

Governing Body Meeting (Part I) Agenda

Date: Thursday 1st April 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

Alan Sharples	Deputy Chair & Lay Member - Governance	AS
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
GB21/35	Patient Story	CC	Verbal	Receive	30 mins
General					13:30hrs
GB21/36	Apologies for Absence	Chair	Verbal	Receive	20 mins
GB21/37	Declarations of Interest	Chair	Verbal	Receive	
GB21/38	Minutes of previous meeting – 4 th February 2021	Chair	Report	Approve	
GB21/39	Action Points from previous meeting – 4 th February 2021	Chair	Report	Approve	
GB21/40	Business Update	Chair	Verbal	Receive	
GB21/41	Chief Officer Report	FLT	Report	Receive	
Quality					13:50hrs
GB21/42	Chief Nurse update	CC	Report	Receive	15 mins

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
Finance and Quality Performance					14:05hrs
GB21/43	Chief Finance Officer update	MMcD	Report	Receive	30 mins
GB21/44	Integrated Performance Report	MMcD	Report	Receive	
Key Issues Reports to be received for "review, comment and scrutiny":					14:35hrs
GB21/45	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
GB21/46	Approved Minutes: a) Finance & Resource Committee b) Joint Quality & Performance Committee c) Primary Care Commissioning Committee PTI	Chair	Report	Receive	
Closing Business					14:45hrs
GB21/47	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB21/48	Date of Next Meeting Thursday 3rd June 2021, 13:00hrs. Venue/Format: Teams All PTI public meetings will commence 13:00hrs.				
Estimated meeting close					14:50hrs

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

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

The Governing Body Members in Attendance

Dr Craig Gillespie	Chair	CG
Alan Sharples	Deputy Chair & Lay Member for Governance	AS
Graham Bayliss	Lay Member Patient & Public Engagement	GB
Dr Peter Chamberlain	GP Clinical Director	PC
Chrissie Cooke	Interim Chief Nurse	CC
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
Jeff Simmonds	Secondary Care Doctor	JS

Co-opted Members (or deputy) in Attendance

Helen Armitage	Consultant in Public Health	HA
Deborah Butcher	Director for Adult Social Care (Sefton Council)	DB
Bill Bruce	Health Watch Chair	BB

In Attendance

Terry Stapley	<i>Minute Taker</i>	TS
Tracy Jeffes	Director of Place (South)	TJ
Debbie Fairclough	Interim Programme Lead – Corporate Services	DF

Apologies

Dr Gina Halstead	GP Clinical Director	GH
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Name	Governing Body Membership	Apr 20	June20	Sept 20	Nov 20	Feb 21
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	✓	✓
Graham Bayliss	Lay Member for Patient & Public Engagement	✓	✓	✓	✓	✓
Dr Peter Chamberlain	GP Clinical Director	✓	✓	✓	A	✓
Gina Halstead	GP Clinical Director	✓	✓	A	✓	A
Maureen Kelly	Chair, HealthWatch (<i>co-opted Member</i>)	✓	✓	A	A	
Bill Bruce	Chair, HealthWatch (<i>co-opted Member</i>)					✓

Name	Governing Body Membership	Apr 20	June20	Sept 20	Nov 20	Feb 21
Jane Lunt	Interim Chief Nurse	✓	✓	✓	✓	
Chrissie Cooke	Interim Chief Nurse					✓
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓
Dr Sunil Sapre	GP Clinical Director	✓	✓	✓	✓	✓
Dr Jeff Simmonds	Secondary Care Doctor	✓	✓	A	✓	✓
Fiona Taylor	Chief Officer	✓	✓	✓	✓	✓
*Dr John Wray	GP Clinical Director	✓	✓	✓	✓	✓

*Standing meeting clash

Quorum: Majority of voting members.

No	Item	Action
GB21/1	<p>Children and Young People Partnership Board Update (Video)</p> <p>The Governing Body were presented with a short video from Young Advisors, which provided an insight into the experiences of young people during the Covid-19 pandemic.</p> <p>FLT noted that this fits in with the work on emotional health and wellbeing that has been taking place within the CCG and the work in partnership with the local authority.</p> <p>Latterly in late 2020 there was additional investment was made in this area (Parenting 2000, Kooth and Venus) which will add to the support and emotional wellbeing of children and young people within the Sefton area.</p> <p>BB noted it was inspiring to see young people seeing the upside of the pandemic but reiterated the message that there are still significant problems which will still be with us for sometime to come. FLT noted that the additional investment will help support the longer-term issues.</p> <p>Resolution: The members received the update.</p>	
Questions from the public	<p>Question from member of the public</p> <p>How is the CCG ensuring that the vaccination programme for Covid-19 is reaching some of the most at risk groups that appear to be being ignored at the moment as follows:</p> <ol style="list-style-type: none"> 1. Elderly, disabled and extremely clinically vulnerable people unable to leave their home to get to a vaccination centre 2. Personal Assistants (PAs) that are employed by disabled people who receive direct payments, or self fund PAs. 3. Informal carers who are currently in priority group 6 but will be putting people they support at the same risk as paid social care workers who are in priority group 2. 	

	<p>Response –</p> <p>CG as Chair of the Governing Body and Clinical Director of the local vaccination programme noted he has every confidence in the JCVI prioritisation list of cohorts. The CCG has been instructed to follow these cohorts and that is what the programme has set out to do, as closely as possible.</p> <p>For section one (Housebound), there has been a programme which has begun today and will be rolled out at pace the following week.</p> <p>For section two and three, as demand outstrips supply work continues on groups one to four with an expected completion date of week ending 14 February 2021. The programme will then follow the JCVI instructions for the next eligible cohorts, which maybe cohorts five to six.</p> <p>In relation to carers ‘JCVI statement 30 December 2020’ <i>“those who get carers allowance or those who are the main carers of the elderly or disabled person who welfare maybe at risk if the carer falls ill, should also be offered the vaccination alongside these groups.”</i> Thus, so long as the carer fulfils the criteria they will also be allowed to be vaccinated.</p> <p>The chair noted that the CCG is an active partner in the programme and have been partners from the mobilisation phase, with weekly meetings taking place where programme leads meet with the CCG to provide assurance.</p> <p>DB advised the local authority are involved in collating lists of vulnerable people aligning with national guidance and creating lists of carers and personal assistances ready to supply for when the time comes to vaccinate those people. Those people will be contacted in due course.</p>	
GB21/2	<p>Apologies for Absence</p> <p>Apologies were received from Dr Gina Halstead.</p> <p>The Chair informed the members that the information on the governing body meetings had been updated on the CCG website to provide the public with an opportunity to continue to present questions to the members. No questions had been received for the meeting.</p>	
GB21/3	<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, Chrissie Cooke and Jeff Simmonds.</p> <p>Dr John Wray in relation to his role as Medical Director at North West Ambulance Service (NWAS).</p> <p>Dr Pete Chamberlain in relation to his as role Director of Clinical Improvement at Mersey Care NHS Foundation Trust.</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 CCGs Register of Interests which is available on the website http://www.southseftonccg.nhs.uk/about-us/our-constitution/</p>	
GB21/4	<p>Minutes of Previous Meeting 5th November 2020</p> <p>The members approved the minutes of 5th November 2020 as a true and accurate record.</p>	
GB21/5	<p>Action Points from Previous Meeting</p> <ul style="list-style-type: none"> • <u>5th November 2020</u> <p><u>GB20/114 Integrated Performance Report</u></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: Close</p> <p><i>Update:</i> MMcD noted that national statistics will be drawn into the Integrated Performance Report were possible.</p> <p><u>GB20/149 Integrated Performance Report</u></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. <p>Resolution: Close</p> <p><i>Update:</i> Submission completed</p> <ul style="list-style-type: none"> • 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>Resolution: Close</p> <p><i>Update:</i> DB noted people first are supporting with the programme and working with Mersey Care NHS Foundation Trust to help support GPs with the process.</p> <p><u>GB20/155 Key Issues Reports</u></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. <p>Resolution: Close</p> <p><i>Update:</i> FLT noted a thank you was sent out in GP bulletin, with acknowledgment of the current pressures within general practice.</p>	

GB21/6	<p>Business Update</p> <p>The Chair welcoming Chrissie Cooke and Bill Bruce. Furthermore, gave his thanks to Graham Bayliss who will be retiring from the CCG in March 2020.</p> <p>In relation to the COVID19 mass vaccination programme the chair thanked the CCG, Governing Body and the wider staff for their continuous support on the programme. A further thank you was given to the wider organisations and volunteers that have supported the vaccination effort.</p> <p>DB on behalf of the council and vulnerable adults / care homes re-enforced the thank you to the vaccination team.</p> <p>Resolution: The members received the update.</p>	
GB21/7	<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. FLT noted that the report is shorter than usual which reflects the step down of non-urgent business within the CCG as the organisation prioritises its efforts toward the mass vaccine programme.</p> <p>The members were provided with an update on the COVID19 mass vaccination programme, noting a PMO has been setup to ensure delivery the programme. In terms of general progress, all vaccines received by the four identified vaccination sites have been administered to patients. 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 continuing to ensure that all vaccines are administered and that no vaccine is wasted.</p> <p>FLT noted as we move through the priority groups to the younger age range and second doses, the CCG will still provide support, but it will be the practices who take ownership of the programme.</p> <p>The members were provided with an update on The Cheshire and Merseyside Health and Care Partnership – Memorandum of Understanding (MoU) and Cheshire and Merseyside Joint Committee. FLT noted further updates will be provided to members on these items in future meetings as they progress.</p> <p>FLT noted on page 18, the sentence beginning "At the January meeting" was missing words at the end of the sentence. FLT confirmed this should say "How other individuals can become involved in the committee or supporting work programmes".</p> <p>Members attention was brought to section 3 and The Cheshire and Merseyside Joint Committee following the discussion at the private Governing Body meeting in January 2021, which has now been brought into the public domain.</p> <p>Finally, 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 to specifically detail any EU exit implications that would adversely impact immediately on any of our services. Currently there has been a nil return provided.</p>	

	<p>FLT advised the members that the local authority have set up mass testing is to begin following the South African Covid-19 variant index case within the Southport PR9 area. This will help with seeing how prevalent this variant is within the local area. Daily meetings are in place with Public Health England and The Department of Health and Social Care.</p> <p>Message to the public and all practitioners, Hands, Face and Space and in the particular PR9 area not to leave home unless essential.</p> <p>FLT noted a slight change in reporting to the governing body with separate Chief Nurse and Chief Finance Officer reports being provided to try and streamline and build on the Niche governance review.</p> <p>Resolution: The members received the report.</p>	
GB21/8	<p>Chief Nurse update</p> <p>CC provided the Governing Body with 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.</p> <p>The report identified 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.</p> <p>The Governing Body were asked to note 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. The report 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.</p> <p>CC brought members attention to those sections which include improvements which have been made in relation to Continuing healthcare and SEND within the report and also in relation to Children in Care and Learning Disability work.</p> <p>CC advised that the current pressures brought about by the Covid-19 pandemic have meant a number of key issues being raised due to the increased infection rates. Current pressures include the number of patients presenting to health services being Covid positive and also an increase level of staff sickness/self-isolation which 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.</p> <p>Members were asked to note the section on Infection control and Appendix 1 in relation to Nosocomial infection rates, noting that that both Liverpool University Hospitals Foundation Trust and Southport and Ormskirk NHS Trust 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.</p> <p>AS queried the recording and management of patient waiting lists at Alder Hey noted on page 89 and asked whether this has affected South Sefton CCG patients.</p> <p>Action – CC to report back to the Governing Body and Joint Quality &</p>	

	<p>Performance Committee with this information, and whether South Sefton patients are involved.</p> <p>FLT noted that SEND will be included in the Chief Nurse report, but further noted following the 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 July 2021.</p> <p>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.</p> <p>Furthermore, working with colleagues at Mersey Care Foundation Trust in relation to the adult ASD pathway, which has now begun and is being worked through.</p> <p>PC queried whether Mersey Care Foundation Trust Learning Disabilities Service has begun supporting General Practice with their undertaking of Annual Physical Health Checks. CC noted that it is currently in the implementation phase, progress was stalled due to staff redeployments. Confirmation of when the process will begin will be reviewed at the next quality review meeting.</p> <p>Members agreed that the presentation of the reports in this month's meeting worked well and allowed for a more in-depth discussion.</p> <p>Resolution: The members received the report.</p>	CC
GB21/9	<p>Chief Finance Officer update</p> <p>MMcD provided the Governing Body with an overview of the Month 9 financial position for NHS Southport and Formby Clinical Commissioning Group as at 31st December 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>Following the financial arrangements in place due to COVID pandemic, for the first six months of this 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 been reimbursed and the Months 1-6 financial position is breakeven.</p> <p>Resolution: The Governing Body received the report noting that:</p> <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 	

	<p>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.</p> <ul style="list-style-type: none"> • 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 	
GB21/10	<p>Integrated Performance Report</p> <p>MMcD lead the discussions advising, that the report provides summary information regarding the activity and quality performance on the key constitutional targets of South Sefton Clinical Commissioning Group.</p> <p>The percentage patients waiting 6 weeks or more for diagnostics is gradually reducing (position for November 2020 22.14%) but still a far way from the 1% target. The CCG has been working alongside the providers to meet the targets, this can be further seen with the percentage of incomplete RTT pathways which have steadily been increasing month on month (position for November 2020 65.78%) with a target of 92%. South Sefton CCG are only slightly below the national average of 68.2%.</p> <p>In terms of incomplete pathways waiting 52 weeks, this has risen exponentially through the year, as of November 2020 the CCG had 503 who have waited more than 52 weeks. Compared to the national figure of 192,000, a fair share for South Sefton would be approximately 620, thus the CCG would be under were we would expect to be if we were following the national trend.</p> <p>MMcD noted the measures which the Liverpool University Hospital Foundation Trust are working on to reduce the waiting list including:</p> <ul style="list-style-type: none"> • Writing to all patents who have been on the list for over 52 weeks and providing contact numbers to call should they need notice any deterioration. • Ongoing regular review through clinical prioritisation process of the 	

	<p>waiting list to ensure patients are as safe as they can be in the circumstances.</p> <p>CG asked whether there is any idea of which specialities are affected. MMcD noted the following areas are causing the most pressure - orthopaedics, general surgery, ophthalmology, and oral surgery.</p> <p>Page 112 shows that South Sefton CCG are achieving 3 of the cancer indicators, concerns noted in relation to the 2 week urgent referral for breast symptoms which dropped down to 43.48% against the 93% target, this was mainly due to staffing issues at the main provider which are being monitored.</p> <p>For mental health we are performing well for patients with a CPA, first episode of psychosis and IAPT waiting times. IAPT waits remain recovery rate and access are still below target which are a concern but noting the new provider is in place from 1st January 2021.</p> <p>Page 119-120 showed CAHMS services have made significant improvements in year as part of the SEND review.</p> <p>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.</p> <p>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.</p> <p>SEND arrangements 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.</p> <p>CC advised following discussions in relation to Cancer performance at the Commissioning Forum that following an increase in promotion of breast cancer awareness, that there had been an increase in staff sickness in relation to Covid-19. Furthermore, the adherence to the pathway which patients may have been referred through to, although patients may have been better being taken through the symptomatic pathway.</p> <p>Finally, there will be information shared to GPs in relation to a breast pain pop up, developed by Dr Paula Finnerty.</p> <p>BB asked whether there is a comparison between pre Covid-19 figures in relation to cancer capacity. MMcD advised the Cheshire and Mersey Cancer Alliance are looking at this data.</p> <p>Action – MMcD to share Cheshire and Mersey Cancer Alliance report current and pre Covid-19 levels.</p> <p>PC asked whether we have got to the bottom of why the percentage is still low for E-referrals? As all practices will be sending referrals electronically.</p> <p>Action – MMcD to obtain additional information why the figure for E-referrals is still only at 35.2% YTD., when all practices will be sending referrals electronically.</p>	<p>MMcD</p> <p>MMcD</p>
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	<p>Resolution: The Governing Body received the report.</p>	
GB21/11	<p>Published Registers</p> <p>AS presented an update report on the following published registers for South Sefton CCG as at 31st December 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 <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: Published – Governing Body, Contractors and Employees • Appendix C: Register of Interests: Published – Member Practices <p>AS noted the Audit Committee were satisfied with how the registers are being managed and were assured there are robust arrangements in place, which included positive feedback being received from the external auditors.</p> <p>Further communication to be circulated to staff in relation to Gifts and Hospitality due to one or two entries within the register contravening the rules.</p> <p>DF advised that inconsistencies within the national training programme and national policy have been raised by the CCG.</p> <p>Resolution: The Governing Body received the report, noting the areas identified for further consideration or improvement.</p>	
GB21/12	<p>Governing Body Assurance Framework, Corporate Risk Register and Heat Map: Q3 2020/21</p> <p>The members were presented with the updated Corporate Risk Register (CRR) and GBAF as at 15 January 2021. It was noted that this was as presented to the Audit Committee on the final position of the risks for Q3 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>AS noted at the Audit Committee meeting in January 2021 the membership reviewed and discussed the documents and approved the removal of the risks noted in section 2 of the report. Noting the movement of several risks within the register which have been shown within the report and the Heat</p>	

	<p>Map.</p> <p>DF confirmed to members that Governing Body Assurance Framework and Corporate Risk Register are constantly reviewed and DF and MMCD are looking at training sessions which will be provided by an external agency.</p> <p>Finally, at the next Development Session a review of the Strategic Objectives will be required going into the new financial year.</p> <p>Resolution: The Governing Body received the report.</p>	
GB21/13	<p>Key Issues Reports:</p> <p>a) Finance & Resource Committee b) Quality & Performance Committee c) Audit Committee - AS noted, the positive feedback from the external auditors in relation to the challenge questions posed to the CCG. d) Primary Care Commissioning Committee PTI e) Leadership Team</p> <p>Resolution: The Governing Body received the key issues reports</p>	
GB21/14	<p>Approved Minutes:</p> <p>a) Finance & Resource Committee b) Joint Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI:</p> <p>Resolution: The Governing Body received the approved minutes.</p>	
GB21/15	Any Other Business	
GB21/16	<p>Date and Time of Next Meeting</p> <p>Wednesday 8th April 2021, 13:00hrs. Format to continue as Video Conferencing meetings unless otherwise advised.</p> <p><u>Future Meetings:</u> The Governing Body meetings are held on the first Wednesday of the month.</p> <p>Dates for 2020/21 are as follows:</p> <p>3rd June 2021</p> <p>All PTI public meetings will commence at 13:00hrs, format to be confirmed.</p>	
<p>Meeting concluded</p> <p>PTI meeting concluded using the Teams platform.</p>		14:40hrs
<p>Motion to exclude the public:</p> <p>Due to the format of the meeting the motion to exclude the public was not required.</p>		

Governing Body Meeting in Public Action Points

Date: Thursday 4th February 2020

Item	Item and action	Lead	Update
GB21/08	<p>Chief Nurse update</p> <p>AS queried the recording and management of patient waiting lists at Alder Hey noted on page 89 and asked whether this has affected South Sefton CCG patients. CC to report back to the Governing Body and Joint Quality & Performance Committee with this information, and whether South Sefton patients are involved.</p>	CC	
GB21/10(I)	<p>Integrated Performance Report</p> <p>BB asked whether there is a comparison between pre Covid-19 figures in relation to cancer capacity. MMcD advised the Cheshire and Mersey Cancer Alliance are looking at this data. MMcD to share Cheshire and Mersey Cancer Alliance reports current and pre Covid-19 levels.</p>	MMcD	
GB21/10(II)	<p>Integrated Performance Report</p> <p>MMcD to check why the figure for E-referrals is still only at 35.2% YTD., when all practices will be sending referrals electronically.</p>	MMcD	

MEETING OF THE GOVERNING BODY April 2021

Agenda Item: 21/41	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southseftonccg.nhs.uk 0151 247 7069	Clinical Lead: N/A						
Report date: April 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 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							
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Links to Corporate Objectives 2021/22 (*x those that apply*)

X	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
X	To drive quality improvement, performance and assurance across the CCG's portfolio.
X	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
X	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
X	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

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

Report to the Governing Body April 2021

COVID19 update

1. COVID19 Mass Vaccination Programme

Sefton PCN groupings continue to deliver COVID vaccinations to patients in cohorts 1-9. Good progress is being made and there has been great collaborative working with partners to ensure that hard to reach groups and carers have been offered vaccinations.

Second dose vaccinations are now underway and this means revisiting all care homes to ensure residents complete their vaccinations.

General local and national updates

2. 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, 5 days per week advising of the current position. At the time of writing there are no significant concerns that have been identified.

3. CCG Strategic Objectives

The Governing Body has now approved the following new strategic objectives. The governing body has also delegated responsibility to a sub-committee or the leadership team to oversee delivery of each objectives and to identify and mitigate any risks that may have an adverse impact.

Leadership Team	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
Joint Quality and Performance Committee	To drive quality improvement, performance and assurance across the CCG's portfolio.
Finance and Resources Committee	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
Primary Care Commissioning Committees in Common	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
Leadership Team	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

The CCGs Governing Body Assurance Framework is now being updated to reflect these changes and new reporting templates will be issued across the organisation so that our plans and proposals continue to be aligned to our objectives.

4. Merton House – relocation

The relocation of our headquarters from Merton House is now complete and therefore staff are no longer able to access the building. There was a significant amount of effort put in by the teams to ensure the move went to plan and all those involved are commended for their hard work and support. Particular thanks is extended to Lisa Gilbert, the CCG's Corporate Governance Manager who lead the process from the start and was on site on the day of the move to ensure it went smoothly.

The medicines management team has now moved in to Magdalen House and the governing body will receive further updates on when we will start a phased approach of moving the rest of the staff team into our new base at Magdalen House soon. In the meantime, as per government guidelines, the majority of staff will continue with remote working.

5. Staff Survey

The results of the national NHS Staff Survey have been published and the CCG's Sounding Board (our staff engagement forum) and the Leadership Team are now reviewing the results and considering next steps. The survey results are available here [click here](#).

The Leadership Team is incredibly appreciative of the time staff have taken to complete this survey and also to those who completed our own local survey last year, to assess the impact of changes to working arrangements in response to the pandemic.

To ensure that we have robust insight to how our staff are feeling it has been agreed that the CCG will run updated version of this survey to ask views on how they are adapting to how we work and also to seek views on future ways of working.

The outputs will help inform our future operating model at our new premises at Magdalene House.

6. Midlands and Lancashire Commissioning Support Unit (MLCSU) Annual Report

MLCSU have provided extensive support to the CCG throughout the pandemic not just on our response to COVID19 but also providing ongoing support to our business as usual activities and ensuring we were able to discharge our responsibilities. Working in true partnership has enabled the CCG and CSU to work effectively on key projects including, but by no means limited to, the Niche complaints and governance actions plans, ensuring our staff have excellent HR support throughout the pandemic, medicines management, emergency planning and more recently support to progress our People Plan.

The CSU's Associate Director and relationship lead between the CSU and the CCG is a member of the Senior Management Team, an arrangement which in itself demonstrates the integrated way in which the two organisations operate.

The Leadership Team and Governing Body have agreed to extend the contract for services until 31st March 2022 so that CCG can continue to benefit from support during the transition period.

A copy of the MLCSU Annual Report 2020/21 is available at Appendix 1.

To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.

7. Shaping Care Together

The Shaping Care Together programme continues and is overseen by the Joint Committee of NHS Southport and Formby CCG and NHS West Lancs CCG. The committee held a public meeting on 24th March and an update was provided by the Programme Director. Phase one of the engagement and communication process has concluded and work is underway to consolidate learning so far.

The Clinical Congress met on 11th February to review the vision and design principles for models of care and further workshops are planned. Work is also ongoing to recruit to some of the key roles within the programme.

The committee had also undertaken an annual review of its terms of reference that was led by the committee's current chair, Helen Nichols, Lay Member for Governance S&F CCG and minor changes were proposed.

To drive quality improvement, performance and assurance across the CCG's portfolio.

8. NHS People Plan 2020-21

The CCG has an established forum that now reviews progress in respect of the NHS People Plan 2020-21. The plan set out an ambition to introduce three key roles in every NHS organisation. These are Freedom to Speak Up Guardians (FTSUG), Wellbeing Guardians and Healthy Workplace Champions. The FTSUGs have been in place for over 12 months and more recently the governing bodies of both CCGs nominated Wellbeing Guardians and the CCG is in the process of identifying Workplace Champions.

Freedom to Speak Up Guardians

Our Freedom to Speak Up Guardians in the CCGs are Moira Harrison and Sarah McGrath. These roles provide an alternative route for staff to be able to speak up and raise concerns. The roles were introduced last year and provide an additional channel for staff to use if they prefer not to speak to their line manager about something which is bothering them. More recently they have been working with the Interim Programme Lead for Corporate Services to review and update our Whistleblowing/Freedom to Speak Up policy to ensure that it is fully aligned to the requirements of the National Guardian's Officer and has a high profile in the organisation.

Wellbeing Guardians

A Wellbeing Guardian is a senior leader that looks at the organisation's activities from a health and wellbeing perspective and acts as a critical friend. The CCG's Wellbeing Guardian will be the new lay member for PPI and will assume the role from Graham Bayliss once they are appointed. The role will be to question and challenge decisions which might impact on the health and wellbeing of staff.

Healthy Workplace Champions

The Healthy Workplace Champion role aims to promote the health and wellbeing of staff. This role is currently open to all staff in the CCG and we are hoping to appoint Healthy Workplace Champions in

a range of roles and levels of seniority across the organisation. Healthy Workplace Champions will work to ensure there is a positive culture around health and wellbeing in the CCGs. They will promote good practices across the organisation, for example by ensuring that staff are having regular wellbeing check ins, taking regular breaks, and taking time to be aware of their physical and mental health. They will also sit on a new wellbeing forum which is being led by one of the CCG's commissioning leads, where there will be scope to develop new wellbeing initiatives and activities in the CCGs.

9. Cancer Alliance – GRAIL Screening Study

Cheshire & Merseyside has been confirmed as the first pilot site in Europe to test the ground-breaking Galleri blood test as part of the national NHS England-GRAIL Screening Study Partnership. They will be working with NHS England, GRAIL and the Cancer Prevention Trials Unit (CTPU) to deliver this work. The aim is to recruit 20,000 participants throughout the region by March 2022.

Developed by GRAIL, the simple Galleri blood test checks for molecular changes and can identify over 50 different types of cancer such as head and neck, ovarian, pancreatic, oesophageal and some blood cancers. From summer 2021, participants will be identified and written to by NHS DigiTrials. CMCA will also be working with some GP practices to send invitations directly.

Participants will be offered an appointment at a mobile unit to confirm eligibility, give consent, and provide their first blood sample. All participants will be asked to give a further sample in Year 2 and 3.

To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes.

The CCG is working alongside its system partners to determine how it's Quality, Improvement, Prevention and Productivity plan to support the recovery of NHS services as pressures from COVID start to reduce. The focus will remain upon ensuring that the CCG can prove that the services that it commissions are effective and provide value for money. The main areas of the plan for 21/22 include review of elective care services and medicines optimisation. The CCG is also planning further conversations with the public to understand how it can provide better education and support to enable improved levels of self-care.

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

10. Single Primary Care Network (PCN)

Plans are underway to form a single PCN across the NHS Southport and Formby CCG GP practices. This is an exciting development and will enable the PCN to make full use of the Additional Role Reimbursement funding available in 21/22.

We await publication of the service specification from NHS England.

11. Primary Medical Care Out of Hours

PC24 will begin to delivery Out of Hours care to Sefton from 1st April 21. PC24 has run Out of Hours services for a number of years and were the successful bidder as a result of the procurement in 2020. Mobilisation of the contract was initially delayed due to the pandemic.

To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

12. Borough based working

A Strategic Task & Finish Group has been established to oversee the development of an Integrated Care Partnership in Sefton. The Group held its first meeting in March and is being chaired by the Cabinet member for Health & Wellbeing. The CCGs are represented through Leadership Team members, with PCNs also represented by Clinical Directors.

The first meeting focused on transitional and future governance arrangements with the latter potentially taking effect from April 2022. The next twelve months provide an opportunity to accelerate a new partnership arrangement that can deliver improved outcomes for the people of Sefton. As part of the transitional arrangements, the Provider Alliance is to become a Programme Delivery Group that will become responsible for driving implementation of Living Well in Sefton and Sefton2gether. A System Resources Group will also be established to oversee the development of new finance and contracting mechanisms, as well as the development of a Sefton Intelligence Hub that will drive the implementation of population health management.

13. Changing commissioning landscape

The Governing Body has now recommended the establishment of a joint committee across Cheshire and Merseyside and that proposal was accepted and approved by the Wider Membership. The Chief Officer of Knowsley CCG is continuing to lead the development of the committee and is consulting with relevant members on the proposed terms of reference, a further meeting of the respective Accountable Officers will take place in April to consider the terms of reference. Once they are drafted, they will be submitted to the Governing Body for consideration and review.

14. Cheshire and Merseyside Health & Care Partnership Memorandum of Understanding

At a previous meeting of the Governing Body members received the Partnership Memorandum of Understanding (MOU) and approved it in principle but recommending some changes. Those recommendations were shared with the Partnership Chair, Alan Yates and were considered, alongside other feedback at a meeting of the Board on the 24th February.

The following amendments have been made to the MOU and an addendum will be now be added to the document:

- Extend membership to all CCG Chairs - Responding to the need for greater local NHS perspectives in our discussions. A development which will also assist the Board by providing for some lay/independent involvement and a wider clinical voice
- Maintaining the current position of a Chair and Accountable Officer representative of CCGs
- That in keeping with the commitment provided in January these arrangements will be reviewed within six months of their introduction
- The Board agreed to introduce these arrangements from 1st June. This will support a smooth transition but will also follow local government elections now confirmed for 6th May.

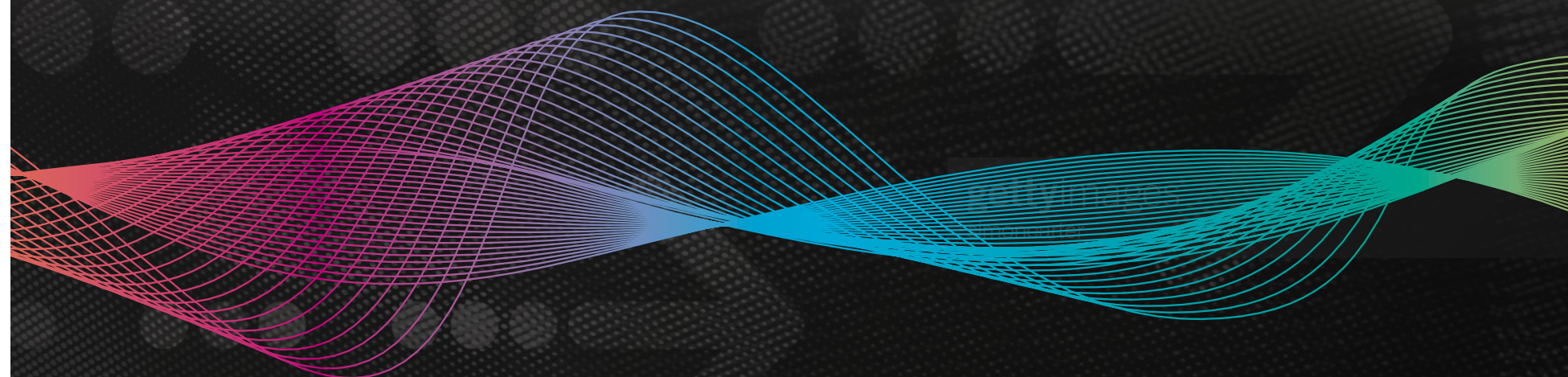
15. Recommendation

The Governing Body is asked to

- *Receive this report.*

Fiona Taylor
Chief Officer
April 2021

Our year – supporting through COVID and beyond



This is an interactive PDF. To navigate, use the arrow buttons at the top of each page or locate a specific section using the menu or buttons within the document.

About NHS Midlands and Lancashire Commissioning Support Unit

Both of and for the NHS, our vision is to be pivotal in fully supporting the delivery of major improvements in health and wellbeing. We're essential to the healthcare systems that we support, and our philosophy is to face every new challenge and opportunity together with our customers.

We've developed an unparalleled experience across a wide range of areas that positions us above other organisations providing business and commissioning services, clinical support and support to sustainability and transformation partnerships (STPs) and integrated care systems (ICSs).

We deliver added value for our customers, whatever services we provide, and maintain among the highest levels of customer satisfaction of any commissioning support unit.

In the future, we know commissioning will become far more about the strategic management of the health of the population. There will be less transactional exchanges between system providers and more responsibility upon providers to collaborate, develop and deliver services within a single system plan.

1,750+
highly skilled
NHS profes-
sionals and
subject mat-
ter experts

10 health systems served in
addition to diverse customers
across government, health and
social care

Covering **1/4** of England's pa-
tient population



I am immensely proud of everyone at MLCSU for their dedication to provide the highest quality services, in what has truly been an exceptional year. We have all adapted to remote working and shifting priorities, often along with challenging personal circumstances. In a year where we have shown we can support the whole care system, all our services have demonstrated innovation, integrity and compassion in delivering both COVID and non-COVID projects – and I cannot thank them enough.

Derek Kitchen,
Managing Director



Being a responsive system partner

During the first wave of COVID-19, we were inundated with requests for additional support across a range of disciplines. We quickly set up a system to identify what capacity we had available, across various skillsets. We were able to meet all requests for support within 1-2 days, and redeployed **over 50 people** within the **first 2 weeks** of the system being set up.

- **We established a gold command room to provide strategic and tactical coordination in Lancashire and South Cumbria.** Daily calls gather the latest picture across the system to understand any pressures, and identify if any action is needed. The team are provided with role and responsibility job cards, and standard operating procedures are in place. It has been a great success in system working, sharing resource and capacity to ensure the system is responsive and safe, and will be the blueprint for system management in urgent care after the pandemic.

- We reacted quickly to the need to postpone all booked appointments for a second dose of the COVID vaccinations. Commencing on New Year's Day, the COVID response team successfully and promptly set up a call handler service – supported by several teams including IT, RMS and O365 cloud team and a list of volunteers. Recognising the urgency of the situation, **25 MLCSU staff volunteered** evenings and weekends to make **3,724 calls** and cancel appointments in-line with the national ask.

In the first 6 months of the pandemic, we utilised **£10m of resource** on COVID-19 services, of which only **£1.7m** represented additional cost – demonstrating our strengths in scale, agility and relationships.

Being a responsive system partner

- At the start of the pandemic, we worked with the Lancashire and South Cumbria system to plan how additional system bed capacity and the Nightingale Hospitals might be accessed if needed. We **identified potential challenges and drafted procedure protocols** for transferring and managing patients. We mapped the beds in the system to ensure they were being used effectively and understand how they might be used in different potential scenarios.
- The IPA/CHC service refocused during the pandemic to provide support in all discharge pathways to improve discharge rates whilst still ensuring appropriate quality care. We supported an increase in discharge numbers by **40%** in our Mersey area. The teams have taken on some dedicated discharge pathways such as End of Life which has seen us managing up to a **100% increase** in referrals and supporting them through discharge and to provision of appropriate care.

We developed a procedure for establishing a single waiting list for planned care across Lancashire and South Cumbria which NHSE&I has adopted as the national blueprint. We provided project management resource to the national programme to cleanse and validate waiting list data working with all regions across England. We are developing a patient tracking list viewer to provide a clear picture of waiting list information which will inform system capacity, enable the sharing of best practice and improve patient pathways.

- Our Medicines Management and Optimisation team have the **sub-regional responsibility for medicines safety** in the COVID-19 vaccination programme, mobilising staff and providing premises. Senior nursing colleagues supported by creating fit-for-purpose governance arrangements, clinical governance arrangements and senior clinical oversight of vaccination delivery.

Being a responsive system partner



- Throughout COVID-19, our BI and UEC teams established regular briefings for our partners at Lancashire and South Cumbria ICS. We use a wide range of data sources and monitor other system pressures and performance to **make trend analyses of key metrics and highlight any actions** required.
- We worked with colleagues in Lancashire and South Cumbria to **establish a network of COVID-19 vaccination hubs**. Our partnership and system approach ensures the most vulnerable patients receive their vaccines quickly and safely. We have also provided data management support for vaccination centres under University Hospitals Birmingham, and supported the deployment of pharmacists to the Nightingale Hospital in Manchester.
- Our Improvement Unit are supporting NHSE&I by reviewing Emergency Preparedness, Resilience and Response (EPRR) reporting. We have **completed a full review and implemented improvements** to incident reporting. This has involved ensuring all decisions are logged robustly with a full audit trail, and establishing processes for collating and reporting information up through NHS leadership to central government on the COVID-19 impact and response.

Being a responsive system partner

- Our Medicines Management and Optimisation team have the **sub-regional responsibility for medicines safety** in the COVID-19 vaccination programme, mobilising staff and providing premises. Senior nursing colleagues supported by creating fit-for-purpose governance arrangements, clinical governance arrangements and senior clinical oversight of vaccination delivery.

In response to the COVID-19 Discharge Guidance issued in March 2020, over **460 staff** from IPA/CHC services were moved to home working within 2 days and reconfigured to support 7-day working (8am-8pm) within a week. This enabled the delivery of the guidance to be supported, in order to free-up beds for COVID patients, whilst ensuring protection of our staff.

The Referral Management Centre supported Warrington CCG with their **COVID helpline** which was receiving high volumes of calls. We quickly redeployed suitable staff to assist, and supplied them with clear guidance for handling a variety of queries to ensure people were called back and queries were quickly resolved.

- A result of the COVID-19 incident was that numerous organisations were becoming involved in the procurement and distribution of vital supplies of Personal Protective Equipment (PPE) and medical equipment. Our Improvement Unit delivered a **robust and effective database for the NHS Supply Chain** to improve processes, standardisation and data quality in the procurement of core items. This enabled the programme to move forward at pace and meet the requirements of the incident. PPE workstreams remained on track and key milestones were achieved which resulted in more efficient and effective supply chain processes.

Our response to the Long Term Plan

We are in the very best position to support the Long Term Plan's areas of focus:

- We are helping health systems explore, co-design and implement new **contracting, governance, hosting and performance management** structures.
- We have developed a series of offers for **GP practices and primary care networks** to help them form, professionalise and grow.
- The Health Economics Unit is working to advance the application of machine learning and AI in addressing **population health management** challenges. We are also driving forward work on **population profiling and risk stratification**.
- We are delivering innovative approaches to **urgent and emergency care** management.
- We are continuing to support improvements in **medicines management and optimisation**.
- Our process and service improvement consultancy service (The Improvement Unit) continues to use its programme management and change expertise **to improve outcomes, quality and efficiency** for customers.
- We can help systems secure a robust single approach to delivering **waiting list management** as part of the national COVID-19 restoration and recovery plans.
- Our Digital Innovation Unit is **utilising automation and chatbot technology** to facilitate more efficient care delivery.
- We offer a diagnostic programme to identify potential **back-office efficiencies**, followed by co-design of a solution in line with Carter principles and deployment across the system.

We are working to ensure the **collective expertise and experience** of our people is utilised most effectively throughout the wider health and care system as the landscape changes. Our approach to talent management and development and our CSU resourcing plan are enabling us to **respond quickly and strategically** to requests from new and existing customers.

Our response to the Long Term Plan

Our services fit broadly within the three areas of:

- **NHS consultancy:** Looking at strategic transformation, operational efficiency and driving improvement
- **Data, digital and population health management:**
 - Flexible, robust and cutting edge data management for increasing requirements for wider data sets and real-time data
 - Comprehensive and accurate analytics and reporting for operational planning and performance
 - Data management and analytical experience with a range of datasets to support driving PHM, predictive and actuarial analytics
- **Business support:** Delivered at the most effective place, done once and shared, delivering both cost and operational efficiency.

We also have a proven track record in adapting quickly to meet the changing needs of systems, and never more so in our response to the COVID-19 pandemic.

Read more about how we have added real value to the systems we support over the following pages.



NHS consultancy

- Through our partnership with **PredictX**, we used health and social care data to accurately predict **81% of hospital admissions** from A&E on a sample of observed patients, and identified the key factors leading to A&E admissions.
- Our Strategy Unit worked with the Health Foundation, King's Fund, Nuffield Trust and others to provide **evidence reviews to guide decision makers** to help services respond. One looked at the impact of the pandemic on likely demand for mental health services; the other looked at waiting lists for planned care.
- To understand how a COVID-driven recession could impact on population health in the Black Country and West Birmingham, our Strategy Unit undertook a **novel analysis** and produced **modelling** which will be used to discuss which outcomes to prioritise, and exploring the most appropriate evidence-based intervention mechanisms to use to address local needs.
- The project management expertise and networking skills of our Contracts Management Team were deployed to support the recovery of elective care activity during the pandemic. To support the delivery of the Clinical Validation Programme, we engaged strategically with **all 23 North West trusts** and facilitated over **30 online training sessions** to over **200 delegates**.

Our OTiS team has helped **16 emergency departments** reduce their waiting times with a mix of consultancy support on-site and an interactive digital reporting suite designed by BI and clinical experts.

- Development of **strong plans for elective recovery** that meant that - until the very peak of the second COVID surge was felt - the system trajectory for elective care set within the phase 3 plans was being met, despite the return of levels of COVID admissions well above the peak of the first wave.
- Programme management of the North West region COVID-19 Recovery Cell** was implemented at pace, whilst continuing sustainable and robust planning and assurance processes. We have already demonstrated improved efficiency and effectiveness of processes.

Bed reduction programme with Blackpool Teaching Hospital NHS Foundation Trust achieved **10% increase** in zero-day length of stay rate and **15% reduction** in number of occupied bed days per 1,000 in over-65s.

Data, digital and population health management

In **1 region**, using VBCchecker over **2 years** helped to:

- Reduce elective procedures by **14,000**
 - Save **£18m+**
 - Reduce individual funding requests needing consideration by CCGs by **50%**
-
- We provided data intelligence and clinical insight which enabled Lancashire and South Cumbria ICS to precisely target discharge opportunities leading to **faster recovery from waves 1 and 2 of the COVID pandemic**. It enabled the safe reduction of bed occupancy, the step-down of capacity planning and the development of a blueprint and best practice example for the North West.
-
- We are working on a 2-year project to explore key digital infrastructure challenges faced when **deploying digital infrastructure to rural areas**. We are leading the implementation of health and social care using 5G technology in rural Herefordshire and Worcestershire.

- We have worked with **3 STPs** to help scale the Remote Monitoring Care Programme with a particular focus on COVID-19 patients and the management of patients with long-term conditions to support home-based care.

-
- To improve the low utilisation of Electronic Repeat Dispensing (eRD) across the Midlands, we delivered webinars to nearly **700 healthcare professionals** which had **84% 'excellent'** or **'good'** feedback. Over 400 professionals registered onto our bespoke online platform to join discussions and access key resources.

Integrating data analytics to build a profile of over-65s in Walsall resulted in **improved patient care** and **significant savings**. Our insight prompted reconfiguration of the acute setting's clinical workforce and bed base, resulting in expected savings in **excess of £1million** over one financial year, fewer admissions and sustainable reduction in length of stay.

Data, digital and population health management

- The COVID-19 outbreak sparked an urgent need to roll-out the use of video consultations for outpatient appointments. In three weeks, we trained staff across 54 trusts in the North West and North East and Yorkshire to enable over 100 services and specialities to start working in this way. Seven months on, **over half a million** video consultations have taken place, with the North West consistently one of the highest users outside of London.
- Using **Aristotle Xi**, our COVID-19 Care Homes Report utilises the latest data from the National Care Homes Capacity Tracker. Over **2,000 care homes** and other facilities (hospices, community and acute rehab locations) are prompted to share any pressures such as workforce, PPE, bed vacancies, COVID cases and staff sickness absence. It enables our CHC service to support early warning monitoring and discharge placement.
- The BI team produced a high-level population profile to provide PCNs with a concise overview of their **demographics, segmentation and health indicators**. We demonstrated the reports to our colleagues embedded within the CCGs so they could present them to CCGs and PCNs with confidence.

On behalf of NHSE NW, we completed process mapping and audit of the hospital-acquired COVID infections data at Liverpool University Hospitals Trust. Our audit found up to **40% of cases** on the sitrep might not have been nosocomial, and we supported the Trust to investigate and make improvements to recording in future.

- Our COVID-19 Testing Dashboard is based on Public Health England Pillar 1 and Pillar 2 COVID-19 testing data. Test data is plotted against population figures and is mapped to wards, local authorities and ICSs. Other metrics including age, gender, ethnicity and rates per 100,000 are calculated to provide a rich picture. The **dashboard allows hotspots or emerging hotspots to be identified and monitored** against a range of indicators.

Introduction of our Trac recruitment system within **MLCSU and 35 CCGs** has led to a **43% reduction** the time taken to offer an unconditional offer of employment.

Business support

- Our IT service consistently achieves a **99% uptime**, supports **20k users** and **30k devices** and over **1,000 practices**. We recently **saved £22m** by reducing 800 servers to 300.

We are **England's largest provider** of funded care and individual patient activity support:

- 20,000+** active caseload
- 20+** CCGs supported
- 450** expert staff

- Our end-to-end digital commissioning tool (**adam**) realises cost, time and quality efficiencies for CCGs, improving the experience and choice that patients and their carers have. Placement costs have been reduced by **4-7% per week**, and the time taken to place residents has halved, leading to significantly enhanced patient experience and faster discharge from hospitals. Furthermore, this approach has stimulated the local market and increased available market share by **28%**.

adam

- Our cloud-based portal, **PrimaryPoint**, provides resource management and governance support to primary care practices, groups and PCNs. **700 GP practices** have signed up since September 2020.

Our **Find Me A Locum** app takes the stress out of finding GP locums. In the first 8 months in North Staffordshire, almost **100 GPs** registered and around **1,400** vacant sessions were filled.



- 30%** of all calls made by our referral management team to book appointments were going unanswered. We introduced **ChatBot technology** to make calls, and transfer to call handlers when calls are answered by patients. This ensures that the team are fully effective by only spending their time talking to patients.

Business support

- Our Finance Services Team and Digital Innovation Unit collaborated to improve the system for processing S12 Doctors claims for Mental Health Act assessments, which was very labour intensive, time consuming and inefficient. The **'Find Me An S12 Doctor'** web platform and app was launched in November 2020, and is already well received by all stakeholders.



The independent sector framework was created to increase capacity on the system during the COVID response. We are leading the CSU offer to the North West region and have created joint specifications, quality schedules, finance packages, and provided BI support.

- We have provided a helpdesk facility for staff at Blackpool Teaching Hospitals to access a new COVID test being piloted there to **identify asymptomatic staff and therefore reduce spread of infection**. The Midlands Analytical Hub has also been modelling the process to understand testing throughput and capacity and investigating opportunities to support similar projects elsewhere.



Contact us

Leicestershire and Rutland, Shropshire and Staffordshire

Leicestershire and Rutland, Shropshire and Staffordshire

Martin Pope

✉ martinpope@nhs.net

✉ [Send Martin an email](#)

Contact us

Herefordshire and Worcestershire, Birmingham and Solihull, The Black Country, Derbyshire

Herefordshire and Worcestershire, Birmingham and Solihull, The Black Country, Derbyshire

Stuart Hydon

✉ stuart.hydon@nhs.net

✉ [Send Stuart an email](#)

Contact us

Cheshire and Merseyside

Cheshire and Merseyside

Pam Hughes

✉ pam.hughes@nhs.net

✉ [Send Pam an email](#)

Contact us

Lancashire and South Cumbria

Lancashire and South Cumbria

Clare Thomason

✉ clare.thomason@nhs.net

✉ [Send Clare an email](#)

Contact us

National bodies

National bodies

Miranda Pilkington

✉ miranda.pilkington2@nhs.net

✉ [Send Miranda an email](#)

MEETING OF THE GOVERNING BODY April 2021

Agenda Item: 21/42	Author of the Paper: Chrissie Cooke Interim Chief Nurse Email: chrissie.cooke@southseftonccg.nhs.uk	Clinical Lead: Dr Gina Halstead Clinical Lead for Quality						
Report date: April 2021								
Title: Chief Nurse Report								
<p>Summary/Key Issues: This paper presents the Committee with an update regarding key issues that have occurred since the last report which was presented in February 2021. The key risks to draw the committees attention to are:</p> <ol style="list-style-type: none"> 1. Potential increased complaints, incidents, safeguarding referrals and retrospective identification of harm as the system returns to business as usual. 2. Continued risks to the workforce. 3. Risks associated with the acquisition of services to Mersey Care. 4. The current position regarding CHC. <p>The Committee is asked to note the mitigation set out in the body of the report.</p>								
<p>Recommendation</p> <p>The Governing Body is asked to receive this report.</p>		<table style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Receive</td> <td style="text-align: center; border: 1px solid black; width: 30px;">X</td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="text-align: center; border: 1px solid black;"> </td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="text-align: center; border: 1px solid black;"> </td> </tr> </table>	Receive	X	Approve		Ratify	
Receive	X							
Approve								
Ratify								

Links to Corporate Objectives 2021/22 (*x those that apply*)

X	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
X	To drive quality improvement, performance and assurance across the CCG's portfolio.
	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

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			The content has been discussed at Joint Quality and Performance Committee

Report to the Governing Body April 2021

1. Executive Summary

- 1.1 This paper presents the Governing Body with an update regarding key issues that have occurred since the last report which was presented in February 2021.
- 1.2 The key risks/issues to draw to members attention to are:
- Potential increased complaints, incidents, safeguarding referrals and retrospective identification of harm as the system returns to business as usual;
 - Continued risks to the workforce;
 - Risks associated with the acquisition of services to Mersey Care;
 - The current position regarding CHC.
- 1.3 The Governing Body is asked to note the mitigation set out in the body of the report.

2. Key Updates

2.1 Temporary Quality Monitoring Arrangements

- 2.1.1 In the last Chief Nurse's report to Governing Body it was reported that in response to a request to stand down quality monitoring, the CCG temporarily revised quality monitoring mechanisms, confirming the arrangements to provider organisations in writing. Previous arrangements have now been reinstated, as of March 2021.

2.2 Restoration of Services

- 2.2.1 Following the Covid response and the anticipated return to business as usual, all providers have been asked by NHSE to plan for restoration of services. This includes plans for recovering elective waiting times and stepping up harm reviews that may have occurred during waiting. The restoration process will be managed in a similar way to the command and control structure currently in place for the Covid response. This means that elective recovery will be managed and delivered at a system level, with a system level PTL, and the in-hospital cell taking responsibility for oversight. Patient safety and avoiding harm is a key element. Effective communication with patients to keep them informed regularly, in relation to their wait and any service changes, ongoing PTL validation and clinical review should become a core component of elective restoration involving end-to-end review and involving primary care.
- 2.2.2 The Governing Body was alerted, in the last Chief Nurses report, to the ongoing risk to staffing and this has been recognised in the system level restoration plan. It includes strategies to support the resilience and recovery of our workforce and recognises this is paramount to ensure both a sustainable recovery and the best possible outcomes for our patients. It will

include longer term investment, particularly in health and wellbeing, the flexible use of resources and support to staff to lead and transform.

2.3 Understanding Harm from Waiting

- 2.3.1 During the pandemic period the CCGs gained early sight from the Trusts (via CSU) of all long waiters, monitoring the 36 week waiters, at speciality level for all contracted key providers. The CCGs also received assurance information for the 52 week waits from each Trust on the issues and plans. This information is reported to Governing Body on a monthly basis in the Integrated Performance Report.
- 2.3.2 Assurance was also sought and provided at CCF and CCQRM meetings on a monthly basis with Southport & Ormskirk Hospitals NHS Trust (S&O) as lead commissioner, and as associates to other acute contracts such as Liverpool University Hospitals Foundation Trust (LUHFT). Proportionate view of long waiters against total waiters comparable to national levels was also monitored.
- 2.3.3 NHS South Sefton CCG is comparable to national levels at 6.7% of total waiters over 52 weeks, whereas NHS Southport & Formby CCG (SFCCG) are significantly better performing at only 2.4% of the total waiters over 52 weeks.
- 2.3.4 Assurances included risk stratification of patients on both Referral to Treatment Times (RTT) and non-RTT Patient Tracking Lists (PTLs) in place, including processes for patients to be fast tracked to a clinician if their condition deteriorated. Throughout the recovery phase, a priority has been given to long waiters and clinically urgent patients. The CCGs have received an overview of these assurances via quality monitoring meetings. The CCGs are now moving into a process of reviewing the patients waiting on lists to check that no harm has occurred and determining action for those whose clinical priority has changed.
- 2.3.5 It is likely that as we return to business as usual there may be quality issues that come to light that have not been picked up during the pandemic. The monitoring systems did not identify any significant under-reporting of patient safety or experience. However the pandemic saw unusual times and new practices emerge and there is the potential that, on reflection, people may decide that they are not happy with the outcome.
- 2.3.6 These may be patient/family complaints, safeguarding referrals and incidents that have previously gone unreported and retrospective identification of harm. This is a potential pressure on the quality team and other CCG and provider colleagues. The pressure from an increase in complaints and incidents coincides with a time when staff are coming out of significant pressure from the Covid response and are vulnerable to issues such as post-traumatic stress disorder. Additional pressure will come from the discussion and transition into the ICS, as people start to cope with change. Our response to this is being picked up by the CCGs organisational development plan.

3. Conclusions

- 3.1 The content above reports on the activities of the CCG in quality monitoring and development over the past few weeks.
- 3.2 The key risks/issues to draw to members attention to are:
- Potential increased complaints, incidents, safeguarding referrals and retrospective identification of harm as the system returns to business as usual;
 - Continued risks to the workforce;
 - Risks associated with the acquisition of services to Mersey Care;

- The current position regarding CHC.

4. Recommendations

- 4.1 The Governing Body is asked to note the update and risk mitigation set out in the body of the report.

5. Appendices

Appendix 1- Summary of Quality Issues

Chrissie Cooke
Interim Chief Nurse
April 2021

Appendix 1 Summary of Quality Issues.

Southport and Ormskirk Hospital NHS Trust

Southport and Ormskirk Hospitals received an unannounced CQC inspection on 3 March 2021, with a particular focus on the 'Well-Led' and Medicine and Urgent Care. The Trust submitted additional evidence to the CQC and at the end of the site visit received positive feedback from the inspection team. The Trust has since received an interim letter confirming some aspects of the inspection but has yet to receive the outcome and the full report. This is still subject to CQC governance processes.

Following the review of the level of surveillance status for the Trust at Cheshire and Merseyside QSG in February, a decision was made to reduce the level of surveillance from 'enhanced' to 'routine'. A letter has been sent to the Trust from the CCG Chief Nurse confirming the changes in surveillance status.

Ophthalmology - an update was provided at the March CQPG in relation to ophthalmology waiting times, risk stratification and patient harm. The Trust submitted the 'plan on page' which includes overdue review and risk stratification. There has been progress against overdue reviews with a reduction from 1136 to 1695 (17 February 2021). The Trust is expected to provide a breakdown of ophthalmology patients on the waiting list by subspecialty, starting with patients with glaucoma due to the risk for this cohort. The date when this will be expected to be received will be confirmed on 19th March 2021.

The Trust has also been able to make significant investment into the ophthalmology service including; 3 x WTE consultants, 2 middle grade doctors, a failsafe officer and additional administration. There is however a high level of cancellation for outpatient appointments due to Covid, which they are looking to address, with support from the CCG communications team.

Alder Hey Children's Hospital NHS Trust

The external review of the Trust's waiting times for children and young people waiting greater than 52 weeks has been raised on StEIS. The Trust has provided a breakdown by CCG, which confirmed there were 4 for South Sefton CCG and zero for Southport and Formby CCG. Alder Hey has confirmed no harm has occurred following clinical review.

A presentation was provided at the February CQPG on safe waiting list management. The Trust has a plan in place with governance arrangements which include; reporting to a specific programme board which meets fortnightly, reporting to the Trust Safety Quality Assurance Committee, and externally to MBI.

The programme board includes membership of Liverpool CCG colleagues to provide commissioning oversight. Progress will continue to be monitored at the CQPG.

Mersey Care NHS Foundation Trust

Acquisition: The transfer of Lancashire Care Community Services to Mersey Care is going according to plan. There are also discussions being held to develop a Sefton-only CQRM with Mersey Care that will cover mental health and community services. The process is being consulted on at the moment and a paper will be taken to Joint Quality and Performance Committee in May 2021, with a view to commencing the new process in June 2021.

The acquisition of North West Boroughs by Mersey Care is also progressing according to plan. Leadership Team members met with NHSE/I transformation team in March, regarding risks and issues that need to be monitored during the transition process. Potential quality issues identified were related to capacity for executive engagement and oversight, management breadth, challenges of bringing different organisational cultures together, alignment of differing governance processes and the handling of potential legacy quality issues.

Continuing Healthcare: The CCG was made aware on 23rd February, of cases that were awaiting assessment and or review under the CHC framework which were the responsibility of Mersey Care NHS Foundation Trust (Mersey Care). This is a specific issue for South Sefton CCG. It is currently estimated 52 cases are awaiting assessment (for either CHC checklist or Decision Support Tool completion) and 35 cases are awaiting review (currently in receipt of a package of care). This spans across financial years for 2019/20 and 2020/21. Meetings have taken place between South Sefton CCG, Liverpool CCG, Mersey Care including local authorities on 2 and 9 March, with arrangements in place for weekly meetings going forward. The Chief Nurse for NHS South Sefton CCG along with the Chief Nurse for NHS Liverpool CCG met with the Executive Director of Nursing & Operations for MCFT and articulated their concerns.

A paper has been presented to Leadership Team and the South Sefton CCG Finance and Resource Committee, noting the reputational damage (breach of the national CHC framework) and financial risks to the CCG. CCG Chief Nurses have written to Mersey Care outlining concerns and next steps

Developments in Intermediate Care - Stoddart House

In December 2020 Mersey Care approached SSCCG colleagues about relocating ward35 into Stoddart House. A meeting was held between the CCG, Mersey Care and Sefton Council and the move was agreed in principle. The CCG expected that a piece of work would be done to clarify how this would impact Sefton patients. This did not happen as Mersey Care progressed the plans to move ward 35.

The lack of involvement of commissioners in the developments created the circumstances for concerns to develop about the interface across different pathways and services and safety issues such as criteria for admission, staffing levels and medical cover.

A series of meetings were held from end of February 2021 onwards which provided assurance to Leadership Team regarding the safety of patients and the interface across pathways. The CCG is now included and involved in the implementation and mobilisation of phase 1 (transfer of Ward 35) and phase 2 (opening of other wards). The CCGs Chief Nurse has reviewed the management approach to the implementation of this new unit and is satisfied that patient safety issues are being identified and appropriately addressed. She has also confirmed the escalation process regarding quality concerns is directly to herself and meets with the Director of Nursing and Operations at Mersey Care to continue this assurance process.

It was clarified that there are no more Seacole beds as these now form part of the overall 69-bed capacity in Stoddart House. Ward 34 Aintree-to-Home and Aintree-at-home also form part of this configuration.

Liverpool University Hospitals NHS Foundation Trust (LUHFT)

The Trust has a recovery trajectory for elective care with timescales and the LCCG performance team has benchmarked the Trust against the national picture and it is not showing as a significant outlier. There are concerns around the trauma & orthopaedics specialty and an assurance paper has been requested for the March Operational CQPG meeting, on 24 March 2021.

LCCG quality team with support from the CCG Clinical Leads and the CCG Performance team have now commenced monthly review panels to collate the findings of the long wait cancer harm reviews submitted initially for 104 day cancer breaches in line with Cheshire & Merseyside (North West) NHSE/I -Agreement for the Management of Long Waiting Cancer Patients. To date 42 Harm reviews have been reviewed from LUHFT. They have highlighted that in the majority of cases no harm has been identified as a result of the delay to treatment. However 3 reviews have (2x colorectal; 1x Hepato-Pancreato-Biliary) which the CCG quality team are following up with the Trust. To note Trust definition of harm is any instance where the disease has progressed. The patient experience element of the wait for treatment has not been explored by the Trust within the Harm reviews submitted to date. This feedback has been shared with the Trust. The LCCG Quality Team is working closely with the Cancer Managers at LUHFT to continually develop and improve the process. Feedback and escalation will also be formalised using CQPG process for wider discussion and triangulation as required.

The Never Events desktop review, reported in the last Chief Nurse report, has taken place with NHSE/I, LCCG and the Trust. It looked at 12 out of 13 Never Events as part of a deep dive exercise regarding investigation reporting and learning. Themes identified include strengthening patients and staff voice within reports.

Regarding falls improvement work, the LCCG quality team recently had an SI panel which reviewed five LUHFT falls incidents along with their falls improvement plan. Feedback was provided and the Trust has a refocused falls improvement plan which will be submitted to CCF once it has been through Trust internal governance.

Regarding Infection Prevention and Control there is an outstanding MRSA PIR that will be chased up with the Trust by LCCG.

JTAI Plan Progress Update

The JTAI Health Improvement plan continues to be progressed and monitored via the monthly JTAI health partners group chaired by the Deputy Chief Nurse with feedback into the wider partnership plan overseen by the Local Authority and at the Children's Health and Wellbeing Board.

There are currently 5 outstanding actions out of 44 original actions. The CAMHS waiting times action remain RAG rated red and relates to CAMHS waiting times of children being assessed and treated by 18 weeks. The expected target completion date of December 2020 was not met. Alder Hey has reported reassurance on measures in place to ensure safety netting with urgent referrals being prioritised. The children's commissioning team intend to report to Leadership Team to highlight the current lack of progress against this measure, which is based up on the COVID pandemic and an increase in referrals to the service. The remaining actions are amber, with one anticipated to be completed in April.

Due to the reduction in the number of actions on the JTAI action plan and the comparable actions within the SEND action plan, a paper was submitted to leadership team on 16 March proposing the two agenda's would merge across to the SEND health performance improvement group. The proposal was approved with the request that the action plans remain distinct. The terms of reference of the SEND health performance improvement group are in the process of being updated to reflect the requirements for JTAI.

MEETING OF THE GOVERNING BODY April 2021

Agenda Item: 21/43	Author of the Paper:	Clinical Lead:
Report date: April 2021	Martin McDowell Chief Finance Officer martin.mcdowell@southseftonccg.nhs.uk 0151 317 8350 Rebecca McCullough Head of Strategic Financial Planning rebecca.mccullough@southseftonccg.nhs.uk 0151 317 8396	N/A

Title: Financial Position of NHS South Sefton Clinical Commissioning Group – Month 11 2020/21

Summary/Key Issues:

This paper presents the Governing Body with an overview of the Month 11 financial position for NHS South Sefton Clinical Commissioning Group as at 28th February 2021.

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.

Temporary financial arrangements have been implemented during 2020/21 and the CCG submitted revised plans for the financial year.

Following review with partners across the Cheshire & Mersey health economy and with agreement from the CCG Senior Leadership Team members, the CCG agreed to revise the forecast deficit to £2.063m in Month 10 on the basis that this would provide access to additional resources to further reduce the deficit to a break even position. Additional funding of £1.2m was received in Month 11 and further allocations have been approved for Month 12 which will support the CCG to achieve the break even position for the year.

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 financial position at Month 11 is £0.326m overspent which includes an overspend relating to costs for the Hospital Discharge programme and Local Independent Sector contracts which are yet to be reimbursed.

The provisional year-end forecast is predicted at £0.461m deficit which includes cost pressures for the Hospital Discharge Programme and Local Independent Sector contracts forecast to the year end.

The forecast deficit will reduce to achieve a break even position dependent on receipt of additional allocations agreed by the Health Care Partnership.

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.
- The planned deficit was revised to £2.063m following review in February 2021 and agreed resources have been received in Month 11 and approved for Month 12 which will support the CCG to achieve a break even position for 2020/21.
- The Month 11 financial position is £0.326m overspent which includes an overspend relating to costs for the Hospital Discharge programme and Local Independent Sector contracts which are awaiting a retrospective allocation adjustment.
- The provisional year-end forecast is predicted at £0.461m deficit at this stage which includes cost pressures awaiting a retrospective allocation adjustment. The additional allocations when received will reduce the position to break even.

Links to Corporate Objectives 2021/22 (x those that apply)	
X	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
X	To drive quality improvement, performance and assurance across the CCG's portfolio.
X	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
X	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
X	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

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

Report to Governing Body April 2021

1. Executive Summary

This report focuses on the financial performance of South Sefton CCG as at 28th February 2021.

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	147,161	134,971	134,521	(450)	146,630	(531)
Mental Health	26,061	23,945	23,450	(495)	25,788	(273)
Continuing Care	21,648	19,947	19,693	(254)	21,897	250
Community Health	36,021	33,009	32,831	(177)	35,800	(221)
Prescribing	31,598	29,115	29,114	(0)	31,598	(0)
Primary Care	33,892	30,565	29,601	(964)	32,827	(1,064)
Corporate Costs & Services	3,011	2,798	2,719	(79)	2,933	(78)
Other CCG Budgets	11,087	10,000	9,799	(201)	10,875	(212)
Total Operating budgets	310,479	284,347	281,728	(2,619)	308,348	(2,130)
Reserves	4,815	448	0	(448)	5,343	528
In Year (Surplus)/Deficit	(4,072)	(3,393)	0	3,393	(2,009)	2,063
Grand Total (Surplus)/ Deficit	311,221	281,402	281,728	326	311,682	461
Retrospective Allocation - HDP	0	0	(286)	(286)	(351)	(351)
Retrospective Allocation - IS Contracts	0	0	(40)	(40)	(110)	(110)
Revised (Surplus)/Deficit	311,221	281,402	281,402	(0)	311,221	0

The Month 11 financial position is £0.326m overspent which includes costs for the Hospital Discharge Programme (£0.286m) and Local Independent Sector contracts (£0.040m) for Month 11 which are yet to be reimbursed.

The year-end forecast is predicted at £0.461m deficit which includes cost pressures to the Hospital Discharge Programme and Local Independent Sector contracts forecast to the year end.

Financial Arrangements April to September 2020

The CCG financial plan for 2020/21 was suspended 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.

Retrospective allocations have now been received and all cost pressures up to Month 6 have been 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 CCG forecast position has been revised to break even following receipt of additional funding allocations in Month 11 and approved for Month 12. The financial framework for 2020/21 and 2021/22 was set out in the operational planning guidance published in January 20 and stated that a CCG's historic debt will be written off on the condition that the CCG addresses the underlying financial issues and achieves in year financial balance for the two years following the write off.

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 11 Financial Position

The main variances within the CCG financial position can be analysed as follows:

- The Mental Health S117 and Continuing Care budgets are 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 Local Independent Sector budget is overspent relating to costs awaiting reimbursement.
- Underspends on the Acute Commissioning budget relating to reduced charges in year
- The Primary Care budget including the Delegated Commissioning budget is underspent mainly relating to a delay in recruitment to additional roles and other claims.

COVID-19 and the CCG Financial Recovery Plan

The Covid-19 pandemic was declared on 12 March 2020 and the UK government made announcements about how the population should act including the confirmation of funding to support NHS organisations throughout this pandemic.

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

2. Finance Dashboards

1. Finance Key Performance Indicators				
Report			Commentary	
Report Section	Key Performance Indicator		This Month	
1	Business Rules	1% Surplus	n/a	
		0.5% Contingency Reserve	n/a	
		0.5% Non-Recurrent Reserve	n/a	
		2020/21 Control Total (April-September)	✓	
		2020/21 Control Total (October - March)	✓	
2	Breakeven	Financial Balance	✓	
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%	100.00%	
		NHS - Volume YTD > 95%	96.81%	
		Non NHS - Value YTD > 95%	96.63%	
		Non NHS - Volume YTD > 95%	97.56%	

- 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 breakeven target for April – September has been achieved following the retrospective allocation adjustment from NHS England and the control total for October – March will be achieved dependent upon the receipt of additional resources.
- The 1% Surplus, 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.

2. CCG Financial Position – Month 11 2020/21

Report	Commentary																								
<p style="text-align: center;">South Sefton CCG Forecast Outturn at Month 11</p> <table border="1"> <caption>South Sefton CCG Forecast Outturn at Month 11 Data</caption> <thead> <tr> <th>Cost Area</th> <th>Variance (£'000)</th> </tr> </thead> <tbody> <tr> <td>CCG PLANNED DEFICIT</td> <td>2,063</td> </tr> <tr> <td>CCG RESERVE BUDGET</td> <td>1,320</td> </tr> <tr> <td>MENTAL HEALTH S117</td> <td>323</td> </tr> <tr> <td>CONTINUING CARE PACKAGES</td> <td>250</td> </tr> <tr> <td>OTHER</td> <td>159</td> </tr> <tr> <td>INDEPENDENT SECTOR</td> <td>72</td> </tr> <tr> <td>OTHER PRIMARY CARE</td> <td>490</td> </tr> <tr> <td>ACUTE COMMISSIONING</td> <td>523</td> </tr> <tr> <td>DELEGATED CO-COMMISSIONING</td> <td>574</td> </tr> <tr> <td>ADDITIONAL FUNDING ALLOCATIONS</td> <td>2,600</td> </tr> <tr> <td>FORECAST POSITION (MONTH 11)</td> <td>2,600</td> </tr> </tbody> </table>	Cost Area	Variance (£'000)	CCG PLANNED DEFICIT	2,063	CCG RESERVE BUDGET	1,320	MENTAL HEALTH S117	323	CONTINUING CARE PACKAGES	250	OTHER	159	INDEPENDENT SECTOR	72	OTHER PRIMARY CARE	490	ACUTE COMMISSIONING	523	DELEGATED CO-COMMISSIONING	574	ADDITIONAL FUNDING ALLOCATIONS	2,600	FORECAST POSITION (MONTH 11)	2,600	<ul style="list-style-type: none"> • The CCG Month 11 financial position is an overspend of £0.326m after the application of additional allocations received. • The forecast deficit is £0.461m which includes cost pressures awaiting reimbursement. • The main financial pressures and benefits are as follows: <ul style="list-style-type: none"> ○ The CCG planned deficit for Months 7-12. ○ The CCG reserves budget which includes funding for GPIT and other investments. ○ Mental Health S117 due to increased costs and number of packages. ○ Continuing Care pressures due to increased cost and number of packages, mainly related to the Hospital Discharge programme awaiting reimbursement. ○ Local Independent Sector budgets relating to costs awaiting reimbursement. ○ Underspends on the Acute Commissioning budget relating to reduced charges in year. ○ An underspend on the Primary Care Delegated Commissioning budget due to a delay in recruitment to additional roles and on other Primary Care budgets relating to reduced expenditure against the budget for the Local Quality Contract.
Cost Area	Variance (£'000)																								
CCG PLANNED DEFICIT	2,063																								
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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	150,016	24,099	25,593	24,669	25,777	24,022	25,857
Additional Allocations (HDP / IS)	1,958				306	1,226	426
Total CCG Allocation	151,974	24,099	25,593	24,669	26,083	25,248	26,283
Acute	73,031	12,313	11,984	11,963	12,261	12,411	12,100
Mental Health	12,742	1,988	2,984	1,905	1,759	1,853	2,253
Community	17,538	2,917	2,968	2,656	3,233	2,882	2,882
Continuing Care	10,001	1,493	2,399	2,245	1,517	854	1,493
Primary Care Services	5,781	829	1,166	798	1,132	792	1,064
Prescribing	15,017	2,476	2,417	2,523	2,567	2,534	2,500
Primary Care Co-Commissioning	9,821	1,677	1,406	1,693	1,750	1,556	1,740
Other Programme Services	6,396	934	649	932	1,067	1,159	1,656
Running Costs	1,646	298	156	165	601	227	200
Total CCG Expenditure	151,974	24,923	26,128	24,880	25,887	24,268	25,888
In Year Underspend/(Deficit)	(0)	(824)	(535)	(211)	196	980	395

- The forecast run rate is based on the CCG financial plan.
- The planned deficit for Months 7-12 has been reduced to break even following agreement of revised financial plans.
- The revised break even position assumes additional allocations will be received to support cost pressures for Independent Sector contracts and the Hospital Discharge Programme
- Additional costs are included in the CCG forecast for Month 12 for Other Programme Services in respect of GPIT expenditure.
- The CCG has received reimbursement for costs incurred for the Hospital Discharge Programme and Independent Sector contracts in Months 7-10. Reimbursement is still outstanding for costs incurred in Months 11 and 12

4. Risk Adjusted Position				Report	Commentary
South Sefton CCG	Best Case £m	Most Likely £m	Worst Case £m		
CCG Planned Deficit	(2.063)	(2.063)	(2.063)		
Forecast Surplus / (Deficit) at Month 10	(2.063)	(2.063)	(2.063)		
Further Risk					
Prescribing	-	-	(0.450)		
CHC Backlog	-	(0.500)	(0.800)		
Step Down beds	-	-	(0.174)		
LD High Cost Cases	-	-	(0.462)		
Revised forecast at Month 11	(0.037)	(0.037)	(0.037)		
Sub Total	(0.037)	(0.537)	(1.923)		
Mitigations					
Additional Funding Allocation	2.600	2.600	2.600		
Sub Total	2.600	2.600	2.600		
Surplus / (Deficit)	0.500	-	(1.386)		

- The CCG control total for Months 1-6 of the financial year was breakeven and the NHSE System financial modelling confirmed a control total of £3.937m deficit for Months 7-12.
- The CCG agreed a revised forecast of £2.063m deficit which incorporated mitigations as reported to the committee in Month 10.
- Following an update to the expenditure forecast at Month 11 and receipt of system funding, the revised forecast is break even.
- The worst case scenario is a deficit of £1.386m and includes additional risks for Prescribing, CHC. LD beds and commissioning additional step down bed capacity for March.

5. CCG Reserves Budget						
Report						
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	0.725			0.785
NHSE control total adjustments	0.000	4.444	0.430		(0.430)	4.444
NHSE additional allocations	0.000	0.000	12.826		(11.944)	0.882
Other Adjustments			2.739		(1.410)	1.329
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)
Hospital Discharge Programme (M7 & 8)			0.306		(0.306)	0.000
Hospital Discharge Programme (M9-12)			1.410		(1.410)	0.000
Independent Sector Reimbursement (M7-10)			0.260		(0.260)	0.000
2020/21 Additional Funding Allocations			1.200			1.200
CHC Restoration and Staffing			0.550			0.550
Total Reserves	(12.749)	(0.679)	21.255	0.000	(15.760)	4.816

- ### Commentary
- 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.
 - The CCG has received reimbursement for costs incurred for the Hospital Discharge Programme and Independent Sector Contracts for Months 7-10. Reimbursement is still outstanding for costs incurred in Months 11 and 12.
 - Additional funding allocations of £0.900m were received in Month 11 with a further £1.1m approved to be received in Month 12.
 - The final balance on the CCG reserve budget at Month 10 is £4.816m

6. Statement of Financial Position																				
Report	Commentary																			
Summary Working Capital																				
Working Capital and Aged Debt	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Prior Year 2019/20	<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 at the end of January 2021 was £1.548m. Outstanding debt in excess of 6 months old stands at £0.248m. There are 6 invoices in excess of £0.005m, with a combined total value of £0.248m. A breakdown of the invoices can be found in the table. Discussions are ongoing with the parties to resolve. At month 11, the CCG had drawn down £244.663m and made payments via NHS Business Services Authority of £25.095m, totalling £269.758m (86.6%) of its Annual Cash Drawdown Requirement (ACDR). The target cash balance at this point in the year is £259.959m (83.3%). The large difference is as a result of the CCG having to pay providers a block payment one month in advance on instruction from NHS England as part of the Covid-19 response. The remaining ACDR available of £41.839m will be managed through the financial year and the CCG anticipates no issues relating to its cash limit. 														
	M3	M6	M9	M10	M12															
	£'000	£'000	£'000	£'000	£'000															
Non-Current Assets	36	36	46	43	76															
Receivables	3,539	18,591	18,935	19,229	3,069															
Cash	41	3,803	(82)	1,548	16															
Payables & Provisions	(1,642)	(21,434)	(20,170)	(22,208)	(15,695)															
Value of Debt > 180 days	423	28	107	290	71															
<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #4f81bd; color: white;"> <th style="width: 50%;">Customer Name</th> <th style="width: 25%;">Number of Invoices</th> <th style="width: 25%;">Value of Invoices (£m)</th> </tr> </thead> <tbody> <tr> <td>NHS Liverpool CCG</td> <td style="text-align: center;">2</td> <td style="text-align: right;">£0.081m</td> </tr> <tr> <td>NHS Knowsley CCG</td> <td style="text-align: center;">2</td> <td style="text-align: right;">£0.100m</td> </tr> <tr> <td>Sefton MBC</td> <td style="text-align: center;">1</td> <td style="text-align: right;">£0.061m</td> </tr> <tr> <td>Christina Hartley Medical Practice</td> <td style="text-align: center;">1</td> <td style="text-align: right;">£0.007m</td> </tr> </tbody> </table>						Customer Name	Number of Invoices	Value of Invoices (£m)	NHS Liverpool CCG	2	£0.081m	NHS Knowsley CCG	2	£0.100m	Sefton MBC	1	£0.061m	Christina Hartley Medical Practice	1	£0.007m
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Sefton MBC	1	£0.061m																		
Christina Hartley Medical Practice	1	£0.007m																		

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.
- The planned deficit was revised to £2.063m following review in February 2021, agreed resources have been received in Month 11 and approved for Month 12 which will support the CCG to achieve a break even position for 2020/21.
- The Month 11 financial position is £0.326m overspent which includes an overspend relating to costs for the Hospital Discharge programme and Local Independent Sector contracts which are awaiting a retrospective allocation adjustment.
- The provisional year-end forecast is predicted at £0.461m deficit at this stage, which includes cost pressures awaiting a retrospective allocation adjustment. The additional allocations when received will reduce the position to break even.

MEETING OF THE GOVERNING BODY April 2021

Agenda Item: 21/44	Author of the Paper: Martin McDowell Deputy Chief Officer Email: Martin.McDowell@southseftonccg.nhs.uk Tel: 0151 317 8350	Clinical Lead: N/A
Report date: April 2021		
Title: South Sefton Clinical Commissioning Group Integrated Performance Report		
<p>Summary/Key Issues:</p> <p>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 10 across a number of performance areas.</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 2021/22 (<i>x those that apply</i>)	
	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To drive quality improvement, performance and assurance across the CCG's portfolio.
	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

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	R	No new data			R	
		Actual	52.3%	39.1%	28.5%	28.7%	30.1%	33.8%	33.9%	34.4%	32.7%				34.8%	
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Diagnostics & Referral to Treatment (RTT)																
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R			R	
		Actual	65.46%	66.85%	53.45%	38.95%	39.38%	31.61%	27.67%	22.14%	15.84%	17.25%				
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R			R	
		Actual	70.35%	59.72%	49.96%	47.24%	53.57%	59.74%	64.54%	65.78%	63.96%	62.25%				
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R			R	
		Actual	8	46	106	171	198	247	349	503	647	1025				
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations																
Cancellations for non clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Liverpool University Foundation Hospital Trust	RAG														
		Actual	Not available	Not available	Not available	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	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	G	G	G	R	G	G	G	G	G	G			R	
		Actual	0	0	0	4	0	0	0	0	0	0	0		4	
		Target	0	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	R	R			R
		Actual	93.51%	99.72%	98.11%	96.45%	93.58%	93.60%	94.18%	83.14%	83.14%	84.54%			91.17%
		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	R			R	
		Actual	93.33%	100%	100%	96.55%	95.24%	100%	95.35%	43.48%	49.12%	62.90%			80.09%
		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	G	R	G	G	G		G	
		Actual	94.92%	90.48%	98.36%	97.78%	98.25%	97.18%	93.10%	97.83%	100%	98.80%			96.85%
		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	G	R		R	
		Actual	90.91%	100%	87.50%	80%	100%	91.67%	100%	78.57%	100%	92.31%			90.84%
		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	G		G	
		Actual	100%	93.33%	93.75%	100%	96.30%	100%	100%	100%	100%	100%			98.60%
		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	G		G	
		Actual	100%	100%	85.71%	100%	94.12%	100%	100%	100%	100%	100%			98.26%
		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	R		R	
		Actual	79.31%	73.91%	83.87%	85.71%	69.70%	78.79%	68.89%	62.79%	80%	65.71%			73.87%
		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	G		R	
		Actual	50%	66.67%	No patients	50%	0%	No patients	0%	100%	85.71%	92.31%			74.19%
		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%	80%	76.92%			81.90%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level	2020-21													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Accident & Emergency															
4-Hour A&E Waiting Time Target % of patients who spent less than four hours in A&E	South Sefton CCG	RAG	R	G	R	R	R	R	R	R	R	R			R
		Actual	93.19%	96.37%	94.13%	92.81%	89.83%	85.16%	78.48%	85.32%	82.66%	75.75%			86.80%
		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	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	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	R	R			R
		YTD	0	0	0	0	0	0	0	0	0	1	2		2
		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	G			G
		YTD	4	6	7	9	11	17	19	23	27	34			34
		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	G	G			G
		YTD	9	23	35	39	56	67	76	86	91	100			100
		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						G
		Actual	97.3%			97.2%			100%						98.16%
		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						G
		Actual	77.6%			81.8%			100%						86.5%
		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	R			R
		Actual	39.8%	33.8%	44.3%	44.0%	47.7%	37.8%	44.4%	44.6%	46.1%	44.0%			42.6%
		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	R			R
		Actual	0.74%	0.46%	0.67%	0.77%	0.81%	1.03%	1.03%	0.79%	0.60%	0.35%			7.25%
		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
		Actual	100%			95.71%			98.50%			98.6%			98%
		Target	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
		Actual	100%			98.57%			100%			100%			99%
		Target	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	R			R
		Actual	60.40%	59.42%	59.36%	59.53%	58.3%	58.5%	58.2%	57.1%	57.7%	57.6%			58.61%
		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) National Target 67% by Q4	South Sefton CCG	RAG	R	R	R										R
		Actual	6.8%	12.5%	25.8%										25.8%
		Target	17%	34%	50%										67%
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										R
		Actual	19%	16.1%	12.3%										
		Target	50%	50%	50%										50%
Children & Young People Mental Health Services (CYPMH) Rolling 12 month															
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	R										G
		Actual	14.6%	8.8%	6.2%										37.0%
		Target	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) National Target 95%	South Sefton CCG	RAG	R	G	G										R
		Actual	80%	100%	97.5%										92.53%
		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) National Target 95%	South Sefton CCG	RAG	Data suppressed due to	less than 2 referrals	G										G
		Actual			100%										100%
		Target	95%	95%	95%										95%

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
SEND Measures															
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks	Sefton	RAG	R	R	R	R	R	R	G	R	R	R			R
		Actual	36.8%	35.4%	58.9%	75.5%	72.4%	86.9%	93.2%	87.3%	85.0%	54.7%			68.6%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
Child and Adolescent Mental Health Services (CAMHS) - % referral to partnership within 18 weeks	Sefton	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	64.2%	61.4%	56.3%	40.0%	36.0%	63.6%	62.5%	51.9%	50.0%	52.2%			53.8%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
Percentage of Autism Spectrum Disorder (ASD) assessments started in 12 weeks	Sefton	RAG	G	G	G	G	G	G	G	G	G	R			G
		Actual	100%	100%	98%	95%	95%	96%	93%	93%	90%	87%			95.00%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
Percentage of Autism Spectrum Disorder (ASD) assessments completed within 30 Weeks	Sefton	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	100%	100%	100%	100%	100%	100%	99%	98%	97%	93%			99.00%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments started within 12 Weeks	Sefton	RAG	G	G	G	R	R	R	G	G	R	G			G
		Actual	100%	100%	100%	88%	81%	89%	100%	100%	85%	100%			94.00%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments completed within 30 Weeks	Sefton	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	100%	100%	100%	100%	100%	100%	98%	96%	96%	95%			99.00%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 10 of 2020/21 (note: time periods of data are different for each source).

Constitutional Performance for Jan and Quarter 3 2020/21	CCG	LUHFT
Diagnostics (National Target <1%)	17.25%	25.01%
Referral to Treatment (RTT) (92% Target)	62.25%	63.86%
No of incomplete pathways waiting over 52 weeks	1,025	3,395
Cancer 62 Day Standard (Nat Target 85%)	65.71%	66.53%
A&E 4 Hour All Types (National Target 95%)	75.75%	74.55%
A&E 12 Hour Breaches (Zero Tolerance)	-	0
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	460
Ambulance Handovers 60+ mins (Zero Tolerance)	-	125
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 - Q3	100.0%	-
EIP 2 Weeks (60% Target) 2020/21 - Q3	100.0%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.35%	-
IAPT Recovery (Target 50%)	44.0%	-
IAPT 6 Weeks (75% Target)	100.0%	-
IAPT 18 Weeks (95% Target)	100.0%	-

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.

COVID Vaccination Update

As part of an ambitious national COVID-19 vaccination programme South Sefton introduced two vaccination hub sites. The first, set up at Maghull Town Hall and the second at North Park Health Centre, have spent January inviting and vaccinating patients in Joint Committee on Vaccination and Immunisation (JCVI) cohorts 2-4. They are on target to successfully administer first dose vaccinations to this target population by the national deadline of 15th February 2021. The hubs have proven to be very successful and a combination of staff from GP practices, PCNs, CCGs, GP federation and community organisations have contributed to the daily running of the PCN sites. As part of the targeted approach to patients in priority groups, PCN, CCG and community colleagues also visited all care home patients and nursing home residents, where possible, administering first dose vaccinations to both staff and resident in the JCVI cohort 1.

Planned Care

Local providers have continued to undertake urgent elective treatments during the COVID-19 pandemic period and this has been clinically prioritised. There is a focus on delivering greater theatre capacity utilising on site theatres and that of the independent sector. 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. Restrictions on outpatients and theatre capacity due to COVID is reflected in increased waiting list numbers and patients waiting longer than 52 weeks, which has led to considerable pressure on waiting list position, despite targeting of patients in greatest need. Cheshire and Merseyside Hospital Cell has set out principles for elective restoration with a proposed recovery approach. This approach will look to focus on development of system level waiting list management to maximise the capacity available and to standardise waiting times where possible, with priority given to clinically urgent patients (P2) and long waiters (52 week plus) in the first instance, as well as developing feasibility assessments and plans, to sequence organisational recovery plans. Elective recovery is expected to be supported by independent sector facilitated by the procurement of service via the increasing capacity framework (ICF).

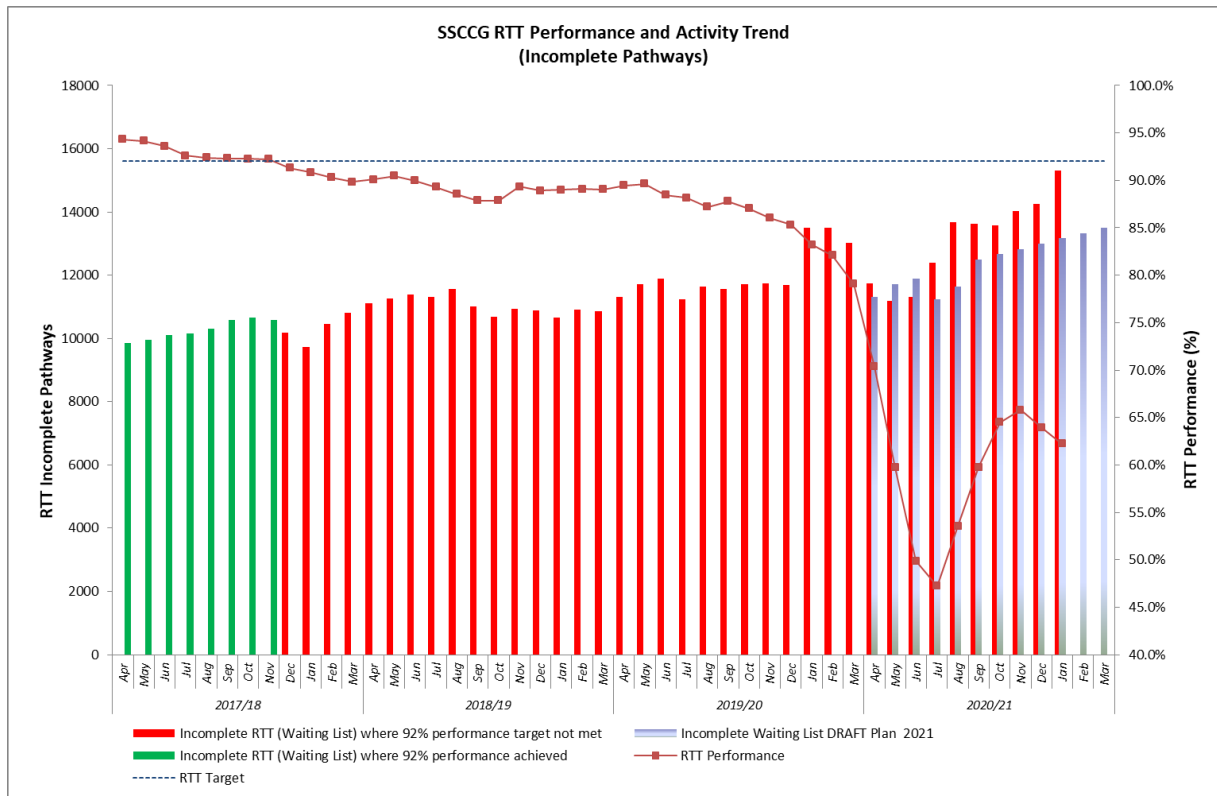
Secondary care referrals remain below historic levels across all referral sources. GP referrals have shown a year to date decrease of -33.5% compared to 2019/20. Also, taking into account working days, further analysis has established there have been approximately 9 fewer GP referrals per day in January when comparing to the previous month. This may be a result of the third national lockdown initiated on 6th January-21. At provider level, Aintree Hospital has seen a -30.6% decrease in total referrals received compared to previous year. When viewing referral priority groups, analysis suggests a recovery of two week wait referrals with numbers exceeding those seen in 2019/20 from June-20 onwards. The 978 two week wait referrals reported in October-20 represent the highest monthly total of the last two years. Referrals to the Breast Surgery speciality make up the majority of this increase with Gastroenterology also contributing significantly.

In December (the latest available information), the CCG's performance for E-Referrals remained stable at 32.7%, significantly below the 100% target. In December, Liverpool University Hospitals NHS FT reported 1,518 Appointment Slot Issues (ASIs) out of a total 5,161 direct bookings; an ASI rate of 29.41%. This shows an increase in the proportion of ASIs compared to December 2019, when 2,464 ASIs of 10,099 direct bookings (24.4%) were reported. Although the proportion of ASI's has increased, the number of direct bookings has significantly reduced.

The CCG has failed the target of less than 1% of patients waiting 6 weeks or more for their diagnostic test with 17.25% in January. A small decline in performance in month, after steady improvements and a decrease in patients waiting over 6 weeks was seen from August 2020. Despite failing the target, the CCG is measuring well below the national level of 33.3%. Liverpool University Hospital Foundation Trust (LUHFT) performance was 25.01% in January, again a small decline in performance from last month after showing a steady improvement.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in January was 62.25%, a slight decline on last month's performance (63.96%). Unfortunately the CCG is reporting below the national level of 66.16%. LUHFT reported 63.86% which also shows a slight decline from 64.70% in December.

Figure 1 – CCG RTT Performance and Activity (Incomplete Pathways)



There were a total of 2,512 South Sefton CCG patients waiting over 36+ weeks, the majority at LUHFT. Of the total long waiters, 1,025 patients were waiting over 52 weeks, a significant increase on last month when 647 breaches were reported. This is over the plan of 537 patients put in as part of the phase 3 response. Overall waiters continue to grow with a total 15,308 South Sefton patients now on the RTT waiting list. LUHFT had a total of 3,395 52 week breaches in January, again showing a significant increase from 2,327 reported last month. 52+ week waits for the CCG represent 6.7% of the total waiting list in January which is slightly above the national level of 6.6%.

Figure 2 – RTT Incomplete Pathways, 52 weeks waiters v Plan

South Sefton CCG - New plans

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
New Plans from Sept 2020	11,309	11,727	11,880	11,234	11,648	12,500	12,666	12,832	12,998	13,164	13,330	13,496	13,496
2020/21	11,751	11,179	11,311	12,389	13,682	13,626	13,657	14,029	14,265	15,308			15,308
Difference	442	-548	-569	1,155	2,034	1,126	991	1,197	1,267	2,144			1,812
52 week waiters - Plan	0	0	0	0	0	212	221	226	306	537	833	1,007	
52 week waiters - Actual	8	46	106	171	198	247	349	503	647	1,025			
Difference	8	46	106	171	198	35	128	277	341	488			

LUHFT

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)	45,889	46,813	48,329	47,884	49,373	48,901	48,859	48,679	48,886	48,135	48,377	46,013	46,013
2020/21	41,822	39,838	39,096	41,292	42,299	40,417	42,570	43,605	44,536	46,052			43,605
Difference	-4,067	-6,975	-9,233	-6,592	-7,074	-8,484	-6,289	-5,074	-4,350	-2,083			-2,408

The CCG is achieving 3 of the 9 cancer measures year to date, whilst LUHFT are achieving just 1 out of the 9 measures.

Performance in two week wait breast services remain under target for the third consecutive month due to breaches within LUHFT and the majority of breaches due to 'inadequate outpatient capacity'. The maximum wait for patients seen was 63 days for two week wait breast services. Breast services

high demand is impacting on performance for both the breast symptomatic pathway and contributing to a decline in performance for the overall suspected cancer pathway. Increased demand is a combination of, natural growth, people coming forward after lockdown and pause of screening programmes. The median wait for South Sefton breast patients in January was 14 days compared to December when it was 21 days showing a significant improvement. Plans to equalise breast waiting times across the two LUHFT hospital sites are in progress. The assurance is given by risk stratification of all patients across both the suspected cancer and symptomatic breast pathways to ensure those at greatest risk of cancer are given priority investigation. The CCG has also followed up with the lead commissioner for LUHFT on a recovery date.

For Cancer 62 Day standard the CCG is measuring below the national level of 71.18% recording 65.71%.

The numbers of CCG patients waiting over 104 days is 16 patients in January is the same are recorded last month. The average total days waited in January for patients who had breached 104 days at LUHFT was 151 days, compared to 133 in December.

There are 3 faster cancer diagnosis measures with target of 75% expected to be implemented in 2021. In January and year to date, the CCG performed above the proposed target for the 2 week breast symptom indicator. However, the two week and screening referral indicators performed below target.

For planned care, month 10 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. Data suggests that the second and third national lockdowns (5th Nov-20 to 2nd Dec-20 and 6th Jan-21 onwards) has resulted in a further decrease in planned care activity at lead providers for the CCG. At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£8.8m/-39% against the previous year. Across all providers, South Sefton CCG has underperformed by -£14m/-35.2%.

Figure 3 – Planned Care All Providers

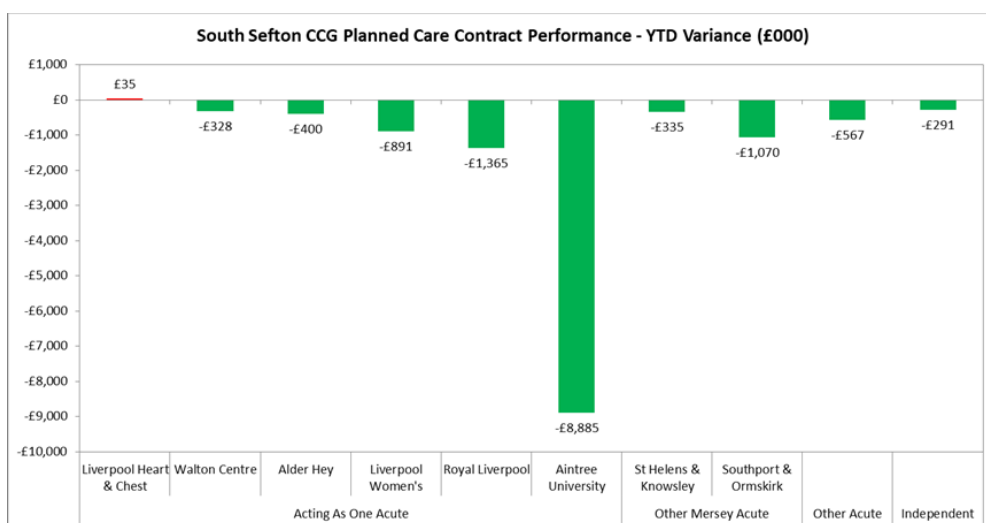


Figure 4 - Planned Care Activity Trends

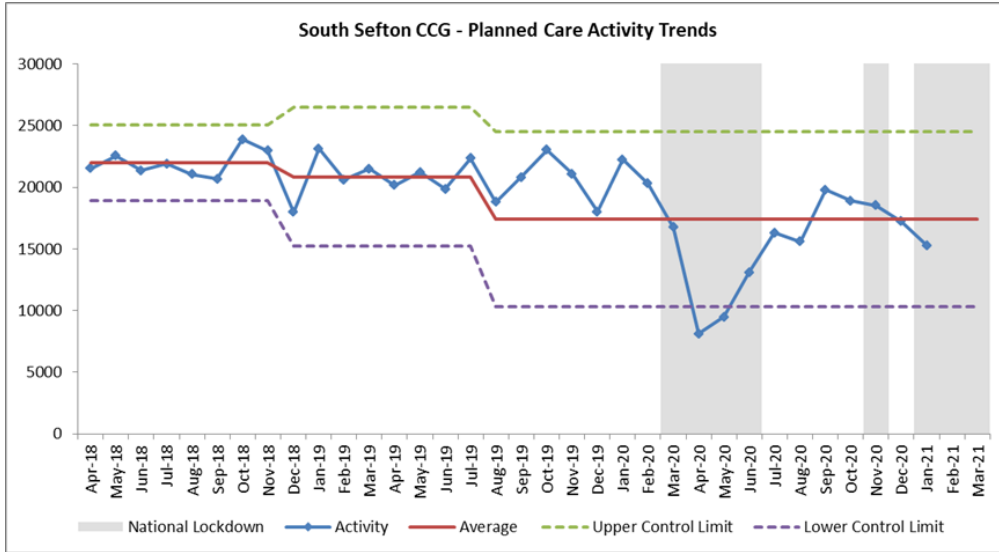


Figure 5 – Elective Inpatient Variance against Plan

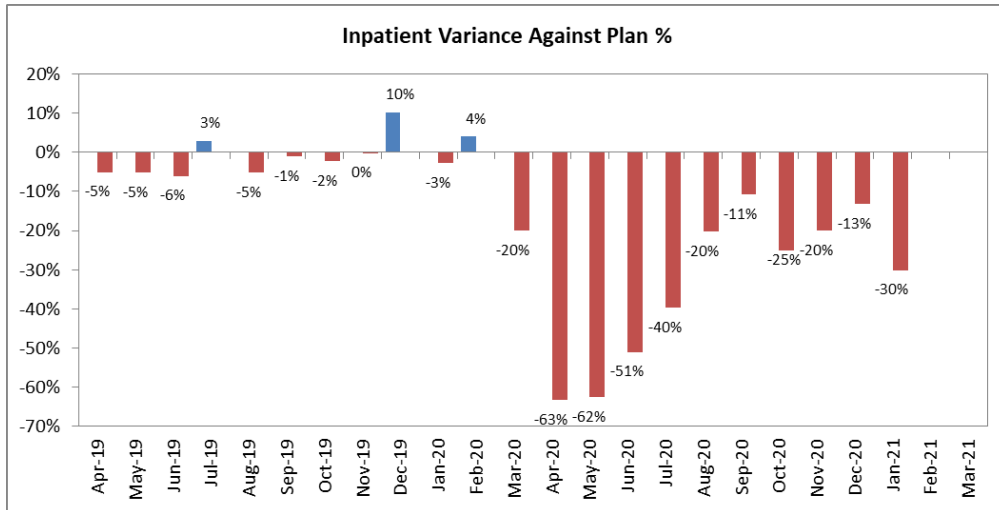
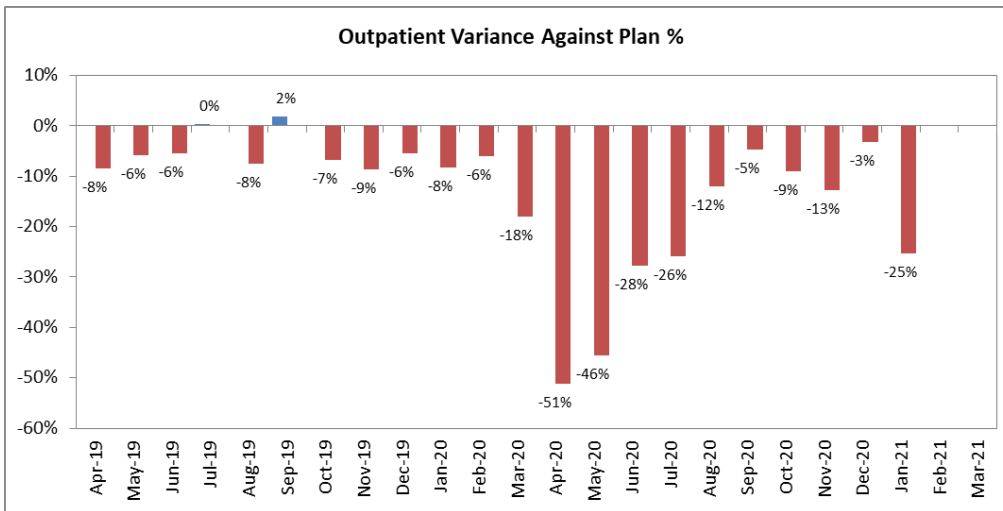


Figure 6 - Outpatient Variance against Plan



Unplanned Care

In relation to A&E 4-Hour waits for all types, the CCG and Trust have failed the 95% target in January, reporting 75.75% and 74.55% respectively. Each are below the nationally reported level of 78.5%. 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 A&E attendances at previous levels. This month saw high COVID admissions which have now reduced significantly with A&E performance improving supported by bed capacity and lower occupancy rates and discharge flow.

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 2020/21 up to Q3. In January 2021 there was an average response time in South Sefton of 8 minutes 11 seconds, achieving the target of 7 minutes for category 1 incidents. However, category 2 incidents had an average response time of 57 minutes 35 seconds against a target of 18 minutes. The CCG also failed the category 3 and 4 90th percentile with significant increases in response times. South Sefton is yet to achieve the targets in category 3 since the introduction of the ARP system. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system. The introduction of a Sefton Emergency Response Vehicle to support category 3 and 4 calls remains under review.

All ambulance handovers between ambulance and A&E must take place within 15 minutes. LUHFT reported a decline in ambulance handover times in January 2020. Handovers between 30 and 60 minutes increased from 227 to 430, and those above 60 minutes increased from 35 to 125. Work continues in collaboration with NWSAS to improve processes to support achievement of the handover targets. There have been changes to processes since April and a need for patients to enter ED through revised estate reconfigurations due to COVID and Infection Prevention Control (IPC) restrictions. We are seeing performance in regard to this target vary in line with activity and pressures within A&E and patient flow.

The CCG's lead provider LUHFT has not reported stroke information due the pressures of the pandemic and is currently reporting constitutional measures only.

The CCG reported 1 new case of MRSA in January (2 year to date) and has failed the target for the year. This case was at LUHFT who have now reported 4 year to date so have also failed the zero tolerance threshold for 2020/21. The 1 reported case of MRSA bacteraemia in January on the Aintree site and is subject to a post infection review and review with the CCG.

For C difficile, the CCG reported 7 new cases of C difficile cases in January (34 year to date) and are achieving the year to date target of 51. LUHFT reported 13 new cases in January (93 YTD) so are also failing their objective of no more than 91 cases. 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.

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 January there were 9 new cases, bringing the YTD total to 100 against a target of 108 so the CCG are now achieving the target. LUHFT reported 35 new cases in January, bringing the YTD total to 428. There are no targets set for Trusts at present.

LUHFT's Hospital Standardised Mortality Ratio (HSMR) was 95.32 in January 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 10 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 and recent months suggest a levelling off of activity during/following the second national lockdown. This goes against the anticipated increases that formed part of CCG plans for 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. Further decreases are likely as a result of the third national lockdown, which began on 6th January-21. At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£6.5m/-16% against the previous year. Across all providers, South Sefton CCG has underperformed by -£7.6m/-14.9%.

Figure 7 – Unplanned Care All Providers

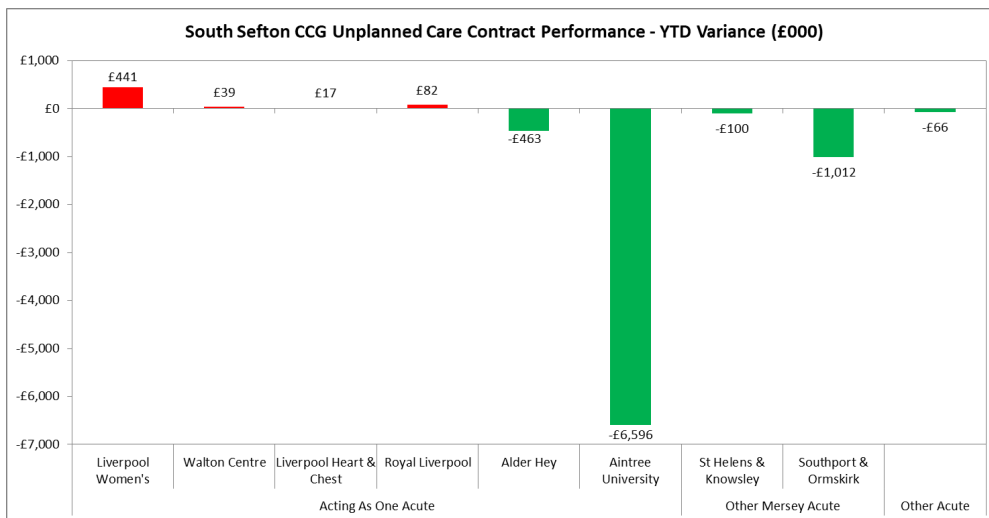


Figure 8 - Unplanned Care Activity Trends

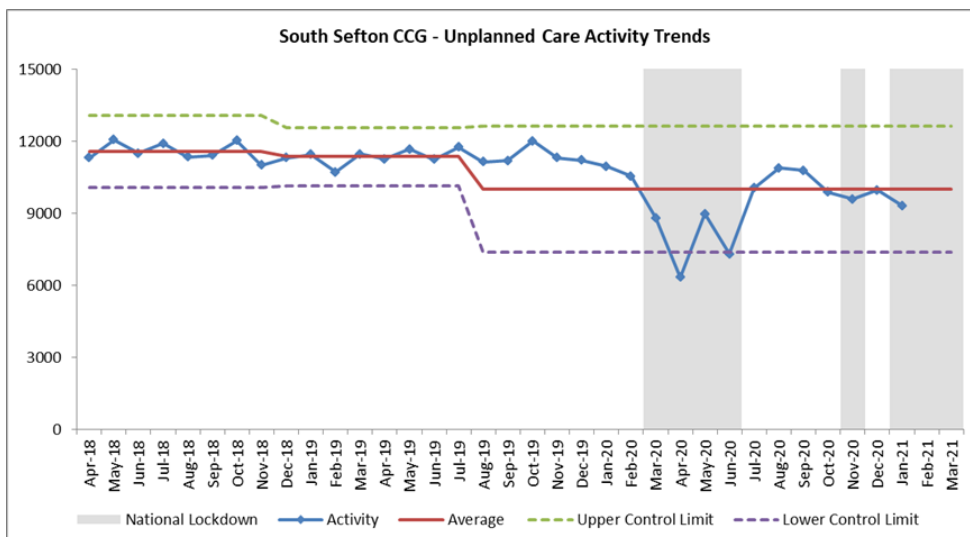


Figure 9 - A&E Type 1 against Plan

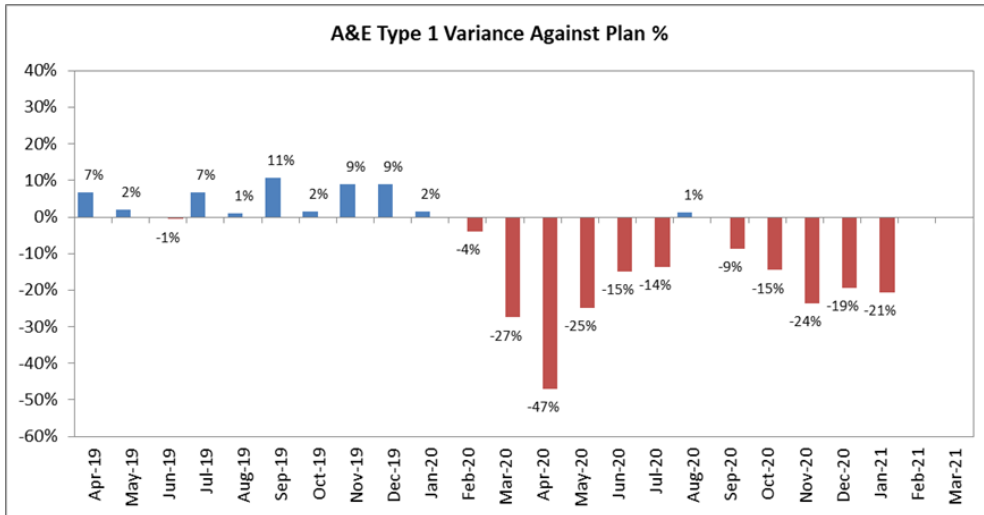
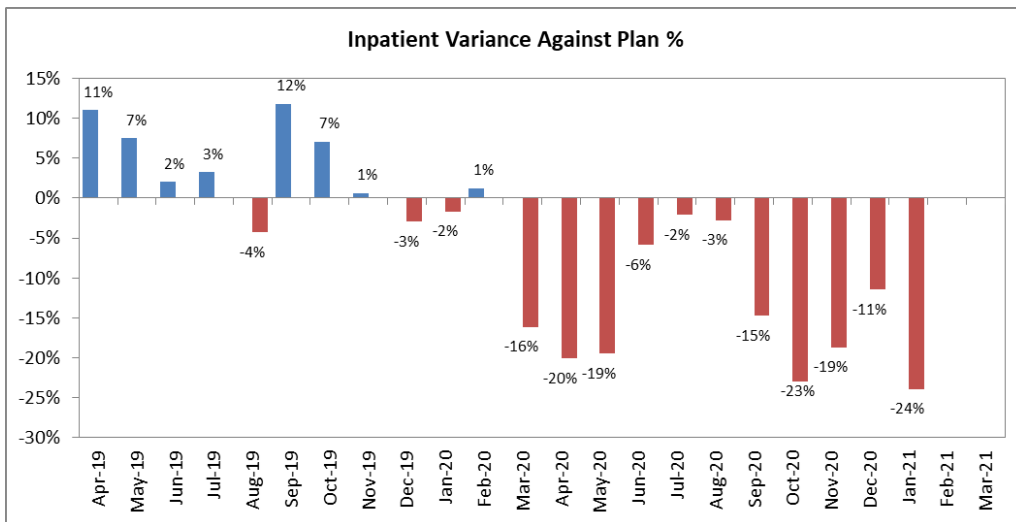


Figure 10 – Non-elective Inpatient Variance against Plan



Mental Health

The Eating Disorder service has reported 40% of patients commencing treatment within 18 weeks of referral in January, compared to a 95% target. 12 patients out of 30 commenced treatment within 18 weeks. This shows a small decline on last on month (42.9%).

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.35% in January, below the target standard of 1.59%.

The following factors contributed to underperformance:

- Agreement from the CCG to deliver staff training in January, rather than impact on December performance.
- Honouring staff annual leave, booked prior to transfer.
- Clients requiring assessment not immediately identifiable at the point of the data migration, as previously explained, cases needed to be ‘manually moved’.
- Numbers of staff transferring less than expected.

In addition to recruiting staff the provider is planning focussed “assessment weeks” to improve performance.

The percentage of people who moved to recovery was 44% in January 2021, just below the 50% target and similar to previous month's performance. Year to date the CCG's performance is at 42.6%. Mental Health Matters is the new provider who took over the IAPT contract in January.

South Sefton CCG is recording a dementia diagnosis rate in January of 57.6%, which is under the national dementia diagnosis ambition of 66.7%. This is similar to last month's performance (57.7%).

The Sefton Autistic Spectrum Disorder (ASD) initiative commenced in November 2020. The initiative which is aimed at those aged 18-25 has resulted in waiting times reducing from 66.21 weeks in November to 11 weeks in January.

In quarter 3 2020/21 year to date, 25.81% of South Sefton CCG patients identified as having a learning disability received a physical health check. This is below the CCG's year to date target of 50%. To achieve the year-end target the CCG will need to complete 308 further learning disability physical health checks in quarter 4.

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 working well. The joint Sefton and Liverpool Information Sub-Group has been stood down again at present due to COVID-19 pressures and business continuity arrangements.

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 10 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

In its ongoing response to the pandemic, Alder Hey continues to focus on sustaining pre-COVID levels of activity for community therapy services provision and Child and Adolescent Mental Health Services (CAMHS).

In respect of community therapy services provision, this has enabled services to focus on reducing the numbers of children and young people who have been waiting the longest whilst managing increases in referrals. Notably for SALT, there has been a steady increase in referrals since the schools initially reopened in September, and this is being closely managed along with the impact of the recent lockdown on delivery in school settings. The waiting time standard for all therapies continues to be maintained.

Notably, all community therapy service waiting times continue to achieve the SEND improvement plan average waiting time KPIs, with the exception of physiotherapy which just fell short of the target in January 2021, but is expected to be back on track next month.

The Alder Hey CAMHS team continues to address the ongoing impact of the pandemic on the increase in demand for the service and the increasing number of high risk and complex cases. The Trust estimates that there has been a 19% increase in referrals from April to December 2020 compared to the same period in 2019. Due to these challenges, the Trust has not been able to achieve and sustain the waiting time standards for assessment and treatment in the timeframes set out in the recovery plan, and there was a deterioration in the 6 week referral to choice target in January 2021.

In response, the CCGs have agreed some additional short term resilience investment and the service has additional staff starting in March 2021. It is anticipated that this will prevent any further deterioration in waiting times and support an improvement in the current position. In December, the Trust has also mobilised its new “COVID support team” to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic.

The CAMHS waiting time position is being closely monitored by the Trust and the CCGs. The Trust is considering its response and is preparing a proposal for consideration by the CCGs later in Q4. Notably the Cheshire and Merseyside partnership has been undertaking further modelling work and is predicting a 30% increase in demand for mental health services over the next 2 years.

The quarterly mental health access data continues to show an improvement on the 2019/20 position and is on target to exceed the annual access target of 35%. This is in 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 will also positively impact on access rates.

In the main, ASD/ADHD performance continues to be on target and the waiting list management plan and trajectory to reduce the backlogs to zero by June 2021 remains on track. Due to the increase in referrals over the last three months, the ASD 12 week referral to assessment target was narrowly missed in January. As part of the ongoing programme of improvements in the service, the Trust has introduced some improvements to the triage process which will support improved compliance moving forward.

Overall there was a slight deterioration in SEND performance in January, with CAMHS, ASD and physiotherapy falling short of the SEND KPIs. The ongoing impact of the pandemic on the ability to achieve and sustain the targets is being closely monitored.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 21st January 2021

Chair:
Alan Sharples

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG is forecasting a likely case deficit of £3.063m. 	<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"> The CCG should continue to review all expenditure / appropriate decision making linked into current COVID pressures. 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 the draft output report following a review of F&R Committee effectiveness by MIAA in November 2020.
 - The review had concluded a Substantial Assurance rating for the committee's effectiveness, noting that there is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.
 - As part of the recommendations of the report, the Chair will produce a committee annual report for presentation to the Governing Body.
 - A year-end digital report will be produced for the committee for March 2021. This report will focus on digital expenditure, the overall progress made against plan, whether the CCG has achieved its digital objectives for 2020/21, as well as value for money.
- The committee approved the 2021/22 work plan subject to changes agreed at the meeting.

- The committee received the F&R meeting dates for 2021/22. It was agreed to rearrange the meeting scheduled for 23rd September 2021, as the Chair is unable to attend on this date.
- The committee received an update in relation to the NHS People Plan and associated action plan for the CCG.
 - An update in relation to the NHS People Plan is to be reported to the committee 3 times a year (every 4 months).
- The committee received an update on the HR performance dashboard.
 - Appraisals have been taking place with staff, which should lead to an improvement in the completion rate reported.
 - The CCG's Pay Progression Policy is in the process of being finalised. Pay progression will be linked to compliance with the CCG's appraisal process and Statutory & Mandatory training requirements from April 2021. The Leadership Team will discuss the CCG's approach to manage the new requirements of pay progression amidst the current workload pressures.
- The committee received an update on CHC.
 - NHSE/I's North West Incident Management Team approved a proposal to pause activity relating to deferred assessments for an initial period of two weeks with effect from Monday 11th January 2021, with the aim of releasing qualified staff to support discharge efforts. Regional discussions are taking place regarding whether the two-week pause is to be extended.
 - The CCG is awaiting the output report from MIAA following the post implementation review of the Adam Dynamic Purchasing System (DPS). Cheshire & Merseyside Health & Care Partnership will be undertaking a piece of transformation work in relation to the CHC agenda and collaboration across the region; the outcome of this work may impact upon future CCG arrangements with the Adam DPS.
- The committee received an update on prescribing expenditure at month 7 (October 2020).
- The committee approved the practice level prescribing budgets for 2020/21.
- The committee ratified the Pan Mersey APC recommendation to commission Naldemedine tablets (Rizmoic®▼) for the treatment of opioid-induced constipation. This ratification followed the Chief Finance Officer's approval to authorise the commissioning of this drug (in line with delegated authority arrangements) in order to meet the 90-day implementation target for drugs / treatments recommended by NICE.
- The committee approved sign up to the Rivaroxaban (Xarelto) rebate scheme.
- The committee received the finance report for month 9 (December 2020).

- The committee received an update on the CCG's finance strategy.
 - Current financial guidelines will be extended to the first quarter of 2021/22; further information and guidance is expected in due course. Contracting processes are expected to resume in the second quarter of 2021/22.
 - The CCG is continuing to review run rate information as well as key investment strategies for mental health and primary care in line with the NHS Long Term Plan in preparation for 2021/22 financial planning.
- The committee received a QIPP update.
 - The CCG's QIPP processes have been temporarily suspended as a result of the need to direct resources to the COVID-19 response and the Mass Vaccination programme.
 - The CCG has identified areas of focus for the remainder of 2020/21 for QIPP activity around Advice and Guidance and Evidence Based Interventions.
- The F&R Committee risk register was approved subject to further review of a number of COVID HR risks.
- The committee received an update on the CCG's relocation, which remains on target.
 - CCG staff will need to vacate Merton House by 17th March 2021.
 - The Chief Finance Officer and Head of Medicines Management will discuss any operational issues in relation to relocating the Medicines Management team, given that the majority of the team have worked onsite at Merton House during the pandemic.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 18th February 2021

Chair:
Alan Sharples

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG has improved its financial position with the likely case scenario reducing from a deficit of £3.1m to £2.1m in line with the best case scenario. The CCG is working alongside the C&M HCP and partner organisations to develop a plan to achieve breakeven. 	<ul style="list-style-type: none"> The CCG may miss the delivery of its statutory duty (breakeven) or its revised Control Total. 	<ul style="list-style-type: none"> The CCG should continue to review all expenditure / appropriate decision making linked into current COVID pressures. 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. Ongoing discussions are to take place with the C&M HCP and partners to review the year-end position.

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

- The committee was presented with an updated Out of Hours / Lone Working Procedure.
 - Further updates to the procedure were agreed, which include the addition of wording to reference the process in which a lone working device / personal alarm and / or conflict resolution training can be accessed if it is decided that a staff member requires it. This is to be added after a meeting has taken place to discuss procurement of lone working devices.

- Due to the urgent requirement to have an approved policy in place, given its increased relevance with the Mass Vaccination programme and increased out of hours / lone working, the committee provided delegated authority to the Chair to approve the procedure once it has been updated.
- The committee approved the Appraisal & Pay Progression Policy. The policy has been updated to reflect national changes to NHS Agenda for Change terms and conditions for pay progression.
- The committee received a comprehensive update report on the CCG's Equality Objective Action Plan, Workforce Equality and Diversity Plan and the ongoing work of the Merseyside CCGs Equality and Inclusion Service.
 - The CCG will submit Workforce Disability Equality Standard data on a voluntary basis in 2021/22.
 - The Merseyside CCGs Equality and Inclusion Service will commence discussions with CCG colleagues in relation to adopting the Race Equality Code 2020. The CCG will be responding to the relevant aspects of the code.
 - The CCG has submitted a return to NHSE/I's Regional Strategic BAME Assembly, confirming its commitment to being an anti-racist region.
 - The list of medications that could be disrupted by Brexit, which was included in the equality analysis update for NHS commissioners / providers following Brexit (Appendix 3) is to be disregarded by the committee due to the unreliable source.
- The committee received a CHC report.
 - An update was received on the MIAA post implementation review of the Adam Dynamic Purchasing System, and MIAA's draft findings and recommendations. The review has concluded a 'moderate' assurance rating. The CCG will progress the recommendations from the review.
 - The committee was updated on the clearance of deferred cases awaiting assessment which have arisen during the COVID-19 period. The CCG does not anticipate any issues with the completion of all known cases identified as requiring assessment by 31st March 2021 as nationally directed.
 - The committee noted the inclusion of narrative in the CHC Finance & Activity Report, to explain the data and graphs. The narrative requires further improvement and is a work in progress.
- The committee received an update on prescribing expenditure at month 8 (November 2020).
 - Although the CCG is forecasting an underspend, actual expenditure at month 8 is more than expenditure at the same point last year. The COVID-19 pandemic has considerably affected the prescribing financial position in 2020/21 along with significant price increases in Category M drugs such as Sertraline.
- The committee received an update on the CCG's financial position at month 10 (January 2021).
 - The CCG is working alongside the Cheshire & Merseyside Health & Care Partnership (C&M HCP) and partner organisations to develop a plan to achieve breakeven. The CCG will achieve a breakeven position dependent on receipt of additional allocations from the C&M HCP.

- Work is ongoing to assess the CCG's 2020/21 'exit run-rates' in conjunction with the C&M HCP to determine opening 2021/22 plans / QIPP requirements.
- The committee received an update on QIPP, noting that QIPP activity has been suspended to allow resources to be directed to the Mass Vaccination programme and the COVID-19 pandemic response; therefore progress continues to be limited.
- The committee approved the F&R Risk Register subject to the following amendments:
 - The total residual score for risk FR0011 (in relation to non-delivery of the CCG's Control Total [£1.8m surplus] / statutory duty [breakeven]) is to be reduced from 25 (5x5) to 9 (3x3). This is in line with the risk matrix rationale, as the overall financial pressure is now below £1m and the likelihood of the risk materialising has reduced. The financial pressure is at circa £900k after the expected additional funding from the C&M HCP.
 - The total residual score for sub-risk FR0011a (in relation to the CCG not fully delivering its planned QIPP target in 2020/21) is to be increased from 20 (5x4) to 25 (5x5). This is in line with the risk matrix rationale, as the CCG is almost certain to have missed its QIPP target by over £2m. It was noted that the financial regime in place as a result of the COVID-19 pandemic has limited the ability to remove costs and make savings in 2020/21.

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Joint Quality and Performance Committee held on 26th November 2020

Chair:
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
<p>1. Inappropriate electronic access to practices by Sefton patients.</p> <p>2. Review clinical lead attendance at CQPG/ CCQRM. Need to ensure coverage.</p> <p>3. Covid 19 update – secondary care numbers of Covid 19 admissions has peaked but Covid 19 long stay patients remain an issue.</p> <p>4. Equality and Diversity issue for support on adults ASD diagnosis and onward support provided by Mersey Care NHS Foundation Trust.</p>		<p>1. Revision on GP practice access messages to ensure appropriate workload for GPs given current pressures.</p> <p>2. Wider development point for governing body with reference to the People Plan and clinical lead priority.</p> <p>3. Activity monitored at CQPG/ CCQRM and system management group. Mutual aid enacted across the system.</p> <p>4. Series of meetings with some progress and £100k additional capacity to manage short term waiting lists with a plan for longer term diagnostic pathway similar to 0-25 pathway. Looking to work with Local Authority on 3rd sector support. MCT execs are aware of the issue. Waiting lists being closely monitored at CQPG.</p>

5. Safeguarding Q2 report - noted decrease in training numbers as a consequence of Covid 19 and numbers of LeDeR cases.

6. A more detailed complaints report will come through to Joint Quality and Performance Committee with detailed coding and strengthening of roles of accountability to manage complaints. The report will come quarterly. Monthly figures on complaints will be included in the deputy chief nurse report.

7. SEND plan presented and progress noted.

8. Non-Medial Prescribing policy approved.

9. Quality Impact Assessment policy approved.

10. Issue of governance when providing update to Governing Bodies and in order to publish safeguarding report on website. This was in September 2020 Joint Quality and Performance Committee key issues.

11. There is a planned functionality of committees review, efficiency, effectiveness of committees.

6. Reports to be included in Joint Quality and Performance Committee work plan. Review of governance processes and actions will be completed through Q3 and Q4.

10. Noted by Accountable Officer to ensure staff highlight for Chief Officer update to Governing Bodies.

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 28th January 2021

Chair:
Dr Gina Halstead

Key Issue	Risk Identified	Mitigating Actions
<ol style="list-style-type: none">1. JQPC ToR approved subject to amendment on 2.2 on nominated deputy2. PQIRP ToR approved to accommodate the harm review process audit for longer waits.3. Care home report highlighting system support during COVID to care home sector. All care home residents vaccinated. Surge in care home COVID infections.4. EPEG reinstated with COVID focus session. ToR presented and approved.		

5. Corporate Governance support group ToR. Following external review all complaints will go to JQPC, approved
6. Complaints Policy. Process of complaints presented. Number of amendments suggested and to be presented to members out of meeting or approval and to come to the February JQPC for governance. Complaints Oversight Group to be established and terms of reference to be presented at future JQPC meeting.
7. Routine Contract quality arrangements have been stood down due to COVID surge and vaccination work priorities. Expectation on data to be collected and focussed, regular quality meetings between quality team and providers continue for issue escalation to commissioners.
8. Ongoing success of vaccination programme across Sefton supported by primary care and CCG colleagues noted.
9. Confirmation required on how document changes should be presented to the Committee.

For electronic approval by JQPC members once amendments have been made

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

Key Issues Report to Governing Body

Audit Committees in Common: Wednesday 27th January 2021 NHS South Sefton CCG	Chair: Alan Sharples (CiC meeting chaired by Helen Nichols – Chair of Southport & Formby Audit Committee)
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Key Issue	Risk Identified	Mitigating Actions

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

- The committee received written responses to Challenge Questions (selected from a previous External Audit Progress Report) in relation to strategies for meeting mental health needs of local population and review of the NHS People Plan / addressing race inequalities. Further Challenge Questions will next be considered in July 2021.
- The committee received an update report in relation to the CCG's Information Risk Work Programme action plan ahead of the 2020/21 Data Security and Protection Toolkit (DSPT) submission.
 - The DSPT submission deadline has been extended to 30th June 2021.
- The committee received an update in relation to GP pensions.
- The committee received the Losses, Special Payments and Aged Debt Report.
- The committee was presented with proposed changes to the Scheme of Delegation.
 - The committee approved the proposed delegated invoice approval limits for the Director of Strategic Partnerships and the Senior Manager – Commissioning & Redesign. The committee noted the change in post holder for the Interim Chief Nurse role and approved the invoice limit for this post to remain the same.
 - The committee received an update regarding the review of delegation arrangements during the COVID-19 emergency response period.

- 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.
 - A review is to be undertaken to ensure that the CCG's Managing Conflicts of Interest and Gifts and Hospitality Policy is in line with national guidelines and the NHSE/I mandatory training, and that the appropriate staff communications regarding guidelines are being issued.
 - The frequency of presenting the CCG Published Registers to the Audit Committee is to be reviewed.
- The committee received the policy tracker.
 - The committee noted the delay with the review of the Grievance & Disputes Policy and stressed that this policy needs to be finalised as soon as possible ahead of impending organisational change.
- The committee received the Audit Committee Recommendations Tracker.
- The committee received the External Audit Progress Report.
 - Grant Thornton has commenced work in relation to the 2019/20 Mental Health Investment Standard and is aiming to complete the work ahead of the 26th February 2021 deadline.
 - Discussions are ongoing between Grant Thornton and the CCG's finance team members regarding arrangements for the 2020/21 final accounts preparation and audit review for the CCG.
- The committee received the MIAA Internal Audit Progress Report.
 - No issues are anticipated in terms of completion of the internal audit plan by the end of the financial year.
- The committee receive the External Quality Assessment (of Conformance to the Public Sector Internal Audit Standards) report for MIAA.
 - The report concludes that MIAA 'fully conforms to the requirements of the Public Sector Internal Audit Standards.'
- The committee received a report detailing the internal findings of the NHS Counter Fraud Authority - Fraud Prevention Assessment, and noted the identified weaknesses, mitigations and reported measures.
- The committee approved the Risk Management Strategy subject to:
 - inclusion of an updated Terms of Reference for the Joint Quality & Performance Committee; and
 - inclusion of text in relation to the risk based approach to fraud, bribery and corruption (text to be provided by the Anti-Fraud Specialist).
- The committee approved the Audit Committee Risk Register.

- The committee approved the updates to the Governing Body Assurance Framework (GBAF), Corporate Risk Register (CRR) and Heat Map subject to a review of risks related to the phlebotomy service (in the CRR) and care homes (in the GBAF).
- The committee received a summary report and action plan following a self-assessment of committee effectiveness undertaken by members in November 2020.
 - The committee received feedback that the self-assessment responses were consistent and that the committee operated well.
- The committee approved the 2021/22 work plan subject to a review of the reporting frequency for the CCG Published Registers.
- The committee received the list of scheduled meeting dates for 2021/22 and agreed to reschedule the Audit CiC meeting on 13th October 2021.
- The committee noted that a review of the Whistleblowing Policy is required further to discussions in relation to Freedom to Speak Up. The next steps in relation to this review will be discussed at the next Senior Leadership Team meeting.

Key Issues Report to Primary Care Commissioning Committee in Common

South Sefton Primary Care Commissioning Committee Part 1, Thursday 21st January 2021

Chair: Graham Bayliss

Key Issue	Risk Identified	Mitigating Actions
COVID mass vaccination and the capacity to support the programme in Primary Care.	This is the main priority of practices working within PCN groupings. The ability to release staff not work within the vaccination programme will impact on business as usual within General Practice.	Structure in place to oversee programme and coordinate the operational delivery. Recruitment process identified to bring staff and volunteers into the programme and reduce demands on General Practice. Guidance around income protection for QoF and LQC issued to enable capacity to be directed at mass vaccination.

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

The Committee noted the Primary Care Finance Report, with the main underspend relating to Additional Role Reimbursements for PCNs.

The Committee noted the COVID 19 Vaccination Enhanced Service and the impact this would have on practices capacity.

The Committee discussed the update relating to Directed Enhanced Service relating to Learning Disability Health Checks.

The risk register was reviewed.

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Leadership Team meeting held on 16.02.21

Chair: Fiona Taylor

Key Issue	Risk Identified	Mitigating Actions
<p>Item 87 – Spinal Paper for OSC</p> <p>Paper provided to LT and TH joined to give an overview. Review was undertaken which made the following recommendations:</p> <p>Complex surgery should take place on one site and should be co-located with Major Trauma.</p> <p>Development of a single on-call rota for out of hours/emergency consultant cover</p> <p>Deformity surgery should take place at scale with a single MDT and co-located with cancer services. If this is not possible, there should be significant 'in-reach' to cancer services.</p> <p>Implementation of the National Back Pain and Radicular Pain Pathway across Cheshire & Merseyside.</p> <p>Elective surgery should be performed at scale.</p>		

Lead provider would be the Walton Centre with additional capacity at Halton. This paper has been through Governing Body meetings in December. MMcD asked if this is going to OSC and is there a wider OSC for Cheshire & Mersey. FLT advised it is going through individual OSC's. TH to liaise with a clinical colleague to co-present this paper at OSC. LC advised that this has not been to EPEG and asked if engagement report from Liverpool can be presented to this meeting in March.

Recommendation – LT approved the above recommendations.

Item 89 – Dermatology

Paper provided to Leadership and TH gave an overview and update. DMC have made improvements and NECSU have been approached to conduct an audit.

Leadership Team asked to note the update and are requested to approve the commissioning of the independent external audit costing approximately £6-7,000.

FLT requested a definitive amount to undertake this audit with a maximum of no more than £8k. It was queried if MIAA might undertake this at a lower cost. Currently at the end of a 3+2 contract. Paper will be provided next week for a 12

<p>month extension whilst the service specification is reviewed and re-scoped. MMcD asked that all contracts which are up in the next 12 months be reviewed to ensure choice is possible. MMcD to ask Nadine Smith to map all contracts – ACTION Next audit committee will be April and need to take through SLT in March.</p> <p>LT approved recommendation incorporating ceiling of £8k.</p> <p>Item 90 – High Cost Cases</p> <p>Paper provided and BP gave an update. All cases provisionally approved by MMcD around 1:1 care packages. Weekly reviews being undertaken with CSU to review care logs to ensure level of care is still required. MMcD advised the fourth case is undertaking an independent review.</p> <p>LT approved these cases.</p> <p>Item 94(i) – Community Cardiology S&F Health 2020/21 Contract and Support</p> <p>Paper provided for approval and MMcD gave an overview requesting additional payment of £27k. LT was asked to note the following: The impact the service has on the cardiology patients Potential impact on LHCH/S&O if this service isn't in place</p>		<p>MMcD to ask Nadine Smith to map all contracts</p>
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The level of reputational risk
Approve the financial support to
Southport & Formby Health

Approved by Leadership Team.

Leadership Team – 24.2.21

Item 103 – Nursing & Quality Team
Structure & Portfolios

Report provided and CC gave an overview. BP's development has been discussed with Marie Boyles and he will be going on a secondment for 12 months from the second week in March to Southport Hospital. Portfolio's will then need to be reviewed with TF going to an 8D to cover BP's role. Backfill will be required. FLT queried Jane Keenan's role and potential for the programme management around CHC – programme manager would pick up contract management with CHC and case management over and above what is already been picked up. JL asked if BP's place will be taken on the on call rota and this was confirmed. **ACTION** - MMcD to liaise with CC re the £21k requested, making it clearer than currently in the paper. DCF queried the skill set to cover the 8A role. CC advised this is interim for the next 12 months and there may be some existing posts not showing in interim structure and will show all substantive roles and anyone

MMcD to liaise with CC re the £21k requested, making it clearer than currently in the paper.

on secondment so as not to lose posts.

Recommendation – Team structure to be adapted and £21k investment for 21/22 to improve capacity and pick up quality management. LT approved this recommendation with the above proviso around finances.

Item 107 – Active Ageing Termination of Contract

JS gave an overview of a paper provided to LT. Service was developed as part of the falls services. Agreed to fund in October 2020 to May 2021. This was thought to be a public health prevention service. Cost of £35k per annum with small throughput. Duplication of Active Steps service provided by MCFT in Southport & Formby. Follow up discussion with Angela Clintworth, Ellie and DBu to review how this funding could be better used. DCF queried if there would be any redundancy implications and this was not thought to be an issue as this is a contract which will not be renewed.

Recommendation – Contract termination as funds could be better utilised elsewhere – LT agreed with this recommendation.

Item 108 – Review of Sefton CCG's Policy for Implementation of a Clinical Threshold

for Elective Cataract Surgery in Adults (2018)

JG and AG joined the meeting and gave an overview of the report provided to LT.

Adoption of this policy will align the Sefton CCGs with other local CCGs in preparation for the changes in 2022. FLT advised the paper was well prepared, showing which committees it has been to, which was helpful. CC asked if there was any sense of how much this might save, but JG advised this is not currently available. JL queried where we sit in terms of benchmark data across the two CCGs which was provided by Right Care and it would be good to understand where we stand.

MMcD advised it was understanding where the money is deployed, how much we are doing peer to peer and cost effectiveness i.e. 10% reduction in people being admitted with sight issues following falls etc., to support financial position.

Recommendation:

- The withdrawal of the CCG's policy for Implementation of a Clinical Threshold for Elective Cataract Surgery in Adults (2018)
- Adoption of the Policy for Cataract Surgery (Criteria Based Clinical Treatment A11.5 2019/20 Revised

<p>Policy)</p> <ul style="list-style-type: none"> • Approval of the CBCT policy to March 2022 unless otherwise required. At which point would be brought back to the members for review and consideration. • Explore options for utilisation of Liverpool Choice Team as the number of patients contacting the team will drop by an estimated 1319 per annum (<i>based on 2019/20 data</i>). <p>LT would be happy to support the recommendation but require clarity on the above detail – MMcD and CC to liaise with JG and AG offline.</p> <p>Leadership Team 09.03.21</p> <p>Item 125 – Practice Merger</p> <p>Paper presented by JL to Leadership Team around reasons for Roe Lane and Christiana Hartley practices merging. There is a cost re EMIS to the CCG, but felt to be the right thing to do. MMcD queried Roe Lane and Federation support looked at a couple of years ago, and JL advised this did not take place. Permanency of the merger queried and JL advised Roe Lane has a small list and makes sense to consolidate this. CC queried confidentiality issues and JL advised assurance can be obtained from IM – ACTION.</p>		<p>MMcD and CC to liaise with JG and AG offline</p> <p>CC queried confidentiality issues and JL advised assurance can be obtained from</p>
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Recommendation – To approve merger – LT approved.

Item 129 – Imagine Independence – Update on Allegations and Recommendations

GJ joined the meeting and gave an overview of the paper provided to LT. Allegation received last April around a malpractice complaint. MIAA alerted and investigation took place. Concluded there was no substance to the allegation and service should be reviewed. Second complaint received in January 2021 containing 4 allegations. Meeting took place early March and allegations rebutted verbally and in writing. The service has been transparent and open.

£70k of non-recurring funding due to expire in April 2021 for IPS element, with various funding streams from the local authority and looking to pull these together. Asking for funding to be rolled over whilst service is put out to procurement.

CC advised report has been sent to Marie Boles and follow up should be built in to contract management to review any future allegations. Feedback is to be requested – **ACTION** - CC

TJ asked if the £53k is part of the baseline contract for 2 years and £70k is non-

IM

CC advised report has been sent to Marie Boles and follow up should be built in to contract management to review any future allegations. Feedback is to be requested – CC

recurrent. GJ advised £53k is currently on hold pending agreement. St Helens and Knowsley have agreed the funding for next year.

Recommendation – LT asked to ratify the conclusions of the commissioners in response to the allegations concerning Imagine Independence and approve funding of £70,957 for the IPS in 2021/22. LT approved subject to input from NHSE.

Item 130 – Dermatology

TH attended the meeting and gave an overview of the report provided to LT. Due to the global COVID-19 pandemic, the planned procurement of community dermatology services has been delayed. It envisaged that through the QIPP workstreams identified by the 'system management group (SMG)', more specifically the dermatology workstream, the trialling of new integrated cross sector working would have led to the development of a new service specification and informed the procurement of a new service. The global COVID-19 pandemic and the more recent recommendation by NHS E/I of an independent and external review of DMCs PTL, has delayed actions.

CC asked that quality issues are kept on the agenda and this is being monitored. MMcD

advised BD is taking a paper to F&R around procurements. Alan Sharples is concerned that no alternatives have been sought prior to extending services. TH advised there have been issues due to Covid. This paper will need to go to SLT for approval – MMcN
- **ACTION**

Recommendation - The Leadership team is asked to consider the case for a single action tender for a one year contract award to DMC healthcare for the delivery of the community dermatology service, considering the background of considerable pressures in the secondary care system relating to COVID-19 pandemic, and take into consideration details supporting the forthcoming NHS and social care reforms, namely 'Integration and innovation: working together to improve health and social care for all.'

Sent to SLT for approval.

Leadership Team 16.03.21

Item 138 - Primary Care

Covid Support to General Practice
JL gave an overview of the paper provided to LT describing the services which have been stood up to cover Covid.

This paper will need to go to SLT for approval – MMcN

Covid Hubs

Covid Hub in South Sefton is run from the UTC with no additional costs incurred. Covid Hub in North looking to reduce hours and run in the afternoon only as demand drops. Oximetry at Home pathways – piece of work being done to review if this stay in the hubs or general practice.

MMcD queried extended hours which JL confirmed are continuing.

Recommendation

A single COVID Hub remains accessible within each CCG to prevent patients unnecessarily being directed to AED. These hubs also play a part in the oximetry at home service. The SF service is looking at reducing its hours of operation as demand reduces.

Acute Visiting Services (AVS)

The AVS service in South Sefton is commissioned recurrently from Go to Doc although the contract is separate to that of the main Primary Medical Care Out of Hours contract. An additional manned vehicle was commissioned during times of pressure. This service provides home visits to COVID positive (or suspected positive) patients and those shielding.

The Southport & Formby CCG service was newly commissioned as a result of the

pandemic and delivers a similar service to that of the South Sefton service.

Recommendation

The commissioned service in South Sefton continues to support practices and during this time its longer term future is reviewed.

The service continues in Southport & Formby whilst longer term plans for the service are reviewed as part of urgent care services.

Shielding Patient Phlebotomy

Southport & Formby Federation also provide a domiciliary phlebotomy service to those patients who are shielding this was as a result of lack of availability through the CCG commissioned service.

Recommendation

This service will continue and stand down when shielding ends.

Mass Vaccination Lead CCG

Colette Page in her role as Practice Nurse Lead increased her hours to full time to lead on Mass Vaccination for the CCG. This ensures CCG representation at daily C&M vaccination meetings.

Recommendation

The role continues to be supported to the end of quarter 1 and is reviewed as to how this is incorporated into business as usual during this time.

LQC

It is proposed that the suspension of the LQC (phase 6) is rolled over into the 1st quarter of 21/22 in order to enable primary care to continue to support the COVID 19 vaccination programme. The development of phase 7 LQC is in progress, and will largely mirror the indicators within phase 6, however there are some changes that are being introduced. National changes in relation to GP core contract and Direct Enhanced Services are still awaited from NHSE, therefore it has not been possible to confirm phase 7 LQC plans. A 1% uplift to the LQC has been included for 2021/22 in CCG finance plans, subject to Governing Body approval. A final LQC will be dependent on NHSE contractual changes and approval of CCG finance budgets, therefore it is proposed that phase 7 LQC will be a 9 month contract to cover July 21 – March 22. Whilst PCN vaccination sites have been asked if they wish to deliver on going vaccination to cohorts 10-12 second dose vaccinations will continue in PCN sites throughout quarter 1.

FLT asked for details of what is happening across the rest of Cheshire and Mersey with

LQC. MMcD advised pending publication of national financial framework we agree an uplift of 1% with oversight of chief finance officer.

Recommendation

During quarter 1 the next phase of the LQC is drawn up and subject to the usual approval process. The suspended phase 6 continues with the 1% uplift applied.

MMcD advised that any expansion of services without a clear rationale will attract the attention of C&M.

Overall Recommendation – LT asked to support the individual recommendations outlined above during quarter one of 2021/22 – LT approved all of the above.

Item 140 – Extending Winter Funding for Community Services

SF joined LT and gave an overview of the paper proposing to extend funding for six months to support restoration of services. There is evidence of pressures due to long Covid, accelerated discharges and patients choosing to remain at home continue to impact upon community service capacity with uncertainty of when surge management will ease.

Funding of £275k requested. MMcD

queried if these were all six month schemes and SF confirmed this. Any funds would need to be transferred to MCFT from May in order to continue these schemes and be reflected in the financial framework as the services transfer from LSCFT to MCFT with the contract change.

Recommendation – LT is asked to support a six month extension of winter funding for LSCFT community services. LT approved subject to publishing of financial framework and work with finance teams across the providers to ensure the allocations given to providers and CCGs for 21/22 are mapped out to ensure continuation.

Leadership Team 23.03.21

Item 157 – Domestic Homicide Review Budget – Sefton Safer Community Partnership

TF presented a paper re additional contribution to fund the panel. Currently £5k available to support two DHRs and request received to contribute £10k covering both CCGs.

Recommendation – Provide additional £10k one off payment to support service. MMCD happy to support on non-recurrent basis. LT approved.

Finance and Resource Committee Minutes

Thursday 21st January 2021, 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
Chrissie Cooke (FR21/02–24)	Interim Chief Nurse, SS CCG	CC
Susanne Lynch	Head of Medicines Management, SS CCG	SL
Martin McDowell (FR21/01-09[part] & FR21/12-19)	Chief Finance Officer, SS CCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SS CCG	AOR
Dr Sunil Sapre	GP Governing Body Member, SS CCG	SS
Ex-officio Member*		
Fiona Taylor (Items FR21/02 - FR21/17[part])	Chief Officer, SS CCG	FLT
In attendance		
Tracy Jeffes (Items FR21/07-09)	Director of Place – South, SS CCG	TJ
Jane Keenan (Items FR21/01-10)	Interim CHC Programme Lead, SS CCG	JK
Adrian Poll (Items FR21/01 & FR21/05)	Senior Audit Manager, MIAA	AP
Gill Roberts (Items FR21/07-09)	Senior HR Business Partner, People Services, M&L CSU	GR
Apologies		
Dr Pete Chamberlain	GP Governing Body Member, SS CCG	PC
Jan Leonard	Director of Place, SS CCG	JL
Dr John Wray	GP Governing Body Member, SS CCG	JW
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, SS CCG	TK

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

Name	Membership	Jan 20	Feb 20	Mar 20	May 20	June 20	July 20	Sept 20	Oct 20	Nov 20	Jan 21
Alan Sharples	Lay Member (Chair)	A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Graham Bayliss	Lay Member (Vice Chair)	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	✓	✓	✓	✓	✓	✓	✓	✓
Chrissie Cooke	Interim Chief Nurse [Joined CCG in January 2021]										✓
Jan Leonard	Director of Place	A	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			
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	*	✓	*	*	*	✓	✓	✓	✓

No	Item	Action
General business		
FR21/01	<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, Jan Leonard and Dr John Wray.</p> <p>The following points were noted;</p> <ul style="list-style-type: none"> • Chrissie Cooke, who has recently been appointed to the position of Interim Chief Nurse at the CCG, has joined the F&R Committee membership but would be slightly late in joining the meeting due to another appointment. • Martin McDowell would need to leave the meeting early to join another meeting. • Adrian Poll had joined the meeting to present item <i>FR21/05: F&R Committee Effectiveness Review – Draft MIAA Report</i>. The Chair decided to cover this item first to allow Adrian to leave the meeting early after presenting. 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>CC joined the meeting. FLT joined the meeting.</p>	
FR21/02	<p>Declarations of interest regarding agenda items</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group (CCG).</p> <p>Declarations made by members of the South Sefton Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • <i>Item FR21/12: GP Practice Prescribing Budgets 2020/21</i> The committee noted that as a GP Partner in South Sefton, SS had a direct conflict of interest with this item. The other GP members of the committee (PC and JW) similarly had a conflict of interest with this item but were not present. It was noted that the report for this item asked the committee to approve GP practice prescribing budget setting for 2020/21. Following advice from the CCG's Interim Lead for Corporate Services prior to the meeting, the following actions were undertaken to manage the conflict of interest: <ul style="list-style-type: none"> - The meeting pack sent to the GP members of the committee (SS, PC and JW) prior to the meeting had been a redacted version without the report for item <i>FR21/12</i>. - The Chair confirmed that SS could remain in the meeting during this item but would be excluded from decision making. With the exclusion of SS from decision making, CC's participation would provide the Clinical Governing Body member input required to meet quorum arrangements. 	

No	Item	Action
	<ul style="list-style-type: none"> CC declared that she is the Chief Nursing Lead at Niche Health & Social Care Consulting. It was noted that Niche had undertaken a governance review of Southport and Formby CCG in 2020 (which CC had not been involved with) but that this did not impact any agenda items for the South Sefton F&R Committee. 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. 	
FR21/03	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 26th November 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>	
FR21/04	<p>Action points from the previous meeting</p> <p>FR20/142 Continuing Healthcare Update The was no further update to provide in terms of the bids made by Sefton Council and Midlands & Lancashire CSU against the financial allocations provided to the Sefton CCGs to support CHC backlog assessments. As reported at the last F&R meeting, 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. The bid figures, therefore, cannot be split between South Sefton CCG and Southport & Formby CCG until the final number of cases per CCG has been established. The committee agreed to close this action.</p> <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 due to current priorities with the Mass Vaccination programme. Action to remain open on the tracker.</p> <p>FR20/156 Prescribing Report – Month 5 2020/21 The prescribing expenditure report (to be presented under item <i>FR21/11</i>) had been updated to address AS's feedback at the F&R Committee meeting on 26th November 2020. Action closed.</p> <p><i>It was noted that all other actions on the action tracker following the November 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>Committee Governance & Arrangements</i>		
FR21/05	<p>F&R Committee Effectiveness Review – Draft MIAA Report</p> <p>AP presented a draft output report, following a review of Finance & Resource Committee effectiveness by MIAA. AP had attended the F&R Committee meeting on 26th November 2020 as an observer to assess the committee's effectiveness.</p> <p>The review had concluded a Substantial Assurance rating for the committee's effectiveness, noting that there is a good system of internal control designed to</p>	

No	Item	Action
	<p>meet the system objectives, and that controls are generally being applied consistently.</p> <p>The committee discussed the recommendations in the report and noted / agreed the following:</p> <ul style="list-style-type: none"> <p><i>Recommendation: The committee should consider the nature of future verbal updates and whether these provide the assurance required.</i></p> <p>The committee agreed that written reports should be produced as standard procedure unless extenuating circumstances or time factors prevent this, in which case a verbal report would suffice.</p> <p>The MIAA review had noted that the 'Update on Digital Funding Streams' report presented to the committee in November 2020 had previously been provided as a verbal update, which was not considered sufficient. AS provided the background information to this, explaining why the verbal update had not been considered sufficient and noting that he was yet to gain a full grasp on IT expenditure against plan as well as value for money. MMcD noted that digital reports have been presented to the committee on an exception basis, and confirmed that a year-end report would be produced for the committee meeting in March 2021. This report will focus on digital expenditure and the overall progress made against plan. AS requested that the report also focus on whether the CCG had achieved its digital objectives for 2020/21, as well as value for money. The committee agreed to continue to receive digital update reports on an exception basis as well as an annual year-end report.</p> <p><i>Recommendation: The committee should produce an Annual Report to the Governing Body. The production of an annual work plan for the committee would support this.</i></p> <p>It was noted that although an annual committee work plan is produced, an Annual Report has not been previously produced for presentation to the Governing Body. AS confirmed he would produce an Annual Report for review by the F&R Committee at the meeting in March 2021, prior to presentation to the Governing Body. He noted that an initial draft could potentially be produced for February 2021. TK to update the committee work plan accordingly.</p> <p><i>Recommendation: The terms of reference are to be reviewed and updated to reflect current membership.</i></p> <p>This recommendation was made, as the MIAA review had noted that the Chief Nurse and Practice Manager Governing Body member (roles which are included in the committee membership within the terms of reference) had not attended a meeting in year. The committee noted that the current Interim Chief Nurse would be attending F&R Committee meetings and therefore the terms of reference did not require updating in terms of this role. The committee noted that a Practice Manager had not been appointed to join the Governing Body in the year covered by the MIAA review, and that the CCG had been trying to recruit for this role. The committee agreed to leave the terms of reference unchanged, noting that a Practice Manager Governing Body member would be invited to join the committee once appointed at the CCG.</p> <p>A minor error was noted in section 3 of the draft report in relation to the total number of recommendations noted. AP confirmed this would be corrected in the final version, which would be circulated to the committee.</p>	<p>MMcD</p> <p>TK</p> <p>AP / TK</p>

No	Item	Action
	<p>FLT commended the Substantial Assurance rating for the committee's effectiveness and thanked AS and TK for their work on chairing and administering the committee respectively.</p> <p><i>The committee received this report.</i></p> <p><i>AP left the meeting.</i></p>	
FR21/06	<p>F&R Committee Work Plan 2021/22</p> <p>MMcD presented a plan of agenda items / issues to be addressed by the F&R Committee during the financial year 2021/22. The work plan is subject to change throughout the financial year depending on any changes to reporting requirements, and will be maintained by the PA to the Chief Finance Officer.</p> <p>The committee agreed the following amendments to the work plan:</p> <ul style="list-style-type: none"> • The People Plan Update is to be reported three times a year (every four months). [This was agreed later at the meeting under item <i>FR21/08: The NHS People Plan: Update and Action Plan</i>]. • The F&R Committee Annual Report is to be added to the work plan for presentation in March, with a potential initial draft to be presented in February, as agreed under item <i>FR21/05</i> for the current financial year. <p>TK to update the work plan with the agreed amendments.</p> <p><i>The committee approved the F&R Committee work plan for 2021/22, subject to the amendments noted above. The committee noted that the work plan is subject to change throughout the financial year, depending on any changes to reporting requirements.</i></p> <p><i>GR joined the meeting.</i></p> <p><i>TJ joined the meeting.</i></p>	TK
FR21/07	<p>F&R Committee Meeting Dates 2021/22</p> <p>MMcD presented the list of scheduled F&R Committee meeting dates for the financial year 2021/22. Calendar invitations have been issued to members.</p> <p>The Chair confirmed that he is unable to attend the meeting scheduled for 23rd September 2021. It was agreed to reschedule this meeting, potentially to take place on 21st September 2021 or 30th September 2021, depending on availability of members. TK to action.</p> <p><i>The committee received the list of scheduled F&R Committee meeting dates for 2021/22 and agreed to reschedule the meeting on 23rd September 2021.</i></p>	TK
HR		
FR21/08	<p>The NHS People Plan: Update and Action Plan</p> <p>TJ presented an update on progress in relation to the NHS People Plan and associated action plan for the CCG, the details of which were in the report received by the committee.</p> <p>The committee discussed the frequency of People Plan updates and agreed that it</p>	

No	Item	Action
	<p>is to be reported three times a year (every four months). It was noted that progress with the action plan will be reviewed regularly by the CCG's Leadership Team.</p> <p>AS enquired whether the CCG had sufficient resources to undertake the actions within the People Plan. FLT reported that the CCG has recruited additional resource to support the organisational development agenda and implementation of the People Plan actions.</p> <p>AS commented that it would be helpful to have the action plan colour coded for future reports to show actions that have been completed, those in progress and those falling behind schedule.</p> <p><i>The committee received this report.</i></p>	
FR21/09	<p>HR Performance Dashboard</p> <p>GR presented the HR Performance Dashboard 2020/21, which included information up to November 2020, and noted the following:</p> <ul style="list-style-type: none"> • The sickness absence rate was 2.77% as at November 2020. • Appraisals have been taking place with staff which should lead to an improvement in the completion rate reported. • Outstanding Statutory & Mandatory training is being addressed with members of staff and reminders are published in the CCG staff bulletin periodically. • The CCG's Pay Progression Policy is in the process of being finalised before presentation for approval. Pay progression will be linked to compliance with the CCG's appraisal process and Statutory & Mandatory training requirements from April 2021, and the appropriate staff communications will be issued to highlight this. <p>GB commented that although the sickness absence rate of 2.77% in November 2020 is over the 2.5% target, it is a low rate given the COVID-19 pandemic. AS queried the rationale behind setting the target at 2.5%, which was considered low. FLT confirmed the target was set at this figure, as the majority of CCG staff members are not patient facing. A discussion took place regarding the target and it was agreed for CCG executive management to review and decide if the target required amendment in future.</p> <p><i>MMcD left the meeting.</i></p> <p>A discussion took place regarding pay progression and its connection to completion of appraisals and Statutory & Mandatory training from April 2021. Members noted the challenges of completing appraisals and Statutory & Mandatory training amidst the current pressures on staff with the COVID-19 response and the Mass Vaccination programme. FLT confirmed that the Leadership Team would review the way in which the CCG will manage the new requirements of pay progression amidst the current pressures. She also noted that a review will be undertaken of those who have not completed training and appraisals, to ascertain if this is due to redeployment to support the COVID-19 response and Mass Vaccination programme.</p> <p><i>GR and TJ left the meeting.</i></p>	

No	Item	Action
<i>Continuing Healthcare</i>		
FR21/10	<p>Continuing Healthcare Update</p> <p>JK provided an update in relation to Continuing Healthcare (CHC) and brought the following points to the committee's attention:</p> <ul style="list-style-type: none"> NHSE/I's North West Incident Management Team approved a proposal to pause activity relating to deferred assessments for an initial period of two weeks with effect from Monday 11th January 2021, with the aim of releasing qualified staff to support discharge efforts. The CCG was advised that this decision would be reviewed during the week commencing 18th January 2021. Marie Boles (Director of Nursing, Cheshire & Merseyside, NHSE/I) is undertaking regional discussions regarding whether the two-week pause is to be extended; a decision is to be made by the local system on 25th January 2021. JK highlighted the importance of resuming the work on deferred cases awaiting assessment, which may have a financial impact on the CCG. FLT confirmed this issue would be managed operationally by the Leadership Team. The CCG is awaiting the output report from MIAA following the post implementation review of the Adam Dynamic Purchasing System (DPS). The CCG's contract with Adam DPS had been extended to the end of March 2021. Cheshire & Merseyside Health & Care Partnership will be undertaking a piece of transformation work in relation to the CHC agenda and collaboration across the region, which will include an options appraisal on how to proceed as a system. The outcome of this work may impact upon future CCG arrangements with the Adam DPS system; a further update will be provided at the next F&R Committee meeting in February 2021. The month 7 and 8 CHC Financial & Activity Reports (produced by Midlands & Lancashire CSU for the CCG) were circulated to the committee on 7th January 2021. The inclusion of narrative to support and explain the data and graphs in the report is a work in progress. <p>JK explained that a CHC update report had not been produced for this meeting due to the changing circumstances relating to work on deferred cases awaiting assessment, noting that a verbal report would provide the most up to date information at the time of the meeting. FLT also highlighted capacity in terms of production of a report, noting that JK has been involved in the Mass Vaccination programme. FLT and AS thanked JK for the work undertaken.</p> <p><i>The committee received this verbal update.</i></p> <p><i>JK left the meeting.</i></p>	
<i>Prescribing</i>		
FR21/11	<p>Prescribing Report – Month 7 2020/21</p> <p>SL presented an update report on prescribing expenditure at month 7 (October 2020). The CCG is forecast to be underspent by £290k against a budget of £29.300m. The CCG's prescribing budget includes additional allocation based on the NHSE/I funding model as part of the national COVID-19 response.</p> <p>The prescribing report has been developed since the last committee meeting to provide further clarity on the information presented. The report has also incorporated the Chief Finance Officer's request to provide comparative data against other North West CCGs in relation to prescribing spend per weighted</p>	

No	Item	Action
	<p>population, although further work on this is required due to historic prescribing code issues.</p> <p>The committee discussed the prescribing update, including the forecast underspend. It was noted that the current priority for the CCG's Medicines Management Team is supporting the Mass Vaccination programme. The current situation with the COVID-19 pandemic and latest financial guidance has temporarily halted progression of QIPP schemes.</p> <p><i>The committee received this report.</i></p> <p><i>MMcD rejoined the meeting.</i></p>	
FR21/12	<p>GP Practice Prescribing Budgets 2020/21</p> <p>SL provided a brief overview of the Medicines Management team process to determine practice level prescribing budgets for 2020/21, which was explained in detail within the report received by the committee. The prescribing budget for South Sefton practices for 2020/21 is £27.592m.</p> <p>Due to the impact of the COVID-19 pandemic on prescribing patterns and the financial regime in place, the usual timing and process to determine practice level prescribing budgets has not been undertaken for 2020/21. The practice budgets for this financial year have been set using the month 6 2020/21 forecast outturn position provided by NHS Business Services Authority.</p> <p><i>The committee approved the practice level prescribing budget setting for 2020/21. SS was excluded from decision making due to a conflict of interest (further details on the conflict of interest and the actions undertaken are detailed under item FR21/02: Declarations of Interest Regarding Agenda Items).</i></p>	
FR21/13	<p>Pan Mersey APC Recommendations</p> <p>SL presented a Pan Mersey Area Prescribing Committee (APC) recommendation to commission the following medicine:</p> <p>Naldemedine tablets (Rizmoic®▼) for the treatment of opioid-induced constipation.</p> <p>This drug has been recommended by NICE. Due to the timing of the F&R Committee meeting and in order to meet the 90-day implementation target for drugs / treatments recommended by NICE, MMcD had authorised the commissioning of this drug in line with delegated authority arrangements. The committee was being asked to formally ratify the commissioning of this drug.</p> <p><i>The committee ratified the Pan Mersey APC recommendation to commission Naldemedine tablets (Rizmoic®▼) for the treatment of opioid-induced constipation.</i></p>	
FR21/14	<p>Prescribing Rebate Scheme – Rivaroxaban (Xarelto) Bayer PLC</p> <p>SL presented a paper with the recommendation to approve sign up to the Rivaroxaban (Xarelto) rebate scheme. Rivaroxaban (Xarelto) is an APC recommended direct oral anticoagulant (DOAC). The rebate scheme is in line with</p>	

No	Item	Action
	<p>the CCG's policy for approving primary care prescribing rebate schemes.</p> <p><i>The committee approved sign up to the Rivaroxaban (Xarelto) rebate scheme.</i></p>	
Finance		
FR21/15	<p>Finance Report - Month 9 2020/21</p> <p>AOR provided an overview of the month 9 2020/21 financial position for South Sefton CCG as at 31st December 2020. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • The month 9 financial position is an overspend of £2.806m. This includes an overspend of £1.532m in line with the CCG financial plan, as well as 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 breakeven position for months 1-6, a planned deficit of £3.063m for months 7-12 and cost pressures of £1.274m, which are awaiting a retrospective allocation adjustment. The additional allocation, when received, will reduce the deficit to £3.063m (the CCG's most likely case scenario) in line with the CCG financial plan. • The best case scenario is a deficit of £1.736m and includes a number of mitigations across areas including NHS contract prior year and CHC restoration. • At month 9, the CCG is at 79.6% of its annual cash drawdown requirement. The target cash balance at this point in the year is 75%. The difference from target is a result of the CCG's requirement to pay providers a block payment one month in advance on instruction from NHSE/I as part of the COVID-19 response. The remaining annual cash drawdown requirement available will be managed through the financial year and the CCG does not anticipate any issues relating to its cash limit. <p>The committee discussed the finance report. MMcD provided commentary on the CCG's financial position as well as risks and mitigations. He reported on local Independent Sector contract arrangements that are outside the national Independent Sector contract agreements, which the CCG should report as a risk pending clarification of the approval process.</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>	
FR21/16	<p>Finance Strategy Update</p> <p>MMcD provided a verbal update on the CCG's finance strategy. A letter was issued from Amanda Pritchard (Chief Operating Officer, NHSE/I) and Julian Kelly (NHS Chief Financial Officer) on 23rd December 2020 regarding operational priorities for winter and 2021/22. Current financial guidelines will be extended to the first quarter of 2021/22; further information and guidance is expected in due course. 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 fixed funding envelopes for systems include nationally calculated CCG allocations and block contracts including</p>	

No	Item	Action
	<p>system top up, as well as growth funding for new services and capacity growth.</p> <p>Contracting processes are expected to resume in the second quarter of 2021/22. The CCG is continuing to review run rate information as well as key investment strategies for mental health and primary care in line with the NHS Long Term Plan in preparation for 2021/22 financial planning.</p> <p>A briefing for NHS Chief Finance Officers will take place today, regarding financial arrangements for 2021/22. MMcD and AOR will be joining this briefing.</p> <p>The committee received this verbal update.</p>	
FR21/17	<p>QIPP Update Report – January 2021</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"> • Significant risks remain regarding operational delivery of QIPP savings due to the suspension of QIPP processes as a result of the need to direct resources to the COVID-19 response and the Mass Vaccination programme. The financial regime in place for the remainder of the financial year limits the CCG's ability to remove costs. • The CCG has identified areas of focus for the remainder of 2020/21 for QIPP activity around Advice and Guidance and Evidence Based Interventions. • Work on refreshed RightCare data has identified areas of opportunity for future review in the following three key areas: cardiovascular disease, respiratory disease and problems of the gastro intestinal system, which account for 70% of total opportunities for the CCG. It is recommended that these three programmes are priority areas for 2021/22, alongside reduction of non-elective zero length of stay admissions. • The CCG will need to continue to work alongside system partners and the NHSE/I team in further developing the 2021/22 QIPP plan to identify options to reduce the system financial gap in the longer term, taking into account the future financial regime. <p><i>FLT left the meeting.</i></p> <p>The committee discussed the QIPP update. MMcD reported that the CCG will work with providers to implement the Advice and Guidance programme to prevent unnecessary admissions and also to limit procedures of low clinical value.</p> <p>It was noted that the Joint QIPP Delivery Group meeting scheduled for 26th January 2021 has been cancelled due to the current operational pressures as a result of the COVID-19 pandemic and Mass Vaccination programme, as well as the temporary suspension of the CCG's QIPP processes.</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
<i>Risk</i>		
FR21/18	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the F&R Committee Risk register which has recently been reviewed by the Senior Finance Team. The following points were brought to the committee's attention.</p> <ul style="list-style-type: none"> • Following review by the Senior Finance Team, a number of queries and changes have been proposed in relation to COVID HR risks C22, C23, C25 and C26, taking into account the changing circumstances. These proposed changes were explained to the committee and have been forwarded to the risk owner for review. • MMcD recommended that the scoring for the main finance risk FR0011 and sub-risks FR0011a and FR0011b remain unchanged, which was agreed by the committee. <p>MMcD commented that the CCG's support arrangements in place for staff during the COVID-19 pandemic have proved effective.</p> <p><i>The committee approved the F&R risk register, subject to further review of COVID HR risks C22, C23, C25 and C26.</i></p>	
<i>Estates</i>		
FR21/19	<p>Estates Update – Relocation</p> <p>MMcD provided a verbal update on the CCG's relocation, which remains on target. CCG staff will need to vacate Merton House by 17th March 2021. MMcD and SL will discuss any operational issues in relation to relocating the Medicines Management team, given that the majority of the team have worked onsite at Merton House during the pandemic.</p> <p><i>The committee received this verbal update.</i></p> <p><i>MMcD left the meeting to join the briefing for NHS Chief Finance Officers regarding financial arrangements for 2021/22.</i></p>	
<i>IT – For Information Only</i>		
FR21/20	<p>Update on Digital Funding Streams 2020/21</p> <p>AOR presented an update report regarding digital funding streams for 2020/21, which had been included for information. Since production of the report, the CCG has received a further invitation to submit a bid for a further allocation of GPIT funding. The bid is in the process of being compiled by NHS Informatics Merseyside.</p> <p><i>The committee received this report.</i></p>	
Minutes of Steering Groups to be formally received		
FR21/21	<p>Minutes of Steering / Sub Groups to be formally received</p> <p>The committee received the approved minutes of the Joint QIPP Delivery Group meeting, which took place on 27th October 2020.</p>	

No	Item	Action
Closing business		
FR21/22	<p>Any Other Business No items of other business were raised at this meeting.</p>	
FR21/23	<p>Review of Meeting AS asked members to provide feedback on the meeting today.</p> <p>The committee noted that connection issues had been experienced by one member today and discussed the alternative option of dialling into the video conference if similar issues are experienced in the future.</p>	
FR21/24	<p>Key Issues Review AOR highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of next meeting: Thursday 18th February 2021 1pm to 3pm Microsoft Teams</p>	

Finance and Resource Committee Minutes

Thursday 18th February 2021, 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
Chrissie Cooke	Interim Chief Nurse, SS CCG	CC
Susanne Lynch	Head of Medicines Management, SS CCG	SL
Martin McDowell	Chief Finance Officer, SS CCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SS CCG	AOR
Dr Sunil Sapre	GP Governing Body Member, SS CCG	SS
Dr John Wray (Items FR21/29-FR21/39)	GP Governing Body Member, SS CCG	JW
Ex-officio Member*		
Fiona Taylor (Items FR21/29[part]-FR21/32)	Chief Officer, SS CCG	FLT
In attendance		
Gary Holmes (Items FR21/25-FR21/30)	Health & Safety (Fire) and Security Officer, Midlands & Lancashire CSU	GH
Jane Keenan (Items FR21/25-FR21/32)	Interim CHC Programme Lead, SS CCG	JK
Steph Graham (Items FR21/25-FR21/30)	Assistant HR Business Partner, Midlands & Lancashire CSU	SG
Jo Roberts (Items FR21/29-FR21/31)	Equality and Diversity Service - Merseyside CCGs	JR
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	Feb 20	Mar 20	May 20	June 20	July 20	Sept 20	Oct 20	Nov 20	Jan 21	Feb 21
Alan Sharples	Lay Member (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Graham Bayliss	Lay Member (Vice Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Pete Chamberlain	GP Governing Body Member	A	✓	✓	✓	✓	✓	A	✓	A	A
Dr Sunil Sapre	GP Governing Body Member	✓	✓	✓	✓	✓	✓	✓	A	✓	✓
Dr John Wray	GP Governing Body Member	A	✓	✓	✓	✓	A	✓	✓	A	✓
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chrissie Cooke	Interim Chief Nurse [Joined CCG in January 2021]									✓	✓
Jan Leonard	Director of Place	A	✓	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				
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	✓	*	*	*	✓	✓	✓	✓	✓

No	Item	Action
General business		
FR21/25	<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>	
FR21/26	<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 (CCG).</p> <p>Declarations made by members of the South Sefton Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport & Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
FR21/27	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 21st January 2021 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> <p>Following technical challenges experienced at the last F&R meeting, the Chair briefed the committee on procedural instructions to facilitate the smooth flow of remote meetings.</p>	
FR21/28	<p>Action points from the previous meeting</p> <p>All actions following the F&R Committee meeting on 21st January 2021 had been completed; closing updates were provided on the action tracker, which were taken as read. No queries were raised in relation to the updates provided.</p> <p>AS referred to the F&R Committee Annual Report for 2020/21, the production of which had initially been agreed for March 2021. Upon further consideration since the last meeting, this report will now be produced after the current financial year has ended to enable the Chair to report on the entire year. This has also been the approach taken by the Southport & Formby F&R Committee. As the F&R Committee does not meet in April, the report will be presented in May 2021. Once the content of the report has been agreed by the committee, it will be presented to the Governing Body.</p> <p><i>JR joined the meeting</i> <i>JW joined the meeting.</i></p>	

No	Item	Action
<i>Policies for Approval</i>		
FR21/29	<p>Out of Hours / Lone Working Procedure</p> <p>GH presented the Out of Hours / Lone Working Procedure, which has recently been reviewed and updated. The procedure provides advice and guidance to staff members who may in the course of their duties have to work out of hours and / or on their own. GH provided an overview of the updates to the procedure, which were shown via track changes. The procedure had not been reviewed by the Corporate Governance Support Group, as the group had been temporarily stood down in order to redirect resources to the COVID Mass Vaccination programme. Due to the limited number of changes to the procedure, the decision had been made to present it directly to the F&R Committee for approval.</p> <p><i>FLT joined the meeting.</i></p> <p>The committee discussed the procedure and noted its increased relevance, as there has been a rise in the number of staff working out of hours / and on their own through the Mass Vaccination programme. Members discussed areas including lone working devices and how the procedure could apply to remote / home working. The committee was briefed on discussion that had taken place at the Southport & Formby F&R Committee meeting yesterday (17th February) in relation to this procedure. The following updates had been agreed:</p> <ul style="list-style-type: none"> • GH is to meet with SL and AOR to discuss the procurement of lone working devices. Following this meeting, GH is to include wording in the procedure to reference the process in which a lone working device / personal alarm and / or conflict resolution training can be accessed if it is decided that a staff member requires it. • The procedure is to note at the start that it is connected to the Health & Safety Policy. <p>The South Sefton F&R Committee agreed with these amendments. Due to the urgent requirement to have an approved procedure in place, given its increased relevance with the Mass Vaccination programme, the committee provided delegated authority to the Chair to approve the procedure once it has been updated by GH.</p> <p>AS raised concerns that the procedure and policy documents being presented today had not undergone the standard process of prior review by the Corporate Governance Support Group (CGSG). He accepted the situation for today's meeting in view of the temporary suspension of the CGSG amidst the current pressures but queried when the group was likely to become operational again, given that further policies would be presented at future F&R meetings. CC confirmed that she and MMcD would discuss this issue with the CCG's Interim Lead for Corporate Services and report back at the next meeting.</p> <p><i>The committee agreed further updates to the Out of Hours / Lone Working Procedure and provided delegated authority to the Chair to approve the procedure once updated.</i></p>	<p>GH / SL / AOR</p> <p>GH / AS</p> <p>CC / MMcD</p>

No	Item	Action
FR21/30	<p>Appraisal & Pay Progression Policy</p> <p>GR presented the Appraisal & Pay Progression Policy, which has been amended to reflect the national changes to NHS Agenda for Change terms and conditions for pay progression. The policy has been approved by the CCG Staff Partnership Forum. Updates to the policy were shown via track changes. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • National changes to NHS Agenda for Change terms and conditions for pay progression will come into effect for all staff from 1st April 2021, at which point automatic pay progression on the Electronic Staff Record (ESR) system will stop and line manager action will be required. The policy now includes forms for line managers to complete for those employees who are due a pay step to ensure that the requirements outlined in the policy are met for pay progression. It also includes information on the process for deferred pay progression and the process for staff members who are absent from work. • The ESR system will issue notifications to line managers with direct reports who are due a pay affecting increment in the next 90 days. ESR will also issue notifications to the employee four months in advance of their pay step; however, there is currently a national issue with this and so those staff due a pay affecting increment in April 2021 will not have received a notification. • The re-earnable process for bands 8c, 8d and 9 is currently paused until national guidance is provided to explain what constitutes the levels of pay deduction. • As the updated policy is required to be in place for 1st April 2021, it is being presented directly to the F&R Committee without having been reviewed by the Corporate Governance Support Group, which has been temporarily stood down due to the COVID-19 Mass Vaccination programme. <p>The committee discussed the updated policy. It was noted that the date of next review was currently blank on the updated policy. FLT advised that the next review would likely not be before 31st March 2022 given that the updates made are national changes.</p> <p><i>The committee approved the Appraisal and Pay Progression Policy.</i></p> <p><i>GR left the meeting.</i> <i>GH left the meeting.</i></p>	
Equality and Diversity		
FR21/31	<p>Equality Update</p> <p>JR presented a comprehensive report, which provided an update on the CCG's Equality Objective Action Plan, Workforce Equality and Diversity Plan and the ongoing work of the Merseyside CCGs Equality and Inclusion Service. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • The Merseyside CCGs Equality and Inclusion Service continues to provide ongoing and responsive specialist advice and guidance to the CCGs. Upcoming activities include ensuring the Merseyside CCGs' plans in relation to Equality Objectives, Workforce Equality and NHS People Plan and Organisational Development are all aligned. 	

No	Item	Action
	<ul style="list-style-type: none"> • As NHS organisations across Cheshire and Merseyside work more closely to address barriers for people with protected characteristics and to address health inequalities, there has been a change to the structure of equality focused forums across the system. There is now a dedicated Workforce Equality Focused Forum and a dedicated Patient Equality Focused Forum. The forums are attended by representatives from CCGs and NHS service providers across the Cheshire and Merseyside Health and Care Partnership. • The Workforce Disability Equality Standard (WDES) submissions are not yet mandated for CCGs. NHS England and Improvement (NHSE/I) had expected this to be mandated during 2021/22 but due to the COVID-19 pandemic, consultation with CCGs has not taken place as initially intended. It has been proposed that in view of the impact of COVID-19 on particular groups of people, including those with disabilities, the CCG should look to submit the WDES data on a voluntary basis in 2021/22. A proposed implementation plan was enclosed in the meeting papers for information. JR confirmed that the CCG's Interim Lead for Corporate Services agreed to the proposed voluntary submission and discussion would now commence internally with the relevant CCG leads. • The Merseyside CCGs Equality and Inclusion Service will commence discussions with CCG colleagues in relation to adopting the Race Equality Code 2020, which was enclosed as Appendix 5 in the meeting papers. • Following the circulation of the F&R Committee meeting papers, JR had submitted a return to NHSE/I's Regional Strategic Black, Asian and Minority Ethnic Assembly, confirming the CCG's commitment to being an anti-racist region. • Following presentation of Appendix 3 (equality analysis update for NHS commissioners and providers following Brexit) to the Southport & Formby F&R Committee yesterday, it became evident that the source behind the list of medications that could be disrupted by Brexit had subsequently been discredited. This information is therefore to be disregarded by the committee. <p>The committee discussed the update and the following points / comments were noted:</p> <ul style="list-style-type: none"> • CC confirmed that she was supportive of the CCG's voluntary submission of the WDES data in 2021/22 as well as adoption of the Race Equality Code 2020. • JR confirmed that the Race Equality Code 2020 is not mandated but is supported by NHSE/I. AS commented that prior to CCG discussions to adopt the code, a review should be carried out to assess the aspects of the code that the CCG must and / or should be undertaking. • SS referred to Appendix 4 (COVID-19 Equality Briefing) and queried the research which showed that 72% of black people said they were unlikely to have a COVID-19 vaccination. JR confirmed that this statistic was from a national publication, the source for which was accessible in Appendix 1 of the COVID-19 Equality Briefing. JR added that the CCG is awaiting the initial findings from a local research project commissioned by Cheshire and Merseyside Health and Care Partnership, which aims to understand the impact of COVID-19 on black, Asian and other minority ethnic communities. This particular research project asked specific questions about views on the vaccine. The findings should provide the CCG with further intelligence on where to target delivery of key messages to promote vaccine uptake. Initial feedback from discussions with local trusted leaders and religious leaders suggests that the national picture on vaccine hesitancy may not be the same locally. • AS commented that it would be helpful to introduce a Red-Amber-Green rating 	

No	Item	Action
	<p>colour code to the Equality Objective Action Plan and Workforce Equality and Diversity Plan, which would assist in monitoring progress. JR confirmed this would be actioned.</p> <p>Members thanked JR for a comprehensive update report.</p> <p><i>The committee received this update report.</i></p> <p><i>JR left the meeting.</i></p>	
Continuing Healthcare		
FR21/32	<p>Continuing Healthcare Update</p> <p>JK presented a Continuing Healthcare (CHC) update report, which contained the following updates:</p> <ul style="list-style-type: none"> • Mersey Internal Audit Agency (MIAA) has concluded the post implementation review of the Adam Dynamic Purchasing System (DPS). The output report is subject to further amendments and sign off. The review has identified areas of good practice as well as areas for improvement, which were detailed within the CHC update report received by the committee. The report has concluded a 'moderate' assurance rating. The conclusion and recommendations of the review will be presented to the Audit Committee via the MIAA Internal Audit Progress Report. • In reference to progress on the clearance of deferred cases awaiting assessment (which have arisen during the COVID-19 period) – the CCG does not anticipate any issues with the completion of all known cases identified as requiring assessment by 31st March 2021 as nationally directed. • The CHC Finance & Activity Report for month 10 2020/21 had been included as Appendix 1. The report provides a comparison of both of the 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 report now includes narrative to explain the graphs and data. <p>The committee discussed the update report. It was noted that progress with the recommendations from the post implementation review of the Adam DPS would be reported to the Audit Committee via the Audit Committee Recommendations Tracker. FLT confirmed that the recommendations would also be reviewed and monitored by the Leadership Team.</p> <p>The committee was informed that the newly included narrative in the CHC Finance & Activity Report requires further improvement and is a work in progress. AOR asked members to contact her or JK if they have any queries in relation to the report or narrative.</p> <p><i>The committee received the CHC report and noted:</i></p> <ul style="list-style-type: none"> • <i>the update on the MIAA post implementation review of the Adam DPS, and MIAA's draft findings and recommendations;</i> • <i>the progress on clearance of deferred cases awaiting assessment which have arisen during the COVID-19 period; and</i> 	

No	Item	Action
	<ul style="list-style-type: none"> the inclusion of narrative in the CHC Finance & Activity Report. <p>JK left the meeting.</p> <p>FLT left the meeting.</p>	
<i>Prescribing</i>		
FR21/33	<p>Prescribing Report – Month 8 2020/21</p> <p>SL presented an update report on prescribing expenditure at month 8 (November 2020). The total prescribing expenditure at month 8 is £19.361m and forecast to be underspent by £0.428m against a budget of £29.300m. It was noted that although the CCG is reporting a forecast underspend, actual expenditure at month 8 is more than expenditure at the same point last year. The COVID-19 pandemic has considerably affected the prescribing financial position in 2020/21 along with significant price increases in Category M drugs such as Sertraline.</p> <p>A review has been undertaken of secondary care activity and the continence and stoma service. The review has shown that the continence and stoma service has had additional pressures in terms of patient numbers during 2020/21. The CCG will continue to monitor patient numbers in the service and request feedback regarding pressures affecting financial spend.</p> <p>An extensive discussion took place regarding the prescribing report. Discussion areas included costs in relation to Sertraline and alternative drugs, COVID-19 and flu vaccinations as well as the uncertainty involved with prescribing expenditure modelling and forecasting due to the COVID-19 pandemic and EU exit.</p> <p>SS thanked SL for the establishment of the Medicines Management Hub, which has helped with primary care workload.</p> <p>The committee received this report.</p>	
<i>Finance</i>		
FR21/34	<p>Finance Report - Month 10 2020/21</p> <p>AOR provided an overview of the month 10 2020/21 financial position for South Sefton CCG as at 31st January 2021. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> The CCG financial plan was updated on 5th January 2021 and included a forecast year-end position of £3.063m deficit. The planned deficit has been revised to £2.063m following review in February 2021, which is in line with the CCG's best case scenario. The month 10 financial position is an overspend of £2.601m. This includes an overspend of £1.375m in line with the CCG financial plan and also an overspend of £1.226m 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 £3.289m deficit, which includes a breakeven position for months 1-6, a planned deficit of £2.063m for months 7-12 and cost pressures of £1.226m, which are awaiting a retrospective allocation 	

No	Item	Action
	<p>adjustment. The additional allocations when received will reduce the deficit to £2.603m in line with the revised financial plan.</p> <ul style="list-style-type: none"> • The CCG is working alongside the C&M HCP and partner organisations to develop a plan to achieve breakeven. The CCG will achieve a breakeven position dependent on receipt of additional allocations from the C&M HCP. • Work is ongoing to assess the CCG's 2020/21 'exit run-rates' in conjunction with the C&M HCP to determine opening 2021/22 plans / QIPP requirements. <p>The committee discussed the finance report. MMcD provided in depth commentary and explanation in relation to the CCG's financial position, the rationale behind the CCG's likely case scenario (deficit of £2.603m) and the work being undertaken on 'exit run rates'.</p> <p>The committee were briefed on year-end arrangements. AOR and MMcD had joined a national briefing for NHS Chief Finance Officers and Finance Directors on 11th February 2021. The briefing included information on arrangements for year-end cash management. NHS finance teams were reminded of the need to make prompt payments to suppliers and have been asked to review aged creditors and to clear as much old debt as possible. CCGs were reminded of the March supplementary cash drawdown facility if further cash is required. AOR briefed the committee on allocation increases for CCGs in respect of COVID-19 expenditure, which will be based on estimated month 12 costs and actioned by 31st 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>	
FR21/35	<p>QIPP Update Report – February 2021</p> <p>AOR presented a verbal update regarding QIPP.</p> <p>QIPP activity has been suspended to allow resources to be directed to the Mass Vaccination programme and the COVID-19 pandemic response; therefore progress continues to be limited. Guidance in relation to the financial and contractual framework for 2021/22 has not yet been confirmed and the expectation is that block contract arrangements currently in place through the H2 (second half of the financial year: months 7-12) of 2020/21, will continue into the first quarter of the next financial year. The extent of the requirement for system working in the delivery of QIPP is also unconfirmed.</p> <p>The QIPP Check and Challenge appendices / storyboards will be shared with the Joint QIPP Delivery Group at its meeting on 23rd February 2021. QIPP projects in relation to CHC and Medicines Management are also being developed. It was noted that the CCG must ensure a state of readiness to proceed with QIPP projects once guidance for 2021/22 is available.</p> <p><i>The committee received this verbal update.</i></p>	
Risk		
FR21/36	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the F&R Committee Risk Register and proposed the following updates:</p>	

No	Item	Action
	<ul style="list-style-type: none"> The likelihood residual score and consequence residual score for risk FR0011 (in relation to non-delivery of the CCG's Control Total [£1.8m surplus] / statutory duty [breakeven]) is to be reduced from 5x5 to 3x3. This is in line with the risk matrix rationale, as the overall financial pressure is now below £1m and the likelihood of the risk materialising has reduced. The financial pressure is circa £900k after the expected additional funding from the C&M HCP. The consequence residual score for sub-risk FR0011a ((in relation to the CCG not fully delivering its planned QIPP target in 2020/21) is to be increased from 4 to 5, resulting in a total residual score of 25 (5x5). This is in line with the risk matrix rationale, as the CCG is almost certain to have missed its QIPP target by over £2m. <p>The committee agreed the proposed changes. It was noted that the financial regime in place as a result of the COVID-19 pandemic had limited the ability to remove costs and make savings, and that this should be reflected in the mitigation narrative for sub-risk FR0011a. The risk register is to be updated with the agreed amendments.</p> <p>GB referred to risk C22 in relation to COVID-19 secure guidance and the CCG's offices, and asked for an update on the CCG's relocation from Merton House to Magdalen House. MMcD provided an update, noting that phase 1 will involve relocating the Medicines Management team, as the majority of the team have worked onsite at Merton House during the pandemic. Phase 2 will involve a move back to office-working for the rest of the CCG staff (via a hybrid office/remote working model) and will be dependent on government guidance in relation to the pandemic and social distancing. The CCG is on track to fully vacate Merton House by 12th March 2021. MMcD provided an update on IT and WiFi requirements and resources at Magdalen House.</p> <p><i>The committee approved the F&R Risk Register subject to the agreed amendments to risk FR0011 and sub-risk FR0011a.</i></p>	MMcD / TK
Closing business		
FR21/37	<p>Any Other Business</p> <p><u>Circulation of F&R Committee Papers in March 2021</u></p> <p>Due to the month end reporting timeline in February 2021 and workload pressures on the finance team, the F&R meeting pack was circulated later than usual (on the Friday before the meeting) following the Chair's approval. MMcD noted that March would have the same timeline and similar workload pressures, and therefore requested the committee's approval for an extension to the circulation deadline for meeting papers. The committee agreed to an extension and noted that the meeting papers would be circulated on Friday 12th March 2021.</p> <p><u>Potential F&R Committee Development Sessions</u></p> <p>AOR reported that the Southport & Formby F&R Committee had discussed incorporating development sessions to train members on technical areas covered at committee meetings. She welcomed this as a potential development opportunity for finance team members who could be invited to support / present at the development sessions, and asked if the South Sefton F&R Committee would consider holding similar sessions. The Chair commented that finance team members were welcome to present at the F&R Committee meetings as a development opportunity.</p>	

No	Item	Action
FR21/38	<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>GB noted that there had been a lot of report material to read through for the policy, procedure and equality/diversity updates today but commented that he could not envisage an alternative way in which the updates could be reported. CC suggested that masterclass / deep dive / Q&A sessions could be held for members (e.g. on a six monthly basis) to cover topics such as equality and diversity, as an alternative to presenting extensive reports at the main committee meetings.</p> <p>MMcD commented that the meeting was conducted in an effective way to address the business of the committee.</p> <p>JW commented that a good level of explanation was provided at the meeting today, as it can be challenging to fully understand the areas that are reviewed at meetings.</p>	
FR21/39	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting, which will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of next meeting:</p> <p>Thursday 18th March 2021 1pm to 3pm Microsoft Teams</p>	

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

Thursday 26th November 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
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
Paul Shillcock (for agenda items 20/181 and 20/182 only)	Primary Care Informatics Manager, IMerseyside	PS
Billie Dodd	Deputy Director of Commissioning and Delivery, SSCCG/SFCCG	BD
Ally Dwyer (for agenda item 20/189 only)	Business Intelligence Analyst, SSCCG/SFCCG	AD
Sejal Patel (for agenda item 20/195 only)	Lead Pharmacist, SSCCG/SFCCG	SP
Apologies		
Susanne Lynch	Head of Medicines Management, SSCCG/SFCCG	SL
Jennie Piet	Programme Manager Quality and Performance, SSCCG/SFCCG	JP
Dr Doug Callow	GP Quality Lead/GB Member, SFCCG	DC
Cameron Ward	Interim Director of Strategy and Outcomes, SSCCG/SFCCG	CW
Minutes		
Michelle Diable	Personal Assistant to Chief and Deputy Chief Nurse, SSCCG/SFCCG	MD

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

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

Membership Attendance Tracker

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

Name	Membership	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	June 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20
Dr Rob Caudwell	GP Governing Body Member (Chair)	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	✓	A
Karl McCluskey	Director of Strategy and Outcomes	D	N	D	A	D	V	V	A	A	A	A		
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	N	✓	A	✓	V	V	✓	✓	✓	✓	✓	✓
Dr Jeffrey Simmonds	Secondary Care Doctor	A	N	A	A	A	V	V	A	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	N	✓	✓	✓	V	V	✓	✓	✓	✓	A	✓
Fiona Taylor	Chief Officer Ex-officio member of JQPC Committee	A	N	A	A	A	V	V	✓	✓	A	✓	✓	✓

No	Item	Action
General		
20/179	<p>Welcome and Apologies for Absence</p> <p>The Chair welcomed all to the meeting. Apologies for absence were noted from Susanne Lynch, Jennie Piet and Dr Jeffrey Simmonds.</p>	
20/180	<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. • A declaration of interest was highlighted by Dr Rob Caudwell in relation to agenda Item 20/191, Primary Care Quality Update – Complaints Review. It was noted that his interest did not constitute any material conflict of interest with this item on the agenda. 	
20/181	<p>Electronic Palliative Care Co-ordination Systems (EPaCCS) Update</p> <p>Brendan Prescott explained an EPaCCS update has been requested as part of the Committee's work plan. Paul Shillcock had therefore, been invited to provide a verbal update on the project.</p> <p>Paul Shillcock advised that the EPaCCS project is no longer live. Share2Care Care was implemented last year which includes EPaCCS data set. This has been shared with local Trusts. There are 4 practices however, that do not participate in the scheme. Dr Rob Caudwell requested further detail from Paul Shillcock in relation to the practices who are not participating in the Share2Care Care scheme.</p> <p>The Committee were asked if they were in agreement that the project is complete and should be closed down. This was agreed.</p> <p>Dr Gina Halstead highlighted that out of date templates on the EMIS system is an increasingly challenging issue. Paul advised that there is a core set of templates with version control in place. There are limitations as the onus is on practices to ensure that their own local templates are up to date. The process works by informing practices of the most up to date version to ensure that all practices are using the most recent version. Dr Gina Halstead suggested branding practice's own local templates to help distinguish local templates from corporate templates.</p>	

No	Item	Action
	<p>Dr Rob Caudwell suggested creating a folder containing approved templates with practice agreements and for the facilitators to ensure it is kept up to date and to archive any out of date templates.</p> <p>Dr Rob Caudwell noted that some practices instruct Ardens Health Informatics Limited to ensure that templates are up to date.</p> <p>Outcome: The Committee noted the Electronic Palliative Care Co-ordination Systems (EPaCCS) verbal update and agreed that the EPaCCS project can be closed down.</p>	
20/182	<p>Update on Digital Funding Streams 20/21</p> <p>Paul Shillcock introduced this item. He informed that there are 3 standard digital funding streams – Digital First, GPIT and Estates and Transformation Funding (ETTF). The paper provides an update on the current CCG position in regard to the 3 funding streams. Due to Covid 19, 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> <p>It was noted that a new appointment has been made in relation to digital inclusion. The appointee has not yet commenced in post.</p> <p>A question was raised about what is in place to dispose of out of date IT equipment. It was noted that there is a 4 year replacement cycle in relation to printers. Out of date printers have data removed from them and subsequently scrapped as consumables can be expensive.</p> <p>Dil Daly enquired about possibility of referring the Sefton partnership for senior citizens to digital inclusion. Paul Shillcock confirmed that this was acceptable and that IMerseyside aim to link in with as many patients as possible to understand their requirements and optimise the available funding.</p> <p>Paul Shillcock informed of a bid for innovation zones. IMerseyside was aiming to provide IT training on a drop in basis in public places such as libraries, however this was opposed due to the implementation of social distancing restrictions during the pandemic.</p> <p>The Committee noted the issues in relation to the increasing incorrect usage of the eConsult facility. A suggestion was made for IMerseyside representatives to attend the Bootle Primary Care Network meeting to better understand the issues and seek to address them by suggesting alternative avenues for patients to access the information they require.</p> <p><u>ETTF</u></p> <p>The CCG has recently been informed that ETTF funding will not be available this financial year as this funding has been used to provide IT equipment at the outset of the Covid 19 pandemic.</p>	

No	Item	Action
	<p><u>Digital First</u></p> <p>Provisional approval has been received for some bids. Costs indicated are shared costs with NHS South Sefton CCG and NHS Southport and Formby CCG and are summarised in the report.</p> <p><u>NHS Southport and Formby CCG</u></p> <p><u>GPIT</u></p> <p>GPIT is primarily meant for refresh of GP practice PCs and laptops. Bids have been submitted bids for PCs, laptops and general IT equipment refresh up to these amounts and have received provisional feedback that these will be accepted. The bid for NHS Southport and Formby CCG is for £ £83,347.53. This will cover a refresh of desktop PCs and laptops in GP practices and provide a small quantity of scanners, printers and monitors to replace any condemned equipment.</p> <p><u>NHS South Sefton CCG</u></p> <p><u>GPIT</u></p> <p>The bid for NHS South Sefton CCG is for £111,088.00. This will cover a refresh of desktop PCs and laptops in GP practices and provide a small quantity of scanners, printers and monitors to replace any condemned equipment.</p> <p>Outcome: The Committee noted the Update on Digital Funding Streams 20/21.</p>	
20/183	<p>Minutes and Key Issues of the Previous Meeting</p> <p>With the following 2 amendments to be made to the minutes, they were agreed as a true reflection of the previous meeting held on 29th October 2020.</p> <ul style="list-style-type: none"> • Page 5 of the minutes, agenda item 20/166, Action Tracker and Matters Arising, 3rd sentence of 5th paragraph to be changed to <i>it had been highlighted to the new named GP for Safeguarding – Bryony Kendall.</i> • Page 8 of the minutes, agenda item 20/166, Action Tracker and Matters Arising, 1st sentence of the 3rd paragraph to read <i>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.</i> <p>Dr Gina Halstead referred the Committee to the previous minutes, to agenda item 20/168, Clinical Director Quality Update where a discussion was held in relation to providing a clear message to the public, advising that primary care services remain open during the Pandemic. Gina informed that she has been requested by the CCG's Communications Team to create a video message in relation to primary care services remaining open during the pandemic. Gina noted that there is some confusion around this and wished to highlight that the message she wishes to portray is not to promote primary care services, but to advise that practices remain open to patients for them to be able to access their usual primary care services. Patients are being asked to book a telephone consultation and to self-refer to services where possible.</p>	

No	Item	Action
	<p>Graham Bayliss explained that confusion had arisen as some members of the public were not aware that GPs were still practicing during the pandemic and he advised that there needs to be a nuance message portrayed that is consistent and clear, so that patients are aware of what services are available and that GPs are still practising during the pandemic.</p> <p>The key issues from the previous meeting were agreed as being accurate.</p>	
20/184	<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 James in relation to the Walton Centre's recovery plan. Sam James 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> <p>In the absence of Cameron Ward, Billie Dodd informed that Cameron had not yet been back in touch with Sam James at the Walton Centre. It was highlighted that Cameron was due to leave the organisation shortly and suggested that this action is followed up by Billie Dodd.</p> <p>The Committee noted difficulties being experienced by GPs when referring patients that do not have cancer but have a serious degenerative disorder, to a General Neurology Consultant. Billie Dodd agreed to follow up this action, linking in with NHS Liverpool CCG colleagues and provide an update at the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 20/201, 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. GPs are not always advised if a patient is pregnant as they can self-refer.</p>	BD

No	Item	Action
	<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 Key Issues, with the interim Director of Nursing and provide an update at the next meeting.</p> <p>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>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>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>Jane Lunt informed that she had not yet convened a meeting with Claire Fitzpatrick but would endeavour to do so. Jane also informed that a letter had not been sent to Liverpool Women’s Hospital NHS Trust but would follow this up with Fiona Taylor.</p> <ul style="list-style-type: none"> • Agenda Item 20/96 Joint Targeted Area Inspection (JTAI) Action Plan <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 and 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>Discussion in relation to CQPG meeting attendance was held. Alder Hey CQPG meeting attendance was queried and if this is incorporated in Dr Wendy’s Hewitt’s work plan. Brendan Prescott advised that he would follow this up with Dr Wendy Hewitt.</p>	<p>JL/FLT</p> <p>BP</p>

No	Item	Action
	<p>Brendan highlighted the need to formalise work plans for GP safeguarding clinical leads. Martin McDowell suggested having a discussion on the formalisation of clinical lead's work plans at the next Governing Body development session.</p> <p>Dr Rob Caudwell and Brendan Prescott to meet to review CQPG meeting representation.</p> <ul style="list-style-type: none"> • Agenda Item 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 has been completed in relation to Digital First funding and the results should be known by mid October 2020. 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>It was noted that this was addressed under agenda item 20/182, Update on Digital Funding Streams 20/21. Action completed.</p> <p>Martin McDowell to contact Louise Taylor to obtain a position statement and share it with the Committee. 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. Martin McDowell advised supplier reliability is required and that Angie Price's team is working on this. 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. Martin McDowell to contact Jon Devonport to provide an overview on the work he is doing to this Committee.</p> <p>Dil Daly advised that this has been followed up by Tracy Jeffes. He referred to his suggestion made earlier in the meeting, linking in with the digital inclusion lead and with digital champions via Primary Care Network meetings to cascade IT training for patients.</p> <p>The Committee noted that some patients find it easy to participate in a video consultation but experience difficulties in providing digital photographs to their GP. It was noted that being able to provide digital photographs would be beneficial to avoid patients presenting at the practice during the pandemic.</p>	RC/BP

No	Item	Action
	<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. 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>Jane Lunt advised that a meeting has taken place and a follow up meeting is to take place. There is a wider piece of work going on and Alder Hey NHS Foundation Trust is aware of the issue and is acting upon it.</p> <p>Dr Gina Halstead noted that she has seen evidence of better quality and more focused advice being provided to patients from Alder Hey NHS Foundation Trust.</p> <p>Action closed.</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> <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. He 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 Rob Caudwell advised that this issue was discussed earlier in the meeting and is being addressed by Paul Shillcock in relation out of date templates.</p> <p>It had been noted that 7 risks requiring closure were discussed at 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>	

No	Item	Action
	<p>It was noted that the risk development session has been postponed, however the action can be closed.</p> <ul style="list-style-type: none"> • Agenda Item 20/171, Integrated Performance Committee <p>Dr Gina Halstead had 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>It was noted the Business Intelligence team had contacted Dr Gina Halstead regarding her observation in relation to Clostridium and E.coli data. They informed that there is no explanation but an evolving picture. Action completed and closed.</p>	
20/185	<p>System Update – Covid 19</p> <p>Jane Lunt informed of the impact of the high number of infections being received in the community which has placed a greater demand on primary care and secondary care services.</p> <p><u>Liverpool University Hospitals NHS Foundation Trust</u></p> <p>The Trust has had 95 % - 98% bed occupancy in recent weeks but has reduced to approximately 80%. The Trust had up to 400 Covid 19 positive patients, there are 200 currently. The Trust has maintained discharges throughout the pandemic. Some elective activity has been reduced. Mutual aid is in place with Spire, Liverpool Women’s Hospitals NHS Trust has taken breast cancer surgery patients and the Walton Centre has taken stroke patients.</p> <p>There are additional beds in Abbeystead care home at the Aintree Hospital site, this is being used as a step down for Liverpool University Hospitals NHS Foundation Trust.</p> <p>Nightingale hospital has reopened in Manchester.</p> <p>Staff testing in Trusts has had a negative impact on staffing capacity as some staff are asymptomatic and have therefore had to self-isolate. However this piece of work was required to reduce the nosocomial infections. Liverpool has undertaken a mass testing pilot for its residents and those who work in Liverpool and by default, is testing people from other boroughs which is helping to inform forward planning. Mass testing is to continue in a different form and is being expanded across Liverpool city region. Mass vaccinations are planned to be administered. A Government announcement is imminent advising of the new tier system.</p> <p><u>Southport and Ormskirk Hospital NHS Trust</u></p> <p>Billie Dodd provided an update following the Southport and Ormskirk Hospital System Management Group meeting which had taken place earlier that day where it was reported that there are 15 patients in ITU which is the highest level before they cease elective work. The Trust is on trajectory to meet the targets set out in the phase 3 letter. Lateral flow antigen testing kits have been sent out to staff members.</p>	

No	Item	Action
	<p>The Trust has received a good uptake in terms of reporting the results back. The Trust is seeing a reduction in Covid 19 admissions but an increase in Covid 19 long stay patients which do not match the admission criteria for Seacole beds or intermediate care. A piece of work is being undertaken by the A&E Delivery Board to address this. The Trust is engaged with daily gold meetings and until recently were offering ITU bed capacity to other Trusts but is currently unable to do that.</p> <p>A question was raised in relation to the required testing frequency for primary care staff. It was noted that it is tier dependent. Staff testing is required to be undertaken weekly under Tier 3.</p> <p>Outcome: The Committee noted the verbal System Update – Covid 19.</p>	
20/186	<p>Deputy Chief Nurse Report</p> <p>Brendan Prescott introduced this item which seeks to update the Committee with key issues that have occurred since the last report presented in October 2020. The paper was taken as being read and the following points were highlighted:-</p> <p><u>Liverpool University Hospitals NHS Foundation Trust</u></p> <p>The Trust is in receipt of support in relation to enhanced surveillance. A CQC report following the Single Item Quality Surveillance Group inspection and the whistleblowing alerts is awaited.</p> <p><u>Southport and Ormskirk Hospital NHS Trust</u></p> <p>It was noted that over the last 5 days there have been no further Covid 19 outbreaks. The spinal unit remains closed. Further assurance to highlight that the Trust is reviewing the patient lists to minimise harm was sought at the November CQRM with a paper agreed for December 2020. The Trust is working with an insourcing provider to deal with patient backlog and overdue review patients.</p> <p><u>Mersey Care NHS Foundation Trust (Community)</u></p> <p>Absence levels amongst clinical staff remain a concern for the provider. It was recognised the future model of the phlebotomy service provision will require contract activity to shift out of secondary and into community service in order to achieve the desired performance levels.</p> <p><u>Mersey Care NHS Foundation Trust (Mental Health)</u></p> <p>Gaps in assurance have been highlighted and an update is expected at the next CQPG meeting.</p> <p>Dr Gina Halstead wished to raise a concern in relation to the lack of support from Mersey Care NHS Foundation Trust in relation to ASD patients. She informed that this has been raised at the Mersey Care NHS Foundation Trust's Collaborative Commissioning Forum but has not been addressed.</p>	

No	Item	Action
	<p>Jane Lunt informed that in recent weeks there has been a series of meetings with the Trust and some progress has been made in terms of the service. The CCGs are supporting the Trust and are providing funding to put additional capacity in to the service, during which a long term solution is be worked on.</p> <p>The Trust's executives are now fully sighted on this and progress is expected to be seen over the next few months. Work has already commenced with the local authority in relation to social care.</p> <p>Tracey Forshaw informed that this issue is being scrutinised at the Mersey Care NHS Foundation Trust Mental Health CCQRM in terms of their approach, mitigation and waiting list management.</p> <p><u>North West Boroughs Healthcare NHS Foundation Trust</u></p> <p>There are gaps in assurance for inpatient mental health wards. Changes at senior leadership level were noted; recent suicides and the subsequent downgrading of the CQC rating in one domain of a core service and the transition process to bring the Trust and Mersey Care NHS Foundation Trust together as one organisation.</p> <p>The Chief Executive at North West Boroughs Healthcare NHS Foundation Trust does not want to include the risks of transaction with Mersey Care NHS Foundation Trust (Community) as part of the enhanced surveillance. The Accountable Officer at NHS Knowsley CCG will be clarifying with the Director of Nursing at Cheshire and Mersey on inclusion criteria for the enhanced surveillance process and will meet with the Chief Executive at North West Boroughs Healthcare NHS Trust. There was an agreed focus on organisational learning to embed consistently.</p> <p><u>DMC Healthcare</u></p> <p>A number of actions have been taken to build on the work the CCG had already agreed with DMC Healthcare following the issue of the contract performance notice. Actions and improvement performance are being closely monitored at the DMC Healthcare CQRM.</p> <p><u>Testing of asymptomatic staff</u></p> <p>All frontline clinical staff across the local system providers will be tested on a twice weekly basis with the form of tests to include the lateral flow antigen tests. This will result in a rapid turnaround of results to aid the providers in workforce planning and IPC measure in working with Covid 19.</p> <p><u>Continuing Health Care Deferred Assessment</u></p> <p>An operational group to report in to the North Mersey Deferred Assessment Group has been established by the CCGs, to provide traction against the performance trajectory of completion of all continuing health care deferred cases by 31st March 2021. Operational issues will be escalated to the steering group to support the programme of work. A complaints process has been developed to ensure cases will arrive at a single point for management given the number of organisational stakeholders involved.</p>	

No	Item	Action
	<p><u>Covid 19 and Care Homes</u></p> <p>The number of positive Covid 19 cases had reached a peak over the last few days, numbers are slowly reducing.</p> <p><u>Quality Accounts</u></p> <p>Formal letters have been sent to all respective providers following their draft quality accounts submissions including feedback from the CCGs.</p> <p>Outcome: The Committee noted the Deputy Chief Nurse Report.</p>	
20/187	<p>Clinical Director Quality Update</p> <p>Dr Gina Halstead highlighted the following:-</p> <p>Concern raised earlier in the meeting in relation to excessive inappropriate electronic access to primary care practices.</p> <p>As part of her video message for patients, Dr Gina Halstead intends to highlight the good work being undertaken by the reception staff during challenging times.</p> <p>The ERS directory of services is not being kept up to date. Primary care services need to be regularly communicated with so they are aware of what provider services are available so they can in turn, refer their patients correctly. It was noted that a directory of services pertaining to Mersey Care NHS Foundation Trust was implemented by the CCG and is working well. Dr Rob Caudwell advised that he will adapt the template for use at his practice.</p> <p>Dr Gina Halstead advised that she will raise the out of date directory of service issue via email with the Primary Care/Secondary Care Interface Group and copy in Terry Hill.</p> <p>Action: Dr Gina Halstead to email the Primary Care/Secondary Care Interface Group and copy in Terry Hill in relation to the issue of out of date directory of services.</p> <p>Billie Dodd advised that she will raise the out of date directory of services issue at the Southport and Formby System Group meeting.</p> <p>Action: Billie Dodd to raise the out of date directory of services issue at the Southport and Ormskirk Hospital NHS Trust System meeting.</p> <p>Dr Rob Caudwell noted an issue in relation to referrals to Renacres Hospital whereby patients have been given an appointment within a week and then are being advised by Renacres Hospital to self-isolate for 2 weeks before their appointment. The GP is subsequently being asked to re refer them. Billie Dodd advised that she will raise this when she meets with Renacres Hospital.</p> <p>Action: Billie Dodd to raise directly with Renacres Hospital the referral issues highlighted by Dr Rob Caudwell.</p>	<p>GH</p> <p>BD</p> <p>BD</p>

No	Item	Action
	<p>Dr Gina Halstead referred the Committee to an email she received from the CCG in relation to stepping down chronic disease management and IT support which was well received. She explained that this will allow primary care to free up practice nurses and HCAs to help with administering Covid 19 vaccinations.</p> <p>Dr Rob Caudwell highlighted issues being experienced in relation to the management of vaccination programme implementation. He explained that information was in the public domain before being shared with primary care.</p> <p>Outcome: The Committee noted the Clinical Director Update.</p>	
20/188	<p>Care Home Group Update</p> <p>Ehsan Haqqani introduced this item. He informed that there are care home meetings taking place three times each week. There are regular reviews taking place and support is being provided to care homes. There are weekly outbreak meetings and it was noted at the last meeting the number of outbreaks had decreased slightly and was down to 27. Trends continue to be monitored. National guidance is being interpreted and localised. Advice and guidance in relation to visiting is being provided. There are a variety of options to facilitate visiting depending on the care home's physicality and the number of outbreaks.</p> <p>It was noted that Safer Steps falls programme funding has been confirmed for a year. The programme will be rolled out as a pilot in December 2020 in some care homes and expanded further in April 2021.</p> <p>Ehsan advised that he will present a formal care home report to the Committee in January 2021. In addition, he will keep the Committee fully sighted with updates at each meeting.</p> <p>A question was raised in relation to the number of Covid 19 outbreak deaths in the second wave and if there were similar numbers in the first wave of the virus. It was noted that there are no comparisons being made currently. Ehsan advised that he will discuss this aspect and the impact at the care home meetings and obtain some detail.</p> <p>It was highlighted that the criteria for hospital admissions were high in the first wave and therefore, many people died in their own home or in care homes. Ehsan advised that the criteria is continuously being modified and depends on the number of hospital admissions. The Committee noted that there are many compounding factors, for example it may be appropriate for someone who is very frail that has Covid 19, to remain in their own home or in their care home rather than move them in to hospital. Care homes have benefited from the increase in the testing programme. This has resulted in more incidents of Covid 19 being reported. More information is known about the virus than in the first wave. Work is being undertaken by public health colleagues in relation to the collation of Covid 19 data that could be accessed.</p> <p>Brendan Prescott advised that updates are being provided by Mersey Care NHS Foundation Trust's IPC team in relation outbreak data and there appears to be fewer deaths in the second wave. Staff isolation following testing was not being undertaken in the first wave.</p>	

No	Item	Action
	<p>It was highlighted there are some positive aspects to note in relation to what has been achieved in the management of Covid 19, such as the introduction of hot hub virtual wards, the use of telehealth and technology to support patients to learn how to manage their own health care.</p> <p>Outcome: The Committee noted the Care Home Group Update.</p>	
Quality and Performance		
20/189	<p>Integrated Performance Report</p> <p>Ally Dwyer introduced this report which seeks to provide summary information on the activity and quality performance of NHS South Sefton and NHS Southport and Formby Clinical Commissioning Groups at month 6, September 2020.</p> <p>The following points were highlighted:-</p> <p>The data provided in the report is pre second wave of Covid 19.</p> <p>Diagnostics and Referral to Treatment has improved. 52 week waiting lists are increasing. Weekly meetings are taking place to monitor this and prioritise the most vulnerable patients and prevent further breaches.</p> <p>A&E 4 hour target remains under target for both CCGs and Trusts. There is an increase in ambulance handovers at Liverpool University Hospitals NHS Foundation Trust so therefore a decline. There is improvement in ambulance handovers at Southport and Ormskirk Hospital NHS Trust. There has been an improvement in achieving the stroke targets at Southport and Ormskirk Hospital NHS Trust.</p> <p>Issues are being experienced in obtaining up to date data from Liverpool University Hospitals NHS Foundation Trust. The performance lead at NHS Liverpool CCG is reluctant to follow this up due to the current Covid 19 pressures on the Trust. However assurances are required in relation to stroke targets.</p> <p>HCAI is over plan for NHS Southport and Formby CCG. NHS South Sefton is under plan as is Liverpool University Hospitals NHS Foundation Trust. The number of E.coli infections is over plan for both CCGs.</p> <p>An unexpected death in relation to IAPT recovery was noted in the previous month. The lead agency to complete an RCA and the CCG's Quality Team were notified.</p> <p>NHS Southport and Formby CCG continues to achieve recovery. NHS South Sefton CCG does not. A possible explanation may be due to the difference in populations.</p> <p>ADHD is under plan for 12 weeks but is achieving in 30 weeks. Improvements have been made in relation to CAMHS waiting times.</p> <p>The Committee noted the key risk as being the long waits and the need for assurance from Trusts in relation to their clinical risk management.</p>	

No	Item	Action
	<p>Brendan Prescott highlighted that there is a dip in some E.coli infections and a rise in others. The infection numbers are higher and this will be raised at the North Mersey Gram Negative Blood Stream Infection Reduction Group. Brendan advised that he intends to meet with Susanne Lynch to explore prescribing rates over the last 9 months, the findings of which will be reported to Cheshire and Merseyside meeting.</p> <p>The rise in the number of requests for primary care rescue packs for COPD patients was highlighted as a concern. COPD patients requesting the rescue packs are being advised to also have a Covid 19 test.</p> <p>Rob Caudwell noted that the CCGs continue to monitor performance in line with the national target indicators. He highlighted that the targets were set pre Covid 19. He queried if something could be done locally so that more relevant aspects could be monitored during the pandemic such as cancer diagnostics and mental health.</p> <p>Outcome: The Committee noted the Integrated Performance Report.</p>	
20/190	<p>CCG Safeguarding Team Q2 (2020-21) Safeguarding Quality Schedule update and Quarterly Safeguarding Update</p> <p>Natalie Hendry-Torrance introduced this item which seeks to provide the Committee with an update on developments and updates in respect of the safeguarding adults and children agendas during Q2 and the ongoing Covid 19 pandemic.</p> <p>The following exceptions were highlighted:-</p> <p>From quarter 1 of this year the oversight for the assurance of the safeguarding submissions for Liverpool University Hospitals NHS Foundation Trust and Mersey Care NHS Foundation Trust were transferred to NHS Liverpool CCG safeguarding service which is why it is not contained in the report.</p> <p>All Trusts submitted their KPI templates for this quarter. In conjunction with colleagues from NHS Liverpool CCG safeguarding team, the Q2 safeguarding provider assurance return was reinstated after being 'stood down' in the previous two quarters as a response to Covid 19 business continuity planning.</p> <p>There is a variance in degree of non-compliance in the training thresholds. No Trusts have achieved full compliance. This is mainly because some of the safeguarding training is required to be delivered face to face and due to Covid 19 restrictions, this has not been possible. A Task and Finish Group was implemented focusing on compliance. A joint workshop session was held with the Trusts. There was good representation at the session which was deemed as being a positive workshop where different training delivery methods and support were discussed.</p> <p><u>Learning Disability Mortality Review (LeDeR)</u></p> <p>LeDeR activity remains very high. There are processes in place to support this such as the implementation of a Task and Finish Group and a Steering Group.</p>	

No	Item	Action
	<p>A business case in relation to the LeDeR programme to support sustainability of the programme to meet CCG's contractual compliance is to be submitted by Mersey Care NHS Foundation Trust and will be tabled at the Mersey Care NHS Foundation Trust's CCQRM meeting in November 2020.</p> <p>Following an independent review into the Thomas Oliver McGowan's LeDeR Process that was published in 2020, a number of recommendations for CCGs were made. CCGs have been asked to rate themselves against the action plan, the details of which are outlined in the report.</p> <p>The LeDeR annual report has been published.</p> <p>The charring arrangements are to be confirmed for the North Mersey Steering LeDeR Group.</p> <p>Local Area Coordinator and Deputy with the Sefton LeDeR lead and this needs to be addressed.</p> <p><u>Safeguarding Children</u></p> <p>Following the CQC review of the Looked After Children and safeguarding update, there were 2 actions outstanding that have now been completed and the action plan is now green. The CCGs look to maintain this across Sefton.</p> <p>There is significant amount of activity detailed in the Local Safeguarding Children Board report. Also included in the report are the Merseyside Child Death and Overview Panel Annual Report.</p> <p>The ICON programme was launched in Sefton on 1st October 2020. The campaign is based upon preventing abusive head trauma in babies.</p> <p>There is an update included in the report in relation to the CCGs' Safeguarding Team's staffing capacity. The Designated Nurse for Children in Care is in addition to her role covering the Designated Clinical Officer for Children and Young People with SEND aged 0 to 25 years role on an interim basis.</p> <p><u>Safeguarding Adults</u></p> <p>Work continues with Merseyside Safeguarding Adults Board. Chapter 14 of the Care Act 2014 has been submitted achieving full compliance.</p> <p>There are a number of open safeguarding adult reviews and domestic homicide reviews detailed in the report.</p> <p><u>Children in Care</u></p> <p>The numbers of Children in Care is rising locally and nationally, however performance in the Children in Care service remains high and improved.</p> <p>Dr Rob Caudwell asked if there was any preparatory work being undertaken in relation to the impact of Covid 19, for example in response to the increase in domestic violence. He asked what is being put in place to meet the demands being placed on services, given that some issues will continue to rise post Covid 19 due to economic challenges.</p>	

No	Item	Action
	<p>Natalie Hendry – Torrance advised that it is recognised that hidden abuse exists. The CCG's Safeguarding Team are linked to all local partnerships and such information is being discussed as it comes through.</p> <p>Brendan Prescott noted that mental services waiting times are being monitored via the JTAI Improvement Plan meeting and the SEND CIB. He highlighted that Covid 19 impacts on service users as well as on staff. It is therefore difficult to plan ahead especially in terms of staffing capacity due self-isolation requirements.</p> <p>Brendan Prescott wished to formally thank Natalie Hendry – Torrance for the work she undertaken in respect of National Safeguarding Awareness Week. He also wished to formally thank Helen Case for the work she has undertaken resulting in improvements being made in relation to IHA performance.</p> <p>Brendan Prescott wished to highlight the good work undertaken by Tracey Forshaw in relation to LeDeR from both an area and a system perspective, there have been a lot of cases coming through and Tracey has co-ordinated work across the North Mersey system to ensure the NHSEI trajectory is met.</p> <p>Tracey Forshaw noted that since the safeguarding update report was written, Fiona Taylor has requested for a quarterly report to be presented to Leadership Team. The paper is expected to be presented at the next Leadership Team meeting and relates to commissioning as well as quality because of a subsequent paper following NHSEI's recommendations made in response to the Bristol Report published in September 2020, following the review of the 206 people that died during the pandemic. Work in relation to this has commenced, for example the implementation of virtual wards, pathways and mapping exercises. There is an expectation for GP's to review their DNA CPR arrangements for anyone with a learning disability on their register.</p>	
20/191	<p>Primary Care Quality Update – Complaints Review</p> <p>Ehsan Haqqani introduced this item which seeks to provide the Committee with a breakdown of complaints for Q1 and Q2 2020/21 for all complaints received by both CCGs. An analysis of the data and a breakdown of the numbers received are detailed in the report.</p> <p>From 1st April 2021 the CCGs began utilising the new Ulysses system instead of Datix. There is on-going development work being undertaken to improve the system. A rolling 13 month numbers of complaints will be used to analyse data. Covid 19 specific codes have been introduced to identify issues that have arisen as a direct result of Covid 19.</p> <p>The top most frequent occurring types of complaints relate to access to services and appointments, funding issues and discharge issues. A number of complaints were received related to decisions on continuing health care funding as well as access to services that were not funded.</p> <p>Outcome: The Committee noted the Primary Care Quality Update – Complaints Review.</p>	

No	Item	Action
20/192	<p>Complaints, PALS, MP Report - Quarter 1 & 2, 2020 – 2021</p> <p>Ehsan Haqqani introduced this item which seeks to provide the Committee with details of the contacts with both CCGs for Quarter 1 and 2 of 2020/2021 from patients, families, public and professionals.</p> <p>It was noted that the majority of complaints received are via PALS. NHSEI receive PALS complaints data. NHSEI's annual complaints report has not yet been received but when it is issued, it will be shared with the Committee.</p> <p>Fiona Taylor explained that the Committee has a responsibility for the oversight of complaints and following an independent governance review it was highlighted that the process currently in place, requires some refinement. The Ulysses reporting system is relatively new and provides quantitative data. Work is to be undertaken to understand the data that the system provides and what it means to the organisation therefore, providing more informative reports and thus enabling meaningful discussions going forward. The CCG's complaints processes and procedures will be included in the Governing Body development session where the accountability framework will be discussed providing clarification of respective responsibility.</p> <p>The Committee noted that the main category in relation to complaints received relate to continuing health care. This was highlighted in the recent independent governance review.</p> <p>It was noted that a quarterly complaints report will be presented to this Committee. Cumulative data will also be collated enabling comparative reviews to be made. The monthly Deputy Chief Nurse Report will capture the numbers of complaints in month thus ensuring the Committee is fully sighted and is regularly kept up to date. Going forward thematic reviews and lessons learned will be discussed by this Committee and key issues arising will be escalated to Governing Body.</p> <p>Outcome: The Committee noted the Complaints, PALS, MP Report - Quarter 1 & 2, 2020 – 2021.</p>	
20/193	<p>Joint Targeted Area Inspection (JTAI) Action Plan Update</p> <p>Brendan Prescott introduced this item which seeks to provide the Committee on progress made to the JTAI health action plan. The paper was taken as being read by the Committee.</p> <p>Fiona Taylor wished to thank Brendan Prescott for his leadership in relation to the JTAI action plan and for the good work undertaken and the progress made. The CCGs has been highlighted as having some exemplar practice. It was noted that an Ofsted visit is imminent.</p> <p>Brendan Prescott referred the Committee to the Children and Young Person's Plan and wished to highlight the 4 key priorities to be embedded in to practice are ensuring that children are happy, healthy, heard and achieving.</p> <p>Outcome: The Committee noted the Joint Targeted Area Inspection (JTAI) Action Plan Update.</p>	

No	Item	Action
20/194	<p>SEND Update</p> <p>Brendan Prescott presented this item on behalf of Kerrie France. The report seeks to update the Committee with health related actions in the Sefton SEND Improvement Plan and provide an overview of the SEND performance dashboard for August 2020.</p> <p>The Committee noted the following:-</p> <ul style="list-style-type: none"> • Progress made to actions 1 to 4 of the improvement plan and the focused work relating to actions 5 ahead of the DFE visit planned on 8th December 2020. • Arrangements are in place ensuring the Designated Clinical Officer role is covered. This is currently being covered by the CCG's Designated Nurse Children in Care. • Leadership and governance oversight arrangements are in place within the CCGs for SEND sub groups of the Board and improvement plan actions. • Approved risks and mitigated actions for the SEND partnership approved by SEND Continuous Improvement Board. • Good progress has been made. The partnership aims to maintain sustainability. • The importance of collaborative partnership working between the CCGs and Local Authority. <p>Outcome: The Committee noted the SEND Update.</p>	
Policies for Approval/Ratification		
20/195	<p>Non-Medical Prescribing Policy</p> <p>Sejal Patel presented the non-medical prescribing policy and requested approval from the Committee. The following points were noted:</p> <ul style="list-style-type: none"> • The LMC has confirmed their support of the policy. • The policy reduces any risk associated with non-medical prescribers. • Concern in relation to precarious liability and the impact on general practice. <p>Brendan Prescott highlighted that there is a requirement for employers to provide supervision to support to the non-medical prescribing workforce at practice level. He suggested that recognition be given in regard to the workforce that is continuously changing thus impacting on roles and responsibilities and therefore the specific support required.</p> <p>Outcome: The Committee approved the Non-Medical Prescribing Policy.</p>	

No	Item	Action
20/196	<p>Quality Impact Assessment Policy</p> <p>Mel Spelman presented the Quality Impact Assessment policy to the Committee for approval. Mel advised that the policy was due for review in September 2020 and the revised policy incorporates changes following the Project Approval Gateway process which has been developed by the Programme Management Office.</p> <p>An additional step has been incorporated in to the pathway whereby the project initiation document is developed by the project lead and presented to the Quality team for a high level review. Following this, it is then presented to CAG for further approval. A full quality impact assessment is requested as per the previous process.</p> <p>As in the previous policy, the Committee will be made aware of any risks scoring 8 or above via the escalation proforma.</p> <p>The templates have been amended making them more user friendly.</p> <p>It was queried that there is a strong emphasis on risk management and less on quality benefits. Mel advised that the project leads provide detailed narrative to the project initiation documents and includes current pathways and processes against what is being proposed, thus identifying the benefits.</p> <p>Brendan Prescott informed that following the incorporation of the additional step to the pathway, improvements have been noted and the risks if any, have been scoring low and therefore have not been required to be escalated to the Committee.</p> <p>Outcome: The Committee approved the Quality Impact Assessment Policy.</p>	
For Information		
20/197	<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 7th October 2020. No comments were made.</p> <p>Outcome: The Committee received the NHS Southport and Formby CCG Serious Incident Review Group (SIRG) Minutes and Key Issues.</p>	
20/198	<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 7th October 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>	

No	Item	Action
20/199	<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 25th September 2020. No comments were made.</p> <p>Outcome: The Committee received the SEND Performance Improvement Group Minutes and Key Issues.</p>	
20/200	<p>Joint Targeted Area Inspection (JTAI) Action Plan Meeting Minutes and Key Issues</p> <p>The Committee noted the JTAI Improvement Plan minutes and key issues from the meeting held on 19th October 2020. No comments were made.</p> <p>Outcome: The Committee received the Joint Targeted Area Improvement (JTAI) Plan Meeting Minutes and Key Issues</p>	
20/201	<p>Engagement of Patient Experience (EPEG) Key Issues</p> <p>The Committee noted the EPEG key issues from the meeting held on 22nd October 2020. No comments were made.</p> <p>Outcome: Outcome: The Committee received the Engagement of Patient Experience (EPEG) Key Issues.</p>	
20/202	<p>Primary Care Committees in Common Minutes and Key Issues</p> <p>The Committee noted the Primary Care Committees in Common minutes and key issues from the meeting held on 16th July 2020. No comments were made.</p> <p>Outcome: The Committee noted the Primary Care Committees in Common minutes and key issues.</p>	
20/203	<p>Corporate Governance Support Group Key Issues</p> <p>The Committee noted the Corporate Governance Support Group Key Issues from the meeting held on 17th September 2020. No comments were made.</p> <p>Outcome: The Committee noted the Corporate Governance Support Group key issues.</p>	
Closing Business		
20/204	<p>Any Other Business</p> <p>Helen Roberts asked the Committee in relation to Medicines Management standard operating procedures, specifically if the medicines reconciliation in the hub dealing with community pharmacy queries, if approval of these can be delegated to Joint Medicines Operation Group. The Committee agreed.</p>	

No	Item	Action
	<p>Fiona Taylor informed the Committee in relation to the Annual Safeguarding Report being published on the CCG's website that would normally have been noted in the Governing Body Chief Officers report, however it was included in the Joint Quality and Performance Committee key issues report in September 2020.</p> <p>Fiona Taylor advised of an imminent review to ensure efficiency and effectiveness of the CCG's Committee meetings. The review will take in to account the findings following an independent external governance review that was recently undertaken. It is anticipated that the Corporate Governance Support Group will be discontinued as the CCGs seeks to confirm governance arrangements for the Joint Quality and Performance Committee.</p>	
20/205	<p>Key Issues Arising From This Meeting</p> <p>The following key issues were noted by the Committee:-</p> <ol style="list-style-type: none"> 1) Inappropriate electronic access to practices by Sefton patients. 2) Review clinical lead attendance at CQPG/CCQRM. Need to ensure coverage. 3) Covid 19 update – secondary care numbers of Covid 19 admissions has peaked but Covid 19 long stay patients remain an issue. 4) Equality and Diversity issue for support on adults ASD diagnosis and onward support provided by Mersey Care NHS Foundation Trust. 5) Safeguarding Q2 report - noted decrease in training numbers as a consequence of Covid 19 and numbers of LeDeR cases. 6) A more detailed complaints report will come through to Joint Quality and Performance Committee on a quarterly with detailed coding and strengthening of roles of accountability to manage complaints. Monthly figures on complaints will be included in the deputy chief nurse report. 7) SEND plan presented and progress noted. 8) Non-Medical prescribing policy approved. 9) Quality Impact Assessment policy approved. 10) Issue of governance when providing updates to Governing Bodies and in order to publish safeguarding report on the CCG's website. This was included in September 2020 Joint Quality and Performance Committee key issues report. 11) There is a planned committee's functionality review to be undertaken on the efficiency and effectiveness of committees. 	
20/194	<p>Date of Next Meeting:- The next meeting is scheduled for Thursday 28th January 2021 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 28th January 2021, 9am to 11am
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
Dr Jeffrey Simmonds	Secondary Care Doctor, SFCCG	JS
Brendan Prescott	Deputy Chief Nurse and Head of Quality and Safety, SSCCG/SFCCG	BP
Chrissie Cooke	Interim Chief Nurse, SSCCG/SFCCG	CC
Graham Bayliss	Lay Member, SSCCG	GB
Dil Daly	Lay Member, SFCCG	DD
Stephen Williams	Director of Strategic Partnerships, SSCCG/SFCCG	SW
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
Helen Roberts	Lead Pharmacist, SSCG/SFCCG	HR
Apologies		
Susanne Lynch	Head of Medicines Management, SSCCG/SFCCG	SL
Dr Doug Callow	GP Quality Lead/GB Member, SFCCG	DC
Billie Dodd	Deputy Director of Delivery and Commissioning, SSCCG/SFCCG	BD
Dr Rob Caudwell	GP Governing Body Member, Chair, SFCCG	RC
Tracey Forshaw	Assistant Chief Nurse, SSCCG/SFCCG	TF
Stephen Williams	Director of Strategic Partnerships, SSCCG/SFCCG	SW
Minutes		
Michelle Diabie	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	Jan 20	Feb 20	Mar 20	Apr 20	May 20	June 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Jan 21
Dr Rob Caudwell	GP Governing Body Member (Chair)	✓	✓	✓	V	V	✓	✓	✓	✓	✓	✓	A
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	A	✓	V	V	✓	✓	✓	A	✓	✓	✓
Dil Daly	Lay Member for Patient & Public Involvement	✓	✓	✓	V	V	✓	✓	✓	✓	✓	✓	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	A	A	✓	V	V	A	✓	✓	A	✓	A	A
Karl McCluskey	Director of Strategy and Outcomes (Left CCG Sept 20)	D	A	D	V	V	A	A	A	A			
Debbie Fagan	Chief Nurse & Quality Officer (on Secondment)												
Dr Gina Halstead	Chair and Clinical Lead for Quality (Deputy Chair)	✓	✓	✓	V	V	✓	✓	A	✓		✓	✓
Martin McDowell	Chief Finance Officer	✓	A	✓	V	V	✓	✓	✓	✓	✓	✓	✓
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A	A	V	V	A	A	A	A	A	A	✓
Jane Lunt	Chief Nurse (Left CCG secondment Dec 20)	✓	A	✓	V	V	✓	✓	✓	✓	✓	✓	
Brendan Prescott	Deputy Chief Nurse and Head of Quality and Safety	✓	✓	✓	V	V	✓	✓	✓	✓	A	✓	✓
Fiona Taylor	Chief Officer Ex-officio member of JQPC Committee	A	A	A	V	V	✓	✓	A	✓	✓	✓	A
Stephen Williams	Director of Strategic Partnerships												D
Chrissie Cooke	Interim Chief Nurse												✓

No	Item	Action
General		
21/01	<p>Welcome and Apologies for Absence</p> <p>Chrissie Cooke introduced herself to the Committee as Interim Chief Nurse.</p> <p>Apologies for absence were noted from Dr Rob Caudwell, Stephen Williams, Billie Dodd and Dr Doug Callow.</p>	
21/02	<p>Declarations of Interest</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.</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 NHS South Sefton CCG and NHS Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
21/03	<p>Minutes and Key Issues of the Previous Meeting</p> <p>With the following amendment the minutes from the previous meeting held on 26th November 2020 were deemed as an accurate reflection of the meeting.</p> <ul style="list-style-type: none"> Agenda Item 20/188, Care Home Group Update, page 14, in the final paragraph, to amend IPT team to IPC team. <p>The key Issues from the previous meeting were approved as being an accurate record.</p>	
21/04	<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 James in relation to the Walton Centre's recovery plan. Sam James 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>	

No	Item	Action
	<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 had 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> <p>In the absence of Cameron Ward, Billie Dodd informed that Cameron had not yet been back in touch with Sam James at the Walton Centre. It was highlighted that Cameron was due to leave the organisation shortly and suggested that this action is followed up by Billie Dodd.</p> <p>The Committee noted difficulties being experienced by GPs when referring patients that do not have cancer but have a serious degenerative disorder, to a General Neurology Consultant. Billie Dodd agreed to follow up this action, linking in with NHS Liverpool CCG colleagues and provide an update at the next meeting.</p> <p>Michelle Diable to follow up action with Billie Dodd. Action deferred to the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 20/201, 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. GPs are not always advised if a patient is pregnant as they can self-refer. 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 Key Issues, with the interim Director of Nursing and provide an update at the next meeting.</p> <p>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>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>BD</p> <p>MD</p>

No	Item	Action
	<p>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>Jane Lunt informed that she had not yet convened a meeting with Claire Fitzpatrick but would endeavour to do so. Jane also informed that a letter had not been sent to Liverpool Women's Hospital NHS Trust but would follow this up with Fiona Taylor.</p> <p>Following a discussion with Dr Gina Halstead, Brendan Prescott advised that he had contacted Marie Forshaw, Director of Nursing at Liverpool Women's Hospital NHS Trust to obtain further information. He advised that a system plan is in place and a meeting is to be convened to progress the issue regarding midwives being trained to use EMIS. Brendan informed that he has asked Marie Forshaw on behalf of the Committee for a percentage of how many midwives are trained to use EMIS.</p> <p>Chrissie Cooke informed she would follow this up with Marie Forshaw and Jane Lunt.</p> <p>Action deferred to the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 20/96 Joint Targeted Area Inspection (JTAI) Action Plan <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 and 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>Discussion in relation to CQPG meeting attendance was held. Alder Hey CQPG meeting attendance was queried and if this is incorporated in Dr Wendy's Hewitt's work plan. Brendan Prescott advised that he would follow this up with Dr Wendy Hewitt.</p> <p>Brendan highlighted the need to formalise work plans for GP safeguarding clinical leads. Martin McDowell suggested having a discussion on the formalisation of clinical lead's work plans at the next Governing Body development session.</p> <p>Brendan Prescott confirmed that Dr Wendy Hewitt will attend the Alder Hey CQPG meetings going forward. Action completed.</p>	CC

No	Item	Action
	<p>Dr Rob Caudwell and Brendan Prescott to meet to review CQPG meeting representation.</p> <p>Brendan Prescott informed that he had met with Dr Rob Caudwell and an update has been included in this month's Deputy Chief Nurse Report.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 20/97 Engagement and Patient Experience Group (EPEG) Key Issues <p>(i) 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> <p>It was agreed for Jon Devonport to be invited to the Governing Body Development Session in March 2021 for a wider discussion in relation to an update on the Digital Inclusion Programme across Cheshire Mersey with focus upon work being undertaken across Sefton.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 20/181, Electronic Palliative Care Co-ordination Systems (EPaCCS) Update <p>Dr Gina Halstead highlighted that out of date templates on the EMIS system is an increasingly challenging issue. Dr Rob Caudwell suggested creating a folder containing approved templates with practice agreements and for the facilitators to ensure it is kept up to date and to archive any out of date templates.</p> <p>Action deferred to the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 20/187, Clinical Director Update <p>The ERS directory of services is not being kept up to date. Primary care services need to be regularly communicated with so they are aware of what provider services are available so they can in turn, refer their patients correctly. It was noted that a directory of services pertaining to Mersey Care NHS Foundation Trust was implemented by the CCG and is working well. Dr Rob Caudwell advised that he will adapt the template for use at his practice. Dr Gina Halstead advised that she will raise the out of date directory of service issue via email with the Primary Care/Secondary Care Interface Group and copy in Terry Hill.</p>	RC

No	Item	Action
	<p>(i) Dr Gina Halstead to email the Primary Care/Secondary Care Interface Group and copy in Terry Hill in relation to the issue of out of date directory of services.</p> <p>Action completed.</p> <p>Billie Dodd advised that she would raise the out of date directory of services issue at the Southport and Formby System Group meeting.</p> <p>(ii) Billie Dodd to raise the out of date directory of services issue at the Southport and Ormskirk Hospital NHS Trust System meeting.</p> <p>Action completed.</p> <p>Dr Rob Caudwell noted an issue in relation to referrals to Renacres Hospital whereby patients have been given an appointment within a week and subsequently are being advised by Renacres Hospital to self-isolate for 2 weeks before their appointment. The GP is subsequently being asked to re refer them. Billie Dodd advised that she will raise this when she meets with Renacres Hospital.</p> <p>(iii) Billie Dodd to raise directly with Renacres Hospital the referral issues highlighted by Dr Rob Caudwell.</p> <p>It was noted that Billie Dodd had approached Renacres Hospital and was awaiting further detail from Dr Rob Caudwell.</p> <p>Action deferred to the next meeting.</p>	BD
21/05	<p>Deputy Chief Nurse Report</p> <p>Brendan Prescott introduced this item which seeks to update the Committee with key issues that have occurred since the last report presented in November 2020. The report was taken as read and the following salient points were noted:-</p> <p><u>Liverpool University Hospitals NHS Foundation Trust</u></p> <p>The Trust continues to be under enhanced surveillance. From January 2021, the Executive CQPG will be in place to enable a more strategic system based discussion to take place which recognises the Trust's interdependencies within a complex health and care system. Operational CQPG has been stood down for January 2021 due to Covid 19 pressures.</p> <p>The Trust continues to manage nosocomial infections via twice weekly outbreak meetings to review testing and ward status.</p> <p><u>Southport and Ormskirk NHS Hospital Trust</u></p> <p>Daily outbreak meetings 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.</p>	

No	Item	Action
	<p>Some assurance in relation to ophthalmology has been received and the CCG is awaiting paperwork from the Trust's Director of Nursing in relation to obtaining further assurance on the review and risk stratification of patients. Brendan informed he had met with the Associate Director of risk to establish the harm review process regarding seeking assurance in relation to the cancer longer waits.</p> <p><u>Alder Hey Hospital NHS Trust</u></p> <p>It was noted that there had been an issue regarding the management of waiting lists. An independent review is to be commissioned.</p> <p><u>Lancashire and South Cumbria NHS Foundation Trust</u></p> <p>It was noted that the Trust is focusing on 3 areas of work linked to flow, discharges and admission avoidance and supporting.</p> <p>The trust is planning to step down some routine services for a four week period to enable community capacity to support the plan and have shared intentions with commissioners.</p> <p>The Trust is now meeting with Mersey Care NHS Foundation Trust colleagues to develop demobilisation and mobilisation of the community contract for 1st May 2021 and to ensure the quality of services are maintained during this period.</p> <p><u>CQPG/CCQRM</u></p> <p>It was noted that Dr Rob Caudwell and Brendan Prescott met regarding GP lead attendance at provider CCQRMs and CQPGs. Leads have been identified for each meeting and have been contacted. Attendance gaps were identified for Southport and Ormskirk Hospital NHS Trust and Lancashire and South Cumbria NHS Foundation Trust. Dr Rob Caudwell will be contacting GP colleagues to ensure attendance at future provider CQRMs and CQPGs.</p> <p>Chrissie Cooke informed that discussions are to be held to explore the possibility of having a Sefton wide combined meeting for both mental health services and community services.</p> <p><u>Continuing Health Care (CHC) Deferred Assessment</u></p> <p>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 deferred assessment activity ceased for the period, which will make the North Mersey target for completion by 31 March 2021 challenging and will require the revision of the risk to the CCG unless further guidance is issued from NHSEI. However a meeting is to be held on 28th January 2021 in relation to the reinstatement of the work stream. Stage 2 work, reinstated in September 2019, continues until further notice.</p> <p><u>Covid 19 and Care Homes</u></p> <p>It was noted that the number of outbreaks in Sefton care homes has increased to 42. The CCG has reinstated the educational support package to care homes around IPC.</p>	

No	Item	Action
	<p><u>SEND</u></p> <p>Following a review meeting with the Department for Education, Local Authority and Health colleagues on 8th December 2020, progress on the five key areas continues. Improvements were noted at the meeting in relation to the quality of EHCPs; DCO 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.</p> <p>Additional short term CAMHS investment was agreed by CCGs to provide additional service capacity and resilience for Alder Hey Hospital and third sector providers, VENUS and Parenting 2000.</p> <p><u>Child in AED</u></p> <p>A serious incident was reported by Liverpool University Hospital NHS Foundation Trust in relation to a 16 year old with Down's Syndrome who attended and was subsequently admitted within the Emergency Department at Aintree on 15th December 2020. The child's extended emergency department admission and challenges in transferring the child to an appropriate provision led to escalations being made by Liverpool University Hospital NHS Foundation Trust and the incident being reported via StEIS. A rapid review is to be undertaken and the outcome to be shared with the Committee.</p> <p><u>Complaints</u></p> <p>A regular update on current continuing health care complaints, their status and themes identified will be presented to the Committee.</p> <p>Outcome: The Committee noted the Deputy Chief Nurse Report.</p>	
21/06	<p>Clinical Director Quality Update</p> <p>Dr Gina Halstead suggested that a regular Covid 19 mass vaccination update is provided as part of this agenda item.</p> <p>Dr Gina Halstead wished to formally thank CCG colleagues for their hard work and effort in supporting the mass vaccination programme.</p> <p>Dr Gina Halstead informed that she wishes to escalate her concerns in relation to CCG staff identification, to ensure that it is being checked upon arrival at the mass vaccination centres.</p> <p>Action: Dr Gina Halstead to escalate concerns regarding ensuring that CCG staff have their identification checked upon arrival at mass vaccination centres.</p> <p>It was noted that the drawing up of rotas presents a challenge as staff do not know when vaccinations are arriving or how much there will be, this information is provided at short notice.</p> <p>Dr Gina Halstead raised a concern in relation to elderly/frail patients living in Hightown and Formby that do not live near a mass vaccination centre.</p>	GH

No	Item	Action
	<p>Dr Gina Halstead enquired what the plan is for these patients and as a solution, suggested Formby Guild Hall and Cricket Clubs as possible mass vaccination centres. Martin McDowell informed that he would follow up Dr Gina Halstead's concern with Jan Leonard.</p> <p>Action: Martin McDowell to follow up concern raised regarding elderly/frail patients in Hightown and Formby not being able to get to a local mass vaccination centre.</p> <p>Dr Gina Halstead informed that a query had been raised in relation to Covid 19 vaccinations as to how practices will know which vaccine a patient would need for their repeat vaccination. Helen Roberts to follow this up with the Medicines Management Team.</p> <p>Action: Helen Roberts to follow up query raised in relation to follow up Covid 19 vaccinations and how practices will know which patients they need to contact for their repeat Covid 19 vaccination.</p> <p><u>Mersey Care NHS Foundation Trust</u></p> <p>Dr Gina Halstead informed of excellent work being undertaken by the admissions saving team and the District Nurse teams in relation to ICRAS.</p> <p>Dr Gina Halstead raised a concern in relation to the absence of lateral flow testing kits and was not aware of any practices with them. Chrissie Cooke advised that she would follow this up.</p> <p>Action: Chrissie Cooke to follow up concern raised regarding obtaining lateral flow testing kits.</p> <p>It was noted that Bootle practices successfully buddied up with care home recently.</p> <p>It was also noted that there are approximately 80 blood pressure machines with standard cuffs at Concept House awaiting a plan for usage. Chrissie Cooke informed that she would enquire who is responsible for their onward distribution.</p> <p>Action: Chrissie Cooke to confirm who is responsible for the distribution of blood pressure machines.</p> <p>Outcome: The Committee noted the Clinical Director Update.</p>	<p>MMcD</p> <p>HR</p> <p>CC</p> <p>CC</p>
21/07	<p>Revised Joint Quality and Performance Committee Terms of Reference</p> <p>Brendan Prescott presented the revised Committee's terms of reference. With the following amendments to be made, the terms of reference were approved by the Committee.</p> <p>Additional wording highlighted in bold below:</p> <p>1.1 To ensure the effective management of clinical governance areas (clinical governance, information governance, research governance and health and safety) and corporate performance in relation to all commissioned services.</p>	

No	Item	Action
	<p>2.2 All Members are required to nominate a deputy to attend in their absence as appropriate. Deputies must be of sufficient seniority to support decision making and therefore must only be permitted if they are a member of the Leadership Team or the Senior Management Team. Deputies will count towards the quorum.</p> <p>Action: Brendan Prescott to amend the terms of reference.</p> <p>Outcome: The Committee approved the Joint Quality and Performance Committee Terms of Reference.</p>	BP
21/08	<p>Engagement and Patient Experience Group (EPEG)– Terms of Reference</p> <p>Lyn Cooke presented the EPEG terms of reference that had been reviewed with representation updated and agreed by the EPEG group members in November 2020.</p> <p>Outcome: The Committee approved the Engagement and Patient Experience Group Terms of Reference.</p>	
21/09	<p>Corporate Governance Support Group Terms of Reference</p> <p>Lisa Gilbert presented the Corporate Governance Support Group Terms of Reference that had recently been updated following an external review of complaints and governance processes.</p> <p>Outcome: The Committee approved the Corporate Governance Support Group Terms of Reference.</p>	
21/10	<p>Performance and Quality Investigation Review Panel (PQIRP) Terms of Reference</p> <p>Mel Spelman presented the Performance and Quality Investigation Review Panel Terms of Reference which have been amended as a result of the Covid 19 pandemic. The process for the harm review of patients waiting longer for treatment has been reviewed and amended. As such, minor changes have been made to the key duties of PQIRP members which have been reflected in the amended terms of reference.</p> <p>It was noted that a standardised approach is required in relation to highlighting document changes. Chrissie Cooke and Martin McDowell advised that they would discuss this Debbie Fairclough and confirm what is required going forward.</p> <p>Action: Chrissie Cooke and Martin McDowell to confirm how changes to documents are to be presented to the Committee.</p> <p>Outcome: The Committee approved the Performance and Quality Investigation Review Panel Terms of Reference</p>	MMcD/CC

No	Item	Action
Quality and Performance		
21/11	<p>Care Home Bi- Annual Report</p> <p>Ehsan Haqqani presented the Care Home Bi-Annual Report which was taken as being read. The report provides an update on the support provided to Care Homes over the last 2 quarters. Key areas to note are that daily and weekly bulletins are being sent out to provide homes with the latest guidance and advice on a range of issues. A weekly strategic video call with all care homes also allows the opportunity for homes to raise issues and have a dialogue with commissioners.</p> <p>The abbreviation "AGP" in report was requested to be put in full. Ehsan Haqqani to amend the report accordingly.</p> <p>Action: Ehsan Haqqani to amend the care home bi annual report by inserting "aerosol generating procedures" next to the abbreviation "AGP".</p> <p>Chrissie Cooke asked for a copy of the Healthwatch report in relation to care home visit patient experience. It was noted that Healthwatch report in to EPEG and provide updates as part of QSG report.</p> <p>Action: Ehsan Haqqani to send the Healthwatch care home report to Chrissie Cooke.</p> <p>Outcome: The Committee noted the Care Home Bi-Annual Report</p>	<p>EH</p> <p>EH</p>
Policies for Approval/Ratification		
21/12	<p>Complaints Policy</p> <p>Lisa Gilbert presented the complaints policy and informed that it has recently been reviewed and updated following an external review of complaints and governance processes.</p> <p>The following key changes to the policy were noted:-</p> <ul style="list-style-type: none"> • A flow chart added to show the process and timescales; • A new section has been added in relation to the CCG meeting with complainants • How complex complaints will be resolved • Detail added on management of the complaints process. <p>Dr Gina Halstead referred the Committee to section 27 of the policy in relation to learning from complaints and asked how this will be achieved.</p> <p>Lisa Gilbert advised that any actions arising from a complaint will be documented on the complaints system and will remain open until all actions relating to each complaint have been undertaken. The complaints team will be responsible for ensuring that supporting evidence confirming that each action has been completed is documented.</p>	

No	Item	Action
	<p>Chrissie Cooke informed that since the policy was written it has been deemed necessary to establish a complaints oversight group and as such the policy will be required to be amended in section 26 – monitoring and review, to make reference to the complaints oversight group.</p> <p>The group will be responsible for the operational activity in relation to complaints. It was noted that the terms of reference for the complaints oversight group will be drafted and presented to this Committee for approval at a future meeting.</p> <p>Action: Lisa Gilbert to make reference to the Complaints Oversight Group in the complaints policy in section 26.</p> <p>Action: Chrissie Cooke to present the Complaints Oversight Group Terms of Reference at a future meeting.</p> <p>Some inconsistencies were highlighted in the policy whereby reference is made from a CCG perspective as well as from a patient perspective. These are to be separated.</p> <p>Action: Lisa Gilbert to amend the complaints policy to ensure consistent content throughout.</p> <p>The Committee requested that the above amendments are to be made to the policy and for any additional comments to be emailed to Lisa Gilbert and Chrissie Cooke before the next meeting. The amended complaints policy will be presented at the next meeting for ratification.</p> <p>Action: Committee members to email any further comments or changes in relation to the complaints policy to Lisa Gilbert and Chrissie Cooke prior to the next meeting.</p> <p>Action: Lisa Gilbert to present the final version at the March 2021 meeting.</p> <p>A query was raised in relation to the deadline for the policy to be approved. Lisa Gilbert informed that she would check this against the plan.</p> <p>Action: Lisa Gilbert to check that the delay in approval of the complaints policy does not fall outside of the deadline contained in the plan.</p> <p>Chrissie Cooke advised that all complaints will come through the Complaints Oversight Group and will be tracked and progressed. A regular summary report/ minutes from the group will come to this Committee.</p> <p>It was noted that the Committee will receive a complaints report at the next meeting.</p> <p>Action: Chrissie Cooke to present a complaints report at the next meeting.</p> <p>Outcome: The Complaints Policy deferred to next meeting.</p>	<p>LG</p> <p>CC</p> <p>LG</p> <p>All</p> <p>LG</p> <p>LG</p> <p>CC</p>

No	Item	Action
For Information		
21/13	<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 4th November 2020 and 2nd December 2020.</p> <p>Outcome: The Committee received the NHS Southport and Formby CCG Serious Incident Review Group (SIRG) Minutes and Key Issues.</p>	
21/14	<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 4th November 2020 and 2nd December 2020.</p> <p>Outcome: The Committee received the NHS South Sefton CCG Serious Incident Review Group (SIRG) Minutes and Key Issues.</p>	
21/15	<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 23rd October 2020.</p> <p>Outcome: The Committee received the SEND Performance Improvement Group Minutes and Key Issues.</p>	
21/16	<p>Joint Targeted Area Inspection (JTAI) Action Plan Meeting Minutes and Key Issues</p> <p>The Committee noted the JTAI Improvement Plan minutes and key issues from the meeting held on 16th November 2020.</p> <p>Outcome: The Committee received the Joint Targeted Area Improvement (JTAI) Plan Meeting Minutes and Key Issues.</p>	
21/17	<p>Engagement of Patient Experience (EPEG) Key Issues</p> <p>The Committee noted the EPEG key issues from the meeting held 11th November 2020 and 13th January 2021.</p> <p>Outcome: The Committee received the Engagement of Patient Experience (EPEG) Key Issues.</p>	
21/18	<p>Primary Care Committees in Common Minutes and Key Issues</p> <p>The Committee noted the Primary Care Committees in Common minutes and key issues from the meeting held on 15th October 2021.</p> <p>Outcome: The Committee received the Primary Care Committees in Common minutes and key issues.</p>	

No	Item	Action
21/19	<p>Gram Negative Blood Stream Infection Reduction Group Minutes and Key Issues</p> <p>The Committee noted the Gram Negative Blood Stream Infection Reduction Group Minutes and Key Issues from the meeting held on 24th September 2020.</p> <p>Outcome: The Committee received the Gram Negative Blood Stream Infection Reduction Group Minutes and Key Issues.</p>	
21/20	<p>Joint Medicines Operation Group (JMOG) Key Issues</p> <p>The Committee noted the Joint Medicines Operation Group Key Issues from the meeting held on 8th January 2020.</p> <p>Outcome: The Committee received the Joint Medicines Operation Group (JMOG) Key Issues.</p>	
Closing Business		
21/21	<p>Any Other Business</p> <p>Chrissie Cooke wished to provide assurance to the Committee in respect of the revised policy arrangements with providers which will be presented at the next Governing Body meeting. In line with NHSEI some meetings are being stood down to support the mass vaccination programme and the current surge. Providers are being asked to continue to monitor and collect data in relation to safety and quality indicators. There is an expectation from providers that they will report key issues for escalation. Chrissie Cooke explained that she is meeting with provider leads to discuss any issues or potential risks.</p>	
21/22	<p>Key Issues Arising From This Meeting</p> <p>The following key issues were noted by the Committee:-</p> <ol style="list-style-type: none"> 1) Joint Quality and Performance Committee Terms of Reference approved subject to amendment on 2.2 on nominated deputy. 2) Performance and Quality Investigation Review Panel Terms of Reference approved to accommodate the harm review process audit for longer waits. 3) Care Home Bi Annual report highlighting system support during Covid 19 to care home sector. All care home residents have been vaccinated. Surge in care home Covid 19 infections. 4) Engagement of Patient Experience Group reinstated with a Covid 19 focus session. Terms of Reference approved. 5) Corporate Governance Support Group Terms of Reference approved. Following external review all complaints will go to Joint Quality and Performance Committee. 6) Complaints Policy - process of complaints presented. Number of 	

No	Item	Action
	<p>amendments suggested and to be presented to members out of meeting for approval and to come to the February 2021 Joint Quality and Performance Committee for governance. Complaints Oversight Group to be established and terms of reference to be presented to the Committee for approval.</p> <p>7) Routine contract quality arrangements have been stood down due to Covid 19 surge and vaccination work priorities. Expectation on data to be collected and focussed, regular quality meetings between quality team and providers continue for issue escalation to commissioners.</p> <p>8) Ongoing success of vaccination programme across Sefton supported by primary care and CCG colleagues noted.</p> <p>9) Confirmation required on how document changes should be presented to the Committee.</p>	
21/23	<p>Date of Next Meeting:-</p> <p>The next meeting is scheduled for Thursday 25th March 2021 2021at 9am – 12noon to take place via Microsoft Teams.</p>	

NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committee in Common
Approved minutes 21st January 2021 – Part 1

Date: Thursday 21st January 2021

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:		
Dr Craig Gillespie	GP Clinical Representative	CG
Dr Kati Scholtz	GP Clinical Representative	KS
Jane Elliott	Locality Manager SSSCCG	JE
Richard Hampson	Primary Care Contract Manager SSSCCG	RH
Eshan Haqqani	Primary Care Quality Team	EH
Minutes		
Jacqueline Westcott	Senior Administrator	JW

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

Name	Membership	Nov20	Jan 21				
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	✓	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	✓	✓				
Alan Cummings	NHSE Senior Commissioning Manager	✓	✓				

Name	Membership	Nov20	Jan 21				
Jane Elliott	Locality Manager SSCCG	✓	N				
Tracy Forshaw	SS&SFCCG Deputy Chief Nurse and Quality	N	A				
Sharon Howard	NHSE	N	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	✓	N				
Debbie Fairclough	SS SF CCG Corporate Services	N	N				
Rebecca McCullough	SS SF CCG Finance	N	N				
Diane Blair	Healthwatch	✓	N				
Rob Smith	SS SF CCG Finance	N	✓				

No	Item	Action
PCCiC 21/1.	Introductions and apologies GB opened the meeting; apologies were received from TF.	
PCCiC 21/2.	Declarations of interest There were no declarations of interest declared that had a direct impact on the meeting's proceedings.	
PCCiC 21/3.	Minutes of the previous meeting Date: Thursday 19 th November 2020, amendments were made to the attendance register to acknowledge GB was in attendance at the meeting.	
PCCiC 21/4.	Action points from the previous meeting The action tracker was reviewed and updated.	
PCCiC 21/5.	Reports from the Joint Operational Group JL updated the committee on reports from November 2020 Joint Operational Group.	
PCCiC 21/6.	Healthwatch Issues There was no representative from Healthwatch at the meeting today.	
PCCiC 21/7.	Primary Care Networks Update CG and KS updated the Committee on the collaborative working between PCNs, practices and the CCG who are delivering the Covid 19 mass vaccination programme across South Sefton and Southport and Formby, it was reported that the programme is working very well and patients are giving positive feedback on the immunisation service provided.	

PCCiC 21/8.	<p>Primary Care Finances</p> <p>Rob Smith presented a paper to the Committee - Primary care Finances for South Sefton CCG and Southport and Formby CCG. The paper sets out the following recommendations:</p> <p>Temporary financial arrangements have been implemented for the first six months of 2020/21 as part of the Covid-19 response.</p> <p>Financial arrangements for the second six months of the financial year have now been confirmed.</p> <p>As at 30th November the year to date financial position is underspent against budget and the full year forecast position is an underspend.</p> <p>MMcD reported that the ARR scheme plans are now in place with PCNs able to utilise available funds.</p> <p>The paper was included in the pack to the Committee.</p>	
PCCiC 21/9.	<p>Primary Care Quality Dashboard</p> <p>There has been no further changes to the Primary Care Quality Dashboard due to the Covid mass vaccination programme which is an ongoing priority.</p>	
PCCiC 21/10.	<p>Covid 19 DES Capacity</p> <p>JL presented a paper to the Committee – General Practice Capacity to support Covid Vaccination.</p> <p>On the 7th January 2021 NHSE/I issued a letter to CCGs and GPs regarding plans to release capacity to enable a focus on Covid Vaccination.</p> <p>It was agreed that the CCG would write to PCNs and ask them to stop undertaking care planning and reduce SMR activity (within Network Contract DES) to free up capacity to support vaccination. PCNs should also review extended access activity and redirect workforce to vaccination.</p> <p>It was agreed that the CCG would communicate with all practices to suspend the LQC in order to free up practices to support COVID vaccination. This supersedes the decision to suspend certain indicators within the LQC for those practices signed up to the ES. The activity driven indicators would continue.</p> <p>The CCG will shortly be writing out to practices inviting them to claim for staff backfill as a result of COVID absences. This process will mirror the process earlier in the year and costs will be met from the General Practice Covid Capacity Expansion Fund.</p> <p>The paper was presented in the pack to the Committee.</p>	

PCCiC 21/11.	<p>Learning Disabilities</p> <p>AP presented a paper to the Committee - Learning Disability Health Check Update.</p> <p>A Learning Disability (LD) Health Check Direct Enhanced Service (DES) is available to GP practices. This is a national scheme, participation is optional, and over and above core GP services.</p> <p>The underlying purpose of the scheme is to encourage primary medical services contractors to identify registered patients aged 14 and over who are known to the local authority social services department primarily because of their learning disabilities, and to offer, and provide such patients with an annual health check.</p> <p>The Local Quality Contract (LQC) ensures that all practices are offered the opportunity to sign up to deliver the LD DES at practice level, or via South Sefton Federation who can undertake the DES on behalf of a practice. However, all practices must choose one of the two options to ensure 100% population coverage being offered a health check.</p> <p>An update on the number of health checks undertaken as at November 2020 for each CCG was provided. A discrepancy between local and nationally reported figures from NHSD was discussed with a plan to work with NHSD to ensure accuracy of figures moving forward. A national target has been reset in year of 67%.</p> <p>KS advised that all practices in Southport and Formby were completing health checks on behalf of their own registered patients, it was suggested a reminder may need to be sent to the practices regarding the federation option.</p> <p>AP advised that the LD health check can be completed virtually due to the Covid 19 pandemic and there is no longer a requirement to complete a full physical health check. A communication to this effect will be sent to practices. A paper on LD health checks will be presented at Governing Body in February 2021 which will show the improvement in figures and uptake.</p> <p>The paper was presented in the pack to the Committee.</p>	
PCCiC 21/12.	<p>Key Issues Log</p> <ul style="list-style-type: none"> • Primary Care Finance Report • Covid 19 DES Capacity • Risk to Primary Care - Covid 19 pandemic • Learning Disability Health Checks 	

PCCiC 21/13.	<p>Primary Care Risk Register Part 1</p> <p>The risk register was reviewed and updated.</p> <p>JC03 – Covid 19 is adding to the capacity risk.</p> <p>JC05 – Practices will continue to be surveyed regarding services from PCSE.</p> <p>JC29 – CCG working with LMC on a policy which will go to PCCCiC for approval and then go live.</p> <p>JC32- There had been some improvement; however, there are struggles with staffing due to C19.</p> <p>JC37 – There have been struggles with staffing and workforce due to the huge workload.</p> <p>JC38 – The community provider is changing to Merseycare, there are ongoing staffing and capacity issues.</p>	
PCCiC 21/14.	<p>Any Other Business</p> <p>The Committee asked if the contract with PCSE could be reviewed at Audit Committee with a view to retracting the contract if evidence showed the organisation was underperforming, NHSE advised that this option would be highly unlikely as it would be difficult to source a new provider.</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 18th March 2021 10.00am-11.00am.</p> <p>Venue: MS Teams</p>		