↑	Financial Duties	
Finance and Resource	FR0011b	SS	Q1 2020/21	Finance	There is a risk that the CCG will fail to contain expenditure against its opening budgets and reserves in 2020/21 caused by potential expenditure pressures. This may include long term changes to medium/ long term health needs through the COVID period resulting in increased costs and a reduction in the ability to achieve its control total and SFD.	Martin McDowell/ Stephen Williams Ganeseen-Ward	3	3	9	<ul style="list-style-type: none"> Defined budget holders, scheme of delegation in place and regularly reviewed internally to limit authority to commit CCG resources at an appropriate level of management. Monthly budget reports, budget holder training programme. F&R Committee Reports. Monthly reporting to Governing Body. Work closely with CCG and provider colleagues to understand the medium term implications/ changes to practice as a result of COVID. 	3	3	9	Jan-21	Nov-20	<ul style="list-style-type: none"> Review of financial reporting to ensure continued relevance re. content and granularity of detail. Communications and engagement with CCG and Provider recovery cells will be key in determining the financial impact of future changes as part of QIPP work and contracting processes going forward. 	Martin McDowell	N/A	9	9	---	---	Financial Duties	
Audit Committee	AC001	SS	13/04/2020	Line Managers/HR/ Finance	Risk of fraudulent abuse by employee of sickness / leave and false timesheet / overtime claims.	Line Managers/ HR/ Finance	2	2	4	SFI; SO; Established Financial Controls; Audits of Financial Systems; Completion of Starter / Leaver Documentation	2	1	2	Jan-21	Oct-20	<p><u>Sickness / leave abuse</u> As staff are self-diagnosing symptoms without any requirement, in the first instance, to contact either their GP or 111, it will be difficult to identify any potential incidences where an individual may be using coronavirus as a false pretence for abusing sickness leave until a shielding letter or other correspondence is submitted.</p> <p><u>False timesheet / overtime claims</u> Overtime must continue to be recorded and authorised, where possible in advance.</p> <p>Other measures that may be considered at an individual level to mitigate against sickness / leave abuse, false overtime and time recording fraud, for staff working from home in particular, include:</p> <ul style="list-style-type: none"> More regular contact between management and staff member HR reminder to staff of NHS organisation sickness absence policy Increased level of staff monitoring, activities undertaken and outputs achieved. <p>A fraud-focused reminder or bulletin to staff on the risks associated to sickness / leave abuse, timesheet / overtime fraud and working whilst off sick, in the context of the situation around coronavirus, may be considered appropriate.</p>		N/A	2	2	---	↓	Corporate Systems and Processes	

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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	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 Risk Q3 2020			Lead Review Date	Comm Review Date	Mitigating Actions	Review											
							Likelihood	Consequence		Score	Likelihood	Consequence				Score	Action Owner/Lead	Q4 19/20	Q1 2021	Q2 2021	Trend to prior Q	Overall Trend 1-1	Theme				
Audit Committee	AC002	SS	13/04/2020	Line Managers/ HR	Risk of the fraudulent or corrupt recruitment, appointment or promotion of unsuitable temporary, casual or permanent NHS employees (be they genuine or fictitious)	Line Managers/ HR	2	4	Compliance with recruitment checks set out by NHS Employers; Due diligence checks; Compliance with NHS CFA Recruitment Guidance.	2	1	2	Jan-21	Oct-20	Pre-employment frauds Where individuals are already employed within the NHS (in England), NHS organisations should ensure there is a legal agreement to share substantive staff and bank workers and use digital systems, such as ESR or the digital staff passport which is being developed by NHSE&I, to avoid any unnecessary duplication of employment checks. NHS organisations must ensure that they obtain appropriate assurances that the person they interview online is actually the person presenting themselves for work, or is carrying out work on their behalf, if they will be working remotely. The applicant must present the original versions of these documents as soon as is practical, for example, when they come in for induction. All scanned and emailed documents must be retained on file. If the individual is both recruited and employed remotely i.e. may be working from home, it is recommended that NHS organisations make a record that verification of documents has been carried out remotely and not through examining original documentation. Where appointing individuals to unregulated roles, NHS organisations will need to make an appropriate risk-based assessment to the priority given to that qualification in the person specification, and the assurances that may need to be gained as part of the check process. With regard to professional registration and qualification checks, NHS organisations should continue to seek online verification against the relevant professional register to confirm that the healthcare worker is registered to practice in the chosen profession. As a minimum, employers should seek at least one reference from the individual's current or previous employer either via email or over the phone.												Corporate Systems and Processes
Audit Committee	AC003	SS	13/04/2020	Finance/Procurement	Risk of the fraudulent or corrupt manipulation of NHS finance and performance systems and data (including bank mandate fraud, False accounting and Invoicing/procurement fraud) potentially or actually causing a loss to the NHS and/or a gain to another.	Finance/ Procurement	2	3	SFIs; SOs; Established Financial Controls; Audits of Financial Systems; Compliance with NHS CFA Guidance on Mandate Fraud, Invoice Fraud, Procurement Fraud Business continuity processes considered as part of the emergency COVID response - MIAA governance checklist considered and completed.	2	1	2	Jan-21	Oct-20	Bank mandate fraud Appropriate measures include: - If there should be a need to amend bank account details, suppliers should be sent a bank account amendment form for their finance director or company secretary to sign, confirming the change of bank account details. Information provided on the amendment form should be checked against the health body's existing records before any change is made. - A senior member of the finance team should always review any change of bank account details and formally authorise this. - All staff should be aware of and adhere to internal procedures and controls to minimise the risk of losses to this type of fraud. - There should be segregation of duties and an appropriate level of access with respect to accessing invoice processing tools in payment systems. False accounting NHS organisations should review the use of established financial controls that are in place to obtain robust evidence of all provider claims made in order to ensure that said claims are being paid correctly. NHS organisations' governing bodies need to put in place arrangements to be kept informed and maintain their monitoring role. Regarding COVID-19 spending decisions, the decision-making process should be documented along with those who made the decision. Appropriate procedures should be implemented to: - document approval - document decisions - correctly code COVID-19 costs												Corporate Systems and Processes Financial Duties
Audit Committee	AC004	SS	13/04/2020	Debbie Fairclough	Risk of bribery and corruption against the NHS through the failure to adopt appropriate governance requirements ('adequate measures') or to effectively apply management controls.	Debbie Fairclough	2	3	SFIs; SOs; NHS England Guidance on Conflicts of Interest; Compliance with 'Adequate Measures' in accordance with Bribery Act 2010.	2	1	2	Jan-21	Oct-20	Conflicts of interests Appropriate measures include: - Reminders to NHS staff to check their own employer's policy and any temporary guidance in relation to gifts and hospitality. - Reminders to NHS staff to comply with the current gifts and hospitality guidance and make declarations as required by that guidance. - Reminders to NHS staff that it is not appropriate to set up and manage personal 'wish lists' or to solicit gifts and donations via their own social media pages. - NHS organisations should make it clear to the public how they can donate directly, and warn against donations through alternative routes. Conflicts of Interest / New Suppliers The NHSCFA has established a useful NHSCFA quick reference guide on fraud risks when buying goods and services directly from suppliers												Corporate Systems and Processes Financial Duties
Audit Committee	AC005	SS	13/04/2020	CCG Departments	Risk of the misuse or unauthorised removal / disposal of NHS assets / resources causing a loss to the NHS; or, the diversion of income intended for the NHS for private gain.	CCG Departments	2	4	SFIs; Os; Asset Register Controls and Compliance Checks Business continuity processes considered as part of the emergency COVID response - MIAA Governance checklist considered and completed.	2	1	2	Jan-21	Oct-20	Theft/fraud/disposal of NHS resources/assets and subsequent sale for private gain Due to limited likelihood of CCG making any significant purchases of PPE equipment (acknowledged that they may have made some) the need for enhanced stock checking procedures is limited. Where new items of IT equipment have been purchased these should be fully recorded/ controlled as part of the CCG asset management procedures if over £3k alongside any items of equipment which have been taken from offices to support agile working.									Corporate Systems and Processes Financial Duties			
Audit Committee	AC006	SS	13/04/2020	CCG Departments	Risk of genuine patients and ineligible individuals misrepresenting themselves as patients, defrauding the NHS in order to obtain benefits to which they are not entitled. (Including Prescription fraud and false identity multi-registrations)	CCG Departments	2	4	Effective patient management, eligibility and verification arrangements; NHS CFA and DoH Guidance on Prescription Fraud, Identity Fraud, Overseas Patients etc.	2	1	2	Jan-21	Oct-20	False Identity Multi-registrations NHS organisations should report any known individuals to NHS England and/or the Police in order for appropriate action to be taken. NHS organisations should remind staff to wear ID at all times whilst on-site, and to actively challenge anyone who is not and/or unfamiliar faces, particularly individuals in sensitive areas or around any store rooms containing vital equipment or supplies.										Access to Services		
Audit Committee	AC007	SS	13/04/2020	CCG Departments/ Finance	Risks of third parties, external to the health body, attempting to defraud the NHS or NHS employees. (Caused by cyber frauds and scams)	CCG Departments/ Finance	3	2	Trust policies and procedures; NHS CFA fraud alerts and guidance; Staff awareness of fraud risks.	3	1	3	Jan-21	Oct-20	Cyber frauds & scams MIAA is via the circulating regular (weekly) alerts to all NHS staff to warn them of current and up-to-date threats and remind them to remain vigilant to them. NHS organisations should consider circulating alerts to their vulnerable and elderly patients and clients to warn them of current and up-to-date threats, in particular the various doorstep scams. The baseline rating acknowledges that there is ongoing IT / Cyber Security work at a strategic and national level led by NCSC and NHS Digital, amongst other partners.												Corporate Systems and Processes Financial Duties

Update: Q3 2020/21: 15 January 2021																							
Details of Risk										Initial Score		Residual Risk Q3 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	Proposed Action	Action Owner/Lead	Q4 19/20	Q1 20/21	Q2 20/21	Trend to prior Q	Overall Trend 1 - 5	Theme
Audit Committee	AC009	SS	13/04/2020	Debbie Fairclough	Risk of an act of fraud being perpetrated against the health body. This could originate internally, externally or collusively. It could be either opportunistic or organised, isolated or on-going, with the overarching intent to cause a loss to the NHS and/or personal or private gain to another.	Debbie Fairclough	3	2	6	SFIs; SOs; Established Financial Controls; Comprehensive Fraud Proofed Policies and Procedures Internal and External Audit; Dedicated Anti-Fraud Specialist in post; Risk assessed Anti-Fraud Work plans; NHS CFA Anti-Fraud Guidance and Alerts disseminated and advised; Embedded Anti-Fraud Culture which has been developed over time.	3	4	3	Oct-20	Oct-20			N/A	3	3	→	↓	
Primary Care Commissioning Committee in Common	JC32	SS	09/07/2020	Primary Care	There is currently a shortage in access to phlebotomy within primary care and community care services. This will have an impact on the overall care for patients and the making of clinical decisions including prescribing of certain drugs	Jan Leonard	3	3	9	Those practice who have not signed up to provide phlebotomy services within the LQC have now been able to do this and make appropriate claims.	4	4	16	Nov-20	Nov-20	A borough wide meeting will be taking place to review the overall review of Phlebotomy services with Mersey Care CCG, including Primary Care representative. July update: issue causing clinical delays , additional capacity being commissioned via Federations, community services increasing routine provision. Anecdotally, practices are starting to see an improvement in access to phlebotomy. A further practice in Bootle has indicated capacity to accept referrals from neighbouring practices which can be funded via the LQC. Situation improved, additional capacity remains in place. Issues remain with access to domiciliary service SF CCG. Risk reduced.	JL	N/A	9	16	→	↑	Primary Care Services
Quality and Performance Committee	QUA081	SS	New Sep 20	Commissioning and Delivery	Adult ASD service, waiting times continue to remain under review. The high waits will also impact on SEND arrangement in particular the transition of CYP to adult services.	Gordon Jones	3	5	15	Provider has undertaken capacity and planning exercise Provider is developing investment case Investment will have to be considered by CCG and if approved funding can be released to reduce waits with an agreed improvement trajectory. Clinical Quality and performance meetings SEND relationship meeting with MCT. In November the CCG approved a waiting list initiative for £100k to enable the service to target the long waits in lieu of the Business Case which was reviewed in December 20	5	3	15	Jan-21	Jan-21	Investment will have to be considered by CCG and if approved funding can be released to reduce waits with an agreed improvement trajectory. Working with provider to develop waiting list initiative business case for submission and approval by CCGs. Joint risk with MCT and CCG Finance team. Investment will need to be considered by CCG and if approved, funding can be released to reduce waits with an agreed improvement trajectory. No further update	Access to services	N/A	N/A	15	→	→	Commissioning
Quality and Performance Committee	QUA082	SS	New Sep 20	Commissioning and Delivery	Adult Eating Disorder service has had long standing challenges around achieving 16 week waits. In addition the service is not NICE compliant	Gordon Jones	4	5	20	Provider has developed investment case update this was done in December 2020 which will need to be considered by CCG Investment will have to be considered by CCG and if approved funding can be released to reduce waits with an agreed improvement trajectory. On 21 August a CAS alert was issued describing the discontinuation of Pradaxa in an effort to ensure patients have equitable access to their medicines. prescribers are reminded NOT to over prescribe and community pharmacies are urged to NOT stockpile. Investment will have to be considered by CCG and if approved funding can be released to reduce waits with an agreed improvement trajectory. On 21 August a CAS alert was issued describing the discontinuation of Pradaxa in an effort to ensure patients have equitable access to their medicines. prescribers are reminded NOT to over prescribe and community pharmacies are urged to NOT stockpile. Investment will have to be considered by CCG and if approved funding can be released to reduce waits with an agreed improvement trajectory.	4	5	20	Jan-21	Jan-21	CCGs have the provider to refresh business case as it did not have the opportunity to be NICE compliant The provider has recruited 1 BWT/TE psychology posts commencing in Sept/October Business case to be considered by the CCG - will update when it has been presented	Access to services	N/A	N/A	20	→	→	Commissioning
Audit Committee	AC009	SS	Aug-20	CCG Departments/ Procurement/Finance	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.	CCG Departments/ Procurement/Finance	3	3	9	SFIs; SOs; Established Financial Controls; Audits of Financial Systems. Compliance with NHS CFA Guidance on Mandate Fraud, Invoice Fraud, Procurement Fraud Business continuity processes considered as part of the emergency COVID response - MIAA governance checklist considered and completed. Mandated Hospital Discharge Process implemented in year which suspended assessment processes between April and August 2020. Backlog assessment process invoked with trajectory of clearing all suspended assessments before 31st March 2021. Data integrity review ongoing to ensure all COVID CHC cases captured and aligned to correct funding stream	2	2	4	Jan-21	Oct-20	The CCG has will have established systems and processes already in place via its Scheme of Reservation and Delegation (SORD) to authorise payments. In some CCGs, exceptional/ urgent payments due to COVID-19 have been authorised by their leadership teams and or committees established to approve urgent payments. In the event that urgent authorisation is required, payment, post authorisation by the leadership team, would be expected to follow established systems and controls with regard to urgent payments. It is important that the CCG maintains a log of urgent payments and seeks to review the payments made to ensure they have had scrutiny within the SORD constraints. If that is not the any case exceptions and learning should be reported to the next Audit Committee. Where any instances of suspected fraud or corruption activity are identified this should be reported immediately to the LCFS. Given the change in the NHS financial regime CCGs are likely to be required to seek evidence, verification and assurance over extra funding requests from Trusts for COVID-19 expenditure. Significant sums of public money are highly likely to be involved and CCGs need to assure themselves over the probity of the claims received from NHS and where appropriate from private contractors. Where any concerns of fraud are identified the LCFS should again be contacted for advice and support.		N/A	N/A	4	→	↓	Corporate Systems and Processes/ Financial Duties
Audit Committee	AC010	SS	Aug-20	MLCSU CHC team/ Quality/ Finance	Risk of CHC and PHB fraud due to lack of assessments and new ways of working.	MLCSU CHC team/ Quality/ Finance	3	3	9	SFIs; SOs; Established Financial Controls; Audits of Financial Systems. Compliance with NHS CFA Guidance on Mandate Fraud, Invoice Fraud, Procurement Fraud Business continuity processes considered as part of the emergency COVID response - MIAA governance checklist considered and completed. Mandated Hospital Discharge Process implemented in year which suspended assessment processes between April and August 2020. Backlog assessment process invoked with trajectory of clearing all suspended assessments before 31st March 2021. Data integrity review ongoing to ensure all COVID CHC cases captured and aligned to correct funding stream	3	2	6	Jan-21	Oct-20	Discharge to assess arrangements worked through by multi-disciplinary team as part of mandated response to hospital discharge programme. Data integrity review ongoing to ensure all data captured appropriately. Staffing capacity reviewed against funding provision and work directed to highest risk areas. Staff involved in reviews encouraged to discuss any suspicious claims with CCG's LCFS. Consideration to be given to this area for a local proactive detection exercise. Adoption of a risk based approach to completion of retrospective reviews in accordance with guidance from NHSE.		N/A	N/A	6	→	↓	Corporate Systems and Processes/ Financial Duties
Audit Committee	AC011	SS	Aug-20	Primary Care Team/ NHS E Primary Care Finance team/ CCG Finance	Risk of Primary Care Contractor Fraud, resulting in increased expenditure in Primary care services.	Primary Care Team/ NHS E Primary Care Finance team/ CCG Finance	3	2	6	NHS E Finance team provide support to the CCG for the proactive management of systems and controls in place with regard to delegated commissioning of General Medical Services. Other primary care services are dealt with centrally by PCSE. Management review processes are in place to review in year spent against budgetary provision and exceptional areas will be investigated to establish reasons and/or remedial actions required. An internal audit review has been being conducted in this area as part of the internal audit plan for 2020/21.	2	1	2	Jan-21	Oct-20	Expenditure for Primary Care Services is monitored following CCG budgetary control procedures and systems. Financial reports are provided to the Primary Care Commissioning Committee in Common bi-monthly. The CCG Finance team communicate regularly with the CCG Primary Care team and also with Finance colleagues at NHSE who provide support services to the CCG in relation to financial aspects of primary care contractors. Staff are aware of the need to report concerns to CCG management and the LCFS.		N/A	N/A	2	→	↓	Corporate Systems and Processes/ Financial Duties/ Primary Care Services

Update: Q3 2020/21: 15 January 2021																							
Details of Risk							Initial Score			Residual Risk Q3 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	Q2 2021	Trend to prior Q	Overall Trend 1-3	Theme
Quality and Performance Committee	QUA083	SS	NEW: 10/11/20 updated: 6/01/21	Commissioning and Delivery	There is a risk that the SEND improvement plan will not be met due to the impact of covid-19 on progress and ability to deliver, specifically the waiting times for therapy services and CAMHS. This may impact on the provision of services to SEND CYP and result in reputational damage for the CCGs and SEND partnership. Lockdown 3 may impact on the provision of services to SEND CYP and result in reputational damage for the CCGs and SEND partnership. The SEND improvement plan targets for therapy waiting times were met in October 2020 and CAMHS improvement trajectories were also on track, a position that is currently being sustained, despite covid. However, since the 3rd lockdown the impact on continuing improvements and delivery of services is at risk, due to increasing levels of staff sickness, school closures etc.	Peter Wong	4	4	16	<ul style="list-style-type: none"> Monitored via the SEND partnership's governance structures i.e. the SEND Continuous Improvement Board (SENDCIB) and subgroups Waiting times reported and monitored monthly via SEND Health Improvement Group and internal IPR process Covid-19 Business Continuity Plan agreed by SEND CIB and implemented - can be adapted and updated as required Covid-19 service recovery and restoration plans developed and implemented by providers - can be adapted and updated as required Additional CAMHS investment agreed by CCGs to provide extra capacity and resilience to the service - extra resource implemented January 2021 Case studies demonstrating impact and covid-19 adaptations have been collated - these practices and adaptations are in place to respond to impact of lockdown 3 on delivery of services. CCGs working jointly with Liverpool CCG to secure additional short term SEND funding to support priority areas as outlined in the improvement plan e.g. ASD post diagnostic support 	3	4	12	Jan-21	Jan-21	<ul style="list-style-type: none"> CCGs working collaboratively with providers and partners to monitor progress against the covid-19 recovery plans waiting time targets, identifying issues and mitigations. Escalation of issues to CCGs' LT and SEND CIB when required. Consideration of additional resource where increasing demand due to covid-19 is an issue eg. in the case of increase demand for mental health services 		N/A	16	12	---	↓	Quality Assurance of Providers
Quality and Performance Committee	QUA084	SS	NEW: 10/11/20 Updated: 6/01/21	Commissioning and Delivery	There is the risk that childrens and young people's mental health needs are not met due to an increasing demand for support and treatment as a result of Covid-19, which could be further exacerbated by lockdown 3 measures.	Peter Wong	4	4	16	<ul style="list-style-type: none"> Alder Hey implemented the 24/7 crisis service following NHSEI national mandate Alder Hey developed a covid-19 recovery plan which is being closely monitored and has been used to inform CCGs decision to provide additional short term CAMHS investment In November 2020, CCGs agreed additional short term investment to local CAMHS services, providing additional capacity and resilience Alder Hey introduced a new "COVID support team" in December 2020 to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic, on a fixed term basis. Impact and provider performance being closely monitored via IPR, Alder Hey CGRM and SEND partnership governance structure Key CAMHS partners are members of the local Covid-19 mental health cell and Cheshire and Merseyside mental health hub and are working collaboratively across the north Mersey footprint to manage impact. Funding for Kooth has been agreed for a further 4 years, including an increase in capacity and an extension to the age range to 25 as per the enhanced covid-19 offer. The CAMHS partnership is collaborating to provide covid-19 specific resources and communications eg. an updated EHWB toolkit for schools and a CAMHS covid-19 bulletin. CCGs and partners continue to bid for additional short term covid-19 mental health funding where possible eg. CCGs successful in securing E30k Violence Reduction Partnership monies 	3	4	12	Jan-21	Jan-21	<ul style="list-style-type: none"> CCGs are considering additional short term funding to enhance the resilience of the locally commissioned CAMHS services Providers are managing increases in demand by using additional capacity in existing team and agency staff. In collaboration with LAs, the Kooth contract has been renewed and additional funding agreed to continue to provide the enhanced covid-19 service from 2021 - 2024. Using national lottery funding, Alder Hey is setting up a short term 'covid support team' for CYP across Liverpool and Salford. The CAMHS partnership has been successful in securing E720k for 2 x Mental Health Support Teams which are being set up to support CYP mental health in schools. 		N/A	16	9	↑	↓	Quality Assurance of Providers
Quality and Performance Committee	QUA085	SS	09/11/2020	Unplanned Care	Southport and Ormskirk Trust are currently not achieving the 95% of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E dept. causing overcrowding and the inability to practice safe social distancing supersedes risk 006	Cameron Ward/ Sharon Forrester	5	3	15	<ul style="list-style-type: none"> The trust have implemented a cohorting system within ED and on the wards to improve patients safety and reduce the risk of Covid-19 transmission. They are utilising streaming and assessment areas and discharging from ED where appropriate. Cohorting has reduced bed accessibility. A series of messages from the CCG has been issued to push heavily across social media to encourage people only to go to A&E in emergency situations, use other healthcare professions like pharmacists and GPs; and use NHS111, etc. 	5	3	15	Jan-21	Jan-21	<ul style="list-style-type: none"> System Executive Management calls in operation, chaired by the AD of the CCG. Direct booking introduced in ED to control the flow and arrivals to the department. NHS 111 First due to go live in the S&O system on the 17th November. More capacity commissioned in... Short term bed based intermediate care for patients awaiting -ve and +ve for Covid-19 Reablement capacity to support a home first swab 	Cameron Ward/ Sharon Forrester	N/A	16	15	---	---	Quality Assurance of Providers
Quality and Performance Committee	QUA087	SS	09/11/2020	Unplanned Care	NWAS unable to achieve 15 minute handover target and at times of increased pressure are at risk of +60 minute handover breaches caused by ED overcrowding and resulting in poor patient experience.	Cameron Ward/ Sharon Forrester	4	2	8	<ul style="list-style-type: none"> Ambulance holding bay operational at the trust with identified daily staff to take handover from NWAS. NWAS now able to stream directly to ambulance day emergency care. SERV car operational to increase see and treat and reduce hospital conveyance, and patient in place. Target of less than 30 minute handover is in place. 	4	2	8	Jan-21	Jan-21	<ul style="list-style-type: none"> Sept 2019 update - procurement advice taken to LT-10/09/19 and agreed to publish an expression of interest invitation to test market. Nov 19 - ED being evaluated and will inform further procurement approach Procurement complete with new provider to commence on 1st January 2021 New provider mobilising and aiming to work with existing provider Both CCGs made decision to fund new A&E service for 10% greater rate in 2021/22 with additional resource being allocated if the provider was able to demonstrate achievement of 10%. The intention is to work with the provider to achieve 25% in 2022/23 - NGAW BAL Request close GRP and keep on team register NWAS are working collaboratively with the acute trust and are at present able to achieve ambulance handover of <30 minutes enabling the crews to clear. 	Cameron Ward/ Sharon Forrester	N/A	12	8	↓	---	Quality Assurance of Providers
Quality and Performance Committee	QUA088	SS	17/11/2020	Corporate Services	There is a risk that matters requiring escalation associated with complaints are missed as a result of ineffective complaints management arrangements being in place	Debbie Fairclough	4	4	16	<ul style="list-style-type: none"> Complaints Policy in place and approved by Q&P Complaints Policy being reviewed and updated following outcome of Niche report and will include guidelines on the management of compound complaints SOPS between CCG and CSU being developed Complaints data to be routinely reported to the Q&P committees 	3	3	9	Nov-20		Q&P to receive complaints reports GB to receive complaints report	Debbie Fairclough	N/A	N/A	N/A	N/A	↓	Corporate Systems and Processes
Quality and Performance Committee	QUA089	SS	17/11/2020	Corporate services	There is a risk that there will be an increase in complaints following CHC appeals outcomes as a consequence of the CHC framework being stepped back up on 1st September 2020. This could result in a backlog of complaints as there is insufficient capacity within the corporate team to manage additional volumes	Debbie Fairclough	4	3	12	<ul style="list-style-type: none"> CCG recruiting a Band 5 CHC Complaints Manager that will work across both the corporate team and the Quality Team 	4	2	8	Nov-20		The post is currently with the banding panel for confirmation of AAC Band CCG will advertise the post with a view to having new starter in place December 20 SOPS being developed between the CCG and CSU to ensure there are effective arrangements in place for the management and escalation of those complaints	Debbie Fairclough	N/A	N/A	N/A	N/A	↓	Corporate Systems and Processes

Update: Q3 2020/21: 15 January 2021																														
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 Risk Q3 2020			Lead Review Date		Comm Review Date		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	Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Proposed Action	Action Owner/Lead	Q4 19/20	Q1 20/21	Q2 20/21	Trend to prior Q	Overall Trend	Theme								
Primary Care Commissioning Committee in Common	JC37	SS	17/112020	Primary Care	There is a risk that the PCNs will be unable to administer the COVID Mass Vaccine programme if appropriate premises are not identified for the receipt, storage and administration of the vaccine resulting in continued and sustained risk of COVID19 infection within the community and in care home settings	Jan Leonard	5	5	20	3	4	12	Nov-20		CCG to continue to work with all relevant parties to ensure there is a robust response to the mass vaccine programme. Working with NHSE to understand requirements. Awaiting details of enhanced service.	Jan Leonard	N/A	N/A	N/A	N/A	1	Primary Care Services								

Risk Matrix

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

Risk Ratings

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

↓ Significant Risks

Significant Risks

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

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

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

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

SEND Continuous Improvement Board Risk Register					Updated Following SEND System Leadership and Governance Date										
Date December 2020					Inherent Risk			Residual Risk			Mitigating Actions				
Ref	Risk Description	Details of Risk			Probability	Impact	Score	Existing Controls	Probability	Impact	Score	Proposed Action Plans	Action Owner	Target Date	Action Status
		Trigger	Result	Owner											
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	SENCIB 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. Deputy Chief Nurse 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 Service Manager SEND appointed on permanent basis November 2020	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. One year settlement. 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 SENDIAS 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. Recruitment to take place to roll out Mental Health teams in schools.	Chief Executive Sefton Council/ Chief Officer CCG's	Jan-21	Open

Date December 2020					Date												
Details of Risk					Inherent Risk			Existing Controls			Residual Risk			Mitigating Actions			
Ref	Risk Description	Trigger	Result	Owner	Probability	Impact	Score				Probability	Impact	Score	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. Decision made to proceed with Liquid Logic system for a new case management system in the Council, implementation planned to May 2021 underway			3	3	9	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. Sufficiency Statement produced October 2020. Further work underway to develop response to this position. Market sufficiency to be better understood. More work to take place to understand the needs of the 18-25 year hold 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 left 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. Permanent appointment made to SEND Service Manager role, November 2020			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

Date December 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
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. DCO interim arrangements in place during recruitment.	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		
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 Staff redeployed where possible. Staffing resource to be reviewed by the end of 2020.	Chief Executive Sefton Council/ Chief Officer CCG's	Dec-20	Open		

Date December 2020					Date												
Details of Risk					Inherent Risk			Existing Controls			Residual Risk			Mitigating Actions			
Ref	Risk Description	Trigger	Result	Owner	Probability	Impact	Score				Probability	Impact	Score	Proposed Action Plans	Action Owner	Target Date	Action Status
11	Pathway for ASD/ Neuro Pathway	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>NICE compliant pathway (0-16) implemented and operational from April 2020.</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 waiting list by end of March 2021.</p> <p>SENCIB informed of Covid recovery planning and impact on waiting list by 3 months- July 2020. Guidance allowed children's nurse to continue and not be redeployed into other health services. Although redeployment took place in first wave for some staff, staff will not be redeployed in second wave.</p> <p>CCG agreed funding to increase ASD compliant assessment pathway upto age of 18, to be implemented before end of 2020. Therefore Sefton has NICE compliant assessment pathway 0-18.</p>	2	4	8	<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>The adult provider, Mersey care NHS FT are reviewing the reporting metrics and establishing a clear understanding of waiting times for young people up to 25 years. The aim is to promote equity of provision for assessment and diagnostics for ASD between children and adult services. The CCGs have made a non recurrent £100K investment in October 2020 to Mersey Care NHS FT as an interim solution. The quantification of current and future demand is currently underway. The expectation is that this analysis will be completed and a business case made available in December 2020 and options for additional investment to reduce the waiting items for ASD assessment with a clear trajectory to reduce waits developed for 01.04.21.</p> <p>The joint commissioning plan for 2020/2021 identifies the further development of the ASD pathway outlining provision from universal to specialist services level.</p> <p>Work commenced on all age autism strategy for Sefton</p>	Chief Officer NHS South Sefton CCG & NHS Southport & Formby CCG	Apr-21	Open		

Date December 2020					Updated following SEND System Leadership and Governance 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
12	Speech and Language Waiting Times	<p>Increasing waiting times for accessing the service and inability to meet demand</p> <p>Referrals to the service remain higher than planned levels</p> <p>COVID 19 pandemic increase waiting times e.g. in April, waiting times have increased above improvement trajectory.</p> <p>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.</p>	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 NWBH 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>SENDICIB to consider impact of COVID-19.</p>	Chief Officer NHS South Sefton CCG & NHS Southport & Formby CCG	Apr-21	Open		

Date December 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
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 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. Staff worked flexibly and undertook extra hours to ensure young people most at risk continued to receive safe and effective care.</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&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	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>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 December 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 & 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. 2 temporary workers in place working solely on all other reviews.</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. Sefton is in Tier 3.</p>	Chief Executive Sefton Council	Oct-20	Open		

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 29th October 2020	Chair: Alan Sharples
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Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG is reporting a likely case deficit of £10.410m subject to further mitigations / confirmation of allocations. Further work is ongoing to determine additional mitigations in line with other local CCGs. 	<ul style="list-style-type: none"> The CCG is not on target to deliver its statutory duty (breakeven) or its revised Control Total (£3.937m deficit). 	<ul style="list-style-type: none"> All expenditure must be reviewed to deliver improvements in both efficiency and effectiveness of services. The CCG must ensure that QIPP plans are in place to address the underlying deficit from a CCG and system level. These plans must be ready for implementation as soon as possible.

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

<ul style="list-style-type: none"> The committee received an update on digital funding (Digital First, GPIT and the Estates and Technology Transformation Fund). <ul style="list-style-type: none"> An update report will be presented to the committee in November 2020. The committee approved the updated Annual Leave and Bank Holiday Policy. <ul style="list-style-type: none"> It was noted that the policy may be subject to revisions at a later stage depending on the outcomes of the NHS People Plan actions. The committee approved the Security Management Policy and Strategy. The committee noted the progress made against the CCG's Workforce Equality and Diversity Action Plan and received the annual Workforce Race Equality Standard (WRES) report for 2019/20. By receiving and considering the reports, the CCG demonstrated due regard to its duties under the Equality Act 2010 and the Health and Social Care Act 2012.

- The committee noted progress against the CCG's Equality Objectives Action Plan.
- The committee approved the Equality Delivery System (EDS2) Summary Report, noting the following:
 - Due to the COVID-19 pandemic, the CCG has not had the opportunity to carry out the usual due diligence with external scrutiny on its EDS2 grading. The grading has therefore remained the same as the previous report (2018/19). The same approach has been undertaken by local CCG partners.
 - Whilst the grading has not changed, progress has been made on a number of actions over the last 12 months, which was shown in the updated Equality Objectives Action Plan.
- The committee approved the 'Reasonable Adjustment and Disability: Guide to good practice for CCGs' document for interim use whilst a system-wide best practice guidance document is finalised.
- The committee received a Continuing Healthcare update report.
 - The committee noted the update on the MIAA post implementation review of the ADAM Dynamic Purchasing System, progress on clearance of deferred cases awaiting assessment (that have arisen during the COVID-19 period) and the new draft reporting format in the CHC financial and activity report.
 - The challenges in relation to the clearance of the deferred cases awaiting assessment were reported to the committee, as well as the work being undertaken to resolve the issues.
- The committee received a new style QIPP update report with a revised QIPP plan for 2020/21.
 - Significant risks remain regarding operational delivery of substantial QIPP savings due to uncertainties in relation to the COVID response and the financial regime in place for the remainder of the financial year, which limits the CCG's ability to reduce costs and make cash releasing savings in the remainder of 2020/21.
- The committee reviewed the F&R Committee risk register and agreed the following:
 - The consequence residual score for overall finance risk FR0011 (in relation to delivery of the CCG's Control Total [£1.8m surplus] / statutory duty [breakeven]) is to be increased from 4 to 5. This is in accordance with the risk matrix rationale, as the overall financial pressure is now above £2m and the potential to make cash releasing savings is very limited.
 - The likelihood residual score for overall financial risk FR0011 is to be increased from 4 to 5, as at this stage it is almost certain that the CCG will not deliver its Control Total or statutory duty. A note is to be included under 'Mitigating Actions' that the likelihood residual score may be subject to change at a later stage depending on the outcome of NHS related discussions taking place at a national level.
 - The likelihood residual score for sub-risk FR0011a (in relation to QIPP target delivery) is to be increased from 4 to 5, as it is almost certain that the CCG will not fully deliver its planned QIPP target in 2020/21. This update will result in an overall residual score of 5X4 for sub-risk

FR0011a.

- The committee received the Midlands and Lancashire CSU Summary Service Report, providing a high level summary and commentary on CSU service delivery for the CCG during the period 1st June to 30th September 2020.
- The committee received an update on prescribing spend at month 4 (July 2020). The CCG's Medicines Management team continues to monitor significant COVID-19 pressures whilst also trying to deliver as much QIPP savings as possible.
- The committee received the approved Terms of Reference (ToR) for the F&R Committee and its sub group, the Joint QIPP Delivery Group and agreed the following further changes:
 - F&R Committee ToR: the statement that, 'All members are required to nominate a deputy to attend in their absence' is to be amended to specify that 'All executive members of the committee are required to nominate a deputy,' as the lay members and GP members of the committee do not have deputies.
 - Joint QIPP Delivery Group ToR: the statement that, 'The Group is authorised to approve investment into any service improvement opportunities up to a maximum level of £500,000 per CCG' is to be corrected to replace the word 'approve' with 'recommend', as the group does not have a delegated approval limit and works collectively to make 'recommendations to the Finance and Resource Committee on those schemes to be approved' as noted in section 1.4.12.

The committee received a verbal report which indicated that a liability reported under the NHS Resolution Clinical Negligence Scheme for Trusts had been attributed to the CCG as a consequence of an outstanding case being transferred from One to One (North West) Ltd.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 26 th November 2020	Chair: Alan Sharples
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Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG will report a likely case deficit of £4.072m taking account of allocation of £3.937m Control Total funding. 	<ul style="list-style-type: none"> The CCG is not on target to deliver its statutory duty (breakeven) or its revised Control Total (£3.937m deficit). 	<ul style="list-style-type: none"> All expenditure must be reviewed to deliver improvements in both efficiency and effectiveness of services. The CCG must ensure that QIPP plans are in place to address the underlying deficit from a CCG and system level. These plans must be ready for implementation as soon as possible.

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

- The committee received an update on prescribing expenditure at month 5 (August 2020).
 - An analysis will be undertaken of comparative data against other North West CCGs in relation to prescribing expenditure per weighted head of population.
 - Following feedback at the meeting, updates are to be made to the next prescribing expenditure report to demonstrate consistent reporting and ensure clarity.
- The committee received the finance report for month 7 (October 2020).
 - The CCG is awaiting confirmation of the retrospective allocation adjustment for cost pressures relating to months 6 and 7, which is expected in early December 2020.
 - There will be a continued focus on CCG monthly run rate predictions up to March 2021.
- The committee received an update on the CCG's finance strategy. Guidance has not yet been published for 2021/22. The CCG will be working to

understand the recurrent position for April 2021 onwards.

- The committee received an update on Continuing Healthcare (CHC).
 - The post implementation review of the Adam Dynamic Purchasing System (DPS) is expected to be completed by the end of the calendar year.
 - Work has continued on the clearance of deferred cases awaiting assessment, which have arisen during the COVID-19 period. Work is in progress to determine the total number of assessments that are required.
- The committee received a QIPP update report.
 - Discussions will take place with system partners regarding the next steps for collaborative working and the evaluation of QIPP schemes across the system.
- The committee reviewed the F&R Committee risk register and agreed that no changes were required at this stage.
- The committee received the Individual Funding Request Service Report for Q2 2020/21.
- The committee received an update report in relation to the NHS People Plan and the actions that the CCG is required to take in response to the plan.
 - The committee received the delegated authority from the Governing Body to oversee the implementation and delivery of the CCG's People Plan.
- The committee received an update report on digital funding streams for 2020/21.
- It was agreed that the provisional F&R Committee meeting scheduled for 17th December 2020 is to remain as provisional until review of the month 8 finance report has taken place, after which a decision will be made regarding whether the meeting takes place.

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Joint Quality and Performance Committee held on 24th September 2020

Chair:
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
<ol style="list-style-type: none"> 1. From the Joint Quality Committee (JQPC) action Log it was noted that there is a lack of a clear pathway for children with PANDAS in Sefton and Liverpool. Pathway not developed yet and children accessed tertiary centre. Should be going to CAMHS as first line of referral. Commissioners working with providers to define this pathway. 2. Management of Allegations Policy was presented and approved. The policy will be presented to staff at the Operational Team meeting for development. 3. Children in Care Annual Report was presented. This relates to both SEND and JTAI inspections in 2019. 		

4. Safeguarding and Adults Annual Report was presented. Highlighting the work to support key statutory changes over the last year. Changes to safeguarding assurance work with providers. Contribution to local, regional and national forums.
5. CHC restoration steering group established for deferred assessments.
6. IPR distribution to JQPC for governance purposes to be amended subject to AO/COO agreement. Papers to come as draft reports, validated and for ratification at JQPC.
7. LeDeR annual report was presented highlighting capacity issues to deliver on LeDeR reviews. Joint cover for Local Area Coordinator role across North Mersey and development of North Mersey plan.
8. Tie in actions with SEND plan and JTAI plan in preparation for the inspection in December 2020.
9. EPEG report - digital technology equity issue to be brought through Governing Body meetings where support has been highlighted.

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 29th October 2020 Chair:
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
1. LUFT under enhanced surveillance. A number of whistleblowing notifications from staff and patients received. SIQSG week commencing 19 th October 2020.	<ul style="list-style-type: none"> (i) Clinical prioritisation / waiting lists (ii) Internal governance arrangements – trust declined the request for an independent review (iii) IPC action plan in light of COIVD cross infection and nosocomial infection 	<ul style="list-style-type: none"> (ii) CQC visit week commencing 26.10.20 – formal feedback at SIQSG 29.10.20 (iii) Trust to be provided with a mandate for an external and independent review of the internal governance arrangements (iv) Local monitoring of the IPC plan
2. DMC potential; quality, safety and sustainability of dermatology services across Sefton. Provider at Risk Summit level from a national picture. Contracts have been terminated with CCGs in the south of England. There are Issues in relation to hidden waiting times.	<ul style="list-style-type: none"> (i) Sefton CCGs need clarity on the total cohort and patient waiting times for the individual patient pathway. Request from NHS E for an independent / external review to be commissioned (ii) Potential viability with the loss of the large contract in south of England (iii) Management of serious incidents (indication of governance arrangements. 	<ul style="list-style-type: none"> (i) Commissioning team reviewing the PTL date (ii) Agenda item for the CCQRM (Nov) request re: waiting times and review of data. (iii) Paper to be submitted to LT on 3.11.20 on issues and request to support the independent and external review. To consider CCG contingency plans for dermatology services across Sefton. (iv) Meetings in place with NHSE/I C&M CCGs intelligence, assurance and actions. (v) CPN in place with DMC for SI management. Standing agenda item at CCQRM's – improvements noted.

<p>3. Covid 19, asymptomatic staff and nosocomial infection. Bed and staff capacity and resource particularly: LUFT, Mersey Care and S&O. Staff testing coming online for all staff including asymptomatic. Increased focus on North West from NHSEI.</p>	<p>(i) Potential loss of 60 beds at S&O in additional IPC measures introduced. (ii) Increased costs of agency staff by £20 per hour above the rate of NHS professionals. (iii) Reduction in commissioned activity and sustainability of phase 3 plan.</p>	<p>(i) Trust IPC plans in place, being monitored locally (ii) Ruth May has visited LUFT and has had a virtual meeting with S&O DoN, NHS E IPC lead has visited (iii) Fiona Taylor is raising the issue of inflated agency costs to the regionally.</p>
<p>4. Increased CHC costs following the re-introduction of the CHC framework in September 2020. Full picture yet to be confirmed.</p>	<p>(i) Potential increased financial deficit for both CCGs.</p>	<p>(i) The CCGs are working closely with MLCSU and Sefton MBC to support the reviews being conducted.</p>
<p>5. Associate Deputy Chief Nurse SEND has left to take up an interim Deputy Chief Nurse role across Liverpool. Vacancy of the DCO role across Sefton with the forth coming DfE re-inspection in Dec 2020.</p>	<p>(i) Providing assurance across the partnership of leadership for SEND</p>	<p>(i) Deputy Chief Nurse will continue to have oversight of the SEND agenda in Sefton. Action plan in place in terms of responsibilities for SEND from a health perspective. (ii) Designated Nurse Children in Care to cover the DCO role for 2 days a week until the new DCO has been appointed. To maintain the oversight, challenge and assurance for SEND.</p>
<p>6. LUFT ability to support commissioned activity due to Covid 19.</p>	<p>(i) With the increase COVID patients in the hospital, the trust have reported they have had to cease some planned and routine activity. This will have an impact on patient waiting times.</p>	<p>(i) SIQSG in place. (ii) Trust is continuing to prioritise and deliver urgent work.</p>

7. Following receipt of appropriate evidence, the Committee agreed to close risk reference QUA066, relating to the CQC action plan following the inspection into Safeguarding Children's and Looked After Children Service.		
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Information Points for South Sefton CCG Governing Body (for noting)		
<ul style="list-style-type: none">•		

Key Issues Report to Governing Body

Audit Committees in Common: Wednesday 14th October 2020
NHS South Sefton CCG

Chair: Alan Sharples

Key Issue	Risk Identified	Mitigating Actions

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

- As the South Sefton Audit Committee was inquorate at the Audit CiC meeting on 8th July 2020, all decisions / recommendations made at that meeting in relation to South Sefton CCG (detailed within the minutes of the meeting) were ratified by the committee.
- The committee received comprehensive written responses to Challenge Questions (selected from previous External Audit Progress Reports) in relation to population health management and emergency admissions.
- The committee received the Information Risk Work Programme (IRWP) - Asset Register Assurance Report.
 - Following the creation of the IRWP in September 2020, the number of information assets identified has increased when compared to pre IRWP. The review of assets will be continual and an updated report with further information and progress against the action plan will be presented at the next Audit CiC meeting in January 2021.
 - It is expected that the requirements detailed within the action plan will be completed by the end of the calendar year.
- The committee received IG Statements of Assurance / evidence that Data Security and Protection Toolkit standards have been met from the following organisations that provide a particular service to the Sefton CCGs: Midlands and Lancashire CSU, NHS Informatics Merseyside, NHS Shared Business Services and St Helens & Knowsley NHS Trust. Further information / assurance is required in relation to NHS Informatics Merseyside.

- The committee received the Losses, Special Payments and Aged Debt Report.
 - One special payment has been made by the CCG, details of which were received by the committee.
- The committee was presented with proposed changes to the Scheme of Delegation.
 - The committee approved the proposed delegated invoice approval limits for the Interim Director of Strategy & Outcomes, the Interim Chief Nurse and the Senior Manager – Commissioning & Redesign.
 - The committee received an update regarding the review of delegation arrangements during the COVID-19 emergency response period.
- The committee approved the Managing Conflicts of Interest and Gifts and Hospitality Policy, which has recently been reviewed and updated against all relevant current guidelines.
- The committee received an update on the CCG's published registers, including the Register of Interests and Gifts and Hospitality Register. The committee noted the processes in place for each register and the work carried out to date.
 - An indicative completion date is to be provided for the work to review and combine the Register of Sponsorship with the Gifts and Hospitality Register.
- The committee received the policy tracker.
 - Although multi-organisation wide consultation is still ongoing in relation to the review of the Commissioning Policy and Infertility Policy, the respective Governing Bodies of the Sefton CCGs re-approved both policies in their existing form in September 2020. The policy tracker is to be updated to note this re-approval.
- The committee received the Audit Committee Recommendations Tracker.
 - The recommendations tracker is to be updated to include external audit recommendations and Information Governance related recommendations.
- The committee received the External Audit Progress Report.
 - Members agreed on the Challenge Questions to be addressed ahead of the next meeting. The selected Challenge Questions are in relation to strategies for meeting the mental health needs of the local population, the NHS People Plan and addressing race inequalities.
- The committee received the MIAA Internal Audit Progress Report.
 - MIAA will have the flexibility to respond to any changes to the Data Security and Protection Toolkit timetable for 2020/21.
- The upcoming Audit Committee self-assessment will be undertaken using the NHS Audit Committee Handbook checklists; MIAA will collate the

results and generate a report with findings and an action plan. Self-assessment options are to be reviewed for the Finance & Resource Committee.

- The committee received the MIAA Anti-Fraud Progress Report.
- The committee reviewed and approved the Audit Committee Risk Register, which contains fraud, corruption and bribery risks.
 - The Audit Committee Risk Register will be a standing item on future meeting agendas for the Audit Committee.
- The committee received the Governing Body Assurance Framework, Corporate Risk Register and Heat Map.
 - The committee agreed that a full review was required (including focus on consistency and presentation) before the risk documents could be considered for approval.
- A meeting regarding Freedom to Speak Up would be taking place between the membership of the Sefton CCGs' Audit Committees on 14th October 2020, after the Audit CiC meeting.

Key Issues Report to Governing Body

South Sefton Primary Care Commissioning Committee Part 1, Thursday 17th October 2020

Chair: Graham Bayliss

Key Issue	Risk Identified	Mitigating Actions
Access to phlebotomy	Practices unable to manage and deliver patient care effectively as unable to access phlebotomy.	Plan with community providers to restore provision to pre COVID levels. Additional capacity sought via GP Federation.
Access to COVID swab tests.	Staffing issues in practices as staff having to self isolate whilst waiting to access swabbing.	Changes to access Nationally have been introduced. Local access to swabbing sourced via GP Federation in SF CCG (for all practices).

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

Carers are reporting difficulties in accessing free flu vaccinations, practices will be reminded that carers are an eligible group.

PCNs are focusing on delivering the service specifications, it was noted there were some difficulties in service delivery to non-participating practices.

The finance reports were received and noted.

The committee received an overview of the workforce position in General Practice.

The Committee noted the LQC validation reports.

The committee approved the formation of an extra ordinary panel to review QoF performance for 19/20.

The GP Patient Survey was reviewed and noted the positive feedback around digital methods of consultation.

Key Issues Report to Governing Body

South Sefton Primary Care Commissioning Committee Part 1, Thursday 16th 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 Report to Primary Care Commissioning Committee in Common

South Sefton Primary Care Commissioning Committee Part 1, Thursday 19th November 2020

Chair: Dil Daly

Key Issue	Risk Identified	Mitigating Actions
The committee discussed the proposed Enhanced Service (ES) for Mass COVID Vaccination and noted the deadlines for site identification.	Lack of details over content of ES and pace of implementation may deter practices signing up to the scheme.	Close working between CCG, practices and the LMC to ensure that the ES is adopted once details understood.

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

7 Day Access. It was previously highlighted that this service would move from a CCG commissioned service to PCN provision from April 2021. NHSE have confirmed that this will not go ahead as planned but CCGs should make provision to extend current contracts.

The committee received a report on primary care finance. Future reports will include details of LQC funding so that all investment into primary care can be reviewed.

The committee received an update on the primary care quality dashboard.

The committee noted the CCGs involvement in the procurement of Interpreting Services which will be a joint contract with Liverpool CCG.

The committee received a review of IM&T investments and developments and noted that in some cases funding streams are yet to be confirmed.

The committee reviewed primary care complaints.

The committee discussed and supported the approach to split the risk register into part 1 and part 2 risks at the request of the Governing Body.

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Leadership Team meeting held on 19.01.2021

Chair:
Fiona Taylor

Key Issue	Risk Identified	Mitigating Actions
<p>1. Item 21/38 Transform Team Bid</p> <p>MH joined LT and provided a paper and gave the highlights. The team serves to educate, support and empower adults approaching end of life. Team is funded on an annual basis. 2019/20 they avoided a minimum of 52 admissions, but thought to be 80 in real terms. FLT advised that admission avoidance this essential given the current climate. CC advised in addition to admission avoidance this provides high quality care. £155k per year required from the CCG with the rest being made up from charitable funds.</p> <p>MMcD advised we would have to review other services to find these funds, but due to impact and quality FLT confirmed this will continue to 31 March 2122.</p> <p>LT agreed to approve this paper and continue to fund this service for a further year to 31.3.22.</p>	<p>N/A</p>	<p>N/A</p>

<p>2. Item 21/39 AQP Audiology 2021/22</p> <p>NS provided a paper demonstrating this contract has been reviewed. Need to consider procurement in the future and specifications. Moving forward on an ICP basis. Contract is currently blocked but activity increased over recent months.</p> <p>LT approved the approach outlined.</p>	N/A	N/A
Information Points for South Sefton CCG Governing Body (for noting)		
<ul style="list-style-type: none">•		

Finance and Resource Committee Minutes

Thursday 29th October 2020, 1pm to 3pm
Microsoft Teams Meeting

Attendees (Membership)		
Alan Sharples	Lay Member (F&R Committee Chair), SS CCG	AS
Graham Bayliss	Lay Member (F&R Committee Vice Chair), SS CCG	GB
Martin McDowell	Chief Finance Officer, SS CCG	MMcD
Susanne Lynch	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	GP Governing Body Member, SS CCG	JW
Ex-officio Member*		
Fiona Taylor (Items FR20/131-148)	Chief Officer, SS CCG	FLT
In attendance		
Steph Graham (Items FR20/135[part] - 136)	Assistant HR Business Partner, Midlands & Lancashire CSU	SG
Gary Holmes (Items FR20/131-135)	Health & Safety (Fire) and Security Officer, Midlands & Lancashire CSU	GH
Jane Keenan (Items FR20/141[part] -142)	Interim CHC Programme Lead, SS CCG	JK
Jo Roberts (Items FR20/131-140)	Equality and Diversity Service - Merseyside CCGs	JR
Paul Shillcock (Item FR20/137)	Primary Care Informatics Manager, NHS Informatics Merseyside	PS
Cameron Ward	Interim Director of Strategy & Outcomes, SS CCG	CW
Apologies		
Dr Pete Chamberlain	GP Governing Body Member, SS CCG	PC
Jan Leonard	Director of Place, SS CCG	JL
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, SS CCG	TK

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Membership	Oct 19	Nov 19	Jan 20	Feb 20	Mar 20	May 20	June 20	July 20	Sept 20	Oct 20
Alan Sharples	Lay Member (Chair)	✓	✓	A	✓	✓	✓	✓	✓	✓	✓
Graham Bayliss	Lay Member (Vice Chair)	✓	A	A	✓	✓	✓	✓	✓	✓	✓
Dr Pete Chamberlain	GP Governing Body Member	✓	A	✓	A	✓	✓	✓	✓	✓	A
Dr Sunil Sapre	GP Governing Body Member	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr John Wray	GP Governing Body Member	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	✓	✓	A
Susanne Lynch	Head of Medicines Management	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Karl McCluskey	Director of Strategy & Outcomes [Left CCG in Sept 2020]	A	A	A	A	A	A	A	A	A	
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	✓	*	*	*	✓	*	*	*	✓	✓

No	Item	Action
General business		
FR20/131	<p>Apologies for absence</p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the Finance & Resource (F&R) Committee meeting today was taking place via Microsoft Teams.</p> <p>Apologies for absence were received from Dr Pete Chamberlain and Jan Leonard.</p>	
FR20/132	<p>Declarations of interest regarding agenda items</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations made by members of the South Sefton Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <p>Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	
FR20/133	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 17th September 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>	
FR20/134	<p>Action points from the previous meeting</p> <p>FR20/115 Action points from the previous meeting (FR20/101 QIPP 2020/21 – Progress Update at July 2020)</p> <p>It was noted that an update on the specific QIPP scheme appendices was in the report for item <i>FR20/143: QIPP Update and Plan 2020/21</i>. QIPP schemes in relation to Liverpool University Hospitals NHS Foundation Trust (LUHFT) will be discussed at the LUHFT Collaborative Commissioning Forum meeting scheduled for 5th November 2020. Action closed.</p> <p>FR20/122 QIPP 2020/21 – Progress Update at September 2020</p> <p>AS confirmed that an outline of the new style QIPP report was sent to him on 13th October 2020 and that he is satisfied with the report format. Action closed. The report is to be discussed under item <i>FR20/143: QIPP Update and Plan 2020/21</i>.</p>	
<i>Policies for Approval</i>		
FR20/135	<p>Security Management Policy and Strategy</p> <p>GH presented the Security Management Policy and Strategy, which is due for review and approval by the CCG. The policy helps to ensure that all reasonably</p>	

No	Item	Action
	<p>practicable measures are taken to deliver a secure environment for all who work and visit CCG premises and/or other places of work. The content has not been amended since the last review, as there have not been any relevant changes in legislation. Furthermore, a replacement agency for NHS Protect (the NHS former lead on security matters) has not come into place yet. Midlands & Lancashire CSU will monitor and inform the CCG should the policy require amendment.</p> <p><i>SG joined the meeting.</i></p> <p>MMcD queried whether the policy needs to take account of current remote working arrangements due to the COVID-19 pandemic. He noted that following a CCG staff survey undertaken this year, the results of which indicated a largely positive experience of staff working remotely, the CCG is likely to adopt a more hybrid way of future working which would involve a mix of office and remote working. GH confirmed that the policy would require revision if and when remote working became a permanent way of working (e.g. through a hybrid model) for the CCG.</p> <p>MMcD stressed the importance of maintaining good documentation given remote working and with CCG property (such as laptops) being stored / used outside the CCG premises.</p> <p><i>The committee approved the Security Management Policy and Strategy.</i></p> <p><i>GH left the meeting.</i></p>	
FR20/136	<p>Annual Leave and Bank Holiday Policy</p> <p>SG presented an updated Annual Leave and Bank Holiday Policy, which has been reviewed and amended in response to the need for clarification in relation to the carry over entitlement for employees on long term sickness absence. The amendments were shown via track changes for the committee's reference.</p> <p>CW referred to health and wellbeing, querying whether the policy should specify that CCG work is not to be undertaken during annual leave, and whether staff should be encouraged to take the majority of leave in the first three quarters of the financial year. It was noted that health and wellbeing related discussions would take place as part of the actions in relation to the NHS People Plan, the outcomes of which may have an impact on the Annual Leave and Bank Holiday Policy. The committee agreed to approve the policy in its current form but noted that it may be subject to revisions at a later stage depending on the outcomes of the NHS People Plan actions.</p> <p><i>The committee approved the updated Annual Leave and Bank Holiday Policy.</i></p> <p><i>SG left the meeting.</i></p> <p><i>PS joined the meeting.</i></p>	
<i>IT</i>		
FR20/137	<p>Digital Funding (Digital First, GPIT & ETTF) Update</p> <p>PS provided a verbal update on digital funding and brought the following points to</p>	

No	Item	Action
	<p>the committee's attention:</p> <ul style="list-style-type: none"> • There are three standard digital funding streams - the Estates and Technology Transformation Fund (ETTF), GPIT and Digital First. Due to the COVID-19 pandemic, these funding streams have not operated in the usual way during the 2020/21 financial year. • Informatics Merseyside has recently been informed that ETTF digital funding will not be available this financial year as the funding originally earmarked for this stream has been diverted to support costs relating to COVID-19. • The GPIT allocation for the CCG has been reduced for this financial year. The CCG's allocation is £115k; bids need to be submitted and approved to access this funding, which is primarily for the refresh of GP practice PCs and laptops. Informatics Merseyside submitted bids on behalf of the CCG for PCs, laptops and general IT equipment refresh by the deadline of 27th October 2020, and awaits feedback. • Informatics Merseyside has submitted bids on behalf of the CCG for Digital First funding and has received provisional approval for some of the bids. These bids include GP practice website enhancement, Digital Care Homes and Telehealth projects. • Informatics Merseyside has been provided with assurance that the contract currently in place for Online Consulting will be nationally funded but clarification is awaited regarding when this funding will materialise and the period to be covered. <p>The committee discussed the update provided as well as the governance and reporting structures within the CCG in relation to IT. AS stressed the importance of the committee receiving a written update report regarding digital funding as soon as possible; he noted that the committee required assurance that there is a digital plan in place that is being monitored. It was confirmed that a digital funding update report would be presented at the next committee meeting in November 2020. MMcD noted that plans have previously been presented to the committee prior to submission of bids.</p> <p>MMcD reported that JL and Angie Price (the CCG's Primary Care Programme Lead) are undertaking a piece of work to review the ongoing costs of text messaging and video consultation solutions such as accuRx. PS commented that this work needed to link to a wider piece of work he has been undertaking regarding the overall solutions required for video and online consultations; he confirmed he would contact JL and Angie Price regarding this work. PS also confirmed that the contract for online consultations with WebGP has been extended until October 2021 and will be funded centrally.</p> <p><i>The committee received this verbal update.</i></p> <p><i>PS left the meeting.</i></p>	
Equality and Diversity Reports		
FR20/138	<p>Annual Workforce Equality and Diversity Update including Workforce Race Equality Standard</p> <p>JR presented the latest update in relation to the actions on the CCG's Workforce Equality and Diversity Plan and the annual Workforce Race Equality Standard (WRES).</p>	

No	Item	Action
	<p>In reference to the CCG's Workforce Equality and Diversity Plan, the actions noted as progressing at the last update have been transferred into a newly structured action plan to reflect the changes to the equality forums across Cheshire and Merseyside. These changes also incorporated further actions required in response to the impact of COVID-19, with particular focus upon people from Black and Minority Ethnic (BAME) backgrounds. The previous actions that have transferred into the updated plan include policy reviews, positive action initiatives and a review of equality and diversity training.</p> <p>It was noted that the CCG has two roles in relation to the WRES; that of commissioner and employer. As the CCG's workforce is comparatively smaller than other NHS organisations, it is statistically difficult to sample and interpret the key issues included in the NHSE WRES template (included as Appendix B of the report received by the committee) and therefore the data should be considered on this basis. Due to the relatively small workforce, it is not possible to draw meaningful conclusions in relation to protected groups, as one or two individuals can have a significant impact on the results. Instead the application of policies is monitored on a case-by-case basis to ensure consistency across all staff.</p> <p>NHS organisations are required to publish their annual WRES reports and action plans on their websites by 31st October 2020.</p> <p><i>The committee noted the progress made against the CCG's Workforce Equality and Diversity Action Plan and received the WRES report for 2019/20. By receiving and considering the reports the CCG demonstrated due regard to its duties under the Equality Act 2010 and the Health and Social Care Act 2012.</i></p>	
FR20/139	<p>2019/20 EDS2 Summary Report and Equality Objectives Action Plan Update</p> <p>JR presented the CCG's 2019/20 Equality Delivery System (EDS2) Summary Report as well as an update on the CCG's Equality Objectives Action Plan. The committee was being asked to approve the 2019/20 EDS2 summary report for publication on the CCG website and to note the progress against the Equality Objectives Action Plan.</p> <p>The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • The CCG adopted the EDS2 toolkit as its performance toolkit to support the NHS England assurance process on equality and diversity. The CCG is 'achieving status' across 13 outcome areas and 'developing status' across the remaining 5 outcome areas. • The Merseyside CCGs Equality and Inclusion Service (hosted by South Sefton CCG) has led on implementing EDS2 across the CCG and Merseyside. All Merseyside CCGs and main NHS providers who operate within the sub region have worked collaboratively to implement the toolkit via an integrated approach. • The EDS2 summary report has been updated to reflect the work of the CCG and Provider Equality Collaborative during 2019/20 and reflects the new emerging structures due to the impact of COVID-19 and the refocussed priority areas for the equality forums. • The CCG approved its Equality Objectives Plan (2019 to 2023) in April 2019. The Equality Objectives Action Plan had been included as Appendix B for the committee to note progress updates in relation to the plan. An update on the equality objectives will be provided to the committee in February 2021. • Due to the COVID-19 pandemic, the CCG has not had the opportunity to carry out the usual due diligence with external scrutiny on its EDS2 grading. The 	

No	Item	Action
	<p>grading has therefore remained the same as the previous report (2018/19). The same approach has been undertaken by local CCG partners. Whilst the grading has not changed, progress has been made on a number of actions over the last 12 months, which was shown in the updated Equality Objectives Action Plan.</p> <p>FLT reported that she had undertaken a detailed review of the EDS2 Summary Report with JR, and was satisfied with the rationale to not amend the grading this year.</p> <p>FLT thanked JR for the work that she has undertaken as part of the Merseyside CCGs Equality and Inclusion Service.</p> <p><i>The committee approved the EDS2 Summary Report and noted progress against the CCG's Equality Objectives Action Plan.</i></p>	
FR20/140	<p>Reasonable Adjustment and Disability: Guide to good practice for CCGs</p> <p>JR presented a best practice guidance document in relation to reasonable adjustment and disability, which has been developed by the Merseyside CCGs Equality and Inclusion Service for implementation by the CCG.</p> <p>The Merseyside CCGs Equality and Inclusion Service has also been working collaboratively with secondary care NHS and independent sector organisations across Cheshire and Merseyside to develop a workforce specific reasonable adjustments best practice guidance; all organisations across the system will adapt this best practice guidance respectively for implementation. The committee was being asked to approve the guidance document being presented today for interim use whilst the system-wide document is finalised.</p> <p>AS commented on the challenges of anticipating the needs of disabled people (which is a requirement for CCGs as noted in the guidance document) given this is a diverse group of people, each with differing requirements. JR updated the committee on the work that has been undertaken to anticipate needs of disabled people, including discussions with individuals requiring reasonable adjustments, liaison with organisations such as Healthwatch Sefton, and gaining feedback through the CCG's Engagement and Patient Experience Group.</p> <p><i>The committee approved the 'Reasonable Adjustment and Disability: Guide to good practice for CCGs' document for interim use whilst the system-wide best practice guidance document is finalised.</i></p> <p><i>JR left the meeting.</i></p>	
<i>Finance</i>		
FR20/141	<p>Finance Report - Month 6 2020/21</p> <p>AOR provided an overview of the month 6 2020/21 financial position for NHS South Sefton CCG as at 30th September 2020. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • 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 up to 30th September is breakeven. • A monthly reconciliation process has been agreed to reimburse costs directly related to COVID-19 and adjust for actual expenditure incurred. This process 	

No	Item	Action
	<p>may be subject to independent audit review, commissioned by NHS England / Improvement (NHSE/I).</p> <ul style="list-style-type: none"> • 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. A revised financial framework will be implemented from October 2020 and will be based on agreed financial plans which are currently being developed with the Cheshire & Merseyside Health & Care Partnership. As part of this process, NHSE/I have advised that the 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; actions will be required to mitigate this risk in order to deliver the required Control Total deficit. • The CCG has 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 reported as 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 breakeven position. • The Better Payment Practice Code (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 2020) falling outside the BPPC target. Performance will continue to be closely monitored. <p><i>JK joined the meeting.</i></p> <p>The committee had an extensive discussion regarding the finance report. The following points were noted and discussed:</p> <ul style="list-style-type: none"> • The CCG is still in the planning stages for the remainder of 2020/21 and remains in discussions with NHSE/I; the position reported will therefore be subject to change. • Financial pressures anticipated in relation to prescribing / Continuing Healthcare have been included in the CCG's worst case scenario. • The audits of COVID expenditure (commissioned by NHSE/I and carried out by its auditor, Deloitte) have commenced and will continue for the rest of the financial year. The scope of the exercise includes COVID and top up expenditure claims. It is not known at this stage which organisations will be subject to review. • AOR referred to Appendix 3 of the report, which details the month 6 COVID expenditure return. In reference to the Local Authority and hospital discharge costs, the CCG is still awaiting information from the council to provide assurance around additional costs related to COVID-19. • MMcD noted that a 2020/21 financial update presentation will be delivered at the Governing Body Part II meeting scheduled for 5th November 2020, with a focus on the plan for months 7-12. • AS enquired about the rationale behind the figure for the CCG's year-end Control Total deficit (£3.937m), required to be delivered in the second half of 2020/21. MMcD confirmed that the CCG has been provided with the rationale, which would be included in the presentation to be delivered at the Governing Body Part II meeting on 5th November 2020. <p><i>The committee received the finance report and noted the summary points as</i></p>	

No	Item	Action
	<i>detailed within the recommendations section of the report.</i>	
FR20/142	<p>Continuing Healthcare Update</p> <p>JK presented a Continuing Healthcare (CHC) update report. The following updates were provided:</p> <ul style="list-style-type: none"> • The post implementation review of the Adam Dynamic Purchasing System (DPS) was initially anticipated to be completed by September 2020. However this work is still ongoing and a revised completion date has been requested from MIAA. The committee will receive a further update on this work in November 2020. • A comprehensive update was provided regarding progress on the clearance of deferred cases awaiting assessment, which have arisen during the COVID-19 period. The challenges in relation to this work were reported to the committee alongside an update on the work being undertaken to resolve the issues. Work on clearing the backlog cases is ongoing and expected to conclude in March 2021. The committee will receive a further update on this work in November 2020. • The CCG has been working with Midlands & Lancashire CSU to improve current financial and activity reporting in relation to CHC. A new draft reporting format for month 6 2020/21 was included as Appendix 1 of the report received by the committee. The new report provides a comparison of both Sefton CCGs in terms of case mix covering learning disabilities, mental health, fast tracks, physical disabilities, COVID-19 related activity and costings for comparative months against 2019/20 and 2020/21. The CCG is working with Midlands & Lancashire CSU on the development of the narrative to accompany this report. It is anticipated that this report will be received by the committee on a regular basis in future in order to facilitate a more detailed understanding of the individual care areas as drivers of cost and activity. <p>The committee discussed the update provided. AS stressed the importance of resolving the issues reported in relation to the clearance of deferred cases awaiting assessment as soon as possible. FLT confirmed that she has asked for a meeting to be arranged between the CCG and the Local Authority to address the issues.</p> <p>AS referred to the table showing bids made by Sefton Council and Midlands & Lancashire CSU against the financial allocation provided to the Sefton CCGs to support CHC backlog assessments. He requested that the figures in this table be split between South Sefton CCG and Southport and Formby CCG in the next CHC update report presented to the committee; JK to action.</p> <p><i>The committee received the CHC report and noted the update on the MIAA post implementation review of the ADAM DPS, progress on clearance of the deferred cases awaiting assessment (that have arisen during the COVID-19 period) and the new draft reporting format in the CHC financial and activity report.</i></p> <p><i>JK left the meeting.</i></p>	JK
FR20/143	<p>QIPP Update and Plan 2020/21</p> <p>AOR introduced a new style QIPP update report with a revised QIPP plan for 2020/21.</p>	

No	Item	Action
	<p>The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • The updated QIPP target based on refreshed financial plans as at October 2020 is £6.473m. This is based on the most likely deficit calculated as at October 2020 at £10.410m. • Significant risks remain regarding operational delivery of substantial QIPP savings. The financial regime in place for the remainder of the financial year removes the CCG's ability to realise cash releasing savings in 2020/21 through contract mechanisms which, along with the uncertainty associated with COVID-19, means there is limited assurance at this stage that the QIPP target of £6.473m will be delivered. • The CCG will need to continually engage with system partners to implement the post COVID financial regime, continue to work together to progress transformation through QIPP schemes and work towards long-term financial sustainability. • CW met with the Director of Planning, Performance and Delivery at Liverpool CCG to discuss the progression of the South Sefton CCG QIPP plan as part of the Phase 3 response to the COVID-19 pandemic. As part of the discussions, details of the projects to be progressed have been provided to Liverpool CCG as the lead commissioner for the main South Sefton CCG secondary care providers. <p>The committee had an extensive discussion regarding the QIPP update and QIPP schemes including gastro surveillance. It was noted that as the financial regime for the rest of the financial year limits the opportunities for cash releasing savings, work is being undertaken to develop QIPP schemes for inclusion in future contracting discussions once the CCG has been informed of 2021/22 arrangements. Liverpool University Hospitals NHS Foundation Trust has been working with CCG commissioning colleagues on QIPP schemes. MMcD stressed the importance of reviewing the opportunities available as a system to work collaboratively to reduce costs.</p> <p>AS thanked AOR for her work on the new style QIPP report presented today.</p> <p><i>The committee received the QIPP update report and noted the summary points as detailed within the recommendations section of the report.</i></p>	
FR20/144	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the F&R Committee Risk Register.</p> <p>The following updates were discussed and agreed:</p> <ul style="list-style-type: none"> • MMcD proposed that the consequence residual score for the overall finance risk FR0011 (in relation to delivery of the CCG's Control Total [£1.8m surplus] / statutory duty [breakeven]) be increased from 4 to 5. This is in accordance with the risk matrix rationale, as the overall financial pressure is now above £2m and the potential to make cash releasing savings is very limited. The committee agreed with this proposal. • An extensive discussion took place regarding whether the likelihood residual score of 4 for the overall finance risk FR0011 should be increased. It was noted that the potential outcome of NHS related discussions taking place at a national 	

No	Item	Action
	<p>level could impact the likelihood residual score. Further to discussion, the committee agreed to increase the likelihood residual score to 5, noting that at this stage it is almost certain that the CCG would not deliver its Control Total or statutory duty. It was agreed, however, to include a note under 'Mitigating Actions' that the likelihood residual score may be subject to change at a later stage depending on the outcome of NHS related discussions taking place at a national level.</p> <ul style="list-style-type: none"> • MMcD noted that changing the residual scores of risk FR0011 to 5X5 would make it the highest risk facing the CCG and explained the likely impacts of this. It was agreed that this would be discussed further at the CCG's Senior Leadership Team meeting. • The committee agreed to increase the likelihood residual score of sub-risk FR0011a (in relation to QIPP target delivery) from 4 to 5, as it is almost certain that the CCG will not fully deliver its planned QIPP target in 2020/21. This update would result in an overall residual score of 5X4. <p>The risk register is to be updated with the agreed changes.</p> <p><i>The committee approved the F&R Committee Risk Register subject to the amendments agreed at the meeting, as noted above.</i></p>	MMcD / TK
<i>Service Contracts</i>		
FR20/145	<p>Midlands and Lancashire CSU: Summary Service Report</p> <p>MMcD presented the Midlands and Lancashire CSU Summary Service Report, which provides a high level summary and commentary on CSU service delivery for the CCG during the period 1st June to 30th September 2020.</p> <p><i>The committee received this report.</i></p>	
<i>Prescribing</i>		
FR20/146	<p>Prescribing Report – Month 4 2020/21</p> <p>SL presented a report providing an update on prescribing spend at month 4 (July 2020). The CCG's Medicines Management team continues to monitor significant COVID-19 pressures whilst also trying to deliver as much QIPP savings as possible.</p> <p>SL reported that she would be having discussions with the CCG's finance team regarding budget setting and how to present this, taking into account the current financial regime.</p> <p>The committee discussed the prescribing report. The discussion included current pressures in relation to prescribing, the forecast at month 4 in relation to the Sefton Continence & Stoma Service, and the delivery of savings. It was noted that prescribing spend pressures not covered under the revised financial arrangements would not be reimbursed and would therefore remain as pressures.</p> <p>Further to discussion, SL confirmed she would work with the CCG's Business Intelligence team to review the impact of the continence and stoma service on secondary care activity.</p>	SL

No	Item	Action
	<i>The committee received this report.</i>	
Committee Governance		
FR20/147	<p>Approved Terms of Reference</p> <p>MMcD presented the approved Terms of Reference (ToR) for the F&R Committee and its sub group, the Joint QIPP Delivery Group. The ToR documents had been approved by the Senior Leadership Team on 15th September 2020 following delegation of authority from the Governing Body to approve amendments reflecting the revised governance arrangements in relation to QIPP.</p> <p>On review of the approved ToR documents, AS noted that he had further proposed amendments, as follows:</p> <p><u>F&R Committee Terms of Reference</u></p> <ul style="list-style-type: none"> 2.5. All Members are required to nominate a deputy to attend in their absence (in the event of sickness absence nominations are not required). Deputies or interim cover will count towards the quorum and shall be of sufficient seniority to enable decision making. <p>AS proposed that section 2.5 is revised to take account of the lay members and GP members of the committee who do not have a deputy. It was proposed that the sentence is amended to specify that 'All executive members of the committee are required to nominate a deputy to attend in their absence....'</p> <p><u>Joint QIPP Delivery Group Terms of Reference</u></p> <ul style="list-style-type: none"> 1.4.11. The Group is authorised to approve investment into any service improvement opportunities up to a maximum level of £500,000 per CCG. <p>AS proposed that the word 'approve' is changed to 'recommend' in section 1.4.11, as the group does not have a delegated approval limit. This would make section 1.4.11 consistent with section 1.4.12 which states that the group is to 'make recommendations to the Finance and Resource Committee on those schemes to be approved'. The update would also be in line with section 3.5. of the F&R Committee ToR, which states that a responsibility of the committee is, 'approval of investment or disinvestment business cases as recommended by the QIPP Delivery Group when there is a robust and compelling case to do so.'</p> <p>The committee agreed these proposed changes. TK to inform the CCG's Interim Lead for Corporate Services to action.</p> <p><i>The committee agreed the Terms of Reference for the F&R Committee and its sub group, the Joint QIPP Delivery Group subject to the amendments noted at the meeting.</i></p>	TK
Minutes of Steering Groups to be formally received		
FR20/148	<p>Minutes of Steering / Sub Groups to be formally received</p> <p>The committee received the minutes of the following steering / sub group meetings:</p>	

No	Item	Action
	<ul style="list-style-type: none"> IM&T Steering Group – 14th July 2020 Joint QIPP Delivery Group – 25th August 2020 	
Closing business		
FR20/149	<p>Any Other Business</p> <p><u>Clinical Negligence Scheme for Trusts - One to One (North West) Ltd</u> MMcD reported on an issue in relation to the liquidation of One to One (North West) Ltd and an associated balance of £9.9m, which had been identified in a statement from NHS Resolution and assigned to the CCG under the Clinical Negligence Scheme for Trusts (CNST) liabilities. The CCG had sought to obtain detailed information on the NHS Resolution statement received but had not received evidence to confirm that the liability related to the CCG ahead of approval of the 2019/20 financial accounts. The CCG therefore took the decision not to disclose the balance as a contingent liability within the notes to the 2019/20 financial accounts and continued to seek clarification on the matter. MMcD reported that the CCG has now received the evidence to confirm that the liability is related to the CCG and confirmed it will be disclosed as a note in the 2020/21 financial accounts if the case remains unresolved.</p>	
FR20/150	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
FR20/151	<p>Review of Meeting</p> <p>AS asked members to provide feedback on the meeting today, particularly on the meeting process, content and behaviours.</p> <p>MMcD provided positive feedback on the pace of the meeting.</p> <p>GB commented that the policies were presented well and concisely at the meeting today.</p> <p>TK thanked AOR for the invaluable support provided to aid her understanding of CCG finances, which has helped in the production of meeting minutes.</p>	
	<p>Date of next meeting:</p> <p>Thursday 26th November 2020 1pm to 3pm Microsoft Teams Meeting</p>	

Finance and Resource Committee Minutes

Thursday 26th November 2020, 1pm to 3pm
Microsoft Teams Meeting

Attendees (Membership)		
Alan Sharples	Lay Member (F&R Committee Chair), SS CCG	AS
Graham Bayliss	Lay Member (F&R Committee Vice Chair), SS CCG	GB
Dr Pete Chamberlain	GP Governing Body Member, SS CCG	PC
Jan Leonard	Director of Place, SS CCG	JL
Susanne Lynch	Head of Medicines Management, SS CCG	SL
Martin McDowell	Chief Finance Officer, SS CCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SS CCG	AOR
Dr John Wray	GP Governing Body Member, SS CCG	JW
Ex-officio Member*		
Fiona Taylor	Chief Officer, SS CCG	FLT
In attendance		
Jane Keenan (Items FR20/152 -159)	Interim CHC Programme Lead, SS CCG	JK
Adrian Poll	Senior Audit Manager, MIAA	AP
Cameron Ward	Interim Director of Strategy & Outcomes, SS CCG	CW
Apologies		
Debbie Fairclough	Interim Programme Lead – Corporate Services, SS CCG	DF
Dr Sunil Sapre	GP Governing Body Member, SS CCG	SS
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, SS CCG	TK

Attendance Tracker ✓ = Present A = Apologies N = Non-attendance

Name	Membership	Nov 19	Jan 20	Feb 20	Mar 20	May 20	June 20	July 20	Sept 20	Oct 20	Nov 20
Alan Sharples	Lay Member (Chair)	✓	A	✓	✓	✓	✓	✓	✓	✓	✓
Graham Bayliss	Lay Member (Vice Chair)	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	✓	✓
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A	✓	✓	✓	✓	✓	✓	✓
Jan Leonard	Director of Place	✓	A	A	✓	A	A	✓	✓	A	✓
Susanne Lynch	Head of Medicines Management	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Karl McCluskey	Director of Strategy & Outcomes [Left CCG in Sept 2020]	A	A	A	A	A	A	A	A		
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	*	*	✓	*	*	*	✓	✓	✓

No	Item	Action
General business		
FR20/152	<p>Apologies for absence</p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the Finance & Resource (F&R) Committee meeting today was taking place via Microsoft Teams.</p> <p>Apologies for absence were received from Dr Sunil Sapre and Debbie Fairclough. Martin McDowell would present item <i>FR20/163: NHS People Plan</i> on behalf of Debbie Fairclough.</p> <p>The committee was due to undertake a virtual self-assessment workshop to review its effectiveness but due to current limitations, an alternative approach was recommended. Adrian Poll from Mersey Internal Audit Agency (MIAA) had joined the meeting as an observer to assess its effectiveness, and will report his findings at a future F&R Committee meeting.</p>	
FR20/153	<p>Declarations of interest regarding agenda items</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations made by members of the South Sefton Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <p>Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport & Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	
FR20/154	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 29th October 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>	
FR20/155	<p>Action points from the previous meeting</p> <p>FR20/142 Continuing Healthcare Update</p> <p>In reference to the table in the last CHC update report which showed bids made by Sefton Council and Midlands & Lancashire CSU against the financial allocations provided to the Sefton CCGs to support CHC backlog assessments – JK confirmed that the figures cannot be split between South Sefton CCG and Southport & Formby CCG until the final number of assessments is established (which is likely to be towards the end of March 2021). It was noted that although each of the Sefton CCGs were provided with separate allocations - Sefton Council and Midlands & Lancashire CSU had not split their respective bids between each CCG. It is therefore not possible to split the bids between the Sefton CCGs until the final number of cases per CCG is known. A further update is to be provided in January 2021. Action to remain open on the tracker.</p>	

No	Item	Action
	<p>FR20/146 Prescribing Report – Month 4 2020/21 SL confirmed that the action to review the impact of the continence and stoma service on secondary care activity is yet to be completed. Action still open.</p> <p><i>It was noted that all other actions on the action tracker following the October 2020 meeting had been completed; updates were provided on the action tracker which were taken as read. No queries were raised in relation to the updates provided.</i></p>	
<i>Prescribing</i>		
FR20/156	<p>Prescribing Report – Month 5 2020/21 SL presented a report providing an update on prescribing expenditure at month 5 (August 2020). The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • The CCG's Medicines Management team continues to monitor significant COVID-19 pressures whilst also trying to deliver QIPP savings in line with original plans. • SL met with finance team colleagues today to discuss prescribing budget setting and expenditure. Updates in prescribing information following this meeting will be reflected in the next prescribing expenditure report. • There is currently a large number of out of stock drugs, which the Medicines Management team is monitoring. • There was a reduction in Category M prices from October 2020. The Medicines Management team will monitor any potential impact of this reduction on the CCG. <p>The committee discussed the prescribing spend update. MMcD requested comparative data against other North West CCGs in relation to prescribing spend per weighted population. SL confirmed that she would work with the CCG's prescribing / business intelligence analyst to produce this analysis but stressed that the time period would need to be selected carefully due to historic prescribing code issues which would affect the data. SL to present this analysis at the F&R Committee meeting in January 2021.</p> <p>AS provided the following comments in relation to the prescribing report, in order to ensure clarity within future reporting.</p> <ul style="list-style-type: none"> • The executive summary within the report describes expenditure but needs to provide an indication of whether expenditure is more or less than what was expected at the start of the financial year. It would be helpful to include a table to show comparative figures against the agreed budget, as well as an indication of actions that will be taken if expenditure is over budget. • The percentages detailed within the executive summary require further explanation. It is currently unclear how the total prescribing spend has increased by 3% when compared to August 2019, given the figures that have been provided for prescribing activity for GP practices and community services (which are shown as the two components of prescribing activity within the report). • It would be helpful to be provided with a comparison of spend in the current financial year against the previous financial year. • In reference to the 'Monitoring' section of the report, which is in relation to national and local projects as well as prescribing activity the CCG considers 	SL

No	Item	Action
	<p>useful to observe – it would be helpful to have an indication of whether a figure being above target is a positive or negative issue for the CCG. This could be presented via a colour coded table or graph (green for positive and red for negative) which shows the actual figure against the target figure.</p> <p>SL confirmed she would discuss AS's comments with the CCG's prescribing / business intelligence analyst to incorporate the requested updates within the next prescribing expenditure report. She commented that the total prescribing spend percentage increase within the executive summary has likely taken account of continence and stoma service costs, and noted that this would be presented in a clearer way within the next report.</p> <p><i>The committee received the prescribing report. Further to comments at the meeting, updates are to be made to the next report to ensure clarity.</i></p>	SL
<i>Finance</i>		
FR20/157	<p>Finance Report - Month 7 2020/21</p> <p>AOR provided an overview of the month 7 2020/21 financial position for South Sefton CCG as at 31st October 2020. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • The Control Total for South Sefton CCG was a surplus of £1.800m for 2020/21. Due to the COVID-19 pandemic, temporary arrangements have been implemented for the financial year. The revised Control Total for the period to 30th September 2020 was breakeven. • A monthly reconciliation process was agreed for months 1-6 to reimburse costs directly related to COVID-19 and adjust for actual expenditure incurred. A fixed funding envelope for COVID-19 expenditure has been provided to the CCG for the latter half of the financial year (months 7-12). • A revised financial framework was implemented from October 2020, based on agreed financial plans developed by the Cheshire & Merseyside Health & Care Partnership. As part of this process, NHSE/I advised that South Sefton CCG is required to deliver a year-end Control Total deficit of £3.937m in the second half of 2020/21. This Control Total has been received as an additional allocation for months 7-12. • At month 7, the year-end forecast is predicted at £7.313m deficit which includes a breakeven position for months 1-6 and a deficit of £4.945m for months 7-12. For consistency with NHSE reporting, the forecast also includes cost pressures of £2.368m relating to months 6 and 7, which are awaiting a retrospective allocation adjustment. • At month 7, the CCG's most likely case position is a deficit of £4.945m for months 7-12. The best case scenario is a deficit of £4.072m, which takes account of mitigations including additional allocations for local Independent Sector contracts, an improvement to CHC expenditure and further efficiencies. • The CCG's financial plan was updated on 18th November 2020 to report an improved position to NHSE/I on assessment that the mitigations to reach the best case position could be achieved and taking account of the £3.937m Control Total funding allocation. As a result, the CCG's planned deficit has reduced from £4.945m to £4.072m, which will be reflected in the month 8 financial position. • The statement of financial position and summary working capital was presented to the committee. <ul style="list-style-type: none"> - An automated national Fixed Asset Management system has been introduced for month 7 in preparation for the launch of IFRS 16; as such, a 	

No	Item	Action
	<p>thorough review of non-current assets and depreciation has been undertaken to ensure consistency of reporting.</p> <ul style="list-style-type: none"> - Cash drawn down at month 7 exceeds the year to date target cash balance due to the CCG's obligation to pay providers a block payment one month in advance on instruction from NHSE/I as part of the COVID-19 response. <p>The committee had an extensive discussion regarding the CCG's financial position and the financial regime in place. MMcD provided commentary on the CCG's financial position and noted that the CCG is awaiting confirmation of the retrospective allocation adjustment for cost pressures relating to months 6 and 7, which is expected in early December 2020.</p> <p>The committee discussed additional pressures in relation to prescribing and CHC. MMcD provided an update on discussions between the CCG and NHSE/I regarding the CCG's planned deficit of £4.072m, noting that further action will be required to mitigate this risk. He confirmed that there will be a continued focus on CCG monthly run rate predictions up to March 2021.</p> <p><i>The committee received the finance report and noted the summary points as detailed within the recommendations section of the report.</i></p>	
FR20/158	<p>Finance Strategy Update</p> <p>MMcD provided an update on the CCG's finance strategy. Guidance has not yet been published for 2021/22. The CCG will be working to understand the recurrent position for April 2021 onwards.</p> <p>AOR reported the following headlines from a tariff engagement workshop she attended in October 2020:</p> <ul style="list-style-type: none"> • There is an intention to shift away from activity based payments over a number of years to a population based payment and contracting system. • The following payment approaches have been proposed: <ul style="list-style-type: none"> - Blended payments (fixed element and variable element for elective activity together with other locally agreed areas) for contracts above £10m. - A local payment approach for contracts between £0.2m and £10m. - For contracts below £0.2m – the host commissioner will pay on behalf of other commissioners with CCG allocation adjustments. <p>The committee discussed the update provided as well as the recent announcement by the Chancellor that the NHS is to receive £3bn of funding to help services recover after the COVID-19 pandemic.</p> <p><i>The committee received this verbal update.</i></p>	
FR20/159	<p>Continuing Healthcare Update</p> <p>JK provided a verbal update in relation to CHC and brought the following points to the committee's attention:</p> <ul style="list-style-type: none"> • The information governance issues that had caused a delay in the post implementation review of the Adam Dynamic Purchasing System (DPS) have been resolved. It is anticipated that this review will be completed by the end of the calendar year. • Work has continued on the clearance of deferred cases awaiting assessment, which have arisen during the COVID-19 period. Work is in progress to determine the total number of assessments that are required. • The bids made by Sefton Council and Midlands & Lancashire CSU against the 	

No	Item	Action
	<p>financial allocation provided to the Sefton CCGs to support CHC backlog assessments have exceeded the total allocation. A meeting is in the process of being arranged with the relevant parties to discuss this issue.</p> <ul style="list-style-type: none"> The CHC financial and activity report (the initial version of which was presented at the F&R Committee meeting in October 2020) will be presented to the F&R Committee on a monthly basis. A report had not been completed in time for this meeting and will be emailed to the committee when ready; JK to action. <p>The committee discussed the update provided as well as the bids made by Sefton Council and Midlands & Lancashire CSU against the financial allocation provided to the Sefton CCGs.</p> <p><i>The committee received this verbal update.</i></p> <p><i>JK left the meeting.</i></p>	JK
FR20/160	<p>QIPP Update Report – November 2020</p> <p>AOR presented the QIPP update report and brought the following points to the committee's attention:</p> <ul style="list-style-type: none"> AOR attended the Liverpool University Hospitals Foundation Trust (LUHFT) Contract Review Meeting this morning. A 2021/22 contract meeting will be arranged between South Sefton CCG, Liverpool CCG and LUHFT. System finance meetings have started to take place in Southport and Formby to discuss the next steps for collaborative working and the evaluation of QIPP schemes across the system. There is an intention to arrange similar discussions in south Sefton through contract meetings. There is currently a modelling tool developed by MIAA for commissioners, which reviews various aspects of pathways and enables scenario planning. There is a similar modelling tool (national Demand and Capacity tool) for providers. It is recognised that neither tool may fit requirements to suit a system perspective. AOR will therefore liaise with Keith Bowman (Associate Director at MIAA) to discuss a way of adapting existing tools to assess the system perspective. The CCG will need to continually engage with system partners to implement the post COVID financial regime, and continue to work together to progress transformation through QIPP schemes and work towards long-term financial sustainability. <p>A discussion took place regarding the QIPP update report. MMcD noted that work will be undertaken to update the Check & Challenge / 'QIPP Storyboard' appendices which are designed to provide assurance to the regulators.</p> <p>A query was raised regarding QIPP schemes based on Payment by Results contracts. MMcD commented that in 2021/22, there will be continued focus on system based savings and a likely shift away from tariff based contracts.</p> <p>AS thanked the CCG team members involved in the delivery of QIPP schemes.</p> <p><i>The committee received the QIPP update report and noted the summary points as detailed within the recommendations section of the report.</i></p>	

No	Item	Action
FR20/161	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the Finance & Resource Committee Risk Register, which had been updated with the changes agreed at the last committee meeting in October 2020.</p> <p>The committee discussed the risk register and agreed that no changes were required at this stage.</p> <p>A discussion took place regarding the way in which risk issues managed by the respective CCG committees are reported to the Audit Committee. It was noted that the overall Corporate Risk Register is presented to the Audit Committee, which includes all CCG risks with a residual score of 12 or above; any feedback from the Audit Committee is passed on to the relevant CCG risk leads.</p> <p><i>The committee approved the F&R Committee risk register.</i></p>	
FR20/162	<p>Individual Funding Request Service Report Q2 2020/21</p> <p>JL presented the Individual Funding Request (IFR) Service Report for Q2 2020/21. The report highlights trends in applications and analysis of the requested treatment, referral sources and financial impact. Activity during Q2 was reduced when compared to the same period in 2019/20, due to the suspension of elective treatment as a result of the COVID-19 pandemic.</p> <p>FLT raised the issue of referrals to a private provider for ADHD assessments, which was detailed in the report. JL confirmed that this relates to adults rather than children and is an issue across Cheshire & Merseyside. Work is underway with the CCG's commissioned provider, Mersey Care, to understand the waiting times and pathway of care. This issue will be monitored by the CCG.</p> <p>AS queried how the CCG is addressing the recommendation in the report that the CCG is 'to consider whether it is necessary for second eye cataract applications to continue to be submitted to the IFR Team for authorisation by opticians who are unable to access the VBC Checker, given that the primary service is currently suspended.' JL confirmed that work being undertaken by Amanda Gordon (Commissioning Manager at the CCG) in relation to ophthalmology services is addressing this recommendation.</p> <p><i>The committee received the Individual Funding Request Service Report for Q2 2020/21.</i></p>	
HR		
FR20/163	<p>NHS People Plan</p> <p>MMcD presented an update report in relation to the NHS People Plan and the actions that the CCG is required to take in response to the plan. The plan is focused primarily on the immediate term (2020/21) with an intention for the principles to create longer lasting change.</p> <p>The plan sets out practical actions that employers and systems should take, as well as the actions that NHSE/I and Health Education England will take. It focuses on:</p> <ul style="list-style-type: none"> Looking after our people – with quality health and wellbeing support for everyone. 	

No	Item	Action
	<ul style="list-style-type: none"> • 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. <p>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. The CCG's Governing Body has provided delegated authority to the F&R Committee to oversee the implementation and delivery of the CCG's People Plan.</p> <p>Staff within the CCG are reviewing the requirements of the plan and are creating an implementation plan comprising over 80 tasks, a number of which need to be completed by March 2021. Stephen Williams (the CCG's Director of Strategic Partnerships) will be the primary lead for this work. FLT commented that the CCG will need to source additional capacity on a temporary basis to support the organisational development agenda. MMcD will be liaising with the Director of Strategic Partnerships regarding participation at F&R Committee meetings as and when required.</p> <p>The NHS People Plan will be discussed further at the Governing Body Development Session scheduled for 3rd December 2020 and a further, more detailed report will be presented at the F&R Committee meeting scheduled for 21st January 2021.</p> <p>The following committee resolutions were noted:</p> <ul style="list-style-type: none"> • The committee received the delegated authority from the Governing Body to oversee the implementation and delivery of the CCG's People Plan. • Further to presentation of the CCG's People Plan, the committee will ensure that there are appropriate reporting arrangements in place to enable effective monitoring of progress in respect of the implementation of the plan. • The committee will provide regular reports to the CCG's Governing Body, for assurance on progress. 	
<i>IT</i>		
FR20/164	<p>Update on Digital Funding Streams 2020/21</p> <p>MMcD presented an update report regarding digital funding streams for 2020/21, which consolidated the verbal report provided at the F&R Committee meeting in October 2020 together with additional updates since the meeting.</p> <p>PC queried what the primary care website subscription service would entail for GP practice websites and confirmed he would review this further outside the meeting.</p> <p>MMcD updated the committee on the consultation, engagement and review processes that are undertaken with primary care prior to submission of digital funding bids for the CCG. The IM&T Steering Group reviews progress against the CCG's digital plans, and any related risks are monitored via the IM&T risk register.</p> <p>The committee received the update report on digital funding streams for 2020/21.</p>	

No	Item	Action
Minutes of Steering Groups to be formally received		
FR20/165	<p>Minutes of Steering / Sub Groups to be formally received</p> <p>The committee received the minutes of the following steering / sub group meetings:</p> <ul style="list-style-type: none"> • IM&T Steering Group – 14th September 2020 • Joint QIPP Delivery Group – 29th September 2020 	
Closing business		
FR20/166	<p>Any Other Business</p> <p><u>Cameron Ward</u></p> <p>MMcD informed the committee that CW is leaving the CCG at the end of November 2020. The Chair thanked CW on behalf of the committee for his input and work with the F&R Committee.</p> <p><u>Provisional F&R Committee Meeting – December 2020</u></p> <p>The Chair noted that a provisional committee meeting is scheduled for 17th December 2020. Members discussed this and noted that the level of difference between the month 7 and month 8 finance reports will need to be considered to determine whether a meeting in December is required. The following was agreed:</p> <ul style="list-style-type: none"> • The meeting is to remain as provisional but changed to a one-hour session (1pm-2pm). If the meeting takes place, it will be focussed on the month 8 finance report only. It was noted that previous provisional meetings that have proceeded to take place, have been focussed on the finance report only. • The month 8 finance report is to be circulated to the committee on Friday 11th December 2020, after which a review will be undertaken as to whether a meeting is required, and the decision will be communicated accordingly to the committee. <p>TK to facilitate the arrangements in relation to the agreed points noted above.</p>	TK
FR20/167	<p>Review of Meeting</p> <p>AS asked members to provide feedback on the meeting today, particularly on the meeting process, content and behaviours.</p> <p>CW commented that meetings have a good tone, which allows participation and contribution from attendees.</p> <p>PC thanked CW for his work with the CCG. In terms of meetings, he commented that it can be challenging to fully grasp updates through verbal reports, noting that written reports allow ease of reference.</p> <p>GB commented that the meeting was chaired well.</p> <p>JW commented that the analysis provided by AS at meetings is useful, as it provides a different insight and highlights aspects that he would not necessarily have considered. He also noted that meetings are particularly useful in terms of contract review information provided and discussed.</p>	

No	Item	Action
	<p>MMcD commented that he is interested to review the findings of the committee effectiveness assessment that AP has conducted at the meeting today.</p> <p>FLT queried whether further actions can be taken to ensure that papers and information provided are clearer to aid the committee's understanding. AS commented that it is useful to have queries raised at the meeting itself in terms of the information provided, as the resulting discussions can provide different perspectives and insight.</p>	
FR20/168	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of next meeting:</p> <p>Thursday 17th December 2020 (PROVISIONAL MEETING) 1pm to 2pm Microsoft Teams</p> <p>Thursday 21st January 2021 1pm to 3pm Microsoft Teams</p>	

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

Thursday 24th September 2020, 9am to 12noon
Skype Meeting

Attendees (Membership)		
Dr Rob Caudwell	GP Governing Body Member, Chair, SFCCG	RC
Martin McDowell	Chief Finance Officer, SSSCCG/SFCCG	MMcD
Dr Doug Callow	GP Quality Lead / GB Member, SFCCG	DC
Dr Gina Halstead	GP Clinical Quality Lead / GB Member, Deputy Chair, SSSCCG	GH KMCC
Karl McCluskey	Director of Strategy and Outcomes, SSSCCG/SFCCG	JS
Dr Jeffrey Simmonds	Secondary Care Doctor, SFCCG	
Brendan Prescott	Deputy Chief Nurse and Head of Quality and Safety, SSSCCG/SFCCG	BP
Jane Lunt	Chief Nurse (Secondment from LCCG), SSSCCG/SFCCG	JL
Graham Bayliss	Lay Member, SSSCCG	GB
Dil Daly	Lay Member, SFCCG	DD
Ex Officio Member		
Fiona Taylor (for part of the meeting)	Chief Officer, SSSCCG/SFCCG	FLT
In attendance		
Ehsan Haqqani	Interim Primary Care Quality Lead, SSSCCG/SFCCG	EH
Jennie Piet	Programme Manager Quality and Performance, SSSCCG/SFCCG	JP
Mel Spelman	Programme Manager for Quality and Risk, SSSCCG/SFCCG	MS
Tracey Forshaw	Assistant Chief Nurse, SSSCCG/SFCCG	TF
Helen Roberts	Lead Pharmacist, SSSCCG/SFCCG	HR
Karen Garside (for agenda items 20/146 – 20/148 only)	Designated Nurse Safeguarding Children, SSSCCG/SFCCG	KG
Helen Case (for agenda item 20/146 – 20/148 only)	Designated Nurse Children in Care, SSSCCG/SFCCG	HC
Sophie Stephenson	Associate, Niche Health and Social Care Consulting	SC
Apologies		
Cameron Ward	Interim Director of Strategy & Outcomes, SSSCCG/SFCCG	CW
Susanne Lynch	Head of Medicines Management, SSSCCG/SFCCG	SL
Karl McCluskey	Director of Strategy and Outcomes, SFCCG/SSCCG	KMCC
Dr Jeffrey Simmonds	Secondary Care Doctor, SFCCG	JS
Dr Doug Callow	GP Quality Lead / GB Member, SFCCG	
Natalie Hendry-Torrance	Lay Member, SSSCCG	DC
Graham Bayliss	Designated Safeguarding Adults Manager, SSSCCG/SFCCG	NHT
	Lay Member, SSSCCG	GB
Minutes		
Michelle Diabie	Personal Assistant to Chief and Deputy Chief Nurse, SSSCCG/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	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	June 20	July 20	Aug 20	Sept 20
Dr Rob Caudwell	GP Governing Body Member (Chair)	✓	A	A	N	✓	✓	✓	V	V	✓	✓	✓	✓
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	✓	A	N	✓	A	✓	V	V	✓	✓	✓	A
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	✓	✓	A
Karl McCluskey	Director of Strategy and Outcomes	✓	A	D	N	D	A	✓	V	V	A	A	A	A
Debbie Fagan	Chief Nurse & Quality Officer (on Secondment)	D			N									
Dr Gina Halstead	Chair and Clinical Lead for Quality (Deputy Chair)	A	✓	✓	N	✓	✓	✓	V	V	✓	✓	A	✓
Martin McDowell	Chief Finance Officer	A	A	A	N	✓	A	✓	V	V	✓	✓	✓	✓
Dr Jeffrey Simmonds	Secondary Care Doctor	✓	A	A	N	A	A	A	V	V	A	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	N	A	A	A	V	V	✓	✓	A	✓

No	Item	Action
General		
20/140	<p>Welcome and Apologies for Absence</p> <p>The Chair welcomed all to the meeting. Apologies for absence were noted from Cameron Ward, Graham Bayliss, Susanne Lynch, Dr Doug Callow, Dr Jeffery Simmonds and Natalie Hendry-Torrance.</p>	
20/141	<p>Declarations of Interest</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Joint Quality and Performance Committee are listed in the CCG's Register of Interests. The register is available on the CCG website.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. • Dr Rob Caudwell wished to note a conflict of interest in relation to agenda item 20/149, PIVOTAL study – Pharmacist - led Intervention for Atrial Fibrillation in Long-term PIVOTAL. Dr Rob Caudwell had directed a researcher with the Deputy Chief Nurse in relation to the study, but has no involvement in the study. 	
20/142	<p>Minutes and Key Issues of the Previous Meeting</p> <p>With the following amendment, the minutes were agreed as a true reflection of the previous meeting held on 27th August 2020.</p> <ul style="list-style-type: none"> • Page 5 of the minutes, Carole Lappin to be amended to Caron Lappin. <p>The key issues from the previous meeting were also agreed.</p>	
20/143	<p>Matters Arising/Action Tracker</p> <p>The Committee received the action tracker and the following updates were noted:-</p> <ul style="list-style-type: none"> • Agenda Item 19/182, Deputy Chief Nurse Report <p>Jane Lunt to request a single point of contact for queries in relation outpatient letter distribution. Jane Lunt agreed to take this action to meeting with Liverpool University Hospitals NHS Foundation Trust.</p> <p>Action completed and to be removed from the tracker.</p>	

No	Item	Action
	<ul style="list-style-type: none"> • Agenda Item 19/183, Clinical Director Update <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 had been on leave and therefore the information has not yet been received by the CCG.</p> <p>Cameron Ward to meet with Sam James in August 2020 and will pursue the query with the Walton Centre.</p> <p>It was suggested discussing this issue at the Primary Care Interface Meeting. However the Committee queried if that would be the most appropriate forum. Therefore Jane Lunt advised that she would discuss this action further with Cameron Ward and provide an update at the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 19/201, Clinical Director Quality Update <p>Concerns had been raised in relation to midwives who have not been trained to use EMIS. Jane Lunt informed that she had raised the Committee's concerns with Caron Lappin but would follow up the action and confirm the outcome at the next meeting.</p> <p>Jane Lunt advised that she has escalated the action again and informed that it will be picked up at CQPG.</p> <p>It was highlighted that this issue poses a significant clinical risk. GP's are not always advised if a patient is pregnant as they can self-refer.</p> <p>Jane Lunt advised that she would discuss this issue and the 2 actions noted later in the action log under agenda item 20/113 Joint Medicines Operation Group (JMOG) Key Issues, with the interim Director of Nursing and provide an update at the next meeting.</p> <p>Action to remain on the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 20/96, Joint Targeted Area Inspection (JTAI) Action Plan <p>Dr Gina Halstead provided details in relation to a concern raised regarding a safeguarding referral that had not being made by a Gastroenterologist to Jane Lunt for escalation.</p> <p>Jane Lunt confirmed that the referral has been made by Alder Hey NHS Foundation Trust. The Committee expressed a 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 would request written confirmation acknowledging the correct Safeguarding referral procedure.</p> <p>(i) Jane Lunt to request written confirmation from Alder Hey NHS Foundation Trust acknowledging the correct safeguarding referral procedure.</p>	<p>JL</p> <p>JL</p>

No	Item	Action
	<p>Jane Lunt advised that she had met with Pauline Brown at Alder Hey NHS Foundation Trust and it has been flagged with the Head of Safeguarding and acting Chief Nurse and will be discussed at CQPG. However written confirmation acknowledging the correct safeguarding referral process has not been received. Jane Lunt advised that she would follow it up and provide an update at the next meeting.</p> <p>Action to remain on the tracker</p> <p>(ii) 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. Tracey Forshaw to raise at CQPG</p> <p>Brendan Prescott advised that the CF meeting has not yet convened. Action deferred to the next meeting.</p> <p>(iii) Jane Lunt to convene a Clinical Forum.</p> <p>It was note that a clinical forum had not yet convened. Dr Rob Caudwell advised that he would follow this up with Fiona Taylor.</p> <p>Action deferred to the next meeting.</p> <p>(iv) Jane Lunt, Brendan Prescott and Fiona Taylor to address the gap in primary care attendance at the CQPG meetings.</p> <p>Action deferred to the next meeting.</p> <p>(v) Fiona Taylor to highlight the gap in primary care representation at CQPG meetings with the CCG's Chairs.</p> <p>Action deferred to the next meeting.</p> <ul style="list-style-type: none"> • Action 20/97, Engagement and Patient Experience Group (EPEG) Key Issues <p>(i) Dr Rob Caudwell to contact IMerseyside to request a list of approved applications.</p> <p>Dr Rob Caudwell advised that the bidding process had completed in relation to Digital 1st funding and the results should be known by mid October 2020.</p> <p>Action to remain on the tracker.</p> <p>(ii) Martin McDowell to contact Louise Taylor to obtain a position statement and share it with the Committee.</p> <p>It was noted that the validity of sharing information was to be discussed, and the action was therefore deferred to next meeting for Martin McDowell to follow up with Louise Taylor.</p> <p>Martin McDowell advised supplier reliability is required and that Angie Price's team is working on this.</p>	<p>JL</p> <p>BP</p> <p>RC</p> <p>FLT/JL/BP</p> <p>FLT</p> <p>RC</p>

No	Item	Action
	<p>Action to remain on the tracker.</p> <p>(iii) 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.</p> <p>Dr Gina Halstead to follow up this action. Action to remain on the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 20/104, Deputy Chief Nurse Report <p>(i) 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.</p> <p>Jane Lunt to follow this up at the Alder Hey NHS Foundation Trust CQPG meeting in October 2020.</p> <p>Action to remain on the tracker.</p> <p>(ii) Jane Lunt to provide an update following the suspension of a Consultant Neurologist and to include Sefton Children quantification information.</p> <p>Jane Lunt informed that this has been placed on StEis, there had been concerns raised how the Consultant Neurologist managed the case load. Weekly meetings with Alder Hey NHS Foundation Trust, Local Authority and Commissioners have decreased frequency and are now taking place fortnightly. An RCA is being undertaken and an action plan is in place. The impact on the patients affected has been reviewed, there is no evidence of harm but this continues to be reviewed and patients have been reallocated another consultant. The lack of a clear pathway for children with Paediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infection (PANDAS) in Sefton and Liverpool has been highlighted. A pathway is not yet developed. Commissioners are working with partners to define a pathway. Children and young people should be referred to CAMHS as the first line of referral. A lot of work is being done to support patients who feel they have lost as service. The Committee to be kept updated via the Deputy Chief Nurse Report.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 20/106, Clinical Director Quality Update <p>Reoccurring themes of falls at Southport had been 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>(i) 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.</p>	<p>MMcD</p> <p>GH</p> <p>JL</p>

No	Item	Action
	<p>Brendan Prescott advised that CQPG had requested an update on falls where it was noted that a lot of positive work has been undertaken and there is a care bundle in place. Training in relation to prevention has been undertaken and the necessary equipment purchased e.g. walking frames. A thematic review was undertaken and improvements have been made. The number of falls is the same as the previous 5 years.</p> <p>Action completed and to be removed from the tracker.</p> <p>Dr Rob Caudwell informed the Committee of an issue which was raised with the Chief Executive at Southport and Ormskirk Hospital on a system management call and they were not aware of the falls theme at the Trust. Another SMC was to be made in the afternoon of 27th August 2020.</p> <p>(ii) Dr Rob Caudwell to raise the issue of patient's cancer test results being sent to GPs without supporting information with Terry Hankin.</p> <p>Dr Rob Caudwell advised that a Trust clinical meeting is scheduled for 30th September 2020 with primary care and secondary care representation where this issue will be discussed. An update to be provided at the next meeting.</p> <p>Action to remain on the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 20/110, Integrated Performance Report <p>(i) Performance reporting process to be revised to allow for late submission of data to provide assurance to the Committee.</p> <p>Martin McDowell advised that he had liaised with the Business Intelligence Team and confirmed that due to timing from when the IPR meetings occur, it is not possible to provide the full validated information to the Joint Quality Performance Committee. It was suggested that the IPR data is presented to the Joint Quality and Performance Committee in draft format and if there are any changes they can be received via an addendum.</p> <p>Action completed and to be removed from the tracker.</p> <p>(ii) Michelle Diable to liaise with Terry Stapley to invite Sue Gough to the next Governing Body meeting to talk to the IAPT agenda item.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 20/113, Joint Medicines Operation Group (JMOG) Key Issues <p>(i) 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 Liverpool Women's Hospital CQPG and report back to this meeting.</p>	RC

No	Item	Action
	<p>(ii) 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.</p> <p>It was noted that Jane Lunt will follow up both the above actions with the action noted earlier in the action log under agenda Item 19/201, Clinical Director Quality Update and provide an update at the next meeting.</p> <p>Action to remain on the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 20/115, SEND Performance Improvement Group Minutes and Key Issues <p>SEND recovery plan to be presented a future meeting by Kerrie France.</p> <p>It was noted that this will be presented via the Deputy Chief Nurse Report.</p> <p>Action to remain on the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 20/117, Any Other Business <p>(i) Jane Lunt to establish the lessons learned following the death of a South Sefton child 4 years ago.</p> <p>Jane Lunt had informed there had been little media interest and would update further at the next meeting.</p> <p>It was noted that this case had been through due process, it had been fully reviewed and validated.</p> <p>Action completed and to be removed from the tracker.</p> <p>(ii) Kerrie France to share the work being undertaken by Healthwatch in relation to the introduction of digital technology review with Mel Spelman.</p> <p>It was noted that Healthwatch will be undertaking a review. It was agreed to close the action and note that the review outcome will be presented to the Committee as part of a SEND update.</p> <p>Action completed and to be removed from the tracker.</p>	<p>JL</p> <p>BP</p>
20/144	<p>Deputy Chief Nurse Report</p> <p>Brendan Prescott introduced this report which seeks to provide an update regarding key issues that have occurred since the last report which was presented in August 2020.</p> <p><u>Liverpool University Hospitals NHS Foundation Trust</u></p> <p>There was a well led inspection undertaken in September 2020. The feedback from this is awaited, however there are no immediate actions required.</p>	

No	Item	Action
	<p>There have been 4 recorded outbreaks of Covid 19 at the Aintree site with another one reported today.</p> <p>Never Event meetings continue on a regular basis.</p> <p><u>Southport and Ormskirk Hospital NHS Trust</u></p> <p>A marked improvement has been made in relation to serious incidents. The CCGs have notified the Trust it will plan to close the Contact Performance Notice for Serious Incident (SI) process and management subject to WLCCG agreement.</p> <p>A concern was raised regarding the current ophthalmology back log as this has been an on-going issue for some time.</p> <p>It was noted that a paper had been presented at the QCRM meeting in September 2020 advising that a clinical review is being undertaken in respect of reducing patient harm.</p> <p><u>Mersey Care NHS Foundation Trust (Community Services)</u></p> <p>The first joint NHS South Sefton CCG, NHS Southport and Formby CCG and NHS Liverpool CCG CQPG meeting was scheduled to take place on Thursday 24th September 2020. The Chair functions will be assigned to the NHS Liverpool CCG GP lead with NHS South Sefton CCG deputisation.</p> <p>All CCGs are seeking further assurance on the recommencing of community services as part of Covid 19 recovery activity as stipulated by the recovery positions highlighted by NHSEI.</p> <p><u>Mersey Care NHS Foundation Trust (Mental Health)</u></p> <p>CCG colleagues have requested a broad outline to address high waits and service capacity for the ASD service for both Sefton and Liverpool patients. Mersey Care NHS Foundation Trust will need to present plans on the 18 -25 year cohort to support the Sefton SEND action plan.</p> <p><u>Lancashire and South Cumbria NHS Foundation Trust</u></p> <p>Overall activity service levels have recovered to NHSEI proposed recovery plans. There is pressure on performance for podiatry, treatment rooms and phlebotomy.</p> <p>The Trust has requested the sharing of an options appraisal of current service provision going forward. A particular point of concern is the proposal to withdraw services of low clinical value. This will require further discussions between CCG and the Trust given the requirement on patient consultation.</p> <p><u>Alder Hey NHS Foundation Trust</u></p> <p>Due to the number of Never Events taken place, the Trust has commissioned the Association for Perioperative Practice (AfPP) as the professional organisation providing support, training and development within the perioperative environment to deliver two focus group meetings followed by a two day full peer review audit of their theatre department.</p>	

No	Item	Action
	<p>In addition to the independent review being carried out by the AfPP; the Trust has approached Imperial College to support with a medium to long term programme of culture change in theatre, which will commence in the autumn of 2020.</p> <p><u>DMC Heath Care</u></p> <p>Following a contract performance notice issued in March 2020 to DMC, an action plan was submitted which will be monitored through the CCQRM for assurance. The individual incidents have been reviewed by NHS South Sefton CCG and further recommendations following on from the resubmission of the RCAs will be monitored through SIRG. Following the SBAR, DMC have a number of contracts with various CCGs across England and a North West system call to highlight issues common to commissioners across the various contracts has taken place.</p> <p><u>Covid 19 Activity</u></p> <p>NHSEI in collaboration with the Cancer Alliance produced a policy on management of long waiting cancer patients on 62 day pathways. This policy now extends to patient harm reviews to patients on a 31 day pathway who experience a significant delay to treatment.</p> <p>As of 11th September 2020, 9 care homes in Sefton were reporting a Covid 19 outbreak of 2 or more cases. In total 9 residents and 13 staff had tested positive for Covid 19. A further 9 homes had reported a single positive Covid 19 case with 8 staff and 1 resident testing positive.</p> <p><u>CHC Deferred Assessments</u></p> <p>A North Mersey steering group chaired by the deputy chief nurse has been established to plan and monitor the programme of work to undertake deferred CHC assessment of Sefton and Liverpool residents. National framework processes for continuing healthcare were suspended from April to September 2020.</p> <p><u>SEND Update</u></p> <p>A revisit of the services in Sefton is due to take place on 8th December 2020 to review progress made against the SEND improvement plan.</p> <p>The CCGs have concerns that waiting times have been impacted as a result of Covid 19. Alder Hey NHS Foundation Trust has submitted revised trajectories for paediatric therapy services, outlining plans for services to return to pre Covid 19 levels by the end of September 2020. This is subject to monthly monitoring and the CCG has advised the Trust that they are concerned that there has been some slippage in the restoration and recovery trajectories produced.</p> <p>Outcome: The Committee received the Deputy Chief Nurse Report.</p>	

No	Item	Action
20/145	<p>Clinical Director Quality Update</p> <p>Issues accessing neurology services directly with Alder Hey NHS Foundation Trust were highlighted. Patients are accessing neurology services via general paediatrics. An example was highlighted where a teenage patient with an eating disorder was advised to call the crisis line. It took the patient several days to get through. The patient completed an on line form and was then asked to call the crisis line again and was then referred to their GP. This process was lengthy and the child had lost more weight. Peter Wong, CCG mental health commissioner has been made aware.</p> <p>It was noted that there had been lack of capacity to manage the crisis care response line. Staff had initially been redeployed to cover the service, but have since returned to their substantive roles. Further funding has been requested to recruit staff to this service. It was suggested that primary care services should be informed and kept updated around this so they can communicate it to their patients.</p> <p>Inappropriate transfers to primary care services were highlighted. They continue to see some patients face to face so they are being asked to take blood samples. During the pandemic staff absences will impact significantly putting extra pressure on primary care services. Obtaining a position statement from Alder Hey NHS Foundation Trust was suggested in relation to accessing paediatric assessments.</p> <p>Action: Jane Lunt to obtain a position statement from Alder Hey NHS Foundation Trust in relation to the crisis care response line.</p> <p>A lack of patient awareness in relation to Covid 19 was highlighted. It was suggested sharing a consistent SMS message to all patients in relation to Covid 19 outlining the symptoms and providing advice. It was noted that the Public Health Protection Board has a CCG representative and the meeting has been reinstated. It was suggested that this would be the appropriate forum to ensure the communication of consistent messages regarding the pandemic to the public.</p> <p>Outcome: The Committee noted the Clinical Director Update.</p>	JL
20/146	<p>Updated CCG Management of Allegations Policy and Procedures</p> <p>Karen Garside introduced this item which seeks to provide the Committee with the updated CCGs Management of Allegations Policy for their approval. The report was taken as being read by the Committee.</p> <p>The revisions to the document include:</p> <ul style="list-style-type: none"> • Current references; • Contact details; • Correct titles for organisations and individuals; • App2 amended to incorporate comments from Sefton LADO. <p>It was noted that the review of the document has included consultation with CCG Chief Nurse, NHSE Deputy Director of Nursing NHS England (Cheshire and Merseyside), Designated Officer for Local Authority (formerly LADO) and Senior HR Business Partner (Midlands & Lancashire Commissioning Support Unit).</p>	

No	Item	Action
	<p>A suggestion was made to highlight any changes made to a policy for ease of reference.</p> <p>Outcome: The Committee approved the Updated CCG Management of Allegations Policy and Procedures</p>	
20/147	<p>Children in Care Annual Report 2019-20</p> <p>Helen Case presented the 5th Children in Care Annual Report. This report provides an overview of the children in care population both nationally and locally and outlines the performance of NHS commissioned services during 2019-20.</p> <p>It was noted that the numbers of Sefton children in care has continued to increase year on year with 2019-20 seeing further increases. The CCG has recognised this increase and has invested more monies into the children in care health services contract held by Mersey Care NHS Foundation Trust during the year.</p> <p>It was noted that KPI reporting in quarter 4 was stepped down to allow services to concentrate on Covid 19.</p> <p>CAMHS waiting times were highlighted as being unacceptable. It was noted that children have missed appointments as a result of having to wait so long. The Committee noted that a Local Authority budget for Children in Care or Looked After Children had been in existence. This is no longer the case as this has been absorbed by the NHS by default. Local Authority Therapeutic team support Sefton children however, the CCG does not commission that team.</p> <p>It was noted that when children leave the care system they do so with a bank account, driving license and passport until they reach 25 years of age.</p> <p>Brendan Prescott wished to thank Helen Case for her hard work and support and in particular, in relation to the promotion of the voice of the child and partner working demonstration.</p> <p>It was noted that the report is for receipt and not approval as stated in the report.</p> <p>Outcome: The Committee received the CCGs Children in Care Annual Report 2019-20.</p>	
20/148	<p>Safeguarding Adults and Children Annual Report 2019-20</p> <p>Karen Garside introduced this item on behalf of herself and Natalie Hendry – Torrance which seeks to provide the Committee with an update of the developing and emerging safeguarding agenda which the CCGs have supported throughout the 2019-20 reporting period.</p> <p>The report was taken as being read by the Committee. It was well received and the Committee wished to thank the authors for their work and for the production of a fully comprehensive report and also wished to extend their thanks to Dr Wendy Hewitt. It was noted that the GP Safeguarding Leads Forum was an excellent platform for partnership working and sharing good practice.</p>	

No	Item	Action
	<p>It was noted that having a virtual forum has enabled a larger number of attendees to join the meeting who may not have been able to attend if it was held a specific venue, due to travel time and other commitments. Karen Garside advised that she would relay the positive feedback to her colleagues.</p> <p>Outcome: The Committee received the Safeguarding Adults and Children Annual Report 2019-20.</p>	
20/149	<p>PIVOTALL study – Pharmacist - led Intervention for Atrial Fibrillation in Long-term</p> <p>Brendan Prescott introduced this item which seeks to inform the committee about the PIVOTALL study and to request approval of a letter to be issued in relation to assurance for the study.</p> <p>It was noted that PIVOTALL is an individually randomised pilot and feasibility study of a pharmacist-led intervention to optimise the management of older people living in care homes with atrial fibrillation and frailty. A team of researchers (a cardiologist, geriatrician, health psychologist and two pharmacists) at the University of Liverpool plan to carry out a study in care homes in Liverpool, South Sefton, Southport and Formby, to find out how to best use medicines to treat older, frail people with an irregular heart rhythm called atrial fibrillation.</p> <p>Dr Rob Caudwell wished to note a conflict of interest in relation to agenda item 20/149, PIVOTALL study – Pharmacist - led Intervention for Atrial Fibrillation in Long-term PIVOTTAL. Dr Rob Caudwell had directed a researcher with the Deputy Chief Nurse in relation to the study, but has no involvement in the study.</p> <p>It was queried if care homes and the Local Authority are aware of the study. It was noted that they had not yet been informed but will be.</p> <p>Action: Brendan Prescott to inform Sefton Local Authority about the study.</p> <p>Outcome: The Committee approved the letter to be issued of assurance for the PIVOTALL study.</p>	BP
Quality and Performance		
20/150	<p>Integrated Performance Report</p> <p>It was noted that the Integrated Performance Report (IPR) had not been submitted as it had not been ratified due to the timeline. This followed the expectation that the data provided to the Committee would be ratified prior to the Committee meeting.</p> <p>The Committee discussed the process going forward and it was agreed that the Committee should have sight of some of the report if not all, which should be water marked as a draft if it has not been ratified.</p> <p>It was noted that an IPR meeting takes place every 3rd Monday, the information following which, forms the IPR report. It was suggested if feasible, having the IPR meeting on the 15th of each month instead. It was also suggested inviting a Business Intelligence (BI) Analyst to the Joint Quality and Performance Committee to present the report.</p>	

No	Item	Action
	<p>Having a plan in place to provide clarity on the process was suggested.</p> <p>Action: Martin McDowell to enquire about the feasibility of convening the IPR meetings on the 15th of each month. To confirm a process plan in relation to presenting the IPR to this Committee. To also confirm, if a BI Analyst should be invited to the Committee meeting to present the report.</p> <p>It was suggested that month 4 performance data should be circulated to the Committee for receipt.</p> <p>Action: Martin McDowell to circulate month 4 performance data to the Committee.</p> <p>Outcome: The Committee noted the discussion regarding the IPR process The Committee to receive the month 4 performance data post meeting.</p>	<p>MMcD</p> <p>MMcD</p>
20/151	<p>Learning Disability Mortality Review (LeDeR) Annual Report 2019/20</p> <p>Tracey Forshaw introduced this item which seeks to provide the Committee with the learning disability mortality annual report. It was noted that this is the first year CCGs have been required to produce and publish a LeDeR annual report on the CCG public facing website. From 2020 CCGs are required to submit an annual report on an annual basis as part of NHS England contractual measures.</p> <p>It was noted that in year, the CCGs submitted a joint bid with Mersey Care NHS Foundation Trust to NHS England for non-recurrent funding against performance and sustainability for £37K which was successful. The Trust has recruited to a 0.7 WTE LeDeR reviewer with reviews being progressed. A business case is to be submitted by the trust to support sustainability going forward.</p> <p>The CCG reports fortnightly to NHSEI against the action plan and trajectory.</p> <p>Reviews of deaths are carried out with a view to improve the standard and quality of care for people with learning disabilities. People with learning disabilities, their families and carers have been central to developing and delivering the programme.</p> <p>A number of trends and themes from completed LeDeR reviews have been captured as part of the minutes from PQIRP, although the CCG does not have in place a robust process for reporting against themes arising from LeDeR reviews. The development of a reporting system will be a key priority for 2020-21. Further work is required to support the themes from LeDeR reviews to feed into organisational action plans to support the improvement of services for people with a learning disability. A lot of learning has and is being utilised, however pace of improvement and pace of learning needs to be captured.</p> <p>It was noted that a lot of work is taking place in relation to the establishment of a steering group with an overarching action plan to hold partners to account.</p> <p>It was highlighted that the report was for noting by the Committee and not for approval as stated in the report.</p> <p>The Committee wished to thank Tracey Forshaw for all her hard work in relation to LeDeR and for the production of the detailed report.</p>	

No	Item	Action
	<p>Outcome: The Committee noted the Learning Disability Mortality Review Annual Report 2019/20.</p>	
20/152	<p>Primary Care Quality Report</p> <p>Ehsan Haqqani introduced this report which seeks to provide the Committee with an update of the quality agenda for the CCGs for Q3 in relation to incident reporting including Serious Incidents and the process.</p> <p>Ehsan advised that complaints data was not received in time to include in the report but will include it in future reports.</p> <p>The scheduled change from Datix to Ulysses incident reporting has been completed and new reports are being developed for a number of teams using the incident reporting system, with teams updating reports to provide better information.</p> <p>An action plan will be further developed with the CSU to ensure that Ulysses is configured and reported as required.</p> <p>Ehsan apologised that the appendices section of the report was omitted from the meeting pack in error, but advised that they will be circulated to the Committee.</p> <p>Action: Michelle Diable to circulate the primary care report appendices to the Committee.</p> <p>The title of the report was queried as to whether it best reflects the content of the report. It was noted that this would be reviewed.</p> <p>It was noted that there has always been a low number of incidents reported. Investigating this aspect and obtain evidence to obtain assurance was suggested.</p> <p>It was noted that it was perceived that Datix did not encourage people to use it, therefore there is an opportunity to make Ulysses as user friendly as possible i.e. reducing the number of scrolls required and to make the whole process as simple as possible. The introduction of a “You said, we did” process has been suggested. Promoting the system well to encourage people to report incidents is being undertaken. A cultural change is required. Also required is an understanding of the importance of incident reporting and the learning from them which can be shared.</p> <p>It was noted that there is a link to access Ulysses on the front page of the CCG’s intranet.</p> <p>Going forward there will be a 13 month rolling data process in place highlighting peaks and troughs. It was suggested providing primary care with information about what has been reported and the outcome. Having more user friendly report templates was suggested, ensuring that they are not lengthy but still capture what is needed. Promoting Ulysses through the PLT forum was also suggested.</p> <p>Outcome: The Committee received the Primary Care Quality Report.</p>	MD

No	Item	Action
20/153	<p>Joint Targeted Area Inspection (JTAI) Action Plan Update</p> <p>Brendan Prescott introduced this item which seeks to provide the Committee with an update on the progress of the Joint Targeted Area Inspection (JTAI) plan regarding the actions where responsibility lies with health partners across the Sefton system.</p> <p>Progress is monitored via the JTAI partnership group and is overseen at the Children's Emotional Health and Wellbeing partnership group.</p> <p>The JTAI health group meet monthly to discuss and review the action plan ensuring progress is being made and that it is measurable and is being incorporated in to the wider plan. There are 44 actions within the JTAI health action plan, 31 are RAG rated as green, 7 are amber and 2 are red. It was noted that the majority of the JTAI health action plan is either completed or is on track for completion as per planned timeframe.</p> <p>It was noted that it is useful to be clearly sighted on the JTAI element in relation to the SEND inspection scheduled for December 2020.</p> <p>Outcome: The Committee received the Joint Targeted Area Inspection (JTAI) Action Plan Update</p>	
For Information		
20/154	<p>Patient Experience Group (EPEG) Key Issues</p> <p>The Committee noted the key issues report from the EPEG meeting held on 20th September 2020.</p> <p>Dil Daly outlined 2 key themes from the previous EPEG meeting in relation to Covid 19:-</p> <ul style="list-style-type: none"> • Great progress made in response to the pandemic which was appreciated by the patients and the general public; • The significant impact on the mental health of children and young people. There has been a digital divide for young people. Not all have access to technology. <p>The introduction of the KOOH service was noted as being of great benefit to young people struggling with mental health issues.</p> <p>It was noted that the digital technology equity issues will be raised at Governing Body however, if any additional support is required or if there are any further issues, the Lay Members were invited to discuss them separately if they so wish, with the Accountable Officer.</p> <p>It was highlighted that a lot has been learned since the initial response to Covid 19 and the importance to utilise the knowledge and ensure we do not widen inequalities.</p> <p>Primary care engagement and support at EPEG meetings was offered.</p>	

No	Item	Action
	<p>Outcome: The Committee received the Patient Experience Group (PEEG) Key Issues.</p>	
20/155	<p>NHS Southport and Formby CCG Serious Incident Review Group (SIRG) Minutes and Key Issues</p> <p>The Committee noted the SIRG minutes and Key Issues from the meeting held on 12th August 2020.</p> <p><u>Diversity and Equality – Document Review</u></p> <p>The Committee were referred to section of the SIRG minutes regarding the diversity and equality document review paper which had been presented at the last SIRG meeting. A query was raised in relation to equality and diversity and how the process is being formally audited. It was noted that the CCG has amended the checklist to incorporate equality and diversity. All templates have an equality and diversity section and audit process is in place. The importance of understanding the impact waiting times has on black minority ethnic groups was highlighted.</p> <p>Outcome: The Committee received the NHS Southport and Formby CCG Serious Incident Review Group (SIRG) Minutes and Key Issues.</p>	
20/156	<p>NHS South Sefton CCG Serious Incident Review Group (SIRG) Minutes and Key Issues</p> <p>The Committee noted the SIRG minutes and key issues from the meeting held on 12th August 2020. No comments were made.</p> <p>Outcome: The Committee received the NHS South Sefton CCG Serious Incident Review Group (SIRG) Minutes and Key Issues.</p>	
20/157	<p>SEND Performance Improvement Group Minutes and Key Issues</p> <p>The Committee noted the SEND Performance Improvement Group minutes and key issues from the meeting held on 24th July 2020.</p> <p>It was noted that Kerrie France, Associate Chief Nurse for SEND will be commencing a secondment as Deputy Chief Nurse for NHS Liverpool CCG from 1st October 2020. Kerrie will continue to chair and lead on the SEND Performance Improvement Group and attend the SEND CIB meetings.</p> <p>Preparations are under way in relation to the SEND visit which is scheduled for 8th December 2020.</p> <p>Outcome: The Committee received the SEND Performance Improvement Group Minutes and Key Issues.</p>	
20/158	<p>Joint Targeted Area Improvement (JTAI) Plan Meeting Minutes and Key Issues</p> <p>The Committee noted the JTAI Plan minutes and key issues from the meeting held on 27th July 2020. No comments were made.</p>	

No	Item	Action
	Outcome: The Committee received the Joint Targeted Area Improvement (JTAI) Plan Meeting Minutes and Key Issues	
20/159	<p>Joint Medicines Operation Group (JMOG) Key Issues</p> <p>The Committee noted the JMOG key issues from the meeting held on 4th September 2020.</p> <p>The rate of hospital discharge errors were highlighted and it was queried how this is being followed up. Helen Roberts advised that it is being addressed at Liverpool Interface Group. It was noted that that forum does not capture Southport and Ormskirk. It was therefore suggested discussing it at CQPG. Dr Rob Caudwell advised of a meeting scheduled for 30th September 2020 where medicines management will be on the agenda where he will raise the issue. Helen Roberts advised that she will include an update in relation to the issue of discharge summary errors in her report going forward. Helen advised that she would relay the Committee's comments and concerns to Susanne Lynch.</p> <p>Brendan Prescott advised that he will highlight the discharge errors when he meets with Susanne Lynch and Jon Davenport to discuss quality and safety issues in relation to paperless discharges.</p> <p>It was noted that close working with the hospital pharmacy department has improved significantly over the last 12 months. Ensuring further improvement on that interface is important.</p> <p>Outcome: The Committee received the Joint Medicines Operation Group (JMOG) Key Issues JMOG Key Issues.</p>	
Closing Business		
20/160	<p>Any Other Business</p> <p>Helen Roberts informed that JMOG had raised a concern in relation to the EMIS system. It was noted that out of date protocols and templates need to be removed from EMIS. It was highlighted that this issue will be followed up at the CRG meeting to request that the group include protocols and templates in their terms of reference and consider support from the Information Facilitators to remove out of date protocols and templates from GP clinical systems.</p> <p>Action: Dr Rob Caudwell to raise the issue of out of date protocols and templates forms being removed from EMIS.</p> <p>Mel Spelman informed that there are 7 risks which are to be closed but require approval from the Committee. It was suggested that the risks are circulated to the Committee before the next meeting.</p> <p>Action: Mel Spelman to forward the 7 risks requiring approval for closure to Michelle Diable to circulate to Committee members before the next meeting.</p>	<p>RC</p> <p>MS/MD</p>
20/161	<p>Key Issues Arising From This Meeting</p> <p>The following key issues were noted:-</p>	

No	Item	Action
	<ol style="list-style-type: none"> 1. From the Joint Quality Committee (JQPC) action Log it was noted that there is a lack of a clear pathway for children with PANDAS in Sefton and Liverpool. Pathway not developed yet and children accessed tertiary centre. Should be going to CAMHS as first line of referral. Commissioners working with providers to define this pathway. 2. Management of Allegations Policy was presented and approved. The policy will be presented to staff at the Operational Team meeting for development. 3. Children in Care Annual Report was presented. This relates to both SEND and JTAI inspections in 2019. 4. Safeguarding and Adults Annual Report was presented. Highlighting the work to support key statutory changes over the last year. Changes to safeguarding assurance work with providers. Contribution to local, regional and national forums. 5. CHC restoration steering group established for deferred assessments. 6. IPR distribution to JQPC for governance purposes to be amended subject to AO/COO agreement. Papers to come as draft reports, validated and for ratification at JQPC. 7. LeDeR annual report was presented highlighting capacity issues to deliver on LeDeR reviews. Joint cover for Local Area Coordinator role across North Mersey and development of North Mersey plan. 8. Tie in actions with SEND plan and JTAI plan in preparation for the inspection in December 2020. 9. EPEG report - digital technology equity issue to be brought through Governing Body meetings where support has been highlighted. 	
20/162	<p>Date of Next Meeting:-</p> <p>The next meeting is scheduled for Thursday 29th October 2020 at 9am – 12noon to take place via Microsoft Teams.</p>	

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

Thursday 29th October 2020, 9am to 12noon
Microsoft Teams Meeting

Attendees (Membership)		
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
Cameron Ward	Interim Director of Strategy and Outcomes, SSCCG/SFCCG	CW
Dr Jeffrey Simmonds	Secondary Care Doctor, SFCCG	JS
Brendan Prescott	Deputy Chief Nurse and Head of Quality and Safety SSCCG/SFCCG	BP
Jane Lunt	Chief Nurse (Secondment from LCCG), SSCCG/SFCCG	JL
Graham Bayliss	Lay Member, SSCCG	GB
Dil Daly	Lay Member, SFCCG	DD
Ex Officio Member		
Fiona Taylor (for part of the meeting)	Chief Officer, SSCCG/SFCCG	FLT
In attendance		
Ehsan Haqqani	Interim Primary Care Quality Lead, SSCCG/SFCCG	EH
Mel Spelman	Programme Manager for Quality and Risk, SSCCG/SFCCG	MS
Tracey Forshaw	Assistant Chief Nurse, SSCCG/SFCCG	TF
Helen Roberts	Lead Pharmacist, SSCG/SFCCG	HR
Apologies		
Susanne Lynch	Head of Medicines Management, SSCCG/SFCCG	SL
Dr Jeffrey Simmonds	Secondary Care Doctor, SFCCG	JS
Jennie Piet	Programme Manager Quality and Performance, SSCCG/SFCCG	JP
Minutes		
Michelle Diabile	Personal Assistant to Chief and Deputy Chief Nurse, SSCCG/SFCCG	MD

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

Chair of the Joint Quality and Performance Committee or Vice Chair.
 Lay member (SF) or Lay member (SS)
 A CCG Officer (SF)
 A CCG Officer (SS)
 A governing body clinician (SF)
 A governing body clinician (SS)

Membership Attendance Tracker

✓ = Present A = Apologies N = No meeting D = Deputy V= received a virtual JQPC meeting pack

Name	Membership	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	June 20	July 20	Aug 20	Sept 20	Oct 20
Dr Rob Caudwell	GP Governing Body Member (Chair)	A	A	N	✓	✓	✓	V	V	✓	✓	✓	✓	✓
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	A	N	✓	A	✓	V	V	✓	✓	✓	A	✓
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	✓	✓	A	✓
Cameron Ward	Interim Director of Strategy and Outcomes													✓
Debbie Fagan	Chief Nurse & Quality Officer (on Secondment)			N										
Dr Gina Halstead	Chair and Clinical Lead for Quality (Deputy Chair)	✓	✓	N	✓	✓	✓	V	V	✓	✓	A	✓	✓
Martin McDowell	Chief Finance Officer	A	A	N	✓	A	✓	V	V	✓	✓	✓	✓	✓
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A	N	A	A	A	V	V	A	A	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	✓	✓	✓	✓	A
Fiona Taylor	Chief Officer Ex-officio member of JQPC Committee	A	A	N	A	A	A	V	V	✓	✓	A	✓	✓

No	Item	Action
General		
20/163	<p>Welcome and Apologies for Absence</p> <p>The Chair welcomed all to the meeting. Apologies for absence had been received from Susanne Lynch, Jennie Piet and Brendan Prescott.</p>	
20/164	<p>Declarations of Interest</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Joint Quality and Performance Committee are listed in the CCG's Register of Interests. The register is available on the CCG website.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
20/165	<p>Minutes and Key Issues of the Previous Meeting</p> <p>The minutes and key issues were agreed as a true reflection of the previous meeting held on 27th September 2020.</p>	
20/166	<p>Matters Arising/Action Tracker</p> <p>The Committee received the action tracker and the following updates were noted:-</p> <ul style="list-style-type: none"> Agenda Item 19/183, Clinical Director Update <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 had been on leave and therefore the information has not yet been received by the CCG.</p> <p>Cameron Ward to meet with Sam James in August 2020 to pursue the query with the Walton Centre.</p> <p>It was suggested discussing this issue at the Primary Care Interface Meeting. However the Committee queried if that would be the most appropriate forum. Therefore Jane Lunt advised that she would discuss this action further with Cameron Ward and provide an update at the next meeting.</p> <p>Cameron Ward informed that he has met with Sam James but is awaiting further information to progress. Cameron advised that he would follow this up in advance of the next meeting and provide an update.</p>	CW

No	Item	Action
	<ul style="list-style-type: none"> <li data-bbox="357 199 1059 230">• Agenda Item 19/201, Clinical Director Quality Update <p data-bbox="316 259 1257 376">Concerns had been raised in relation to midwives who have not been trained to use EMIS. Jane Lunt informed that she had raised the Committee's concerns with Caron Lappin but would follow up the action and confirm the outcome at the next meeting.</p> <p data-bbox="316 412 1230 468">Jane Lunt advised that she has escalated the action again and informed that it will be picked up at CQPG.</p> <p data-bbox="316 504 1214 560">It was highlighted that this issue poses a significant clinical risk. GP's are not always advised if a patient is pregnant as they can self-refer.</p> <p data-bbox="316 595 1230 712">Jane Lunt advised that she would discuss this issue and the 2 actions noted later in the action log under agenda item 20/113 Joint Medicines Operation Group (JMOG) Key Issues, with the interim Director of Nursing and provide an update at the next meeting.</p> <p data-bbox="316 748 1257 952">Following a meeting with Claire Fitzpatrick – Head of Midwifery at Liverpool Women's NHS Trust, Jane Lunt informed that work is taking place to improve the Trust's approach in terms of booking and what they do remotely. In addition the Trust will work with Liverpool, Knowsley and Sefton and will engage with primary care to work through the EMIS issues including information sharing. The Trust is working to mitigate the current issues but looks to use a new IT clinical system.</p> <p data-bbox="316 987 1257 1104">It was noted that the Committee welcomes the opportunity to work with the Trust to help shape the future but requests assurance around the current clinical risk in relation to the prescribing issues which are occurring as a direct result of Midwives not being trained to use EMIS.</p> <p data-bbox="316 1140 1219 1225">Fiona Taylor explained that she will formally write to the Trust highlighting the concerns raised by the Committee and will request assurance specifically in relation to mitigating the current clinical risk.</p> <p data-bbox="316 1261 1230 1317">It was noted that this issue also exists in Ormskirk. Rob Caudwell advised that he has raised it with Kevin Thomas previously.</p> <ul style="list-style-type: none"> <li data-bbox="357 1352 1262 1408">• Agenda Item 20/96, Joint Targeted Area Inspection (JTAI) Action Plan <p data-bbox="316 1444 1262 1529">Dr Gina Halstead provided details in relation to a concern raised regarding a safeguarding referral that had not being made by a Gastroenterologist to Jane Lunt for escalation.</p> <p data-bbox="316 1565 1262 1738">Jane Lunt confirmed that the referral had been made by Alder Hey NHS Foundation Trust. The Committee expressed a 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 would request written confirmation acknowledging the correct Safeguarding referral procedure.</p>	<p data-bbox="1315 1133 1406 1160">JL/FLT</p>

No	Item	Action
	<p>(i) Jane Lunt to request written confirmation from Alder Hey NHS Foundation Trust acknowledging the correct safeguarding referral procedure.</p> <p>Jane Lunt advised that she had met with Pauline Brown at Alder Hey NHS Foundation Trust and it had been flagged with the Head of Safeguarding and acting Chief Nurse and will be discussed at CQPG. However written confirmation acknowledging the correct safeguarding referral process has not been received. Jane Lunt advised that she would follow it up and provide an update at the next meeting.</p> <p>(ii) Brendan Prescott informed that he would highlight Alder Hey NHS Foundation Trust's failure to follow the safeguarding referral process at the next Collaborative Forum (CF) meeting and obtain a formal minuted response. Tracey Forshaw to raise at CQPG.</p> <p>Brendan Prescott had advised that the CF meeting has not yet convened. Action deferred to the next meeting.</p> <p>Tracey Forshaw advised that this action is being progressed; it has been raised at the Alder Hey NHS Foundation Trust CF meeting. The CF expressed that it did not require discussion at CQPG at this stage. It been highlighted to the new named GP for Safeguarding – Bryony Kendall. Karen Garside will address it with the Trust directly.</p> <p>Action completed and to be removed from the tracker.</p> <p>(iii) Jane Lunt to convene a Clinical Forum.</p> <p>It was noted that the clinical forum had successfully taken place.</p> <p>Action completed and to be removed from the tracker.</p> <p>(iv) Jane Lunt, Brendan Prescott and Fiona Taylor to address the gap in primary care attendance at the CQPG meetings.</p> <p>(v) Fiona Taylor to highlight the gap in primary care representation at CQPG meetings with the CCG's Chairs.</p> <p>In relation to the above 2 actions, it was noted that this relates to a broader discussion at Governing Body. It was highlighted that there is a gap in attendance from Alder Hey NHS Foundation Trust. There is no gap in attendance from Mersey Care NHS Foundation Trust (Community), Liverpool University Hospitals NHS Foundation Trust or the Walton Centre.</p> <p>Brendan Prescott and Dr Rob Caudwell to ascertain which clinicians attend the CQPG meeting, who should attend and who needs to attend the meeting, to understand what is required going forward. Dr Rob Caudwell advised that he would identify clinicians to attend the CQPG meetings going forward.</p> <p>It was suggested raising this at the First Five Group meeting.</p> <ul style="list-style-type: none"> • Action 20/97, Engagement and Patient Experience Group (EPEG) Key Issues 	<p>BP/RC</p>

No	Item	Action
	<p>(i) Dr Rob Caudwell to contact IMerseyside to request a list of approved applications.</p> <p>Dr Rob Caudwell advised that the bidding process has been completed in relation to Digital First funding and the results should be known by mid October 2020.</p> <p>Martin McDowell updated that the bids have been approved and there would be an update provided at the Finance and Resource meeting later that day. He explained that he would request a paper be presented to the Committee by Paul Shillcock.</p> <p>Martin McDowell to contact Louise Taylor to obtain a position statement and share it with the Committee.</p> <p>It was noted that the validity of sharing information was to be discussed, and the action was therefore deferred to next meeting for Martin McDowell to follow up with Louise Taylor.</p> <p>Martin McDowell advised supplier reliability is required and that Angie Price's team is working on this.</p> <p>Martin McDowell updated that a paper is to be presented by Jan Leonard and Angie Price to Leadership Team in the next few weeks.</p> <p>(ii) 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.</p> <p>Dr Gina Halstead advised that she had met with Jon Devonport from IMerseyside. She informed that Jon will be addressing inequalities and the lack of IT access. It was noted that this Committee will be required to focus on digital inclusion and address exclusion. It was suggested inviting Jon Devonport to a future Committee meeting to provide an overview.</p> <p>Martin McDowell to contact Jon Devonport to provide an overview on the work he is doing to this Committee.</p> <ul style="list-style-type: none"> • Agenda Item 20/104, Deputy Chief Nurse Report <p>(i) 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.</p> <p>Jane Lunt to follow this up at the Alder Hey NHS Foundation Trust CQPG meeting in October 2020.</p> <p>Jane Lunt advised that there is a lot of internal work taking place within the Trust in relation to community paediatrics to improve the model of service delivery. Jane informed that she is meeting with Lisa Cooper to follow this up to understand the detail.</p>	<p>MMcD</p> <p>MMcD</p> <p>MMcD</p> <p>JL</p>

No	Item	Action
	<p>Dr Rob Caudwell informed the Committee of an issue which was raised with the Chief Executive at Southport and Ormskirk Hospital on a system management call as they were not aware of the falls theme at the Trust. Another SMC was to be made in the afternoon of 27th August 2020.</p> <p>(i) Dr Rob Caudwell to raise the issue of patient's cancer test results being sent to GPs without supporting information with Terry Hankin.</p> <p>Dr Rob Caudwell advised that a Trust clinical meeting was scheduled for 30th September 2020 with primary care and secondary care representation where this issue will be discussed. An update to be provided at the next meeting.</p> <p>Dr Rob Caudwell informed that a Southport and Ormskirk Hospital NHS Trust clinical session took place. The session was an introductory meeting which went well. Maintaining momentum is required. Introducing regular catch up virtual sessions was suggested.</p> <p>Action completed and to be removed from the tracker</p> <ul style="list-style-type: none"> • Agenda Item 20/113, Joint Medicines Operation Group (JMOG) Key Issues <p>(i) Jane Lunt to raise the issue of improving communications to support for patients with learning disabilities in relation to medication and prescription ordering changes for low molecular weight heparins at the next LUFT CQPG and report back to this meeting.</p> <p>(ii) 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.</p> <p>It was noted that Jane Lunt will follow up the above 2 actions as part of an earlier discussion in relation to agenda item 19/201.</p> <ul style="list-style-type: none"> • Agenda Item 20/115, SEND Performance Improvement Group Minutes and Key Issues <p>SEND recovery plan to be presented a future meeting by Kerrie France.</p> <p>It was noted that this will be presented via the Deputy Chief Nurse Report.</p> <p>It was noted that a SEND update is included in the Deputy Chief Nurse Report on the agenda.</p> <ul style="list-style-type: none"> • Agenda Item 20/145, Clinical Director Quality Update <p>It was noted that there had been lack of capacity to manage the crisis care response line. Staff had initially been redeployed to cover the service, but have since returned to their substantive roles.</p> <p>Further funding has been requested to recruit staff to this service. It was suggested that primary care services should be informed and kept updated around this so they can communicate it to their patients.</p>	<p>JL</p>

No	Item	Action
	<p>Inappropriate transfers to primary care services were highlighted. They continue to see some patients face to face so they are being asked to take blood samples. During the pandemic staff absences will impact significantly putting extra pressure on primary care services. Obtaining a position statement from Alder Hey NHS Foundation Trust was suggested in relation to accessing paediatric assessments.</p> <p>Jane Lunt to obtain a position statement from Alder Hey NHS Foundation Trust in relation to the crisis care response line.</p> <p>Jane Lunt advised that she has received assurance from Alder Hey NHS Foundation Trust that Alder Hey's 24/7 crisis line is accessible and will be responded to. The CCG will be presenting a paper in this regard to the Children and Young People Overview and Scrutiny Committee. Investment is being increased due to demand for this service and also in relation to the KOOTH service. Dr Rob Caudwell advised that he would contribute to the discussions required going forward to help promote the work being done with schools.</p> <p>Dr Gina Halstead raised an issue in relation to the absence of a CAMHS service referral form on EMIS, she noted that it is time consuming to complete web based forms because they do not auto-populate. Dr Rob Caudwell advised that he still has access to the CAMHS service referral form on EMIS which he will share with Dr Gina Halstead.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 20/149, PIVOTALL study – Pharmacist - led Intervention for Atrial Fibrillation in Long-term <p>It was queried if care homes and the Local Authority are aware of the study. It was noted that they had not yet been informed but will be.</p> <p>Brendan Prescott to inform Sefton Local Authority about the PIVOTALL study.</p> <p>It was noted that this action had been completed. Dr Rob Caudwell wished to thank the Committee on behalf of a PHD student in relation to the approval of the letter of support for this study.</p> <ul style="list-style-type: none"> • Agenda Item 20/150, Integrated Performance Report <p>The Committee had discussed the IPR process going forward and it was agreed that the Committee should have sight of some of the report if not all, which should be water marked as a draft if it has not been ratified. It was noted that an IPR meeting takes place every 3rd Monday, the information following which, forms the IPR report. It was suggested if feasible, having the IPR meeting on the 15th of each month instead.</p> <p>It had been suggested to invite a Business Intelligence (BI) Analyst to the Joint Quality and Performance Committee to present the report. Having a plan in place to provide clarity on the process was suggested.</p>	

No	Item	Action
	<p>(i) Martin McDowell to enquire about the feasibility of convening the IPR meetings on the 15th of each month. To confirm a process plan in relation to presenting the IPR to this Committee. To also confirm, if a BI Analyst should be invited to the Committee meeting to present the report.</p> <p>Martin McDowell advised that the process is determined by the validation from the provider Trusts. The flex position is shared on or around 21st/22nd of the month and following validation, it allows for approximately one week for the report to be produced.</p> <p>The IPR meeting takes place between 15th and 20th of each month. Martin confirmed that the majority of the report is published is accurate and would only require to be changed in an isolated incident. Going forward the draft report will be presented to this committee by a BI Analyst.</p> <p>The Committee noted that NHS Liverpool CCG produces their performance reports via "Power BI", however this incurs an additional cost to the Microsoft license. It was highlighted that developmental investment would be also required when investing in a new system. Another reporting platform noted was in relation to the development of "Cypher". Further work is to take place to enable the CCG to streamline the process.</p> <p>It was suggested that month 4 performance data should be circulated to the Committee for receipt.</p> <p>(ii) Martin McDowell to circulate month 4 performance data to the Committee.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 20/152, Primary Care Quality Report <p>Ehsan Haqqani had apologised that the appendices section of the report being omitted from the meeting pack in error, but advised that they will be circulated to the Committee.</p> <p>Michelle Diable to circulate the primary care report appendices to the Committee.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 20/160, Any Other Business <p>Helen Roberts informed that JMOG had raised a concern in relation to the EMIS system. It was noted that out of date protocols and templates need to be removed from EMIS. It was highlighted that this issue will be followed up at the CRG meeting to request that the group include protocols and templates in their terms of reference and consider support from the Information Facilitators to remove out of date protocols and templates from GP clinical systems.</p> <p>(i) Dr Rob Caudwell to raise the issue of out of date protocols and templates forms being removed from EMIS.</p>	

No	Item	Action
	<p>Dr Rob Caudwell advised that the old forms will be replaced by the new forms. The process in relation to out of date protocols is more complex as they are required to be cascaded to the information facilitators to remove the old protocols. Rob informed that he would contact IMerseyside regarding this issue to establish which protocols are out of date.</p> <p>A suggestion was made in relation to using Ardens, however it was noted that they do not cover local forms. Using GP Team Net was also suggested.</p> <p>Dr Rob Caudwell advised that he would contact Octavia Stevens, the Cancer Leads, Paul Ashby and IMerseyside to progress this and will provide an update at the next meeting.</p> <p>Dr Gina Halstead suggested commencing the data cleanse with cancer referral forms as they can easily be identified and the old ones can be removed.</p> <p>Mel Spelman informed that there are 7 risks to be closed but this require approval from the Committee. It was suggested that the risks are circulated to the Committee before the next meeting. Mel Spelman to forward the 7 risks requiring approval for closure to Michelle Diable to circulate to Committee members before the next meeting.</p> <p>Action completed and to be removed from the tracker</p> <p>It was noted that the 7 risks requiring closure were discussed at the recent Audit Committee where it was suggested that they be discussed at Leadership Team as some moderation work is required. Following this it was noted that risks need to be reviewed to ascertain which ones can be consolidated.</p> <p>It was also noted that a piece of work is being undertaken to review the risk register to ensure consolidation and moderation that links back to GBAF and the Corporate Risk Register. The importance of owning risks was highlighted. Risk refresher training is to take place across the organisation. Fiona Taylor to take forward the action of convening an organisational risk development session in December 2020.</p>	<p>RC</p> <p>FLT</p>
20/167	<p>Deputy Chief Nurse Report</p> <p>Tracey Forshaw introduced this report which seeks to provide an update regarding key issues that have occurred since the last report which was presented in September 2020. The paper was taken as read and the following was highlighted:-</p> <p><u>Liverpool University Hospitals NHS Foundation Trust (LUFT)</u></p> <p>A number of Covid 19 outbreaks were noted and the issues in relation to nosocomial infections. The Chief Nurse visited the Trust in October 2020 in relation to infection prevention control for which the Trust is to provide assurance.</p> <p>Never Event work is still on going. An assurance paper was presented at the October CQPG highlighting the Trust's progress and actions for 8 Never Events. The CQC inspection is to be published in December 2020.</p>	

No	Item	Action
	<p>Jane Lunt provided some further information following events which occurred after the Deputy Chief Nurse report was written. Work has been taking place via the Collaborative Forum to obtain clarity on the metrics and to obtain assurance that in regarding patient and staff experience being maintained following the establishment of LUFT. Covid 19 has impacted on this.</p> <p>The CCG has had challenges regarding the Trust's clinical prioritisation process to understand the harm and the risk in terms of their waiting lists and their internal governance. The CCG has brought the nosocomial infections to the attention of NHSEI.</p> <p>Following a number of whistleblowing disclosures from some staff, patients and their families, NHSEI convened a single item quality surveillance group meeting where key lines of enquires were agreed. The Trust joined the meeting to talk through their response. The CQC and David Levey, Regional Medical Director NHS North West fed back that they wanted LUFT to respond to the CQC's issues and complete their infection prevention control plan and respond to the investigations and to follow up with an update. A CQC inspection was undertaken at the Aintree Hospital site and at the Royal Liverpool Hospital, to obtain assurance following the whistleblowing disclosures. The single item quality surveillance group are due to reconvene on 26th October 2020 where feedback from their findings following the visit to both sites will be discussed. A decision will then be made on the way forward. An independent review of the Trust governance arrangements will be mandated, which had previously been declined by the Trust, the IPC action plan to be monitored locally. Further information is to follow from the meeting taking place on 26th October 2020.</p> <p><u>Mersey Care NHS Foundation Trust (Community Services)</u></p> <p>The Trust has increased sickness rates due to Covid 19. They are working on winter resilience to maintain services. There is an issue regarding recovery in relation to the phlebotomy services at LUFT, this has been raised on StEiS. There are pressures to support the activity and picking up retesting when results have not come through in time.</p> <p>Dr Gina Halstead wished to highlight the positive work undertaken by Janet Spallen and Helen Quinn with the Trust's phlebotomy service. It was noted that the CCG Chair Craig Gillespie wished to thank the SALT team following their presentation at CQPG which was well received.</p> <p><u>DMC Health Care</u></p> <p>It was noted that a paper in relation to DMC Health Care will be presented to Leadership Team week commencing 2nd November 2020, following a meeting with NHSEI on 25th October 2020 convened to discuss the serious incidents and contract performance notice monitoring. A wider discussion took place in relation to the national concerns around DMC. The paper to be taken to Leadership Team notes the contract termination with Medway Kent and Essex area, the contract was ended with immediate effect. This is in relation to patient waiting times and the hidden waiting times. NHSEI require assurance and has requested that the CCG commission an independent review. This will be discussed with DMC Health Care at the Quality Contract Review meeting in November 2020. Some improvements have been noted regarding their governance arrangements in relation to serious incidents management.</p>	

No	Item	Action
	<p>Financial viability has been raised with NHSEI Cheshire and Merseyside with the loss of the large contract, they do however, have a number of other contracts. There is meeting scheduled with NHSEI to ensure a line of sight is maintained.</p> <p>Fiona Taylor requested further information on the 4 serious incidents noted in the Deputy Chief Nurse Report. Tracey Forshaw advised that the incidents have been discussed at Senior Management Team.</p> <p>The incidents took place in August 2020 and had not been reported at the time, consequently the CCG issued a contract performance notice. An action plan is in place and on-going as improvement is required in relation to poor quality RCA's. Dr Doug Callow informed that he has queried if the leadership is controlled centrally or if there is a north west presence in place. Fiona Taylor informed that that Leadership Team will need to take the whole issue forward and ensure there is contingency plan in place.</p> <p><u>Quality Accounts</u></p> <p>The Quality Accounts annual event took place virtually and was hosted by Sefton CCG in October 2020. The only provider Trust that did not present on the day was Lancashire and South Cumbria NHS Foundation Trust. However their accounts have been submitted to all stakeholders.</p> <p><u>Covid 19 Activity</u></p> <p>All clinical staff are to be tested including those that present as asymptomatic.</p> <p><u>SEND Update</u></p> <p>It was noted that Kerrie France has commenced in the role of Deputy Chief Nurse at NHS Liverpool CCG, however she will continue to support the SEND agenda, chair the SEND Health Performance and Improvement Group and attend the SEND CIB meetings.</p> <p>Emma Powell has vacated the DCO role. Helen Case, Designated Nurse for Children in Care is covering the role on an interim basis until a replacement is secured following the DfE visit in December 2020 for 2 days a week.</p> <p>It was noted that the Deputy Chief Nurse report was comprehensive and well received.</p> <p>Fiona Taylor advised that she had to leave the meeting early and wished to highlight the following:-</p> <p>Fiona is maintaining oversight via weekly calls in relation to the impact of asymptomatic testing which is a risk. LUFT, Mersey Care NHS Foundation Trust and Southport and Ormskirk Hospital staff are being tested because of the nosocomial rates. There has been a reduction in rates at Southport however there is still a significant risk. All staff are being reminded to adhere to hand hygiene, mask wearing and social distancing.</p> <p>The impact of adhering to social distancing and implementing plastic screens would result in losing 60 beds at Southport and Ormskirk Hospital.</p>	

No	Item	Action
	<p>It was noted that mask wearing, regular hand washing and maintaining social distancing is being maintained at Merton House.</p> <p>The increased agency rates have been escalated to North West Region.</p> <p>Financial risks are rising due to the changes made to the framework from 1st September 2020. Managing Covid 19 outbreaks in care homes - rescue packages are being implemented at weekends due to workforce issues which could potentially result in safety issues.</p> <p>A new people's plan has been produced. The Finance and Resource Committee will provide ownership and responsibility for this and for the actions arising from the plan. The Joint Quality and Performance Committee may be required to have an understanding of the impact in terms of quality and safety in the workplace as staff under pin the delivery of care provided by Trusts.</p> <p>Karl McCluskey has left the organisation. The role of Strategic and Outcomes Director is been advertised internally and will incorporate the OD role.</p> <p>A request was made for the implementation of a serious incident rolling profile to enable the Committee to explore trends and make comparisons to help inform decision making and future planning. Mel Spelman advised that this is already underway and the information will be included in future reports.</p> <p>Fiona left the meeting.</p> <p>It was noted that Covid 19 immunity diminishes over time which will impact on the pending vaccination programme and will therefore need to be factored in accordingly.</p> <p>A query was raised in relation to PPE funding. It was noted that additional monies from NHSEI for PPE and other Covid 19 expenses depleted in August 2020. The CCG has been managing on a cost by case basis in September 2020. Covid 19 funding has been identified from October 2020 however, it is not anticipated that this will be sufficient to cover Sefton. The CCG will be required to make preparations in the event of Covid 19 case spikes. There is a central distribution for PPE for general practice, however registration is required to gain access to the portal. A contingency plan is required in the event this could malfunction.</p> <p>It was noted that that agencies have increased their costs for GP locums. A decision is awaited about what is in place in relation to primary care role cover provision. There are on-going discussions with the LMC about what should or should not be covered. The impact on primary care staff reduction, following positive asymptomatic testing was highlighted as a risk. Also highlighted was the concern in relation to what support will be put in place should general practice be required undertake emergency work only and how their roles would be back filled.</p> <p>Outcome: The Committee noted the Deputy Chief Nurse Report.</p>	
20/168	Clinical Director Quality Update	

No	Item	Action
	<p>The impact Covid 19 is having in general was highlighted; many patients have not had a face to face appointment since lockdown commenced in March 2020 this is having a detrimental effect on their health, housebound patients who are isolated, frustrated patients due to a change in their personal circumstances, job loss for example, the effects on primary care staff, GPs working 12 hour days and the rise in complaints.</p> <p>A clear message was suggested advising that primary care services remain open, however if patients present at practices in large numbers, this will put pressure on the practice's ability to adhere to social distancing guidance which then presents a health and safety issue.</p> <p>It was noted that confirmation of primary care QOF requirements is awaited.</p> <p>The Committee noted their support in relation to the Medicines Management team's proposal for the South Primary Care Networks as part of their medical reviews, to facilitate structured focus groups on housebound and frail patients.</p> <p>Outcome: The Committee noted the Clinical Director Update.</p>	
20/169	<p>Serious Incident Report</p> <p>Mel Spelman introduced this report which seeks to provide the Committee with a Q2 update on the performance of serious incident management for the NHS South Sefton CCG and NHS Southport and Formby CCG in line with the National Serious Incident Framework. The report was taken as read.</p> <p><u>NHS South Sefton CCG</u></p> <p>It was highlighted that the serious incident reports are brief currently but will include themes and trends data in the Q3 report.</p> <p>Liverpool University Hospital NHS Foundation Trust and Mersey Care NHS Foundation Trust are both commissioned by NHS Liverpool CCG that manage their serious incidents, therefore the report provided for this Committee relates to Sefton only.</p> <p>As of Q2, 2021/20 there is a total of 23 serious incidents open on StEIS that are attributed to NHS South Sefton CCG patients.</p> <p>During Q2 2020/21, 4 serious incidents have been closed for NHS South Sefton CCG. This includes 3 for Liverpool University Hospitals NHS Foundation Trust and 1 for Mersey Care NHS Foundation Trust (Community).</p> <p><u>NHS Southport and Formby CCG</u></p> <p>As of Q2 2020/21, there is a total of 24 serious incidents open on StEIS were NHS Southport and Formby CCG is either responsible or accountable commissioner.</p> <p>4 serious incidents have been closed during Q2 2020/21. All attributed to Southport and Ormskirk Hospitals NHS Trust.</p> <p>The closure rate of serious incidents had slowed down, the absence of providers at SIRG meetings may have contributed. However this should improve as</p>	

No	Item	Action
	<p>providers are now attending SIRG meetings via Microsoft Teams. It was noted that a lot of data could not be transferred from Datix across to Ulysses, this issue has recently been worked through with the support of the InSight Team.</p> <p>It was highlighted that the reporting elements have been previously raised by this Committee and by Senior Management Team regarding concerns on the limitation of Ulysses. Following a meeting between the team and Ulysses and it is anticipated that reporting will improve. NHS Liverpool CCG has concerns with Ulysses' performance reporting and requires further assurance.</p> <p>The CCG has bi weekly calls with MLCSU to discuss issues and ensure that actions are being followed up.</p> <p>Outcome: The Committee noted the Serious Incident Report.</p>	
20/170	<p>Corporate Risk Register Quality Update</p> <p>Mel Spelman introduced this report which seeks to provide the Committee with an update on the Joint Quality Risk Register for both NHS South Sefton and NHS Southport and Formby CCGs. The Corporate Risk Register now has 50 risks assigned to the Joint Quality and Performance Committee.</p> <p>It was noted that the Audit Committee convened in October 2020 where there were 9 recommended risks for closure.</p> <p>The Committee agreed to close a further risk, reference QUA066, relating to the CQC action plan following the inspection into Safeguarding Children's and Looked After Children Service. Evidence has been received by the CCG confirming completion of the action plan.</p> <p>The Committee highlighted risk reference QUA081, relating to the Adult ASD service, reporting waits of 6 years for assessment. The Risk Register depicts this as being a reputational risk for the CCG. The Committee suggested that the description of this risk is amended as the risk is a clinical one and the CCG has not received confirmation regarding the length of waiting times from Mersey Care NHS Foundation Trust.</p> <p>It was noted that all risks will be refreshed as part of the wider organisational Risk Register review being undertaken in December 2020.</p> <p>It was noted that risk register training has been undertaken by the Commissioning Team, following which, regular reviews are being carried out.</p> <p>The Committee also noted that waiting times are being formally discussed by CQPG's. Trusts are to provide assurance regarding the delivery of their triage model and what is in place to ensure patient safety.</p> <p>Outcome: The Committee noted the Corporate Risk Register Quality Update and agreed to close risk QUA066.</p>	
Quality and Performance		

No	Item	Action
20/171	<p>Integrated Performance Report</p> <p>Martin McDowell introduced this report which seeks to provide the Committee with an overview of provider performance for both NHS South Sefton and NHS Southport and Formby. The report provides both quality and performance metrics by exception and current actions to provide assurance.</p> <p>Appendix 1 of the report informs the Committee of the IPR process and the published data schedule. The report was taken as read.</p> <p>Martin highlighted an issue which was recently discussed at Leadership Team in relation to the poor quality of the EHCP's.</p> <p>Jane Lunt advised that the CCG is aware of this issue and informed the Committee of the new approach, as previously auditing was being undertaken retrospectively. The national model whereby records are extracted and placed in to an EHCP is no longer being used. The new process in place which is being supported with training for staff, is that individual practitioners have the responsibility for putting their own information in to EHCPs, outlining the objectives of their interventions for the child/young person and how they translate in to outcomes. The new process in place is to audit EHCP's before they are signed off allowing for any necessary improvements to be made. Kath Hitchen - DfE advisor is assisting with this and has offered to take small sample of EHCPs and review them from a health perspective. This is to be evidenced before the revisit in December 2020 demonstrating improved plans for children and young people.</p> <p>Dr Gina Halstead highlighted that it was noted at the last Mersey Care NHS Foundation Trust CQPG meeting that EHCPs had improved. It was noted that every health plan in the last 12 months was undertaken to timescale, however the quality is being addressed and the process of which has been accelerated.</p> <p>Martin McDowell highlighted that the RTT numbers of more than 52 weeks is spiralling. Quality and Contract meetings are addressing the monitoring aspect. Jane Lunt advised that the CCG has been working with Providers on their response to the clinical prioritisation of their waiting lists, so that patients are not incurring further harm by waiting. The CCG has received assurance from the providers that processes are in place around doing that. The issue is that the longer the pandemic continues the more impact it has on secondary care and primary care. Trusts will therefore be required to step up or step down elective work in response to the pandemic, however this will increase waiting lists further. Work is on-going in relation to how waiting lists are being prioritised i.e. putting them in to clinical order. This process is to be undertaken consistently and collaboratively across Cheshire and Merseyside with a standardised system pool approach. During wave 1 of Covid 19, the independent sector was being accessed as a support mechanism for acute Trusts.</p> <p>Dr Gina Halstead raised a concern in relation to obtaining assurance that the independent sector is being utilised and with speed and equity of access. Jane Lunt informed that this had been noted hence the move to a more system wide co-ordinated response.</p> <p>Dr Rob Caudwell highlighted the issue in relation to postponement of elective work and enquired when this will come in effect locally. Cameron Ward advised</p>	

No	Item	Action
	<p>that he is working with Chief Operating Officers and informed that weekly meetings are taking place with Southport and Ormskirk NHS Trust. The Trust has informed that they are utilising the independent sector capacity as much as possible and is maintaining workloads. LUFT has also informed they are using the independent sector capacity as much as possible, they have reduced some urgent work and have maintained workloads.</p> <p>Dil Daly referred the Committee to the CCG peers section of the report and requested information in relation to performance data. It was noted that the reference made in the report was from an extract from the Governing Body report in relation to Right Care where the full detail will be discussed.</p> <p>Dr Gina Halstead referred the Committee to the HCAI section of the report and noted that Clostridium difficile numbers had reduced but E.Coli infection rates had increased and requested some explanative information. Martin advised that focus will be made around this in the next IPR report.</p> <p>Action: Martin McDowell to include a focus on E.Coli infection rates and Clostridium difficile data in the next IPR report.</p> <p>Outcome: The Committee noted the Integrated Performance Report.</p>	MMcD
20/172	<p>Vigilance and reporting concerns about unsafe use or management of controlled drugs</p> <p>Helen Roberts introduced this report which seeks to provide the Committee with a year to date controlled drug report for the period between April and July 2020. The report was taken as read and the following key points were highlighted:-</p> <ul style="list-style-type: none"> • Review of controlled drugs prescribing data at a CCG level, year to date up to July 2020, does not highlight any concerns. • Monitoring of Schedule 2 controlled drugs injection prescribing at a GP practice level has been restarted and monitoring of other controlled drugs schedules is expected to be reinstated in quarter 4 2020-21. • Monthly controlled drugs safety searches for the GP clinical system, EMIS, are currently being developed to support the safe prescribing of controlled drugs. <p>It was noted that the process of prescriptions being returned by Chemists if prescribing instructions are deemed unsafe has been adopted.</p> <p>Dr Rob Caudwell asked how the CCG's controlled drug data compares to other areas. Helen Roberts informed that at a CCG level, it is difficult to draw solid conclusions as it is not known if other CCGS include drug misuse services in their data.</p> <p>Outcome: The Committee noted the Vigilance and reporting concerns about unsafe use or management of controlled drugs report.</p>	
For Information		

No	Item	Action
20/173	<p>NHS Southport and Formby CCG/ NHS South Sefton CCG SIRG Minutes and Key Issues</p> <p>The Committee noted the SIRG minutes and Key Issues from the meeting held on 2nd September 2020. There were no comments noted.</p> <p>Outcome: The Committee received the NHS Southport and Formby CCG Serious Incident Review Group (SIRG) Minutes and Key Issues.</p>	
20/174	<p>SEND Performance Improvement Group Minutes and Key Issues</p> <p>The Committee noted the SEND Performance Improvement Group minutes and key issues from the meeting held on 28th August 2020.</p> <p>Tracey Forshaw advised that work was on going in relation to the CAMHS waiting times. Progress is being made on the actions going to SEND CIB.</p> <p>Outcome: The Committee received the SEND Performance Improvement Group Minutes and Key Issues.</p>	
20/175	<p>Joint Targeted Area Improvement (JTAI) Plan Meeting Minutes and Key Issues</p> <p>The Committee noted the JTAI Plan minutes and key issues from the meetings held on 24th August 2020 and 21st September 2020.</p> <p>Tracey Forshaw advised that was one remaining action relating to CAMHS waiting times.</p> <p>Outcome: The Committee received the Joint Targeted Area Improvement (JTAI) Plan Meeting Minutes and Key Issues</p>	
Closing Business		
20/176	<p>Any Other Business</p> <p>Dil Daly informed that it had been discussed at the recent EPEG meeting to encourage the public to take part in the language services survey.</p> <p>Dil Daly advised that this year's AGM's will be held via Microsoft Teams. Questions from the public will be requested prior to the meetings and the process of this is being worked up with the Communications team. The Sefton Together Plan will be an area of focus at the meetings which are due to take place on the following dates:-</p> <p>NHS South Sefton CCG – 13th November 2020, 2pm – 3pm NHS Southport and Formby CCG – 19th November 2020, 5.30pm – 6.30pm</p> <p>Graham Bayliss informed that the perception that GP practices were not open was discussed at the recent EPEG meeting. Healthwatch have received some positive feedback in this regard and will be taking it forward with the Communications team.</p>	
20/177	Key Issues Arising From This Meeting	

No	Item	Action
	<p>The following key issues were noted by the Committee:-</p> <ol style="list-style-type: none"> 1. LUFT under enhanced surveillance. A number of whistleblowing notifications from staff and patients received. SIQSG week commencing 19th October 2020. 2. DMC potential; quality, safety and sustainability of dermatology services across Sefton. Provider at Risk Summit level from a national picture. Contracts have been terminated with CCGs in the south of England. There are Issues in relation to hidden waiting times. 3. Covid 19, asymptomatic staff and nosocomial infection. Bed and staff capacity and resource particularly: LUFT, Mersey Care and S&O. Staff testing coming online for all staff including asymptomatic. Increased focus on North West from NHSEI. 4. Increased CHC costs following the re-introduction of the CHC framework in September 2020. Full picture yet to be confirmed. 5. Associate Deputy Chief Nurse SEND has left to take up an interim Deputy Chief Nurse role across Liverpool. Vacancy of the DCO role across Sefton with the forth coming DfE re-inspection in Dec 2020. 6. LUFT ability to support commissioned activity due to Covid 19. 7. Following receipt of appropriate evidence, the Committee agreed to close risk reference QUA066, relating to the CQC action plan following the inspection into Safeguarding Children's and Looked After Children Service. 	
20/178	<p>Date of Next Meeting:-</p> <p>The next meeting is scheduled for Thursday 26th November 2020 at 9am – 12noon to take place via Microsoft Teams.</p>	

Audit Committees in Common NHS South Sefton CCG Minutes

Wednesday 14th October 2020, 1.30pm to 4pm
Microsoft Teams 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

Southport and Formby Audit Committee Members Present

Helen Nichols	Lay Member (S&F Audit Committee Chair)	HN
Dil Daly	Lay Member (S&F Audit Committee Vice Chair)	DD
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS

In attendance (Regular Attendees)

Clare Ingram	Interim Chief Accountant, SSCCG and SFCCG	CI
Martin McDowell	Chief Finance Officer, SSCCG and SFCCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SSCCG and SFCCG	AOR
Andy Ayre	Manager - Audit, Grant Thornton	AA
Michelle Moss	Anti-Fraud Specialist, MIAA	MM
Adrian Poll	Audit Manager, MIAA	AP

In attendance (Guest Attendees)

Jon Devonport (Items A20/83-88)	Associate Director of Digital Development, Informatics Merseyside	JD
Pippa Joyce (Item A20/90)	Information Governance Business Partner, MLCSU	PJ
Jane Keenan (Items A20/83-89)	Interim CHC Programme Lead, SSCCG and SFCCG	JK
Moirra Harrison (Items A20/83-88)	Commissioning Manager, SSCCG and SFCCG	MH
Chloe Howard (Item A20/90)	Information Governance Business Partner, MLCSU	CH
Janet Spallen (Items A20/83-88)	Head of Commissioning & Delivery, Urgent Care and Community Services, SSCCG	JSp
Terry Stapley	Corporate Business Manager, SSCCG and SFCCG	TS

Apologies (Southport and Formby CCG Audit Committee Members)

Vikki Gilligan	Practice Manager Governing Body Member	VG
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Apologies (Regular Attendees)

Joanne Brown	Partner - Audit, Grant Thornton	JB
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Minutes

Tahreen Kutub	PA to Chief Finance Officer, SSCCG and SFCCG	TK
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Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Position	Jan 20	Apr 20	June 20	July 20	Oct 20
South Sefton Audit Committee Membership						
Alan Sharples	Lay Member (Chair)	✓	✓	✓	✓	✓
Graham Bayliss	Lay Member (Vice Chair)	A	✓	✓	A	✓
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	✓	✓	✓	A	✓
In attendance						
Martin McDowell	Chief Finance Officer, SSCCG	✓	✓	✓	A	✓
Alison Ormrod	Deputy Chief Finance Officer, SSCCG	A	✓	✓	✓	✓
Clare Ingram	Financial Accountant, SSCCG [Joined CCG in September 2020]					✓
Leah Robinson	Chief Accountant, SSCCG [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				
Georgia Jones	Manager, Grant Thornton	✓				
Joanne Brown	Partner - Audit, Grant Thornton		✓	✓	A	A
Andy Ayre	Manager – Audit, Grant Thornton		A	✓	✓	✓

No	Item	Action
General Business		
A20/83	<p>Introductions and apologies for absence</p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the Audit Committees in Common (CiC) meeting today was taking place via Microsoft Teams.</p> <p>No apologies for absence had been received from South Sefton Audit Committee members.</p> <p>Apologies for absence were received from the following Southport & Formby Audit Committee members: Vikki Gilligan.</p> <p>Apologies for absence were received from the following regular attendees: Joanne Brown.</p> <p>It was noted that Alan Sharples, Chair of the South Sefton Audit Committee, would chair this CiC meeting.</p> <p>The following introductions were made during the meeting:</p> <ul style="list-style-type: none"> • Clare Ingram has joined the Sefton CCGs as Financial Accountant, to cover the maternity leave of Leah Robinson (Chief Accountant). • Terry Stapley is undertaking the Corporate Business Manager role on a secondment basis and had joined the meeting as an observer. <p>The following changes were to take place to the order of the agenda during the meeting:</p> <ul style="list-style-type: none"> • It was noted that Pippa Joyce and Chloe Howard from the Midlands & Lancashire CSU Information Governance team would be joining the 	

No	Item	Action
	<p>meeting later to present item A20/90 (<i>Information Risk Work Programme - Asset Register Assurance</i>). Due to the time of their arrival, the Chair of the meeting decided to cover item A20/91 (<i>Information Governance Statements of Assurance</i>) before item A20/90.</p> <ul style="list-style-type: none"> The Chair of the meeting noted that item FR20/104 (<i>Audit CiC Self-Assessment Update</i>) was related to item FR20/100 (<i>MIAA Internal Audit Progress Update</i>). He therefore decided to bring forward item FR20/104 to cover it directly after item FR20/100. <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>	
A20/84	<p>Declarations of interest</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton 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: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest at today's meeting:</p> <ul style="list-style-type: none"> JS declared he is a member of both of the respective Governing Bodies and Audit Committees of South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
A20/85	<p>Minutes of the previous meetings and key issues:</p> <p>The South Sefton minutes of the Audit Committees in Common meeting on 8th 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 that meeting.</p>	
A20/86	<p>Action points from previous meetings</p> <p>A20/65 (SS): Introductions and apologies for absence</p> <p>As the South Sefton Audit Committee was inquorate at the Audit CiC meeting on 8th July 2020, all decisions / recommendations made at that meeting in relation to South Sefton CCG (detailed within the minutes of the meeting) were ratified by the committee.</p> <p>A19/39 (SS and S&F): Whistleblowing Policy</p> <p>MM reported that a date to deliver training for Governing Body Lay Members with responsibility for whistleblowing is still to be agreed between Paul Bell from MIAA and Lisa Gilbert, the Sefton CCGs' Corporate Governance Manager. The requirements of the training are also to be discussed. Action still open.</p>	

No	Item	Action
	<p>A20/11 (SS and S&F): Update on Follow Up Actions / Response from MLCSU re. HR Case MMcD reported that he is yet to write to Midlands & Lancashire CSU regarding a response in relation to the follow up actions from the HR case reported at the Audit CiC meeting on 15th January 2020. MMcD confirmed that he would action this through contract discussions with the CSU, involving the Sefton CCGs' Interim Lead for Corporate Services and Corporate Governance Manager. This action is to supersede the current action on the tracker. The Chair of the meeting stressed the need for the prompt completion of this action.</p> <p>A20/68 (SS and S&F): Action points from previous meetings [A19/108 (SS and S&F): Draft Report on MHIS Compliance Statement] A debrief of the audit procedures for the Mental Health Investment Standard took place between the external auditors and joint CCG senior finance team members on 23rd September 2020. It was noted that there were no specific matters raised during the meeting that needed to be brought to the Audit CiC's attention. Action closed.</p> <p>A20/78 (SS and S&F): Governing Body Assurance Framework, Corporate Risk Register and Heat Map MMcD provided an update on the Sefton CCGs' preparation and arrangements in relation to the end of the Brexit transition period (31st December 2020). The Sefton CCGs received a letter from Keith Willet (NHS England / Improvement [NHSE/I]) in September 2020, which noted that he is resuming the role as EU Exit Senior Responsible Owner (SRO). The letter noted that NHSE/I will use the government's planning assumptions and by October 2020, expects to be able to define the appropriate operational response required to manage the end of transition changes. The Sefton CCGs have responded to confirm that Debbie Fairclough is the named 'UK end of transition SRO' in each of the CCGs, and that the CCGs will undertake the required actions as per direction from NHSE/I. Further guidance is expected from NHSE/I. Action closed.</p> <p><i>It was noted that all other South Sefton CCG related actions on the action tracker following the July 2020 Audit CiC meeting had been completed; updates were provided on the action tracker which were taken as read. No queries were raised in relation to the updates provided.</i></p>	MMcD
Challenge Questions		
A20/87	<p>Challenge Question: Advancing Population Health Management The Chair of the meeting introduced items A20/87 and A20/88, which provided written responses to Challenge Questions (selected by the Audit Committees) from the summary of emerging national issues detailed within external audit progress reports. He thanked the members involved in drafting the responses, providing positive feedback on the comprehensive nature and level of detail in each report, commenting they were both very useful. He noted, however, that shorter responses to future Challenge Questions would suffice for review, particularly when considering staff workload and capacity.</p> <p>JD presented a written response to the following Challenge Question:</p> <p><i>What are the CCG's views of population health management and what benefits have been seen where these approaches have been implemented?</i></p>	

No	Item	Action
	<p>JD noted that this Challenge Question was pertinent, particularly in light of recent work relating to the Cheshire and Merseyside Combined Intelligence for Population Health Action (CIPHA). The written response provided a comprehensive overview of the population health management approach as well as population health management benefits, challenges and opportunities. As a place, Sefton has system level engagement and leadership with a core workstream for population health facilitated through the Sefton Provider Alliance. It was noted that the CIPHA platform will provide an opportunity to review population health information, gather insights and implement change through providers working together in partnership.</p> <p>The Audit CiC discussed the report and provided positive feedback, commenting that it would be useful to share it with other departments within the Sefton CCGs.</p> <p>The Chair of the meeting thanked JD for his work on the report.</p> <p><i>The Audit CiC received the written response to the Population Health Management Challenge Question.</i></p>	
A20/88	<p>Challenge Question: Insights from the spread of the Primary Care Home JSp and MH presented a written response to the following Challenge Question in relation to the 'Insights from the spread of the Primary Care Home' briefing report from The King's Fund.</p> <p><i>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?</i></p> <p>The response described how the Sefton CCGs, Sefton Local Authority, Primary Care Networks and providers of community services and care homes have worked collaboratively to support care home residents to avoid unnecessary conveyances to Accident & Emergency / admissions to a hospital setting, and to support residents to be cared for in their usual place of residence.</p> <p>The response also provided a high level description of support provided to care homes in addition to the ongoing development and implementation of the Primary Care Network Contract Directed Enhanced Service (DES) and the NHSE/I Framework for Enhanced Health in Care Homes.</p> <p>In reference to the four key lessons within The King's Fund briefing report, the response described the whole system approach developed pre COVID-19 and noted that this will continue post COVID-19 in recognition of the acceleration of new ways of working with specific focus on care home developments.</p> <p>JSp reported that the CCGs will be working with primary care leads to determine how they want to use the data presented within this report. Further detail will be added to this report, which will be presented to the Primary Care Networks.</p> <p>MH reported that the North West Innovation Agency has been commissioned nationally by NHSE/I to support the rapid deployment of the RESTORE2 tool in care homes as part of the national COVID-19 response and recovery. To facilitate this, a package of Resources, Signposting, Support and Training has been developed.</p>	

No	Item	Action
	<p>MH reported that the Sefton CCGs have taken delivery of 400 Pulse Oximeters, which will be circulated to care homes as required and the rest will be used in Primary Care. These will support the use of RESTORE2 in care homes.</p> <p>The Chair of the meeting thanked JSp, MH and the rest of the team involved in the production of this report. Members provided positive feedback on the report.</p> <p>The Audit CiC received the written response to the Primary Care Home Challenge Question.</p> <p>JD, JSp and MH left the meeting.</p>	
Governance		
A20/89	<p>Single Tender Action Forms – COVID-19 Commissioned Bed Base (S&F CCG)</p> <p>This item was in relation to Southport & Formby CCG only.</p> <p>JK left the meeting after item A20/89.</p>	
A20/90	<p>Information Risk Work Programme - Asset Register Assurance</p> <p><i>This item was covered after item A20/91 when PJ and CH joined the meeting.</i></p> <p>PJ and CH joined the meeting.</p> <p>PJ presented a report detailing the Sefton CCGs' Information Risk Work Programme (IRWP) action plan for September to December 2020 and progress against these actions. The report also included the CCGs' information asset register. It was noted that the CCG's Data Security and Protection Toolkit (DSPT) was submitted by the extended deadline of 30th September 2020. This report was being presented to the Audit CiC to provide assurance on how the CCGs are addressing gaps identified in relation to Information Governance (IG) and information risk. It is expected that the requirements detailed within the action plan will be completed by the end of the calendar year.</p> <p>The Audit CiC discussed the report. PJ confirmed that following the creation of the IRWP in September 2020, the number of information assets identified has increased when compared to pre IRWP. The review of assets will be continual and an updated report with further information and progress against the action plan will be presented at the next Audit CiC meeting in January 2021. Members noted that a number of sections within the action plan and asset register were yet to be completed (such as risk scores); PJ confirmed that these sections would be populated by the time the updated report is presented to the Audit CiC in January 2021.</p> <p>PJ reported on two high risk information assets that have been identified. An action plan will be developed for these assets, which will need to be signed off by the Sefton CCGs' Senior Information Risk Owner.</p> <p>The Audit CiC received the Information Risk Work Programme - Asset</p>	

No	Item	Action
	<p>Register Assurance Report.</p> <p>PJ and CH left the meeting.</p>	
A20/91	<p>Information Governance Statements of Assurance</p> <p>AOR presented IG Statements of Assurance / evidence that Data Security and Protection Toolkit (DSPT) standards have been met from the following organisations that provide a particular service to the Sefton CCGs:</p> <ul style="list-style-type: none"> • Midlands and Lancashire CSU • NHS Informatics Merseyside • NHS Shared Business Services • St Helens & Knowsley NHS Trust (as the Sefton CCGs' payroll provider) <p>The Audit CiC discussed the statements / evidence provided by the organisations and agreed that the document in relation to NHS Informatics Merseyside did not provide the required statement / evidence to demonstrate compliance with the DSPT as an organisation. It was agreed for this feedback to be provided to NHS Informatics Merseyside and a response to be circulated to the Audit CiC via email; TK to action.</p> <p>The Audit CiC received the IG Statements of Assurance Report and requested further assurance in relation to NHS Informatics Merseyside.</p>	TK
A20/92	<p>Losses, Special Payments and Aged Debt</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 July 2020. No losses have been identified for write off and there has been one special payment made, details of which were in Appendix 2 of the report.</p> <p>AOR reported on the outstanding debt as at 30th September 2020. Of the total debt outstanding of £237,829, there are no invoices to be reported that are above the £5k threshold and greater than 6 months old.</p> <p>A discussion took place regarding the aged debt table in Appendix 1 of the report, which shows total outstanding debt by length of time the debt has been outstanding. Explanation was provided on the consolidation and presentation of the table, in particular how credit notes can have an impact on the figures presented.</p> <p>The South Sefton Audit Committee received the Losses, Special Payments and Aged Debt Report.</p>	
A20/93	<p>Scheme of Delegation</p> <p>AOR presented a report with a recommendation to approve the following changes to the South Sefton CCG Scheme of Delegation:</p> <ul style="list-style-type: none"> • An invoice approval limit is required for the Interim Director of Strategy & Outcomes to allow for operational invoices to be approved in a timely manner and for budgetary control purposes. The need for this delegation will be regularly reviewed but it is proposed that the limit is put in place until the end of the 2020/21 financial year. The limit previously delegated to the substantive post holder of £20k is proposed to be applied. 	

No	Item	Action
	<ul style="list-style-type: none"> • The Interim Chief Nurse requires an invoice approval limit to allow for operational invoices to be approved in a timely manner and for budgetary control purposes. It is therefore proposed that the Interim Chief Nurse is given a limit of £20k, which is the limit associated with the substantive post holder. • In order to ensure efficient processing of invoices, it is proposed that the Senior Manager – Commissioning & Redesign has an invoice approval limit of £5k to allow for operational invoices to be processed in a timely manner. <p>The committee discussed the updates and noted that the proposed limit for the Senior Manager – Commissioning & Redesign detailed within Table 1 was different to the amount specified in the main text of the report. AOR confirmed that the proposed limit is £5k and that she would ensure Table 1 is corrected.</p> <p>AOR reported that throughout the COVID-19 response period, the CCGs have maintained the key principles of good financial governance, taking into account the necessity for changes to systems and processes as a result of working from home arrangements and the potential need to invoke business continuity arrangements. Changes to authorised signatories have been considered by CCG management; aside from the changes proposed at today’s meeting, no other changes have been assessed as required to date.</p> <p><i>The South Sefton Audit Committee approved the proposed delegated invoice approval limits for the Interim Director of Strategy & Outcomes, the Interim Chief Nurse and the Senior Manager – Commissioning & Redesign. The committee also noted the update regarding review of delegation arrangements during the COVID-19 emergency response period.</i></p>	AOR
A20/94	<p>Managing Conflicts of Interest and Gifts and Hospitality Policy</p> <p>MMcD presented an updated Managing Conflicts of Interest and Gifts and Hospitality Policy, which has recently been reviewed and updated against all relevant current guidelines.</p> <p>At the last Audit CiC meeting in July 2020, members had enquired about whether the financial limits associated with gifts and hospitality within the policy could be adjusted. Further to enquiries made by the Sefton CCGs’ Interim Lead for Corporate Services, it has been recommended that the financial limits associated with gifts and hospitality remain consistent with nationally published guidelines. Those limits were reflected in the updated policy.</p> <p><i>The South Sefton Audit Committee approved the updated Managing Conflicts of Interest and Gifts and Hospitality Policy.</i></p>	
A20/95	<p>CCG Published Registers</p> <p>MMcD presented an update report on the following published registers for South Sefton CCG as at 30th September 2020:</p> <ul style="list-style-type: none"> • Register of Procurements • Register of Conflict Breaches • Register of Sponsorship • Gifts and Hospitality Register • Register of Interests 	

No	Item	Action
	<p>The following registers were included within the meeting pack as appendices and were received by the committee:</p> <ul style="list-style-type: none"> • Appendix A: Register of Gifts and Hospitality • Appendix B: Register of Interests: Unpublished – Governing Body, Contractors and Employees • Appendix C: Register of Interests: Unpublished – Member Practices • Appendix D: Register of Interests: Published – Governing Body, Contractors and Employees • Appendix E: Register of Interests: Published – Member Practices <p>The committee discussed the registers. A query was raised regarding whether there was an indicative completion date for the work to review and combine the Register of Sponsorship with the Gifts and Hospitality Register. TS confirmed that he would review the overall work required and update the committee with an indicative completion date.</p> <p><i>The South Sefton Audit Committee received the CCG published registers, noting the processes in place and the work carried out.</i></p>	TS
A20/96	<p>Policy Tracker</p> <p>MMcD 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 eight policies that have not been reviewed or updated in line with the review dates specified.</p> <p>Members discussed the policy tracker. It was noted that although multi-organisation wide consultation is still ongoing in relation to the review of the Commissioning Policy and Infertility Policy, the respective Governing Bodies of the Sefton CCGs re-approved both policies in their existing form in September 2020. It was agreed that this re-approval needed to be reflected within the policy tracker (to show that the existing policies were last reviewed and approved in September 2020), whilst noting that wider consultation is still ongoing and therefore the policies may be subject to change; TK to inform the Sefton CCGs' Corporate Governance Manager to action this.</p> <p><i>The Audit CiC received the policy tracker.</i></p>	TK
A20/97	<p>Update - Commissioning Policy and Infertility Policy</p> <p>The Audit CiC received a report providing an update on the wider ongoing review and consultation in relation to the Commissioning Policy and Infertility Policy, and the steps being undertaken to finalise the review</p> <p><i>The Audit CiC received this update report.</i></p>	
<i>Audit and Anti-Fraud Specialist</i>		
A20/98	<p>Audit Committee Recommendations Tracker</p> <p>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. Further to agreement at the last meeting, all completed items relating to 2018/19 and 2019/20 had been removed. The status of the internal audit recommendation for each of the Sefton CCGs to report sponsorship on the respective Gifts and Hospitality Registers had been changed to amber as work on this is still</p>	

No	Item	Action
	<p>ongoing and yet to be completed.</p> <p>CI referred to the recommendation items in relation to Primary Medical Care Contract Management, which are marked as outstanding. AP confirmed that he would check the status of these items with his MIAA colleague to ascertain whether they can be marked as complete.</p> <p>It was noted that the external audit recommendations following the 2019/20 audit of each of the Sefton CCGs were not within the tracker; CI to review and include these items within the tracker. It was noted that all recommendation items relating to reviews in the current financial year should be kept on the tracker even if completed. Any completed items relating to the current financial year would be recommended for removal to the Audit Committees in the next financial year.</p> <p>It was requested that Information Governance related recommendations are captured within the Audit Committee Recommendations Tracker; CI to action.</p> <p><i>The Audit CiC received the Audit Committee Recommendations Tracker.</i></p>	<p>AP</p> <p>CI</p> <p>CI</p>
A20/99	<p>External Audit Progress Report</p> <p>AA presented the External Audit Progress Report for South Sefton CCG and Southport & Formby CCG. The report summarises the year to date external audit progress for 2020/21 in relation to South Sefton CCG and Southport and Formby CCG respectively. The report also includes a summary of emerging national issues and developments which may be relevant to the CCGs as well as a number of Challenge Questions in respect of these emerging issues, which the Audit CiC may wish to consider.</p> <p>The following points were brought to the Audit CiC's attention:</p> <ul style="list-style-type: none"> • Grant Thornton expects to commence detailed planning processes for the 2020/21 external audit in relation to both CCGs during December 2020, with a more detailed interim audit remote 'visit' in January/February 2021. • Grant Thornton is in discussions with NHSE/I regarding the scope and timing of any potential Mental Health Investment Standard (MHIS) work for 2019/20. • The National Audit Office has been undertaking a consultation exercise on the changes to the Code of Practice relating to Value for Money work required from 2020/21 onwards. The consultation closed on 4th September 2020 and confirmation of the revised approach is expected in due course. • The audit fee for the 2020/21 external audit of each of the Sefton CCGs is still to be confirmed; discussions with the CCGs are taking place through the Joint Auditor Panel meetings. <p>The Audit CiC discussed the sector updates, noting that there were nine Challenge Questions within the report. Members agreed to prioritise the questions that they wished to review responses to. It was agreed that written responses to the following Challenge Questions are to be presented at the next meeting in January 2021; MMcD / TK to arrange this with the relevant CCG departments.</p> <p>1) Mental Health and Primary Care Networks: Understanding the Opportunities <i>Have the CCGs reviewed their strategies for meeting the mental</i></p>	<p>MMcD / TK</p>

No	Item	Action
	<p><i>health needs of their local population?</i></p> <p>2) [A combined response addressing the following two challenge questions]</p> <p>a) Summary of We are the NHS: People Plan 2020/21 – Action For us All <i>Have the CCGs reviewed the People Plan?</i></p> <p>b) Workforce Race and Inequalities and Inclusion in NHS Providers <i>What are the CCGs doing to address race inequalities?</i></p> <p><i>The Audit CiC received the External Audit Progress Report and agreed on the Challenge Questions to be considered at the next meeting.</i></p>	
A20/100	<p>MIAA Internal Audit Progress Update</p> <p>AP presented the MIAA Internal Audit Progress Report for South Sefton CCG, which sets out progress against the Internal Audit Plan for 2020/21.</p> <p>AP reported that MIAA has commenced the delivery of the Internal Audit Plan with work progressing on the following audits:</p> <ul style="list-style-type: none"> • Primary Care Commissioning: Finance (fieldwork stage). • ADAM Dynamic Purchasing System post implementation review (fieldwork stage). <p>The committee discussed the report. AP confirmed that MIAA will have the flexibility to respond to any changes to the Data Security and Protection Toolkit timetable for 2020/21.</p> <p><i>The South Sefton Audit Committee received the MIAA Internal Audit Progress Report</i></p> <p><i>Item A20/104 (Audit CiC Self-Assessment Update) was covered directly after this item.</i></p>	
A20/101	<p>MIAA Anti-Fraud Progress Report</p> <p>MM presented the MIAA Anti-Fraud Progress Report for South Sefton CCG, which updates on progress against the agreed anti-fraud plan for 2020/21. The report sets out the work undertaken during the period April to September 2020 and highlights activities and outcomes which take account of the current working environment.</p> <p>MM provided an update on the new GovS 013: Counter Fraud functional standard. The NHS Counter Fraud Authority (NHSCFA) is in discussions to introduce this new government cross-departmental standard for counter fraud work, which in 2021 will formally replace the existing NHS Standards for Fraud, Bribery and Corruption for both commissioners and providers. A more detailed update was provided in the report received by the committee. It was noted that at this stage, MIAA would not propose to make any changes to existing plans until the NHSCFA issue clear guidance on the requirements for the NHS from the introduction of the Counter Fraud functional standard.</p> <p>MM reported that a Local Proactive Detection Exercise regarding travel expenses is currently in progress.</p> <p><i>The South Sefton Audit Committee received the MIAA Anti-Fraud Progress Report.</i></p>	

No	Item	Action
<i>Risk</i>		
A20/102	<p>Audit Committee Risk Register AOR presented the Audit Committee Risk Register, which will be a standing item on Audit CiC / Audit Committee meeting agendas going forward. The risk register contains fraud, corruption and bribery risks that have been delegated to the Audit Committees to review and monitor.</p> <p>The Anti-Fraud Specialist has worked with the Sefton CCGs to enhance the fraud, corruption and bribery risks within each CCG's Risk Management Strategy. Work has been undertaken to review these risks and identify new risks in light of COVID-19, which has resulted in three additional risks being added to the Audit Committee Risk Register.</p> <p>Members discussed the risk scores, noting that they were rated low. It was noted that although the risks did not meet the threshold (residual score of 12 or above) to be included within each CCG's Corporate Risk Register, they will be presented at Audit CiC / Committee meetings within the Audit Committee Risk Register on a regular basis for review. MM confirmed that the process of reviewing, monitoring and maintaining the Audit Committee Risk Register will assist the CCGs to satisfy the ongoing requirements of NHS Counter Fraud Authority revised Standard 1.4.</p> <p><i>The Audit CiC reviewed and approved the Audit Committee Risk Register.</i></p>	
A20/103	<p>Governing Body Assurance Framework, Corporate Risk Register and Heat Map MMcD 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 Heat Map had been reconfigured as appropriate to include the COVID-19 risks, which have been fully aligned into the CCG's risk processes.</p> <p>The following points / actions were noted:</p> <ul style="list-style-type: none"> • MMcD commented that the score for risk 50 on the Heat Map in relation to the Adult Eating Disorder service and 18 week wait target required moderation, which he would action. In addition, the description for this risk needed to be corrected to specify '18 week' instead of '18 hour'. • Risk 34 on the Heat Map in relation to the risk to sustainability of General Medical Service due to COVID-19 is currently rated as the highest risk facing the CCG with a total residual score of 25. Members agreed that this was the highest risk facing the CCG and queried its proposed closure noted within the CRR. MMcD confirmed he would review this with the CCG's Director of Place (North) and the Primary Care Commissioning Committees in Common. • MMcD commented that the description for risk 49 on the Heat Map in relation to the Adult ASD Service and reported waits for assessment 	<p>MMcD</p> <p>MMcD</p> <p>MMcD</p>

No	Item	Action
	<p>required review, which he would action.</p> <p>The committee discussed the risk documents and commented that there were a number of inconsistencies between the main risk report (which summarised increases / decreases to risk ratings and proposed changes in status of individual risks) and the CRR itself. Queries were also raised regarding the colour coding of risks within the table in the Heat Map which seemed to be inconsistent with the rating of individual risks. It was agreed that a full review of the risk documents was required, including focus on consistency and presentation, before they could be considered for approval; MMcD and TS to action.</p> <p><i>The South Sefton Audit Committee received the GBAF, CRR and Heat Map and agreed that a full review was required before they could be considered for approval.</i></p>	MMcD / TS
<i>Other</i>		
A20/104	<p>Audit CiC Self-Assessment Update</p> <p>AS provided a verbal update on the Audit CiC self-assessment. A self-assessment virtual workshop to be facilitated by MIAA had been scheduled to take place today but was subsequently cancelled as MIAA has not yet developed a remote way in which to deliver this type of session. Instead of deferring a virtual workshop, it has been proposed that the self-assessment is undertaken using the NHS Audit Committee Handbook checklists, after which MIAA will collate the results and generate a report with findings and an action plan. The Audit CiC noted this update and agreed that this was the best way forward. TK to liaise with AP to agree a timeline for circulation of the checklists to members, receipt of responses and production of an output report to be presented to the Audit CiC in January 2021.</p> <p>It was noted that a joint self-assessment virtual workshop for both Finance & Resource (F&R) Committees of the Sefton CCGs is scheduled to take place on 25th November 2020. AS enquired about the likelihood of this remote workshop being delivered, noting that unlike the Audit Committees, the F&R Committees would not be able to utilise an established checklist self-assessment method as an alternative to a remote workshop. AP confirmed that he would review the feasibility of delivering this virtual workshop by November 2020.</p> <p><i>The Audit CiC received this verbal update.</i></p>	TK / AP AP
Key Issues of other committees to be formally received		
A20/105	<p>Key Issues of Other Committees to be Formally Received</p> <p>The South Sefton Audit Committee received the key issues documents from the following committees:</p> <ul style="list-style-type: none"> • Finance and Resource Committee (June and July 2020) • Joint Quality and Performance Committee (June, July and August 2020) • Primary Care Commissioning Committee (July 2020) 	

No	Item	Action
Closing business		
A20/106	<p>Any other business</p> <p><u>Freedom to Speak Up</u> AS notified that a meeting regarding Freedom to Speak Up would be taking place today between the membership of the Audit Committees. It was noted that the meeting would take place directly after the private meeting between Audit Committee members and the auditors which was to follow the Audit CiC meeting.</p>	
A20/107	<p>Key Issues Review MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues report to Governing Body.</p>	
A20/108	<p>Review of Meeting AS asked attendees to provide feedback on the meeting today, particularly on process, content and behaviours.</p> <p>Feedback was provided that the meeting was chaired well and conducted at a good pace, particularly as it had a long agenda.</p> <p>GB commented that it can be challenging to view large meeting packs on his iPad.</p> <p>DD commented that it is helpful to have received the meeting papers in good time ahead of the meeting and thanked TK for ensuring the timely circulation of the meeting pack.</p>	
	<p>Date and time of next meeting Audit Committees in Common Wednesday 27th January 2021, 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 16th July 2020 Time 10.00-11.00am
Venue: Skype meeting due to Covid-19 Pandemic

Members		
Graham Bayliss	SS CCG Lay Member (Co Chair)	GB
Dil Daly	SF CCG Lay Member (Co Chair)	DD
Alan Sharples	SS CCG Lay Member	AS
Helen Nichols	SF CCG Lay Member	HN
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Jan Leonard	S&F 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
Non- Voting Attendees:		
LMC Representative		
Healthwatch Representative	Healthwatch Sefton	
Health & Well Being Representative	Health & Wellbeing Representative	
Dr Craig Gillespie	GP Clinical Representative	CG
Dr Kati Scholtz	GP Clinical Representative	KS
Jane Elliott	Localities Manager SSSCCG	JE
Richard Hampson	Primary Care Contracts Manager SSSCCG	RH
Minutes		
Jacqueline Westcott	Senior Administrator SSSCCG	JW

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

Name	Membership	Jan 20	Feb 20	Mar20	April 20	May 20	July 20
Members:							
Graham Bayliss	SS CCG Lay Member (Chair)	A	C	✓	C	✓	✓
Dil Daly	S&F CCG Lay Member (Co Chair)	✓	C	✓	C	✓	✓
Alan Sharples	SS CCG Lay Member	✓	C	✓	C	✓	✓
Helen Nichols	S&F CCG Lay Member	✓	C	✓	C	✓	✓
Fiona Taylor	S&F SS CCG Chief Officer	A	C	✓	C	✓	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	✓
Non- Voting Attendees:							
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	SSTCCG Primary Care Contracts Manager	✓	C	✓	C	✓	✓
Debbie Fairclough	SS SF CCG						✓
No	Item						Action
PCCiC20/44	Apologies for absence Welcome and Introductions The members of the committee introduced themselves.						
PCCiC20/45	Declarations of interest regarding agenda items There were no declarations of interest declared that had a direct impact on the meeting's proceedings.						
PCCiC20/46	Minutes of the previous meeting Date 21 st May 2020 was agreed as an accurate record.						
PCCiC20/47	Action points from the previous meeting Members reviewed the action tracker and the tracker was updated.						

PCCiC20/48	<p>Report from Operational Group and Decisions Made:</p> <p>June 2020:</p> <p>Key Issues to report back to the Primary Care Commissioning Committee in Common – South Sefton</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>Key Issues to report back to the Primary Care Commissioning Committee in Common – Southport and Formby</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>July 2020:</p> <p>Key Issues to report back to the Primary Care Commissioning Committee in Common – South Sefton and Southport and Formby</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&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>		
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PCCiC20/49	<p>Healthwatch Issues</p> <p>There was no representative from Healthwatch at the meeting.</p>		
PCCiC20/50	<p>PCN Update:</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>PCNs in Sefton</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>Primary Care Finances</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>Primary Care Programme Report</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>Performance (OOHs/7 Day Access/Contractual Compliance/DES</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>Primary Care Quality Dashboard</p>	

PCCiC20/55	Key Issues Log to Governing Body <ul style="list-style-type: none"> • Joint Operational Group reports from June and July 2020 • 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. • The financial position for the CCG was noted and block arrangements in place with providers. COVID expenditure 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. A letter of thanks to be sent to South Sefton Federation and SF Health Ltd regarding their provision of services during COVID. 	
PCCiC20/56	Any Other Business 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 as a result of COVID. The performance of both CCGs is good and a further report will be presented to the next committee.	
PCCiC20/57	Date of Next Meeting: Date of Next Meeting: 17 th September 2020 10.00-11.00am Venue: TBC	
Meeting Concluded. Motion to Exclude the Public: Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)		

**NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committee in Common
Agreed(19.11.2020) Minutes – Part 1**

Date: Thursday 15th October – 10:00 – 11:00

Venue: **Skype due to Covid-19 Pandemic**

Members		
Graham Bayliss	SS CCG Lay Member (Co Chair)	GB
Alan Sharples	SS CCG Lay Member	AS
Helen Nichols	S&F CCG Lay Member	HN
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Jan Leonard	S&F CCG Director of Place (North)	JL
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager	AC
Tracey Forshaw	SS S&F Deputy Chief Nurse Quality Team	TF
Dil Daly	S&F CCG Lay Member (Co-Chair)	DD
Non-Voting Attendees:		
Dr Craig Gillespie	GP Clinical Representative	CG
Dr Kati Scholtz	GP Clinical Representative	KS
Jane Elliott	Locality Manager SSCCG	JE
Richard Hampson	Primary Care Contract Manager SSCCG	RH
Eshan Haqqani	Primary Care Quality Team	EH
Minutes		
Richard Hampson	Primary Care Contracts Manager	RH

Attendance Tracker D = Deputy

✓ = Present

A = Apologies

N = Non-attendance

Name	Membership									Oct 20
Members:										
Graham Bayliss	SS CCG Lay Member (Co Chair)									✓
Alan Sharples	SS CCG Lay Member									A
Dil Daly	SF CCG Lay Member (Co Chair)									✓
Helen Nichols	S&F CCG Lay Member									✓
Fiona Taylor	S&F SS CCG Chief Officer									N
Martin McDowell	S&F SS CCG Chief Finance Officer									✓
Jan Leonard	S&F CCG Director of Place (North)									✓
Angela Price	S&F SS CCG Programme Lead Primary Care									A
Alan Cummings	NHSE Senior Commissioning Manager									✓
Jane Elliott	Locality Manager SSCCG									N
Tracy Forshaw	SS&SFCCG Deputy Chief Nurse and Quality									A
Non-Voting Attendees:										
Dr Craig Gillespie	GP Clinical Representative									✓
Dr Kati Scholtz	GP Clinical Representative									✓

Name	Membership							Oct 20
Richard Hampson	Primary Care Contracts Manager							✓
Eshan Haqqani	Interim Primary Care Quality Manager							✓
Debbie Fairclough	SS SF CCG Corporate Services							✓
Rebecca McCullough	SS SF CCG Finance							N

No	Item	Action
PCCiC 20/58.	<p>Introductions and apologies</p> <p>GB opened the meeting and apologies were received from AP, AS, TF</p>	
PCCiC 20/59.	<p>Declarations of interest</p> <p>There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>	
PCCiC 20/60.	<p>Minutes of the previous meeting</p> <p>Date: Thursday 16th July 2020 were agreed as accurate</p>	
PCCiC 20/61.	<p>Action points from the previous meeting</p> <p>19/55 – Closed 19/112 – Closed</p>	

PCCiC 20/62.	<p>Reports from the Joint Operational Group</p> <p>JL updated the committee on reports from both the August and September Joint Operational Group.</p> <p>August issues:</p> <p>A boundary change was approved.</p> <p>The group discussed the issues arising due to lack of capacity within the phlebotomy service; this was added to the risk register.</p> <p>The group acknowledged the 'Third Phase of NHS Response to COVID-19' letter issued by NHSE and the impact other services in community and secondary care has on the ability to restore services.</p> <p>The group discussed plans for a possible drive through approach to Flu Vaccination.</p> <p>APMS contracts were discussed with a plan to present a paper to Nov PCCC.</p> <p>September Issues:</p> <p>An application for an extension to a list closure was declined (SS CCG). Changes to an outer boundary for a SF CCG practice were noted.</p> <p>A GP retainer application was approved for SF CCG.</p> <p>The group discussed the impact of the Enhanced Health in Care Home specification for PCNs and the interface with this and core General Practice. COVID improvement grants were discussed and these will be reviewed by the F&R Committee.</p> <p>The lack of availability of COVID swabs was noted and this will be added to the risk register.</p> <p>It was noted that the plans for a drive through flu vaccination programme were not being progressed due to feedback from practices.</p>	
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PCCiC 20/63.	<p>Healthwatch Issues</p> <p>DB provided a verbal update to the committee around various Healthwatch topics:</p> <ol style="list-style-type: none"> 1. Maureen Kelly will step down as Healthwatch Chair and William Bruce will be appointed new chair on 2nd November 2020. 2. Concerns around the possible drive through flu clinic at Aintree race course – JL confirmed that the drive through is no longer progressing. 3. Concerns around carers not being placed on the flu priority list – JL confirmed that carers are eligible for free flu vaccination – CCG will include an update in the GP bulletin to confirm to practices the priority status for carers and the eligibility for flu vaccines. It was noted this was a good opportunity to update carers registers in practice. 4. Concerns around confusion for the public regarding whether practices are open due to the COVID19 pandemic – CCG confirmed that practices are open and should be operating business as usual with face to face appointments where clinically necessary. 5. Concerns around how messages around practices are getting out to those patients who maybe digitally excluded. 6. Healthwatch will be running a series of focus groups with the public to gather feedback on what the public perception is around practices opening / access to GP's. Promoting to the public that practices are open. The CCG were keen to support Healthwatch in this work. 	
PCCiC 20/64.	<p>Primary Care Networks Update</p> <p>CG gave a verbal update on PCN's in South Sefton;</p> <ul style="list-style-type: none"> • Collaboration with PCN's in South Sefton is strong including the provider alliance and the CCG. • The PCN specifications that PCN's have to deliver is going well and will be delivered in full. • More work is needed around care planning • There is pressure in the system around capacity for PCN's to deliver the services to those patient populations whose practices are currently not signed up to a PCN <p>KS gave a verbal update on PCN's in Southport and Formby:</p> <ul style="list-style-type: none"> • Central and North practices have opted out of the PCN DES and the PCN services specifications are now being delivered by the GP Federation. • Communication between practices and the GP Federation is good and everything is in place to deliver the service specifications. • Currently there is no gap in provision or service. • Concerns around time frames for practices to decide whether they should sign up to the PCN DES from April • Ainsdale and Birkdale & Formby PCN are looking at roles within the ARRS scheme. • Workforce is an issue and looking to Lancs Care and Liverpool Heart and Chest to support. • Concerns around management cost not being included in the ARRS funds. 	

PCCiC 20/65.	<p>Primary Care Finances</p> <p>RS updated the committee on finance:</p> <p>The reduced Primary Care Delegated Co-Commissioning allocation resulting from the current temporary financial arrangements was noted, along with the impact on each CCG.</p> <p>It was stated that the South Sefton CCG year to date position is a £165k deficit, with a £109k deficit for Southport & Formby CCG. The movement by category since the last reported position (Month 3) was summarised, with large movements explained. Increased spend across Locum Claims and CQC reimbursement compared to 2019/20 was also highlighted.</p>	
PCCiC 20/66.	<p>Workforce Strategy and Planning</p> <p>RH presented a report to the committee on current workforce strategy and planning. These included updates on:</p> <ul style="list-style-type: none"> • ARRS Scheme • PCN workforce overview • CCG workforce position based on the national workforce reporting system • CPD training fund • Attain Report • APEX / Insight • NHSE Workforce Steering Group 	
PCCiC 20/67.	<p>LQC Validation Phase 5</p> <p>JL updated on the outcome of the LQC Validation for Phase 5:</p> <p>South Sefton:</p> <ul style="list-style-type: none"> • All practices submitted information for the validation panel to consider • 9 practices were required to clarify or submit further information to complete the validation process • Validation was completed for all GP practices • The appeals process was not required <p>Southport & Formby:</p> <ul style="list-style-type: none"> • All practices submitted information for the validation panel to consider • 2 practices were required to clarify or submit further information to complete the validation process • Validation was completed for all GP practices • The appeals process was not required 	
PCCiC 20/68.	<p>LQC Participation Phase 6</p> <p>JL updated the committee on practice participation for LQC phase 6. The CCG can confirm assurance that there is sufficient coverage to provide the services across both South Sefton CCG and Southport and Formby CCG.</p>	

PCCiC 20/69.	<p>19/20 QOF Panel</p> <p>JL and RH asked the committee to approve the QOF validation panel approach for those practices who have achieved a points drop greater than 30 in 19/20. CCGs have been asked by NHSE to gain assurance that these drops were as a result of COVID.</p> <p>The committee approved the panel approach.</p>	
PCCiC 20/70.	<p>GP Survey Results</p> <p>JL shared with the committee results of the GP patient survey for both South Sefton CCG and Southport & Formby CCG:</p> <p>South Sefton: The 2020 overall performance for South Sefton CCG score is 82.6% and means they are the 4th highest performing CCG compared to our regional neighbours.</p> <p>Southport & Formby: In the 20/21 survey SFCCG are placed in the upper quartile as the 11th highest performing CCG out of the 135 CCGs that completed the GP Patient Survey (GPPS).</p> <p>The CCG has performed well in the GP Patient Survey for 2020. Whilst some indicators have shown a slight drop in performance, this is in line with other CCGs performance. The CCG continues to strive to reduce the variation between practices, as part of the Local Quality Contract for 20/21 practices have been asked to review their individual performance in order to share good practice amongst locality peers.</p> <p>The COVID pandemic has changed the way in which patients access GP practices and we will continue to work to review what 'business as usual' looks like as a result of this. We will work with partners to understand how patients have responded to these changes to help inform how we shape access in the future.</p> <p>The committee agreed to write to those practices who had performed particularly well acknowledging their performance.</p>	

PCCiC 20/71.	<p>Key Issues Log</p> <p>The following issues were noted:</p> <p>Issues with access to phlebotomy and COVID swabs have been added to the risk register.</p> <p>Carers are reporting difficulties in accessing free flu vaccinations, practices will be reminded that carers are an eligible group.</p> <p>PCN were focusing on delivering the service specifications, it was noted in SS CCG difficulties in service delivery to non-participating practices.</p> <p>Discussions in SF CCG regarding options for the 2021 DES.</p> <p>The finance reports were received and noted.</p> <p>The committee received an overview of the workforce position in General Practice.</p> <p>The Committee noted the LQC validation reports.</p> <p>The committee approved the formation of an extra ordinary panel to review QoF performance for 19/20.</p> <p>The GP Patient Survey was reviewed and noted the positive feedback around digital methods of consultation.</p>	
PCCiC 20/72.	<p>Any Other Business</p> <p>No any other business was mentioned</p> <p><i>Matters previously notified to the chair no less than 48 hours prior to the meeting.</i></p>	
Meeting Concluded.		
<p>Date of Next Meeting: 19th November 2020</p> <p>Venue: MS Teams</p>		

NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committee in Common
Agreed 21.1.2021 minutes 19th November 2020 – Part 1

Date: Thursday 19th November 2020

Venue: **MS Teams due to Covid-19 Pandemic**

Members		
Graham Bayliss	SS CCG Lay Member (Co Chair)	GB
Alan Sharples	SS CCG Lay Member	AS
Helen Nichols	S&F CCG Lay Member	HN
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Jan Leonard	S&F CCG Director of Place (North)	JL
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager	AC
Tracey Forshaw	SS S&F Deputy Chief Nurse Quality Team	TF
Dil Daly	S&F CCG Lay Member (Co-Chair)	DD
Non-Voting Attendees:		
Minutes		
Jacqueline Westcott	Senior Administrator	JW

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

Name	Membership	Nov20					
Members:							
Graham Bayliss	SS CCG Lay Member (Co Chair)	✓					
Alan Sharples	SS CCG Lay Member	✓					
Dil Daly	SF CCG Lay Member (Co Chair)	✓					
Helen Nichols	S&F CCG Lay Member	✓					
Fiona Taylor	S&F SS CCG Chief Officer	✓					
Martin McDowell	S&F SS CCG Chief Finance Officer	✓					
Jan Leonard	S&F CCG Director of Place (North)	✓					
Angela Price	S&F SS CCG Programme Lead Primary Care	✓					
Alan Cummings	NHSE Senior Commissioning Manager	✓					
Jane Elliott	Locality Manager SSCCG	✓					
Tracy Forshaw	SS&SFCCG Deputy Chief Nurse and Quality	N					
Sharon Howard	NHSE	N					
Non-Voting Attendees:							
Dr Craig Gillespie	GP Clinical Representative	✓					
Dr Kati Scholtz	GP Clinical Representative	✓					
Richard Hampson	Primary Care Contracts Manager	✓					
Eshan Haqqani	Interim Primary Care Quality Manager	✓					
Joe Chattin	LMC Representative	✓					

Name	Membership	Nov20					
Debbie Fairclough	SS SF CCG Corporate Services	N					
Rebecca McCullough	SS SF CCG Finance	N					
Diane Blair	Healthwatch	✓					

No	Item	Action
PCCiC 20/82.	<p>Introductions and apologies</p> <p>DD opened the meeting; apologies were received from GB, AO.</p>	
PCCiC 20/83.	<p>Declarations of interest</p> <p>There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>	
PCCiC 20/84.	<p>Minutes of the previous meeting</p> <p>Date: Thursday 15th October 2020 were agreed as an accurate record. There were no matters arising from the previous meeting.</p>	
PCCiC 20/85.	<p>Action points from the previous meeting</p> <p>19/55 – Closed 19/112 – Closed</p>	
PCCiC 20/86.	<p>Reports from the Joint Operational Group</p> <p>JL updated the committee on reports from October 2020 Joint Operational Group.</p>	
PCCiC 20/87.	<p>Healthwatch Issues</p> <p>DB advised there will be a joint virtual engagement programme with Liverpool Healthwatch on 10th December 2020 to gather feedback from patients on GP access. Healthwatch can support practices to amend practice websites for patients to give feedback on services.</p> <p>DB advised that Healthwatch are working with patients and practices to reduce prescription wastage, further information will follow from Healthwatch.</p> <p>Action: DB to provide further information on prescription reductions.</p>	DB
PCCiC 20/88.	<p>Primary Care Networks Update</p> <p>KS gave a verbal update on PCN's in Southport and Formby which has a mix of PCNs and non-participating practices. Discussions and communications have been ongoing since 1st April 2020 with practices regarding sign up to the DES and formation of a PCN</p> <p>PCNs are concentrating on the service specifications in order to recruit to additional roles (ARRS).</p>	

PCCiC 20/89.	<p>Primary Care Finances</p> <ul style="list-style-type: none"> • RS presented a paper and updated the committee on the 12 month finance report which identified a deficit of £166k for South Sefton. The annual budget was set at £20.7 million in the first year. LQC costs continues at an underspend at month 7 for both South Sefton and Southport and Formby CCGs. • Temporary financial arrangements have been implemented for the first six months of 2020/21 as part of the COVID-19 response. Financial arrangements for the second six months of the financial year have now been confirmed. • As at 31st October the year to date financial position is a deficit of £44k and the full year forecast position is a deficit of £286k. <p>The LMC requested details of the rent subsidiary for Trinity and St Marks Medical Centre in Southport and Formby. Finance will also present the budget of variances on the building.</p> <p>The committee requested sight of the LQC budget in order to review investment into primary care.</p> <p>Action: RS to present the above details.</p>	RS
PCCiC 20/90.	<p>Primary Care Quality Dashboard</p> <p>RH gave a presentation to the committee on the current Primary Care Quality Dashboard. An additional layer of assurance has been added which will monitor contract visits and enable the CCG to offer practice support where needed. The dashboard is in development and has not been utilised as yet with practices. The dashboard will record the following information from practices:</p> <ul style="list-style-type: none"> • Staff workforce • Friends and family feedback • Cancer screening • Learning disability health checks • Care homes • Urgent care • Medicines management <p>The committee suggested the primary care dashboard be added to the agenda as a regular item.</p> <p>The LMC highlighted there had been dashboards in the past and the importance of advising practices that the dashboard is a supportive tool and will not be used as a performance tool. The CCG confirmed the primary care dashboard would be a supportive tool for primary care.</p>	
PCCiC 20/91.	<p>Interpreting Service</p> <p>RH informed the committee that prior to delegation the interpreting service was commissioned by NHSE, since delegation the service is now the responsibility of the CCG. It was reported that expenses for the interpreting service are low across both CCGs. A new interpreting service is due to be commissioned for Liverpool CCG with South Sefton and Southport and Formby CCG becoming associates on the interpreting contract. This will improve the quality of the service provided to practices.</p> <p>Action: RH and AC to review account codes.</p>	RH/AC

PCCiC 20/92.	<p>Primary Care IT</p> <p>IMerseyside presented a paper to the committee regarding an update on digital funding streams for primary care 2020-2021; there have been some successful bids across primary care.</p> <p>There are 3 standard Digital Funding Streams – GPIT, ETTF and Digital First. The paper provides an update on the current CCG position in regard to these 3 funding streams.</p> <p>Due to COVID, these funding streams have not operated in a standard manner and at the outset of the pandemic, funding was set aside to provide urgent equipment to CCGs and GP practices to allow them to deal with the digital requirements. This funding provided GP practices with additional laptops, headsets and webcams.</p> <ul style="list-style-type: none"> • Digital First funding has been approved • GPIT funding provisionally approved • ETTF withdrawn this year <p>It is expected primary care change manager will support IMerseyside in delivering digital health care, partnership working and digital health care training. The committee suggested IMerseyside link with Healthwatch to support patients to use IT and digital options.</p> <p>IMerseyside advised the committee that the subscription for Accurix which practices utilise is currently under an options appraisal to review funding from January 2021. LT will confirm elements of the funding available to practices on subscription to Accurix.</p> <p>KS suggested practices have access to a bank of laptop availability to allow staff to work from home during the Covid 19 pandemic, funding for this option is currently being looked into for both desk top and lap top computers.</p> <p>Action: LT to confirm funding elements available to practices on Accurix.</p>	LT
PCCiC 20/93.	<p>Quality Update/Complaints Log</p> <p>EH presented a paper on complaints for quarter 1 and 2 for 2020/21.</p> <p>The quality team are now using Ulysses to record complaints and quality updates which is a new system. The system offers improved quality reporting and ensures category coding is applied for analysis. There have been complaints regarding discharge from acute services and funding issues with CHC. The CCG has not received any complaints in relation to triage and online consultations; however, the complaints theme is regarding general access.</p> <p>There are currently no new NHSE complaints to report.</p>	
PCCiC 20/94.	<p>Key Issues Log</p> <p>The following issues / information points were noted:</p> <ul style="list-style-type: none"> • 7 Day Access moving to PCNs from April 2021 received include LQC presentation. • Primary care quality dashboard update received • Interpreting service joint contract with Liverpool CCG. • IM&T primary care developments Review of primary care complaints. • Covid mass vaccination programme planning. • Review of the primary care risk register will be reviewed for part 1 and 2 of the meeting. 	

PCCiC 20/95.	<p>Any Other Business</p> <p>The CCG governing body has asked that the primary care risk register is reviewed so that items that can be discussed in part 1 of the PCCiC meeting and commercially sensitive items in part 2. This will be actioned for the next meeting.</p> <p>NHSE are offering an enhanced service to practices that sign up and deliver the Covid mass vaccination programme. The CCG have a deadline today to identify and review suitable sites in which to deliver the programme. It was acknowledged that there are logistical issues with the transport of the vaccine.</p> <p><i>Matters previously notified to the chair no less than 48 hours prior to the meeting.</i></p>	
Meeting Concluded.		
<p>Date of Next Meeting: Thursday 21st January 2021</p> <p>Venue: MS Teams</p>		