

Governing Body Meeting (Part I) Agenda

Date: Thursday 3rd June 2021, 13:00hrs to 15:00hrs

Venue: Virtual Meeting: Teams

To help the CCG respond to the coronavirus we are moving all meetings that we hold in public to virtual meetings for the foreseeable future. This also applies to our regular operational internal meetings in line with national guidance to ensure our staff are supported to work remotely. We will continue to publish papers as normal.

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

The Governing Body Members

Dr Peter Chamberlain	Chair & Clinical Director	PC
Alan Sharples	Deputy Chair & Lay Member - Governance	AS
Steven Cox	Lay Member - PPI	SC
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
General					13:00hrs
GB21/59	Apologies for Absence	Chair	Verbal	Receive	25 mins
GB21/60	Declarations of Interest	Chair	Verbal	Receive	
GB21/61	Minutes of previous meeting – 1 st April 2021	Chair	Report	Approve	
GB21/62	Action Points from previous meeting – 1 st April 2021	Chair	Report	Approve	
GB21/63	Business Update	Chair	Verbal	Receive	
GB21/64	Chief Officer Report	FLT	Report	Receive	
Quality					13:25hrs
GB21/65	Chief Nurse update	CC	Report	Receive	20 mins
GB21/66	Care Home Strategy	DB	Report	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
Finance and Quality Performance					13:45hrs
GB21/67	Chief Finance Officer update <ul style="list-style-type: none"> 2021/22 CCG Budget Approval 	MMcD	Report	Approve	30 mins
GB21/68	Integrated Performance Report	MMcD	Report	Receive	
GB21/69	Audit Committee Annual Report	AS	Report	Receive	
GB21/70	F&R Committee Annual Report	AS	Report	Receive	
Governance					14:15hrs
GB21/71	Disciplinary Policies and Procedures	DFair	Report	Approve	30 mins
GB21/72	North Mersey Joint Committee for the Proposal for a Comprehensive Stroke Centre	FLT	Report	Approve	
GB21/73	Published Registers 2020/21	AS	Report	Receive	
GB21/74	Governing Body Assurance Framework, Corporate Risk Register and Heat Map: Q4 2020/21	AS	Report	Receive	
GB21/75	Joint Committee of the Cheshire & Merseyside Clinical Commissioning Groups (Overview & Terms of Reference)	FLT	Report	Receive	
Key Issues Reports to be received for "review, comment and scrutiny":					14:45hrs
GB21/76	Key Issues Reports: <ul style="list-style-type: none"> 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
GB21/77	Approved Minutes: <ul style="list-style-type: none"> a) Finance & Resource Committee b) Audit Committee c) Joint Quality & Performance Committee d) Primary Care Commissioning Committee PTI 	Chair	Report	Receive	
Closing Business					14:55hrs
GB21/78	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB21/79	Date of Next Meeting Thursday 2nd September 2021, 13:00hrs. Venue/Format: Teams All PTI public meetings will commence 13:00hrs.				
Estimated meeting close					15:00hrs

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 1st April 2021, 13:00hrs to 15:00hrs

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

Alan Sharples	Chair & Lay Member for Governance	AS
Dr Peter Chamberlain	GP Clinical Director	PC
Dr Gina Halstead	GP Clinical Director	GH
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

In Attendance

Terry Stapley	<i>Minute Taker</i>	TS
Debbie Fairclough	Interim Programme Lead – Corporate Services	DF
Tracey Forshaw	Deputy Chief Nurse	TF
Denise Roberts	Deputy Chief Nurse NHS Halton CCG/ NHS Warrington CCG	DR

Apologies

Jeff Simmonds	Secondary Care Doctor	JS
Helen Armitage	Consultant in Public Health	HA
Bill Bruce	Health Watch Chair	BB
Deborah Butcher	Director for Adult Social Care (Sefton Council)	DB
Chrissie Cooke	Interim Chief Nurse	CC

Name	Governing Body Membership	June20	Sept 20	Nov 20	Feb 21	Apr 21
Dr Craig Gillespie	Chair & GP Clinical Director	✓	✓	✓	✓	
Alan Sharples	Deputy Chair & Lay Member - Governance	✓	✓	✓	✓	✓
Director or <i>Deputy</i>	Director of Public Health, Sefton MBC (<i>co-opted member</i>)	✓	A	✓	✓	
Director or <i>Deputy</i>	Director of Social Service & Health, Sefton MBC	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>)				✓	A
Jane Lunt	Interim Chief Nurse	✓	✓	✓		
Chrissie Cooke	Interim Chief Nurse				✓	A

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

*Standing meeting clash

Quorum: Majority of voting members.

No	Item	Action
GB21/35	<p>Patient Story</p> <p>The Governing Body were presented with a patient story from Denise Roberts, Deputy Chief Nurse NHS Halton CCG/ NHS Warrington CCG. The presentation focused on a patient with an undiagnosed learning disability.</p> <p>Following the presentation, the members noted the importance of the CCG having a focus on patients with learning disabilities/difficulties (LD).</p> <p>FLT advised one of the biggest deficits within the system is the support around the annual health checks (passport). TF reiterated this statement but also noted that the quality of those which are completed also need to be improved, furthermore the CCG is working with its independent providers to provide support to patients in attending their annual health checks.</p> <p>TF advised members that being part of the local area Learning Disabilities Mortality Review (LeDeR) group, she is able to look at wider learning from cases and ensuring providers are taking actions and recommendations back for implementation. This includes Service Development and Improvement Plan (SDIPS) being included within provider contracts to ensure learning from LeDeR reviews are being embedded.</p> <p>Members attention was brought to issues with coding following the Quality Outcomes Framework (QOF), this has led to a number of patients with moderate and mild learning difficulties not being coded and would not be brought to the attention of the LD teams. Further guidance required to primary care on how LD patients should be coded.</p> <p>GH raised her concerns with certain aspects of the mental health service and their commitment to these patients.</p> <p>In relation to system integration across primary care and acute services members noted their concerns with both the issues of sharing care records and also improved review/use of flagging on EMIS for patients with LD which could help bring any concerns from primary care to the attention of acute services.</p> <p>Action – Relevant actions for the CCG from local area Learning Disabilities Mortality Review (LeDeR) meetings to be reported to Joint Quality Performance Committee (JQPC) and to be reported back to the Governing</p>	<p>CC</p>

	<p>Body via the Chief Nurse report.</p> <p>TF advised that a quarterly LD report will be taken through JQPC which will include all the recommendations from the patient story and any key issues will be reported back through to the governing body via the key issues report/Chief Nurse report.</p> <p>Members thanked DR for attending and presenting this case today.</p> <p>Resolution: The members received the update.</p>	
GB21/36	<p>Apologies for Absence</p> <p>Apologies were received from Chrissie Cooke, Jeff Simmonds, Bill Bruce, Deborah Butcher and Helen Armitage.</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>	
GB21/37	<p>Declarations of Interest</p> <p>The members were reminded of their obligation to declare any interests they may have in relation to any items on the agenda and any issues arising at governing body meetings which might conflict with the business of NHS South Sefton CCG.</p> <p>Those holding dual roles across both South Sefton CCG and Southport & Formby CCG declared their interest; Fiona Taylor, Martin McDowell and Tracey Forshaw.</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>	
GB21/38	<p>Minutes of Previous Meeting 4th February 2021</p> <p>The members approved the minutes of 4th February 2021 as a true and accurate record, minor typographical errors noted and amended.</p>	
GB21/39	<p>Action Points from Previous Meeting</p> <ul style="list-style-type: none"> • <u>4th February 2021</u> <p><u>GB21/08 - Chief Nurse update</u></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>CC to report back to the Governing Body and Joint Quality & Performance Committee with this information, and whether South Sefton patients are involved.</p> <p>Resolution: Close</p> <p><u>Update:</u> Update included within Chief Nurse report.</p> <p><u>GB21/10(I) Integrated Performance Report</u></p> <ul style="list-style-type: none"> • 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>Resolution: Close</p> <p><u>Update:</u> Information shared at the last meeting.</p> <p><u>GB21/10(II) Integrated Performance Report</u></p> <ul style="list-style-type: none"> • 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>Resolution: Open</p> <p><u>Update:</u> MMcD noted systems not fully linked, thus it is felt it is not an accurate figure. MMcD to review and decide whether to cease reporting this data until the information is correct.</p>	
GB21/40	<p>Business Update</p> <p>No business update provided.</p> <p>Resolution: The members received the update.</p>	
GB21/41	<p>Chief Officer Report</p> <p>FLT presented the Chief Officer report which focussed on those items not covered on today's agenda. FLT noted that the report templates will now include the refreshed strategic objectives for 2021/22. 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.</p> <p>Members were provided with an update on the COVID19 mass vaccination programme, noting 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.</p> <p>The CCG is currently at the stage of vaccinating patients in cohort 10, practices within Sefton and Cheshire have agreed to pass the lower cohort vaccinations onto community pharmacists. This will allow primary care to concentrate on second dose vaccinations of cohort 1-9 and revisiting all care homes to ensure residents complete their vaccinations.</p> <p>Members attention was brought to section 4 and the relocation of the CCGs headquarters from Merton House to Magdalen House. Noting the medicines</p>	

	<p>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. In the meantime, as per government guidelines, the majority of staff will continue with remote working.</p> <p>In relation to EU Exit the CCG continues to monitor the potential impact that the exit from the EU may have on local health services but daily sitreps to NHS England will cease from 1st April 2021.</p> <p>FLT noted Midlands and Lancashire Commissioning Support Unit (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. A copy of the MLCSU Annual Report 2020/21 was available to members as appendix 1 of the report.</p> <p>Members attention was brought to section 8 and the NHS People Plan which describes the work the CCG has undertaken. Including the introduction of three key roles Freedom to Speak Up Guardians (FTSUG), Wellbeing Guardians and Healthy Workplace Champions within the CCG.</p> <p>FLT confirmed the role of lay member for PPI had been advertised and a successful applicant has been offered the position. Members will be informed of the successful candidate once due HR processes have been completed.</p> <p>In relation to section 9 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.</p> <p>FLT informed members that that 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.</p> <p>Finally, in terms of the CCG chair there have been a number of discussions in the Wider Forum. In February 2021 the recommendation was taken to members that Dr Rob Caudwell was asked to become caretaker chair for 12 months. Following the Wider Forum, a South Sefton GP has come forward and this will be reported in more detail within part two of today's meeting.</p> <p>Resolution: The members received the report.</p>	
GB21/42	<p>Chief Nurse update</p> <p>TF 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>Members attention was brought to several key risks included within the report.</p> <ul style="list-style-type: none"> • Potential increased complaints, incidents, safeguarding referrals and retrospective identification of harm as the system returns to business as usual. 	

	<ul style="list-style-type: none"> Continued risks to the workforce. Risks associated with the acquisition of services to Mersey Care. The current position regarding CHC. <p>TF highlighted that 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.</p> <p>In relation to harm from waiting, during the pandemic period the CCG gained early sight from the Trusts (via MLCSU) of all long waiters, monitoring the 36-week waiters, at speciality level for all contracted key providers. The CCG also received assurance information for the 52 week waits from each Trust on the issues and plans. This information is reported to Governing Body monthly via the Integrated Performance Report.</p> <p>TF brought members attention to appendix one of the report and the Mersey Care NHS Foundation Trust section. Noting the CCG was made aware on 23rd February 2021, of Continuing Healthcare cases that were awaiting assessment and or review under the CHC framework which were the responsibility of Mersey Care NHS Foundation Trust (Mersey Care). 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 2nd and 9th March 2021, 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 have met with the Executive Director of Nursing & Operations for MCFT and articulated their concerns.</p> <p>TF reassured members that those patients who require urgent packages of care (end of life / cancer) are being dealt with via the CHC fast track route.</p> <p>FLT advised that the discussions with Mersey Care NHS Foundation Trust around ward 35 into Stoddart House took place in October 2020 not December 2020 as noted within the report.</p> <p>Resolution: The members received the report.</p>	
GB21/43	<p>Chief Finance Officer update</p> <p>MMcD provided the Governing Body with an overview of the Month 11 financial position for NHS South Sefton Clinical Commissioning Group as at 28th February 2021.</p> <p>The risk adjusted (likely case) financial position for 2020/21 was assessed in the CCGs draft financial plan at £6.023m deficit. It should be noted that the draft plan was not approved by NHS England. Temporary financial arrangements have been implemented during 2020/21 and the CCG submitted revised plans for the financial year.</p> <p>MMcD advised members that 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 have been received and will reduce the position to break even. Therefore, the CCG is on target to deliver its statutory duty and the target set out by Cheshire and Mersey Healthcare Partnership operating under the revised 2020/21 rules in the NHS (subject to external audit).</p>	

MMcD noted that the external audit process will now begin, with draft annual reports / accounts being produced and are scheduled to be presented at Audit Committee in April 2021.

Resolution: The Governing Body received the report noting 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 have been received and will reduce the position to break even.

GB21/44

Integrated Performance Report

MMcD led 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.

Members agree to suspend the reporting on E-Referrals within the Integrated Performance Report until it is fully understood why the figures are low.

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 figures as of 31st March 2021 are noted below with 59% of the adult population in Sefton already having their first vaccination: -

80+ (cohort 2)	95%
75-80 (cohort 3)	94.8%
70-74 (cohort 4)	93.4%
Clinically vulnerable (cohort 4)	94.5%
65-69 (cohort 5)	92.1%
16-64 at risk (cohort 6)	75.6%

	<table border="1"> <tr> <td>Cohort 7</td> <td>89%</td> </tr> <tr> <td>Cohort 8</td> <td>82.6%</td> </tr> <tr> <td>Cohort 9</td> <td>80.1%</td> </tr> </table>	Cohort 7	89%	Cohort 8	82.6%	Cohort 9	80.1%	
Cohort 7	89%							
Cohort 8	82.6%							
Cohort 9	80.1%							
	<p>MMcD noted that work needs to continue to address inequalities to ensure hard to reach patients reached.</p> <p>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%.</p> <p>The CCG is achieving 3 of the 9 cancer measures year to date, whilst LUHFT are achieving just 1 out of the 9 measures.</p> <p>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. 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.</p> <p>For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.35% in January 2021, below the target standard of 1.59%. a report has been requested by the CCG which will go to Senior Management Team and JQPC to gain an in-depth breakdown of the issues.</p> <p>Resolution: The Governing Body received the report.</p>							
GB21/45	<p>Key Issues Reports:</p> <ul style="list-style-type: none"> a) Finance & Resource Committee b) Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI e) Leadership Team <p>Resolution: The Governing Body received the key issues reports</p>							
GB21/46	<p>Approved Minutes:</p> <ul style="list-style-type: none"> a) Finance & Resource Committee b) Joint Quality & Performance Committee c) Primary Care Commissioning Committee PTI: <p>Resolution: The Governing Body received the approved minutes.</p>							

GB21/47	<p>Any Other Business</p> <p>None noted</p>	
GB21/48	<p>Date and Time of Next Meeting</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>		<p>15:00hrs</p>
<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 1st April 2021

Item	Item and action	Lead	Update
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	01/04/2021 Update - Cease reporting E-Referral figures within the IPR due to the information not being correct, MMcD to review.
GB21/35	<p>Patient Story</p> <p>Relevant actions for the CCG from local area Learning Disabilities Mortality Review (LeDeR) meetings to be reported to Joint Quality Performance Committee (JQPC) and to be reported back to the Governing Body via the Chief Nurse report.</p>	CC	

MEETING OF THE GOVERNING BODY June 2021

Agenda Item: 21/64	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southsefton.ccg.nhs.uk 0151 247 7069	Clinical Lead: N/A						
Report date: June 2021								
Title: Chief Officer Report								
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's monthly update.								
Recommendation The Governing Body is asked to <ul style="list-style-type: none"> Receive the update 		<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>							
Approve	<input type="checkbox"/>							
Ratify	<input type="checkbox"/>							

Links to Corporate Objectives 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 June 2021

COVID19 updates

1. Mass Vaccination Programme

A number of changes to JCVI guidance regarding the cohorts and timing of second doses have been received and actioned by sites. For cohorts 10-12 increased provision through community pharmacy colleagues has been made available across Sefton.

We continue to work closely with PCNs, Local Authority, Voluntary Sector and HealthWatch Sefton colleagues to address vaccine hesitancy and address the needs of groups who may find it difficult to access vaccination.

General local and national updates

2. Headquarters – relocation

The CCG's Interim Programme Lead for Corporate Services is continuing to work with CCG colleagues, iMersey and Sefton Borough Council to conclude the relocation of the CCG's headquarters to Magdalene House in Bootle. Merton House was vacated during mid-March and the medicines management team and key administrative staff have been working from the fourth floor at Magdalene as an interim measure.

The CCG will have permanent premises on the first floor once the structural adaptations to the office space have been completed and the IT systems are in place.

The CCG had planned for a return to office based working, albeit an agile model comprising off site and on site ways of working, with effect from the 1st July, however there have been some delays with the media provider meeting the required timelines. The CCG is also required to comply with the landlords' health and safety and COVID secure guidelines in terms of the numbers of staff that can be on site at any one time.

In the meantime the CCGs and Sefton Borough Council continue to work collaboratively to support a return to office based working as soon as this is practically possible. The outputs of the internal staff survey that concludes on 28th May will inform the future operating model.

3. NICE Strategy 2021 to 2026: dynamic, collaborative, excellent

In April the National Institute for Clinical Excellence (NICE) launched a new 5 year strategy. The ambitious strategy marks a new era at NICE that remains committed to the core purpose of improving health and wellbeing by putting science and evidence at the heart of decision making.

However, NICE are aiming to become even more dynamic, flexible and responsive and their new strategy outlines how they will develop products, processes, and partnerships in the coming years. It

sets out how they will cultivate our approach to be more responsive, using a range of sources of data and evidence, while retaining our independent, robust methods.

The strategy is available here [5 year strategy](#)

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

4. Shaping Care Together

As governing body members will be aware, NHS Southport and Formby CCG has formed a joint committee with NHS West Lancs CCG to preside over the Shaping Care Together programme. By way of an update the Shaping Care Together Programme has developed a place-based focus across Southport & Formby and West Lancashire, given that the optimal solution for local residents is a sustainable model across all sectors. The programme received additional investment in 2020/21 to launch a joint engagement programme, across the CCGs and Trust.

The programme is gathering pace and is supported by members of the CCG's Leadership Team.

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

5. 2020-21 CCG Self-Assessment

Each year NHS England is required to review CCG performance. Historically, this has been carried out under the auspices of the CCG Improvement and Assessment Framework, and more recently the NHS Oversight Framework. However, as a result of the continued impact of Covid-19 and the need for the NHS to set new and updated priorities across the different phases of the response, NHSE has introduced a simplified approach.

The CCG was advised that this year's annual assessment process will focus on CCGs' contributions to local delivery of the overall system plan for recovery, with emphasis on the effectiveness of working relationships in the local system.

The process comprised a self-assessment by the CCG and a follow up meeting on the 27th May 21, following which NHS England will advise the CCG of their findings and final assessment.

6. Staff Friends and Family Test (FFT) for provider organisations

On 21st May, NHS England wrote to providers with an outline of how the Staff Friends and Family Test would be rolled out this year.

Last year FFT was suspended due to the response to the Coronavirus pandemic. Building on the [People Pulse](#), the national pulse survey introduced last year, NHSE are changing the Staff FFT guidance so that it will now refer to the Quarterly Staff Survey (QSS). Trust will be required to participate in the QSS which now replaces the Staff FFT. This has a phased introduction, therefore during Quarter 1 2021/22 only organisations utilising the [People Pulse](#) participated in the QSS. However, from July 2021, all provider organisations are required to implement this new survey.

Formal guidance for the Quarterly Staff Survey is going through its final stages of approval, and we hope to share this with colleagues as soon as it is ready. The guidance will be housed [here](#). In the interim, NHSE has issued the following guidelines:

- On a quarterly basis (except for Quarter 3), during the months of April, July and January, each trust will need to ask staff the nine engagement theme questions from the annual NHS staff survey.
- All staff are to be provided with the opportunity to take part in the Quarterly Staff Survey during each of these quarters.
- The method of data collection is flexible and to be decided by each trust individually. Trusts can choose to utilise the national [People Pulse](#), existing internal surveys, or their current Staff FFT provider.
- If a trust chooses to use the national People Pulse, there is no requirement to submit the data. The data will be submitted centrally.
- For other methods of data collection, trusts will need to submit the data on the Strategic Data Collection Service, as previously completed for the Staff FFT.
- Nationally, the results will be available one month after submitting the data. This allows for the data to be validated, quality assured and published nationally. Locally, the results can be published and used before the national publication.
- The Quarterly Staff Survey will run alongside the annual NHS staff survey, providing a more regular insight into the working experience of our NHS people at a high level.

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

7. Financial Framework

Due to the ongoing response to the COVID-19 pandemic, NHS England and Improvement (NHSE/I) have advised that the pre COVID-19 financial framework and contracting processes will continue to be suspended for the first half (H1) of the 2021/22 financial year. Planning guidance issued on 26th March 2021 refers to the requirement for the Cheshire and Merseyside system to break even in the first half of the 2021/22 financial year. CCG allocations for H1 are based on the second half of the 2020/21 financial year.

The CCG is working alongside all partners across the Cheshire and Merseyside area to manage within allocated resources and it is expected that the CCG will reach a break-even financial position in line with its allocation for the first six months of the financial year (known as H1). The CCG will continue to evaluate its expenditure on a monthly basis to respond to guidance relating to the second part of the financial year when it is published during the summer.

The Governing Body will receive further detail on the CCG's financial plan for H1 in the June Part 2 meeting.

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

8. Primary Care Network (PCN) – general update

The Primary Care Commissioning Committee authorised the establishment of a new Southport and Formby PCN, which includes all practices within the SFCCG membership. Representation from the four GP locality leads will ensure that the needs of those populations are addressed.

A key priority is for the PCN to work with key partners to deliver against the service specifications, whilst accessing the Additional Role Reimbursement funding to expand the workforce. Alongside this the PCN will work with the two other Sefton PCNs to contribute to the development of integrated working at borough and locality level.

9. PCN areas of focus for 2021-22

Each PCN has its own specific plans but in general key areas for focus for 2021/22 include:-

- Maintaining sustainability and delivery of general practice during the pandemic, including delivery of the Covid vaccination programme
- Progressing PCN development plans to become more robust and mature organisations and developing their longer term strategic priorities based on population need
- Contributing to the further development of Integrated Care Partnership working (ICP) including wider approaches to the reduction in health inequalities and population health management
- On -going delivery of the PCN contract and specifications for Enhanced Health in Care Homes, Cancer and other areas prioritised for 2021/22 in the national contract
- Further recruitment to new and innovative additional PCN roles such as social prescribing link workers, care co-ordinators, physicians associates, first contact physiotherapists, and mental health practitioners, fully embedding them in the work of the PCNs, integrated care teams and wider working across localities.

10. eConsult

Over the past 12 months practices have been utilising and eConsult model as a means of enabling appointments during the pandemic. As general medical services are now in the process of restoring to previous ways of working, it has become apparent that the consideration needs to be given to the use of eConsult. The increase in eConsults in the past few months is increasing the workload pressure on practices.

In discussion with the local medical committee (LMC) It has been agreed through the leadership team that the CCG wishes to support the ongoing contractual requirement for eConsult to be made available and subject to further support from the Primary Care Commissioning Committees in Common. The leadership team concluded the following:

- Practices have met their contractual obligations by making online consultations available in working hours.
- There is no contractual requirement for GP practices to have eConsult available outside of working hours
- There remains a clinical risk whereby patients may make a consultation in the out of hours period that is not picked up until working hours by which time harm may have occurred.
- Using the current online consultation software further increases inequalities by disadvantaging those residents who are unable to access online tools packages for a variety of reasons.

Any changes should be for an initial period of three months and then subject to review; the changes are optional for each practice and would also require consideration by the respective patient participation groups (PPGs) of the relevant practice.

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

11. Borough based working

The Strategic Task & Finish Group is now well established, chaired by the Cllr Ian Moncur it has been meeting on a fortnightly basis since March 2021.

At the most recent meeting the progress the Group has made was demonstrated, with varied discussions ranging from the development of a Business Intelligence Hub to the work that is progressing at system level regarding the disaggregation of the CCGs functions between Cheshire and Mersey system and the borough of Sefton as we develop our integrated care partnership (ICP) The CCG has been an active participant in these discussions.

At May's informal Health & Wellbeing Board the Local Government Association presented a bespoke approach to the Board's development, so that it can adopt a place leadership role from April 2022 onwards. All partners were supportive of the recommendations. Work to align Living Well in Sefton and Sefton2gether is progressing through a joint working group, with initial strategic priorities likely to focus on mental wellbeing, obesity and community resilience. The Sefton Mental Health Review, which is also now well established with cross-partner representation, is to take a lead role in defining the priorities for mental wellbeing.

Further work is being undertaken to implement key partner strategies that were developed in 2020/21, including the Care Home and Intermediate Care Strategies. The Sefton Programme Delivery Group will have a key role in driving forward implementation.

12. Recommendation

The Governing Body is asked to

- *Receive this report.*

Fiona Taylor
Chief Officer
June 2021

MEETING OF THE GOVERNING BODY June 2021

Agenda Item: 21/65	Author of the Paper: Chrissie Cooke Interim Chief Nurse chrissie.cooke@southseftonccg.nhs.uk	Clinical Lead: Dr Gina Halstead
Report date: June 2021		

Title: Chief Nurse Report

Summary/Key Issues:

This paper presents the Governing Body with an update regarding key issues that have occurred since the last report which was presented in April 2021. The key issues to draw the committees attention to are the:

- Progress regarding the Reflective Practice Review of YP A
- Planned SEND DfE re-visit on 20 June 2021.
- Chief Coroners Reg 28: Prevention of Future Deaths Report for Southport and Ormskirk Hospitals NHS Trust (SOHT), following the death of a 4 year old girl in January 2020
- Serious incident reported from south Sefton Local Vaccination Site, following the incorrect data inputting. This has led to 3 people receiving a mixed vaccine schedule outside of local arrangements.
- Care Quality Commission (CQC) report published on 13 May 2021, following the unannounced inspection to SOHT in March, with improvements noted. There are recommendations against a number of should do's including; medical and nursing staffing and risk assessments.
- SOHT are required to submit response against the Ockenden audit by 20 June via the Local Maternity Systems (LMS) portal
- The Sefton Clinical Commissioning Groups (CCGs) have provided additional non recurrent investment to support the waiting times for; adult autistic spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD) and improving access to psychological (IAPT) services. There are expected timescales for improvement to be noted including management of patients on the waiting lists.
- Stoddart House community bed base opened in April 2021, but below the CCGs commissioned number of beds. Impact on the acute trust is being monitored.

Recommendation

The Governing Body is asked to receive this report.

Receive	X
Approve	
Ratify	

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			This report was presented to May Joint Quality and Performance Committee

Report to the Governing Body June 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 April 2021
- 1.2 The key risks to draw the committees attention to are:
- Progress regarding the Reflective Practice Review of YP A
 - Planned SEND DfE re-visit on 20 June 2021.
 - Chief Coroners Reg 28: Prevention of Future Deaths Report for Southport and Ormskirk Hospitals NHS Trust (SOHT), following the death of a 4 year old girl in January 2020
 - Serious incident reported from south Sefton Local Vaccination Site, following the incorrect data inputting. This has led to 3 people receiving a mixed vaccine schedule outside of local arrangements.
 - Care Quality Commission (CQC) report published on 13 May 2021, following the unannounced inspection to SOHT in March, with improvements noted. There are recommendations against a number of should do's including; medical and nursing staffing and risk assessments.
 - SOHT are required to submit response against the Ockenden audit by 20 June via the Local Maternity Systems (LMS) portal
 - The Sefton Clinical Commissioning Groups (CCGs) have provided additional non recurrent investment to support the waiting times for; adult autistic spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD) and improving access to psychological (IAPT) services. There are expected timescales for improvement to be noted including management of patients on the waiting lists.
 - Stoddart House community bed base opened in April 2021, but below the CCGs commissioned number of beds. Impact on the acute trust is being monitored.

2. System Issues

Progress regarding the Reflective Practice Review of YP A (South Sefton CCG patient)

- 2.1 Further to the update in the April 2021 Chief Nurse report regarding an incident in January 2021 and issues with the children and young people's mental health pathway. Eight strategic actions have been determined, with an overarching action plan in place with oversight from NHS EI C&M. The Chief Nurse for the Sefton CCGs, is ensuring the actions plans are progressed across Sefton. A report is in the process of being finalised, which JQPC should receive in June 2021. The Chief Nurse has a meeting arranged with the young person's mother to report against the progress of the action plan. In addition the CCG will convene an assurance review meeting, with system partners, in July to review progress and evidence of impact on the rapid action plan

Eight Strategic Actions

- Review the Dynamic Risk Register (DRR) to ensure the process is effective.
- Improve knowledge in school and communities by awareness raising, relationship development and improved communications.
- Improve response to requests for help by agreeing to a 'one front door' approach so that patients and families are not expected to work around referral processes.

- Review and improve commissioned services to address the gap in the long-term, confirm an agreement in the short-term that a combination of approaches would be managed through the care, education treatment review (CETR) route.
- Develop an inter-agency agreement regarding responsible clinician cover and escalation processes strengthened.
- Revise the pathway and approaches to young people in mental health crises, including a review of children and adolescent mental health services (CAMHS) provision across the system.
- Establish internal escalation process in place, including out of hours process.
- Establish health commissioner case management role for children and young people.

Joint Targeted Area Inspection (JTAI) Action Plan Update

- 2.2 There are no current changes to the JTAI action plan, with 5 actions remaining open, 1 RAG rated red and the remaining all amber. Further work is being undertaken with a view to consider closer for two actions, which will be confirmed at the May SEND health performance improvement group (SEND HPIG) meeting.

Special Education Needs and Disability (SEND) Update

- 2.3 Quality Assurance of education, health care plans (EHCP's) – an audit has been conducted between Jan – April 2021, noting a significant improvement in the quality of health advises within the EHCP's with 92% being reported as good or outstanding. This is on the expected target of 70%.
- 2.4 Designated Clinical Officer (DCO) – The permanent DCO post has been recruited to, with the person commencing in post on 31 May 2021. A survey conducted in March 2021 by Sefton Parent Carer Forum (SPCF) would indicate that although there is an improvement of the understanding of the DCO across health providers, further work is required to promote the role across SPCF.
- 2.5 C&YP SEND Mental Health Services: An exception report was presented to the April SEND CIB referencing the ongoing challenges across the system on the demand for C&YP mental health services for both Alder Hey and Mersey Care. The CCGs are awaiting further detail on the financial settlement to be received from the £79 million additional government funding to support recovery and a reduction in waiting times. Further detail is included in the Mental Health Deep Dove paper presented to JQPC in May 2021.
- 2.6 The DfE re-visit is expected to take place on 20 June 2021. Updates have been provided across health partners, to support the SEND Improvement action plan and to further inform the SEND risk register. In preparation a request has been made to health partners to submit additional evidence to demonstrate; co-production, sustainability for mental health support, evidence of consultation and impact on improvement of services and any additional training which has taken place from the last visit.

Office for Standards in Education (Ofsted) Focused Visit (March 2021)

- 2.7 Ofsted undertook a social care focused visit in March 2021, on how England's social care system has delivered child-centred practice and care within the context of the restrictions placed on society during the COVID-19 (coronavirus) pandemic. Whilst there was evidence of positive work Ofsted identified:

Areas for Priority Action:

- Timely application of the pre-proceedings stage of the Public Law Outline where risks for children are not reducing through child protection planning.

- Effectiveness of case supervision and the monitoring of children who are subject to child protection planning, including those children in the pre-proceedings process, to prevent drift and delay.

Improvements of Social Work Practice:

- The quality assurance arrangements and senior management oversight of social work practice.
- The strategic and operational focus on achieving change and reducing risk for vulnerable children, including disabled children and care leavers.
- Capacity in social work teams and the number of children on social workers' caseloads.

ICS/ICP Quality Development

- 2.10 A mapping exercise against safeguarding function has been completed for all CCGs. The work will now focus on how the system can; reduce variation, reduce duplication, share responsibilities and support resilience in service gaps. Further work is underway to consider the ICS approach to CHC with system wide workshop planned for the end of June.
- 2.11 Sefton ICP Development: The Executive Director of Adult Social Care (ED ASC) and leader at Sefton Place in conjunction with the CCGs, have produced a paper on the development of the governance framework that will be required as Place. Hill Dickinson are being requested to support the arrangements, to ensure the statutory roles and functions are robust from ICS to Place. The Chief Nurse is meeting regularly with the Director of Adult Social Care to progress the concept of an integrated quality function at place.
- 2.12 There are still a number of areas which require further clarification at both ICS and Place. This includes safeguarding, responsibilities under CHC, quality roles and functions and professional leadership.

eConsult

- 2.10 The CCG considered a request to allow practices to switch off eConsult out of core hours. They agreed to support the request and will update the Primary Care Commissioning Committee in June. The rationale for supporting this was
- Practices have met their contractual obligations by making online consultations available in working hours
 - There is no contractual requirement for eConsult to remain operational and accessible outside of working hours
 - There has been a significant increase in eConsults in the past few months which is increasing the workload pressure on practices.
 - There remains a clinical risk whereby patients may make a consultation in the out of hours period that is not picked up until working hours by which time harm may have occurred.
 - Using the current online consultation software further increases inequalities by disadvantaging those residents who are unable to access online tools packages for a variety of reasons.
- 2.11 In order to progress this we will establish a clear process for practices to follow if they wish to turn off eConsult, part of this process will be communicating this to patients which should be via the practice website and notifying the relevant PPG. This arrangement would be in place for 3 months during which we review the impact this has as well as undertake further work on access with practices as part of the LQC.

3. Provider quality issues

- 3.1 The CCG quality team continue to work with CCG colleagues to monitor quality via the contract monitoring mechanisms already established. Specific issues and exceptions have been reported to the Joint Quality and Performance Committee.

Key issues

- 3.2 Covid Local Vaccination Site (LVS) incident: On the 19 May an SBAR was submitted to NHS EI C&M and the System Vaccine Operations Centre (SVOC) of an administration error that has taken place in February. This affected 41 individuals and the accurate recording of the vaccine received at their first dose. Consequently 3 people have received a mixed vaccine schedule, which is outside of local COVID vaccine administration arrangements. The incident has been reported on strategic executive information system (StEIS) with the investigation progressing, duty of candour has been completed, and discussion with general practitioner (GP) to support reassurance. The CCG is reviewing the reporting through to System Vaccination Operational Centre (SVOC) as part of the learning.
- 3.3 SOHT CQC Report: The CQC's report was published on 13 May 2021, following the unannounced focused inspection on the 3rd – 5th March 2021. This was on the back of concerns from the public re: patient safety, decision making of do not attempt cardiopulmonary resuscitation (DNACPR). The inspection team visited five of the medical wards, including older people's care and reported an improvement across all domains.

The inspection identified 7 areas for improvement. This includes:

- Improve review of patient risk assessments (including risk of absconding)
- Continue to improve involvement with patients and families re: DNA CPR decisions.
- Continue towards the electronic patient record
- Continue to improve discharge arrangements
- Continue to address the registered and unregistered nursing vacancies
- Continue to improve the assessment for nutrition and hydration
- Continue to address the medical staffing vacancies

The CQC inspection report is an agenda item at the May CCQRM.

- 3.4 Ockenden Audit - Following a meeting with NHS EI on 20 May it was confirmed, that all maternity services are required to submit information / evidence against the Ockenden audit via the LMS portal by the 14 June 2021. The LMS will be holding weekly meetings with each provider to ensure timely submission, and to address any issues. The CCG commissioner for Women's services is engaging with SOHT to support any task and finish groups.
- 3.5 Southport and Formby CCG (SFCCG) Community Contract - On the 1 May 2021, the contract for the Southport and Formby community services contract, transferred across to Mersey Care from Lancashire and South Cumbria NHS Foundation Trust (LSCFT). It has been agreed there will continue to be a Southport and Formby community CQPG and Mersey Care will to begin to report this area as a distinct division until the services are fully integrated. There are plans for a separate CCQRM to take place for the initial 3 months, with an expectation for the service to be included in the overarching Liverpool / Sefton Community CCQRM. The CCGs has requested the Trust mobilisation plan, which will come through to the June CCQRM. The CCG is making a formal request further clarification on services as part of the transition arrangements. This is also expected to come through at the June CCQRM;
- Winter funding, activity and capacity across community nursing and therapy teams

- Treatment room activity including re-deployment of staff
- Intermediate care remodelling and activity.

3.6 ASD/ADHD – The CCGs leadership team have approved the ADHD waiting list initiative funding submitted by the trust for £137.850. As a requirement against the non-recurrent money, the CCGs have requested further assurance and a plan from the trust to address;

- Reducing health inequalities and prioritising the most clinically urgent, including identification and prioritisation for those with SEND.
- Triage, risk assessment and how patients will be communicated whilst waiting.
- Trajectory on reducing the waiting times to 18 weeks
- Trust future plans on service design and workforce model for both; assessments and reviews, taking into consideration a skill mix / multi-disciplinary team (MDT) approach.

3.7 Stoddart House - was opened in April, although at a reduced bed base (16) compared to the commissioned bed base from Sefton in place at the previous Ward 35. The total bed base will be open once recruitment has taken place. There are concerns on the effect this will have on LUHFT bed pressures. A dashboard has been shared with CCG commissioner, although a request has been made via the information subgroup, for like for like reporting in place for ward 35. There have been no patient safety issues reported, with inclusion and exclusion criteria being closely adhered to by the provider. There are some concerns following a datix report from LUHFT of patients who should be transferred to lower level community bed base, being moved to Stoddart House instead. Prior to the unit opening a visit took place with Liverpool and South Sefton CCG commissioners and quality team.

4 Recommendations

It is recommended that Governing Body receive this report for information.

Chrissie Cooke
Interim Chief Nurse
June 2021

MEETING OF THE GOVERNING BODY June 2021

Agenda Item: 21/66	Author of the Paper: Deborah Butcher Executive Director of Adult Social Care & Health (Sefton Council) Deborah.Butcher@sefton.gov.uk	Clinical Lead: N/A
Report date: June 2021		
Title: Care Home Strategy 2021-2024		
<p>Summary/Key Issues:</p> <p>This strategy has been produced in recognition of the vital role care homes play in the Sefton Health and Social Care system and it represents our joint commitment to develop, support, invest and engage with the Sefton care home market.</p> <p>Whilst progress has been made to date, especially during the COVID-19 pandemic, we recognise that there is more to do, and we can build on this progress to achieve further outcomes and ensure that the market is supported to adapt to changes and to continue to support commissioning needs.</p> <p>Sefton care homes support some of the most frail and vulnerable people in Sefton so it is therefore essential that the care they provide meets the needs of the population, if of a high quality and is delivered by staff who are highly trained and recognised for their important role. Whilst this strategy may address issues such as technology, finance and market management it is important to highlight that underpinning all of this is the overall objectives of improving the outcomes for care home residents and ensuring that they receive high-quality services.</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 (*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	



South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

SEFTON LOCAL AUTHORITY & SEFTON'S CLINICAL COMMISSIONING GROUPS JOINT CARE HOME STRATEGY, 2021-2024

Delivering excellence, building for the future.

Abstract

A strategy to set out an integrated approach to Care Homes in Sefton. How we will work as one to support our Homes to achieve outstanding care and support, refresh and reset for future delivery and deliver a Care Market built around the needs of Sefton's older population.

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1. Forewords

“We are delighted to jointly launch this strategy which represents a shared commitment across the Health and Social Care system to further develop and support the Sefton care home market. Care homes have, and continue to, experience significant challenges and we recognise the vital work that they have conducted and the dedication that their staff have demonstrated during the Covid 19 pandemic.

The strategy builds on existing work and has been developed to describe how we will work in a continued integrated way with all stakeholders.

Care homes have, and will always be, an important element of the Health and Social Care system, caring for some of our most vulnerable residents. This strategy outlines how we will continue to support and develop the market with a strong focus on the provision of high quality services and improving outcomes for care home residents.

The strategy will be a working document, subject to regular review and engagement, in order to reflect factors such as impending changes to the Health and Social Care system. We are pleased that we have developed this strategy in advance of these changes as it demonstrates within Sefton our ability to build on our established commitment to working together.

This strategy is ambitious, and we will all work hard to deliver it”

Deborah Butcher

Executive Director of Adult Social Care & Health

&

Fiona Taylor

Chief Officer, NHS South Sefton and NHS Southport and Formby CCGs

“I am pleased to endorse this strategy which represents a shared commitment to working together on important issues. Now more than ever there is a need to focus on the Sefton care home sector and I feel that this strategy represents a clear direction of travel for this work.

Care homes support some of the most vulnerable people in Sefton and it is important that we have an ongoing commitment to developing and supporting the sector so that it continues to do so.

At the heart of this strategy are the people that require care home placements and ensuring that services meet their needs and deliver safe, good quality and outcome focussed services to them”

Councillor Paul Cummins – Cabinet Member, Adult Social Care

“Care and support to people when they need it in the community is a vital part of our health and care system. Care homes play a very important part in people’s lives whether they are people with long-term conditions and disabilities, older people or people nearing the end of their life

I am very pleased to have been involved in the development of the Sefton care home strategy. This strategy sets out a vision for care homes of the future. It aims to ensure that people are enabled to live in their own homes where ever possible for as long as possible, but it also places clear emphasis on the vital role that care homes play in our community.

This strategy shows how health and social care systems are going to work together to ensure that our care homes in Sefton are fit for the future and deliver excellent quality of care and an excellent experience for the people who use their services. I look forward to working with our partners to deliver it over the next three years”

Chrissie Cooke

Chief Nurse, NHS South Sefton CCG and NHS Southport and Formby CCG

2. Executive Summary / Key Themes

This strategy has been produced in recognition of the vital role care homes play in the Sefton Health and Social Care system and it represents our joint commitment to develop, support, invest and engage with the Sefton care home market.

Whilst progress has been made to date, especially during the COVID-19 pandemic, we recognise that there is more to do, and we can build on this progress to achieve further outcomes and ensure that the market is supported to adapt to changes and to continue to support commissioning needs.

Sefton care homes support some of the most frail and vulnerable people in Sefton so it is therefore essential that the care they provide meets the needs of the population, if of a high quality and is delivered by staff who are highly trained and recognised for their important role. Whilst this strategy may address issues such as technology, finance and market management it is important to highlight that underpinning all of this is the overall objectives of improving the outcomes for care home residents and ensuring that they receive high-quality services.

Following on from this, Sefton care homes need to be supported by Commissioners and given a clear sense of direction around current and future needs and co-ordinated services which can support them, and the outcomes we jointly need to achieve for our residents.

This strategy has been produced to provide an outline of how we wish the care home market to operate, how we will engage and support the market to adapt to wider strategic aims and objectives.

At the inception of the development of this strategy it was proposed that it would cover the five-year period of 2020-25, however it is recognised that at the present time the Sefton care home market, as with the national market, is operating in a time of unprecedented change. As a result, the timeframe for this strategy was reduced to the three-year period of 2021-24 in order to reflect the uncertainty around the impacts on the sector, but also to outline a vision for the sector and a co-ordinated structure and approach to various workstreams, which once embedded will inform longer-term work on the sector and future decisions. As a result, this strategy should be viewed as a 'working document' which outlines a future direction for the sector but will be regularly reviewed in order to take into account progress made, feedback from key stakeholders and wider national and local determinants.

The key themes of this strategy are summarised in the following diagram, but are also highlighted throughout this document;



Residents

Services continue to meet needs and adapt to changes in levels of need

- Residents will have equitable access to high quality safe Health and Care services, with a good personal experience of those services
- Residents remain part of their local communities
- Intention to see reduction in care home placements / Increased focus on Independence at Home and providing short-term interventions
- Family Members and Advocates are involved in service delivery arrangements and are kept informed



Care Homes & Their Workforce

Enhanced Health in Care Homes embedded to support homes

- Scoping exercise of current workforce and vacancy numbers and types
- Promotion of the role of the carer
- Engagement with Colleges and Learning Providers
- Staff development a priority and staff the necessary training and support they require - for example *My Home Life*
- Staff are supported by technological solutions that help them in their day-to-day delivery of care and support
- Staff are supported to deal with the impact of the COVID pandemic



Quality

Realise the ambition of getting care homes to an **Outstanding** rating

- Robust Quality Assurance mechanisms in place, supported by technological solutions that streamline reporting.
- Safeguarding processes which encompass identifying any trends
- Updated service specification which reflects drive to increase quality
- Continued intelligence sharing with partners such as CQC
- Development of a *Sefton Quality Mark*



Consultation & Engagement

- Mechanisms are put in place to ensure more active engagement with the market - operating in a spirit of openness and partnership working
- The market is clear about what services are needed / commissioning intentions
- Timely engagement and consultation
- Partnership working takes place to develop / adapt the market to best meet needs - including supporting people with most complex needs
- Engagement mechanisms established at start of COVID-19 pandemic is continued and further developed



Commissioning / Finance / Analysis

- Category Management approach adopted for the sector
- More Integrated Commissioning opportunities developed and implemented
- Contracts and Service Specifications are updated to better reflect desired outcomes
- Financial arrangements are reviewed to ensure they are as streamlined as much as possible, reflect current costs and represent Value for Money. New tools also created to formulate costings for specific placements

3. Introduction

Care Homes provide a crucial role in the Health and Social Care landscape delivering care to some of the most vulnerable people in Sefton. It is essential that the provision of care within Care Homes is high quality and meets the needs of the people who live there.

During the COVID-19 response we have been further reminded of the vital role care homes play in the Health and Social Care system and how vital it is to adopt a supportive and facilitative wrap around offer from the wider system to maintain services and ensure that care homes are supported and do not operate in isolation. It is clear that any strategy we have must detail how all parts of Social Care and Health must work together to engage understand and respond to the needs of the Care Home Market.

Looking forward we must work with the market to remodel and face the future financially and in terms of offer. The Market will need to adapt, and we will need to clearly articulate what we need from them supporting the market to evolve, considering alternative delivery where required. This will need to include working with Care Homes on resilience plans for the short, medium and long term. This will need to include aspects relating to workforce, finance, PPE, re-deployment of staff etc

The current Care Home Market in Sefton is uncoordinated in terms of development or strategic direction. This strategy describes a 3-year approach to this sector of care, providing a direction of travel for existing care Providers and a clear indication to new Providers wishing to become part of the Sefton Care Home market.

Essential to the success of this strategy is strong leadership at all levels and across all agencies. Success will revolve around a commitment to supporting and delivering high quality care and the development of trusting, committed partnerships. The strategy will enable us to develop and communicate the long-term commissioning intentions of Sefton Local Authority (SLA) and the Southport and Formby and South Sefton Clinical Commissioning Groups (CCGs).

As Commissioners we need to improve the communication of strategic visions around Care Home Development. Currently new Care Homes are built within the Borough with little discussion regarding the provision being offered nor consideration of the required support from community, primary or secondary care.

It is important to highlight that a key theme running through this strategy is improving the experiences of people that live in care homes and ensuring that people receive good quality care and support. The strategy also outlines the development of a model of care provision that leads to the individual remaining in their own home for longer. This will require a fundamental improvement in the availability of Intermediate Care related services, Domiciliary Care services, Extra Care housing, Community Equipment Services, access to adaptations in the home, wider use of Telecare and Telehealth tools and other community provision that supports people to live at home for longer.

4. High Level Vision / Desired Outcomes of this Strategy

Current Sefton Market

- High number of care homes in the borough
- Lack of engagement on proposed new care homes being built / opened in the borough
- High number of placements made (including out-of-borough placements)
- Commissioners working separately and operating under different frameworks and contractual arrangements
- Lack of clarity on fee rates and how they are formulated / historic payment arrangements still in place
- Low use of TECS and I.T. solutions to support service delivery / issues with timely updating and exchange of information
- Low level of engagement and consultation - including Commissioners outlining future needs and market engaging with Commissioners when seeking to develop new services
- Commissioners having in place separate commissioning / contract / monitoring / finance arrangements
- Un-coordinated 'support offer' to care homes, including training, staff support and wrap-around services

Strategy Delivery

Sefton Market of the Future

- Reduced number of long-term placements made, with increased focus on providing more short-term care to aid maintaining independence, such as through Intermediate Care and Extra Care services
- Greater integrated working between Commissioners
- Improved engagement - market is aware of commissioning intentions and needs, where appropriate, works with Commissioners to re-model services and is actively involved in the implementation of this strategy
- Updated cost-of-care exercise completed which implements new fee models and payment arrangements, which take into account different levels of Resident complexity
- Greater use of TECS and I.T. solutions to support independence and service delivery
- Enhanced Health in Care Homes embedded
- Focus on improving / maintaining quality - including workforce development and support issues and drive towards *Outstanding* CQC ratings
- Robust arrangements to review any proposals for new services and how any new developments can support meeting wider aims

5. Definitions

Care at home

Care at Home or Domiciliary care is care provided in the patient's home. This can be general or nursing and may be funded by the patient (depending on their financial status) or local authority. It generally includes a number of visits during the day but does not provide 24-hour support. In Sefton we will work to ensure access to high quality Care at a Fair cost of care that allows people to remain in their own home wherever possible, utilising the resource of residential or nursing home by those whose needs require it most.

Technology Enabled Care Services (TECS) & Equipment

Technology Enabled Care Solutions (TECS) is fast becoming the accepted description for a range of health and care technologies such as Telecare, Telehealth, Environmental Controls, mHealth and Telemedicine. The reason for developing a generic term for these technologies is to ensure that the patient or end user can benefit from the correct technology which they require at any time, and not be restricted by services or funding streams which are not person centric or do not meet the individual's needs.

However, it is important that Professional prescribers, Patients, Residents and Carers understand the different terms that make up the TECS and information.

In summary, the different elements of TECS and Equipment are;

- **Telecare** - Developed from Social Alarms services which have been supporting elderly and vulnerable people live more independently. Telecare services provide a 24/7 monitoring service which will escalate alarm activations to a named responder or, if appropriate, the emergency services.
- **Telehealth** - Telehealth systems support people with Long Term Conditions (LTC's) to self-manage their conditions, remain more independent, reduce hospital stays, allow early hospital discharge and reduce the dependency on primary health and GP services.
- **mHealth** - A number of the services described under Telehealth can also be accessed via mobile phone technology and Apps, these systems are often used by younger Residents and patients to allow them greater flexibility to access these services. Another mHealth application is the use of GPS and GPRS to provide safe walking services to people with dementia, early stage Alzheimers and learning disabilities.
- **Assistive Technologies (Environmental Controls)** – These allow people with severe disabilities to function as independently as possible by using devices that allow them to carry out day to day activities such as switching on lights, opening curtains, turning on the TV and using a computer through a range of switches and sensors which can be operated with only limited movement.

Environmental Controls can also be used in conjunction with Telecare and Telehealth systems.

- **Telemedicine** – this is the use of video technology to enable specialists and consultants to support patients and other professionals remotely by making a diagnosis and recommending treatments. Vital signs data, x-rays and other information can also be transmitted to enable a speedy diagnosis when a patient is located in a remote area or the expertise is not available locally. Telemedicine systems are mainly employed in an acute health environment.
- **Community Equipment** – Daily living aids to support independence in the home, it may be things like loo seat raisers or walking aids.
- **Adaptations to an individual's home** – This may include installing level access showers, Ceiling track hosts or stair lifts to support an individual's daily life and informal or formal care providers maintaining care provision.

Residential Homes

A Care Home is a residential setting which enables individuals to maintain their relationships and interests within a single site.

In addition to the accommodation, residents receive help and assistance with:

- Personal Hygiene, including help with washing, bathing, shaving, oral hygiene and nail care.
- Continence management, including assistance with toileting, skin care, incontinence laundry and bed changing.
- Food and Diet, including preparation of food and fulfilment of dietary requirements and assistance with eating.
- Counselling and support, including behaviour management, psychological support
- Simple treatments, including assistance with medication (including eye drops), applications simple dressings, lotions and creams.
- Personal assistance, including help with dressing, surgical appliances, mechanical or manual aids, assistance getting up or going to bed.
- Medication, Support with medication administration

Nursing Homes

These homes provide the same help and assistance as a general /residential care home but they also have professional registered nurses (although some residential homes do actually have Nursing staff) and experienced care assistants who can provide 24-hour nursing care services for more complex health needs.

In addition to being registered to provide general nursing care, many homes also offer rehabilitation services; different therapies, including physical, speech and pain therapies; and specialist health care including, dementia care, EMI nursing care,

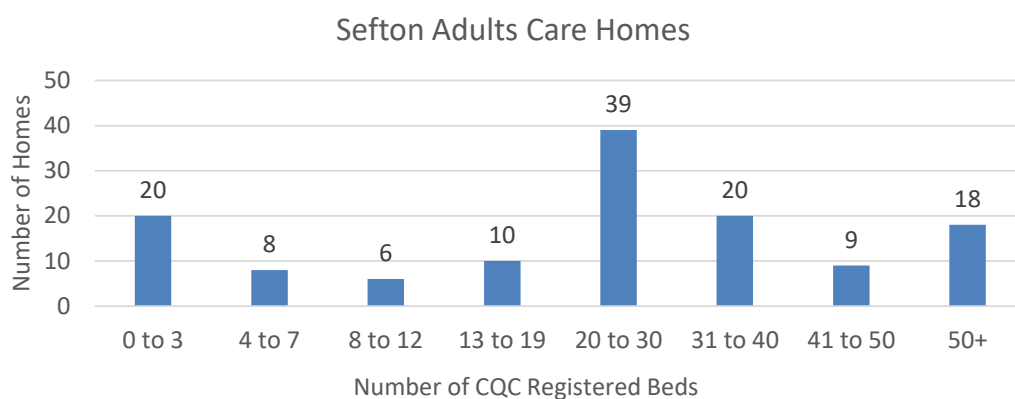
cancer care, services for younger people with physical disabilities (usually aged 18 - 64). These homes are for people who are very frail or for people who are unable to care for themselves, who have numerous health care requirements.

For the purpose of this strategy Nursing homes and Residential homes will be referred to collectively as Care homes

6. The Sefton Care Home Market / Current Commissioning Activity & Arrangements

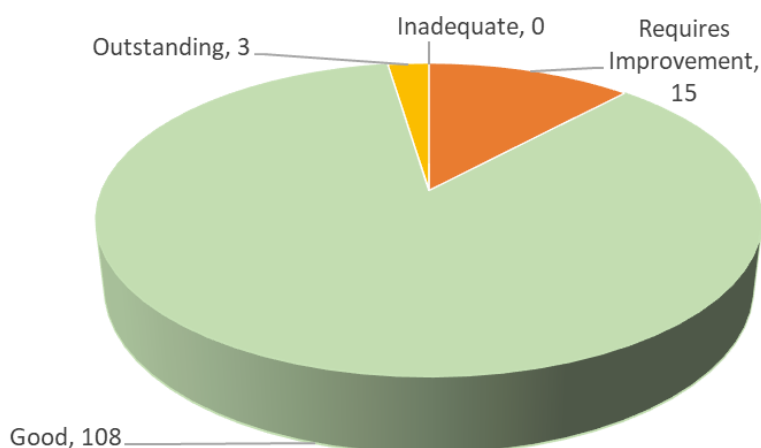
The Sefton Care Home Market

There are 130 Care Homes in Sefton with approximately 3,724 CQC registered beds (as at March 2021). There is a diverse number of services, including a mixture of small, and large homes, with homes consisting of on average 29 beds. The chart below shows the current breakdown of care homes by size;



Sefton has a high number of care homes, when compared to other (such as neighbouring) Local Authority areas and around 43% of care home beds are utilised by the Local Authority and 14% utilised by the Sefton CCGs. The remaining beds are typically utilised by self-funders (occupying around 1,000 of the beds) and placements made by other Local Authorities and other CCGs.

As summarised below, in general Sefton has a high proportion of Care Homes rated good or outstanding by the Care Quality Commission (CQC). This partly reflects the structure of the Care Home market in Sefton which relies on a significant number of small and medium independent providers rather than a single large national provider. Research suggests that in general small to medium homes receive better ratings than larger ones. We hold an ambition to get all our homes to good or outstanding and will work with Health colleagues and providers to develop a joined-up approach to supporting Quality and delivering the best we can to our older population.



(Source: CQC Active Locations Data, March 2021 – Services inspected under current inspection regime)

Local Arrangements

The Local Authority footprint of Sefton has two CCG's:

South Sefton CCG

South Sefton Clinical Commissioning Group (SSCCG) is made up of 30 GP practices in the area. Together, their aim is to improve the health and wellbeing of their 156,500 patients by commissioning services better tailored to their needs. The NHS is changing and SSCCG is leading local reforms. From April 2013 SSCCG's became responsible in deciding what health services should be provided for the population of South Sefton.

Southport and Formby CCG

NHS Southport and Formby Clinical Commissioning Group (SFCCG) bring together 19 doctors surgeries covering an area stretching from Ince Blundell in the south to Churchtown in the north. Together, their aim is to improve the health and wellbeing of their 122,000 patients by commissioning services better tailored to their needs. From April 2013, S&FCCG became responsible in deciding what health services should be provided for the population of Southport and Formby.

Primary Care Networks (PCN's)

PCNs will play a pivotal role, with local authority and community partners, in improving population health and reducing inequalities. They will assess localised populations who are at risk of unwarranted health outcomes and, working with local community services, make support available to those who need it most.

This includes making the social prescribing of community services and other activities more widely available and accessible.

In Sefton, the four characteristics of our Primary Care Networks (PCNs) are:

- Provision to a defined registered population of approximately 30 – 50,000
- An integrated workforce, with a strong focus on partnerships spanning primary, secondary and social care
- A combined focus on personalisation of care with improvements in population health outcomes
- Aligned clinical and financial drivers

There are already seven PCNs across our eight long established GP practice locality footprints, which cover a population of around 30–50,000 people.

Integrated Care Teams

One of the key aligned priorities for Sefton Adult Social Care and the Sefton Provider Alliance is to develop highly effective Integrated Care Teams (ICTs) that serve a population of 30,000-50,000. Teams include social workers, primary care mental health practitioners, medicines management, voluntary sector, community matrons, district nurses, allied health professionals, and integrated care co-ordinators etc.

They will support a joined-up Sefton model of care and support that offers an aligned approach of wrap around support based on need of the individual from an ICT/Care Home and Complex Lives perspective. In addition, the progression of the Integrated Commissioning model will ensure services are designed and delivered to meet need, achieve outcomes and maximise independence. This will include intermediate care offer, falls service, increased telecare, community equipment and adaptations, as referenced later in this strategy.

Sefton Provider Alliance

This includes a number of organisations who are involved in joint community service delivery (GPs, social care and the voluntary sector) and pathway partners (acute trusts, out of hours services and care homes) who are linked to or impacted by community services and the way they are delivered.

The Alliance responds to the strategic commissioning strategy, delivers services as specified and agreed to improve outcomes, embeds population health management, develops and redesigns pathways and implements integrated care models.

Current Commissioning Arrangements & Processes

Sefton Local Authority typically supports around 520 clients in long-term nursing and 1,040 clients in long-term residential on any one day.

Combined Local Authority and Health annual gross expenditure is in the region of £63m (£53m by the Local Authority and £10m by Health) of which, 20% is spent on clients under 65 years of age.

At the time of writing this strategy (August - September 2020) average unit costs vary widely from £390 per week for clients aged 65+ with primarily physical disabilities in a residential home to £930 per week for clients aged 18-64 with primarily learning disabilities in a nursing home.

For **Sefton Council commissioned placements**, when an individual is assessed as requiring care and support, the person must be able to exercise their right to choose between different providers that offer a suitable care package. They should be presented with all the available options, including those beyond the council's geographical boundaries, on the condition that;

- The accommodation meets the person's needs;
- None of the services exceeds the amount specified in the person's personal budget for accommodation of that type;
- The accommodation is available; and
- The provider of the accommodation is willing to offer the service at the rate identified in the person's personal budget and agree to the council's terms and conditions

In exercising a choice, the Local Authority must ensure that the accommodation is suitable to meet a person's assessed needs and identified outcomes established as part of the care and support planning process.

For **CCG commissioned placements**, the Guidance and Regulations define NHS continuing healthcare (CHC) as an ongoing package of health and social care that is arranged and funded solely by the NHS where an individual is found to have a 'primary health need'. This includes accommodation. Such care is provided to an individual aged 18 or over, to meet needs that have arisen as a result of disability, accident or illness. It is paid to people living in any setting to meet their assessed health and personal care needs.

The legislation gives CCGs the discretion to provide services which they consider are necessary to meet the reasonable requirements of the individuals for whom they have responsibility and appropriate for them to provide as part of the health service. Where individuals have needs or wants which do not flow from the primary health need, such as purely social, leisure or education needs, these could fall to the local authority to meet.

CCGs should carry out a needs assessment to determine if the quantity and/or quality of care needed to manage an individual's needs is beyond the limits of a local authority's responsibilities and thus fulfils the criteria for a primary health need. The question of whether or not someone is eligible for continuing healthcare turns on factors including the nature, intensity, complexity and unpredictability of their needs.

When a patient is deemed fit for discharge from the hospital, but requires long term nursing care, the patient's assessment is sent to the CCGs Commissioning Support Unit for screening. The application is processed via their ADAM Dynamic Purchasing System. The health needs are available for the care homes to view. Care homes then submit an expression of interest in being able to accommodate and meet the patient needs.

A number of homes may submit an expression of interest at any one time. Where this is the case the patient and their relatives will be advised of the homes that are available. Factors taken into consideration are quality, cost and location. And relative can then visit homes should they so wish to, and then choose their preferred choice.

Key Theme / Objective

As detailed later in this strategy, a key workstream will be commissioners exploring how commissioning, contracts, service specifications and quality and compliance arrangements and processes can be better aligned.

Care Home Placement Activity

For **Sefton Council commissioned placements**, recent analysis has shown that;

- Up until April 2020 on average there were approximately:
 - 16 new Long-term Nursing Placement client starts each month
 - 39 new Long-term Residential Placement client starts each month
 - 43 new Short-term Placement client starts each month
- In April 2020 to June 2020 on average there were approximately:
 - 5 new Long-term Nursing Placement client starts each month
 - 27 new Long-term Residential Placement client starts each month
 - 39 new Short-term Placement client starts each month
- Over the last two years numbers of Nursing Placement has gradually fallen in general from 560 in April 2018 to 500 at the end of February 2020. Over the last few months during the COVID-19 pandemic there has been a more significant fall to 416 clients with an open service in mid July 2020. However, there will be a need to monitor activity going forward.
- With respect to Out-of-Borough placements, and their Primary Support Reason, recent data shows that there are 224 placements, of which;
 - 37 were for Learning Disability Support
 - 41 were for Mental Health Support
 - 92 were for Physical Support (Personal Care Support)

For **CCG commissioned placements**, recent data shows that;

- Southport & Formby CCG;
 - 305 placements made in 2018/19
 - 520 placements made in 2019/20
- South Sefton CCG;

- 324 placements made in 2018/19
- 545 placements made in 2019/20

Analysis of the level of out-of-borough placements highlights the issue of the need to ensure that the Sefton market can respond to local needs and adapt to changes in dependency levels.

This is especially pertinent when looking at out-of-borough placements for people with complex needs. Sefton does have some homes that can meet the needs of these Residents, however it is sometimes the case that when Residents become more complex / have increased needs, they have to move to other care homes, such as those outside of Sefton.

We therefore want to reduce this occurring and support care homes to better manage increased needs. Placements made outside of Sefton also raise concerns with respect to how Commissioners can monitor the quality of care being provided and of contract monitoring of the placements.

Key Theme / Objective

Working with the Sefton care home sector to reduce the requirement for out-of-borough placements (particularly for complex Residents) and working to ensure that care homes can adapt to increases in need

Impact of the COVID-19 Pandemic

In addition to the above, we also need to assess the impact of the COVID-19 pandemic on placement activity of not just ourselves as Commissioners but also by other sources into the Sefton market, such as placements by self-funders.

To this end, a key workstream is to look at these issues, and is outlined in section 10 of this strategy.

7. Local and National Context

The Demographics of Sefton

Sefton has a population of approximately 274,600 (0.5% of the English population).

In summary;

- 52% of the Borough are female and 48% are male (slightly different to the 51% - 49% split seen across England).
- 23.1% of Sefton's population is 65 years old or over (63,300), with approximately one in five being aged under 18 (53,514).
- Sefton is ranked 18th out of 326 local authorities for the number of residents aged 65 or over.

Sefton faces significant challenges over the coming years because of the structure of its population. We have a much higher than average proportion of older people and we expect over the next few years to have increasing numbers of;

- People living alone with an increasing risk of social isolation, loneliness and depression.
- People with dementia.
- People with multiple and complex long-term needs.
- Unpaid carers, many of whom will be older people with their own care needs.

National Context

One in seven people aged 85 or over permanently live in a care home. People residing in care homes account for 185,000 emergency admissions each year and 1.46 million emergency bed days, with 35-40% of emergency admissions potentially avoidable.

Evidence suggests that many people living in care homes are not having their needs assessed and addressed as well as they could be, often resulting in unnecessary, unplanned and avoidable admissions to hospital and sub-optimal medication regimes.

Current / Future Needs and Aspirations

Older Peoples Mental Health

Given Sefton's high proportion of older people, and an aging population dynamic, it is unsurprising that there is and is likely to remain a need for nursing and complex support around memory and cognition (dementia).

Estimates are that 80% of Care Home Residents have Dementia or a memory related condition.

These needs can be divided into 2 elements:

- Functional mental health needs such as depression and anxiety disorders
- Organic mental health needs such as dementia and Parkinson's disease.

Many care home residents, like the elderly population in general may have more than one condition often increasing significantly the complexity of care. Delirium is also a frequent presentation with residents often becoming confused or more confused and

unwell as a result of physical health problems. This high prevalence of mental health issues in the care home population requires a specific and coordinated response.

One in six people aged 85 or over are living permanently in a care home yet data suggest that had more active health and health and rehabilitation support been available some people discharged from hospital from could have avoided permanent admission. Similarly, the Care Quality Commission and the British Geriatrics Society have shown that many people with dementia living in care homes are not getting their health needs regularly assessed and met. One consequence is avoidable admissions to hospital.

Older people and particularly older people living in care homes are disproportionately affected by COVID-19. There are more than 400,000 people living in care homes in the UK, more than 70% of which are living with some form of dementia. Many of these people also have other underlying health conditions (Alzheimer's Society, 2020).

The COVID-19 pandemic has required a change in practice in care homes which may be increasing the confusion and distress being experienced by residents. Most care homes have had to prohibit or severely restrict visiting and it is likely people living in care homes will be amongst the last group where restrictions will be lifted; isolating within a care home environment is challenging both physically and mentally; PPE whilst essential for safety can be disorientating particularly for residents living with dementia and residents are experiencing the death of their peers whilst fearing for their own and their families safety.

Particularly in residents living with dementia, where communication is harder, the factors listed above are likely to lead to increases in behaviours that challenge. If there is not psychologically informed support for these behaviours then the only alternative will be medicating residents to decrease distress which increases the risks of mobility issues, cerebral vascular problems and death. Simple and clear psychological strategies can be applied in care homes to support staff in understanding and responding to residents needs thereby reducing the frequency of distressed behaviours (Duffy, 2019). These strategies can include consultation to understand behaviour as well as activities to proactively promote wellbeing.

Mental Health

The Joint Strategic Needs Assessment outlines that Mental Health needs are increasing in Sefton. 10% of our population have diagnosed depression and 1.2% have a Severe Mental Illness. We have an excess rate of under 75 mortalities in our Adults with serious Mental Illness. We have a lower than national average rate of people with a Mental Health Condition in paid employment (at 2.5%).

Nationally the demand for social care related support is increasing and we see the demand outstrips supply, this may be due to factors such as;

- Better awareness and diagnostic practices amongst professionals.
- Increased opportunities for joint working and the integration of operational teams across health and social care.

- Increased access to NHS Mental Health services, subsequently resulting in higher referrals to social care.

Evidence shows that people with severe mental illnesses die between 15-20 years earlier than the average. Causes of premature death are mainly from chronic physical conditions such as coronary heart disease, type 2 diabetes and respiratory disease. All associated with external risk factors such as obesity, smoking and high blood pressure, and also the side effects of psychiatric medication.

The COVID-19 Pandemic will also impact on prevalence of Mental Health conditions, with the *Direct and indirect impacts of COVID-19 on health and wellbeing Rapid evidence review - July 2020* report produced by the Public Health Institute at Liverpool John Moores University highlighting that the measures taken to control the spread of coronavirus (including the social distancing and lockdown measures, school closures and the cancellation or delay of routine healthcare) have had wide ranging impacts on a number of the wider determinants of health.

Whilst we have the overall aim of further developing models of service relating to supporting Residents through a 'housing with care' offer, such as independent housing or shared accommodation, we recognise that Residential and nursing care will still be required for those with the highest care needs and where independent living is not possible.

These forms of care will need to meet specialised Mental Health needs, particularly with respect to conditions such as Korsakoff's and early on-set Dementia.

Learning Disabilities / Autism

According to national population estimates the total population in Sefton aged 18-64 predicted to have a learning disability will reduce from 3,799 in 2019 to 3,594 by 2030. Of these, the total predicted to have a moderate to severe learning disability (and hence likely to be in receipt of services) will change from 861 in 2019 to 824 by 2030.

Internal predictions indicate that Sefton will continue to have an above average age of Learning Disability Residents aged above 55 as well as younger people in transition and by 2025 we will see 350 extra people aged 18-64 with a Learning Disability or Mental health Concern. An identified issue is in relation to the growing number of people over the age of 65 who have a learning disability and associated frailty and an increasing number of people with complex and challenging needs.

In sefton we are looking to reduce the numbers of people under the age of 65 in long-term residential care provision and look to provide alternative, appropriate support for those who need this level of care, locally in the Borough. We are also looking to develop an enhanced short-break service for clients with complex Learning Disabilities / Autism to provide better care respite and allow carers to maintain their caring role and reduce the number of admissions to residential services going forward. For those complex Residents with Autism we will endeavour to have bespoke care home services with appropriate sensory surrounding and higher skilled staff teams to meet their needs and improve outcomes.

End of Life

Every year approximately half a million people die in England. 75% of these deaths are felt to be 'expected' and therefore with appropriate identification, conversations and planning there is an opportunity to maximise the care afforded to most of our patients as they approach the end of their lives.

When surveyed on where they would prefer to die, 65% of people state they would prefer to die where they usually live. We know that in South Sefton 2018 54% of deaths occurred in hospital in 2018.

The number of expected deaths is expected to increase by 3% per annum by 2030 as people live longer with more long-term conditions.

For Sefton, this translates to an additional 250 deaths per annum by 2030 **in each** of the Southport & Formby and South Sefton areas.

A key objective is for every individual and their family to retain their personal dignity, autonomy and choice throughout the years and months towards the end of their life, regardless of gender, ethnicity, race, religion, disability, sensory impairment, sexual orientation, diagnosis, or status.

We have been working on an End of Life Strategy, however recently it has been announced that there will be fundamental changes to the national focus on End of Life care with a requirement to include children and young people in all palliative and End of Life care planning. In addition, there will also be a national long-term strategy for palliative and End of Life Care. This is due to be published in September 2021. There will be 6 national work streams which Sefton will need to engage and align to and this will supersede any local strategy, however a key priority will be to localise any national document to the needs of Sefton's population.

Falls

Falls are multifactorial and a major cause of morbidity and mortality among those aged 65 years and over in the UK. Falls and fall related injuries are a major challenge to health and care systems and to the older people who suffer them.

Key national statistics are;

- The number of people aged 65 and over is projected to rise by over 40% in the next 17 years to more than 16 million.
- Thirty percent of people aged 65 and over will fall at least once a year. For those aged 80 and over it is 50%.
- In around 5% of cases a fall leads to fracture and hospitalisation.
- As the majority - around two thirds - of people aged >65 suffer from two or more long term conditions (multimorbidity), falls and fractures should not be viewed in isolation, but as particular events and injuries which have an adverse effect on an older person's overall health and wellbeing.

In Sefton, the issue of falls becomes even more prevalent as the over-65s share of the population is more than 25% higher than the national average and is anticipated to grow by almost a half by 2037, when the over-65s will account for 1 in 3 residents, with a consequential effect on the level of hospital admissions.

South Sefton and Southport and Formby CCGs both have a higher incidence of injuries from falls in this section of the population than either their peers or the national average. South Sefton has a higher incidence of falls than all of its comparator group of CCGs, with a third higher hospital admissions, and Southport and Formby rank 8th amongst its group of 11 and has 14% higher Hospital admissions.

All of this will have an impact on the Sefton Care home market. With an increasing ageing population and increasing number of people entering long term care, AED attendances / NEL hospital admissions / NWAS calls and Conveyances for falls and fragility fractures will continue to increase from care homes which will impact across both health and social care. Hospital admissions for falls, AED attendances and ambulance calls and conveyances will continue to rise. Increase in falls which could be reduced through meds reviews and physiotherapy assessments. Opportunities for recognising and documenting falls and falls interventions may be missed, there will be a failure to optimise residents' quality of life, there will be decreased confidence and mobility amongst residents as well as a lack of empowerment and lack of connectedness to other services. Residents will remain unable to maintain and maximise their independence. Care will continue to be reactive rather than proactive.

We will also be members of the Cheshire & Merseyside Falls Collaborative which seeks to ensure an integrated end to end falls pathway across Primary, Community, Secondary and Voluntary services utilising an evidence-based approach to managing falls.

Key Theme / Objective

Implement applicable elements of the Sefton Falls Strategy and Cheshire & Merseyside Falls Collaborative work, in care homes

Linkage to Local & National Strategies and Plans

This Care Home Strategy will therefore seek to support and deliver on the above. However, it is important to highlight that it will not be delivered in isolation. This strategy will inform, be informed by, and influence other strategies and plans of which the care home sector will play a vital role in.

In summary, the following diagram outlines some of the key associated strategies;



These linkages have contributed to the development of this Strategy, which in turn will also support the aims and objectives outlined in these other strategies.

The **Sefton Adult Social Care Vision** includes the achievement of the following three key aims;

1. **Help people to help themselves:** We work alongside people to help them to keep well and do as much as possible for themselves, for as long as possible;
2. **Help people when they need it:** Working with people in a timely way when they are in need of some intensive support for a short period OR providing people with some low-level support, such as equipment or assistive technology to prevent or reduce the need for ongoing support;
3. **Help people live their lives:** For those people who have needs that require longer term care and support we will ensure that services are focussed on what is important to them and on restoring, enhancing or maintaining their independence;

The vision also highlights that another key area is to work with Health partners to have a shared understanding of demand and supply, and to commission services where this makes sense, based on need and best practice and in the most effective way to meet outcomes.

These three aims, together with the above have therefore informed the development of this and other associated strategies and will be factored into work that takes place with the care home sector.

The **NHS Long-Term Plan** makes a commitment to guaranteed NHS support to people living in care homes and includes a commitment as part of the Ageing Well Programme to roll-out Enhanced Health in Care Homes across England by 2024, starting in 2020.

The Long-Term Plan states:

‘We will upgrade NHS support to all care home residents who would benefit by 2023/24, with the EHCH model rolled out across the whole country over the coming decade as staffing and funding grows. This will ensure stronger links between primary care networks and their local care homes, with all care homes supported by a consistent team of healthcare professionals, including named general practice support. As part of this, we will ensure that individuals are supported to have good oral health, stay well hydrated and well-nourished and that they are supported by therapists and other professionals in rehabilitating when they have been unwell. Care home residents will get regular clinical pharmacist-led medicine reviews where needed. Primary care networks will also work with emergency services to provide emergency support, including where advice or support is needed out of hours. We will support easier, secure, sharing of information between care homes and NHS staff. Care home staff will have access to NHS mail, enabling them to communicate effectively and securely with NHS teams involved in the care of their patients.’
(The NHS Long Term Plan)

A key deliverable of the aims an objective is therefore to implement EHCH in Sefton, as outlined later in this strategy.

The White Paper “**Integration and Innovation: working together to improve health and social care for all**” outlines the Government’s legislative proposals for a Health and Care Bill, with many of the proposals within it building on the NHS recommendations in the Long Term Plan.

The paper highlights that a central theme in the NHS Long Term Plan is the importance of joint working between Health and Local Government in order to reflect that neither party can address all the challenges facing the whole population on their own and that the ambitions (which are also outlined in this care home strategy) of supporting people to live more independent lives will require joint and cohesive efforts.

In summary, the White Paper outlines the aims of;

- Promoting integration of Health and Care System focused on health of the population not patients,
- Seeking to ensure that Health and Care operate seamlessly without artificial silos. Integrated Care Systems (ICS) will be funded to support Health outcomes in their area, held to account by CQC,
- Implementing integrated decision making at a local level by the NHS and Local Authority, removing bureaucracy, encouraging innovation and technology and is built on collaboration and strategic decisions; and
- Reducing inequalities, support people to live longer healthier and more independent lives through closer working at Place and system level, a data strategy for Health and Social Care and stronger financial arrangements.

As Commissioners we will need to work together to prepare for the legislative proposals outlined in the White Paper being implemented in 2022 and ensure that this strategy (which already heralds a commitment in Sefton to further integrated working) adapts to any new legislation and specific requirements around integration.

8. Future Commissioning Intentions / Proposed Care Home Market of the Future

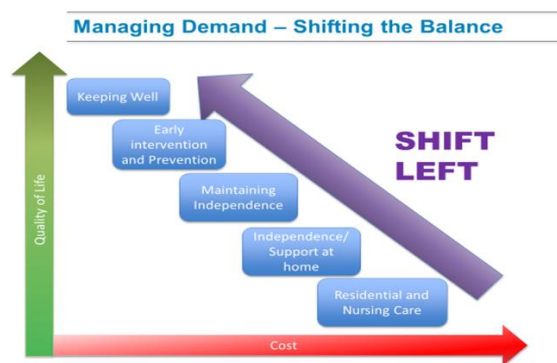
The intention in Sefton is to see less people being placed in care homes. At present we support and admit many more clients in Care Homes for all ages than the national average, suggesting a structural issue with over provision or insufficient levels of preventative or diversionary activity and a lack or underuse of alternatives.

We will therefore further develop community-based services to support people to remain living independently at home for as long as possible supplemented by responsive Social Care, Primary and Community Care services that are supported by Secondary Care and Intermediate Health Care Services.

Key Theme / Objective

Manage demand and shift the balance of services

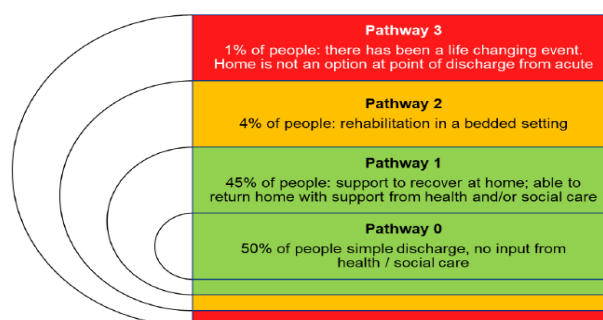
This is summarised in the following diagram;



This will reduce the reliance on Care Homes, in that this option is not seen as the first port of call when a person starts to deteriorate, has a hospital admission or a significant life change.

People in Sefton will be able to remain living in their own homes for as long as possible and will only be admitted to a Care Home when all other community options have been exhausted.

In addition, the under-utilisation of community-based services which aim to maintain people's independence is also highlighted when looking at the 'performance' of Sefton against the following Hospital Discharge pathways;



(Source: NHS COVID-19 Hospital Discharge Service Requirements, 2020)

We need to work on ensuring that the current numbers of people going into Pathways 3 and 2 are reduced and the number of people going into Pathway 1 is increased.

The implementation of **Sefton's Intermediate Care Strategy** will see the development of a range of integrated services that: promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; and maximise independent living.

We will develop **Home Based Intermediate Care** which are community-based services that provide assessment and interventions for people in their own home or a care home setting, whether that is an older person or someone with a learning difficulty or other assessed needs. The aim is to prevent hospital admissions, support faster recovery from illness, support timely discharge from hospital, and maximise independent living. Care will be provided through a multidisciplinary health and social care approach with agreed goals and support tailored to individual need.

We will seek to expand the provision of the **Reablement** service. Fundamental to the objective of this service is the principle of helping people to support them rather than 'doing it for them' or 'doing it to them'. Evidence shows that timely bursts of Reablement, focusing on skills for daily living in people's own homes, can enable people to live more independently and, in most cases, appropriately reduce their need for ongoing longer-term services. We want to ensure that such services become the default pathway for people, thereby ensuring that when people do receive services, in the first instance they are supported to regain their independence as much as possible.

We will also develop **Bed Based Intermediate Care** in order to help people avoid hospital or get home sooner, recover from illness, and plan their future care.

In addition, we will also work on the development of **Extra Care Housing** across the borough as an alternative housing option. Extra care housing is recognised nationally as a welcome choice for older people since it offers suitable accommodation, with flexible care and support available when needed, and a sense of community to reduce

the risk of social isolation. It combines accommodation with care and support services. There are many different types and sizes of extra care housing, from small communities of flats and bungalows to large retirement villages. The facilities and care provided will vary, but extra care housing schemes usually include:

- Self-contained adapted flats or bungalows
- On-site care and support staff, providing personal care and domestic services
- Assistive Technology throughout the scheme, with 24-hour help available
- Communal facilities and services, such as a lounge, food offer and communal garden's

It is intended to enable and support older and vulnerable people to live independently for as long as possible, but with the reassurance that care and support services are available should they need them, either now or in the future.

We want to ensure we have enough provision that can support the residents of Sefton. Our goal is to deliver 1,306 extra care units by 2035 and this will then have significant impacts on our reliance on other services.

We also wish to expand the use of **Technology Enabled Care** (Telecare and Telehealth) as well as **Community Equipment** services, again, in order to support people to maintain their independence and remain at home as long as possible – as detailed later in this strategy.

9. Support to Care Homes and their Residents

However, the aims outlined in Section 4 of this strategy do not mean that we are seeking to reduce the pivotal role that care homes play in supporting the most vulnerable people in Sefton.

Key Theme / Objective

Ongoing Commitment to the Care Home Sector

In recognition of the continued important role that the care home sector will have in supporting the boroughs most vulnerable people, both now and in the future, a major element of this strategy is how we can support care homes. We are committed to supporting and developing the sector (as further outlined later in this strategy) and will work to ensure that;

- There will be a spread of Care Homes throughout the Borough to promote choice;
- There will be a range of Care Homes that can accommodate and care for people with a range of conditions such as dementia, neurological and degenerative conditions;

- People with a high level of need and complex conditions will be cared for and remain living in the Borough – thus reducing the need for the current level of out-of-borough placements;
- Care homes will be able to support people with complex needs through training and the implementation of mechanisms to support Residents to better manage their behaviours;
- There will be more homes that have dual residential and nursing registration to avoid people having to move if their needs increase; and
- Care homes are better able to adapt to changes in need, thus reducing the requirement for people to move out of their original care home placement when their needs increase. This will include care home staff being sufficiently trained to support residents who need more support in areas such as Moving & Handling, with care homes also accessing equipment and adaptations to help deliver this aim.

A key deliverable on meeting the objectives outlined in this strategy is the ongoing implementation of **Sefton2gether**. This is Sefton's response to the NHS Long-Term Plan and encourages a partnership approach between the NHS, Sefton Council, the voluntary, community and faith (VCF) sector and the people of Sefton. It represents a further commitment to Health and Social Care working closely wherever possible to link up where ambitions align, and work will be carried out under the umbrella of Sefton Health and Wellbeing Strategy and working within the finances available.

Having assessed the requirements of the NHS Long Term Plan, alongside other evidence around the health and care needs of the people of Sefton, such as the Joint Strategic Needs Assessment, and the feedback and evidence gathered throughout the engagement and development of the Sefton2gether plan, a priority is working to support the provision of care homes for the benefit of residents who live in them.

Key Theme / Objective

Implementation of Enhanced Health in Care Homes (EHCH)

To achieve this, a key element of this is the local implementation of **Enhanced Health in Care Homes (EHCH)** by the Primary Care Networks. In summary, EHCH reflects an ambition for the NHS to strengthen its support for the people who live and work in and around care homes.

To implement this locally, the following five elements will be developed;

1. **Enhanced Primary Care Support** - Access to a consistent named GP and wider primary care services, establishing the offer for care home residents by working with the identified GP Primary Care Networks to support delivery of NHSE GP contract and Primary Care Network specifications as part of the Integrated Care Team offer.

2. **Multi-disciplinary Team (MDT) Support** - Including Coordinated Health and Social Care - to establish dedicated CHAMP Teams to provide clinical leadership for personalised care and case management collaboratively with primary care and the care home staff. This will include;
 - **Care Home Matron role** – further development of this role to provide accountability using a person-centred structured approach delivering responsive and proactive care. This will improve patient outcomes, quality of care, partnership working and will lead to a more effective use of resources.
 - **Medicines Management** - The pharmacy technician roles focus on medicines safety and governance and review of care home medicines systems. The medicines safety audits completed are based on the key lines of investigation used within CQC inspections and provide clear insight of where care homes may be able to improve medicines standards to reduce medicines errors. Training on medicines reconciliation and medicines governance is delivered to care homes on an individual basis and adapted based on audit outcomes or reported incidents to ensure learning is consistent with training needs. The pharmacist's primary role centres on complex medication optimisation either during the MDT or outside of the MDT.
 - **Mental Health In-Reach Team** – who would take referrals and triage them based on low, medium and high intensity needs and then offer the care home a number of sessions with a team member to assess, formulate and develop a person-centred intervention plan and strategies to meet the underlying needs of the resident whilst training the care home staff and developing capacity within the care homes. This would enable the development of individualised person-centred plans for people with dementia experiencing distressed behaviours which the care home then implement with support from the team. The team would be locality based – North, South and Central and would be multidisciplinary consisting of nursing, psychology and Occupational therapy with oversight from consultant psychiatrist and may include nurse prescribers.
3. **Workforce Development** - The Care Home Matron will also provide and enable training and education with Care Home staff, providing an opportunity to empower the care home workforce by enhancing their knowledge and skills in order that they can support their care home residents and potentially lower the number of hospital admissions and avoidable harms.
4. **High quality End of Life and Dementia Care** - this will be delivered through the local implementation of the impending national strategy and the joined-up approach of this integrated care model, bringing together physical and mental health provision, and working collaboratively with other providers including the voluntary sector, hospices, and acute services.
5. **Data, I.T. and Technology** - To implement a digital offer, including shared information systems, telemedicine/ virtual triage and assistive technology to support timely, high quality clinical care.

Elements of the above aims are reflected in the following sections of this strategy.

Infection, Prevention & Control / Community Health Provider Offer

The COVID-19 Pandemic has highlighted the vital role that the local Community Infection Prevention & Control Team (delivered by a Community Provider) has in supporting care homes.

The team operate Monday-Friday 9-5 with wrap around out-hours support delivered by the local Public Health England Health Protection Team on-call over the weekend. The Team provide remote and on-site support and advice on a priority triaged basis. They support the reporting and oversight of outbreaks in Sefton and provide direct support to those experiencing an outbreak. This offer has been supplemented through support to care homes delivered by Sefton Council Environmental Health Officers, who work with the Community Infection Prevention & Control Team, supporting care homes with single suspected COVID-19 cases and outbreaks.

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

In order to deliver on surge capacity mutual aid has been provided both within the community provider trust and from the Local Authority through Environmental Health Public Health has provided assurance to our community provider that it will underwrite the required surge capacity to support IPC across care homes during the pandemic, however Public Health and Adult Social Care have also committed to work together to build on the existing Infection Prevention Control service to expand to include dedicated care home elements.

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

Key Theme

**Further Development of Community Infection,
Prevention & Control Team**

Training, Education & Support

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

We recognise that it is essential to support Care homes to enable them to care for their residents in their home and prevent unnecessary attendances and admissions to a hospital setting.

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

We will firstly map all training opportunities available to care homes in order to then explore the development of a co-ordinated offer of training for the EHCH model for care homes.

We will also explore and build on the concept developed during the COVID-19 Pandemic of buddy homes or establishing teaching Homes to help us spread the significant pockets of outstanding or good homes we have in Sefton.

We will also need to ensure that care home staff are sufficiently trained on issues such as Mental Capacity and the implementation of the **Liberty Protection Safeguards** and associated issues such as consultation with care homes and with those interested in the person's welfare.

We also wish to continue with support to care home staff with respect to them dealing with the impact of the COVID-19 Pandemic. We recognise that the pandemic has had a significant impact on health and wellbeing of care home staff, and we have implemented support mechanisms such as the QWELL online counselling service, but we need to assess the impacts more and engage with care home staff on this issue to identify what further mechanisms they feel can help them to deal with any more longer-term effects that the pandemic has, or may be beginning to have on them. This work will be a key element of our ongoing response to the pandemic and assessing the impacts that it has had.

As part of the above commitments, we will firstly implement **My Home Life**. This is a Leadership Support Programme for Care Home Managers / Leaders with a focus on real issues with the intention of achieving improvement and transformation in their care service. It recognises that individuals learn best when they learn with and from each other, by working on real issues and reflecting on their own experiences.

The content of the programme will reflect what has happened and is happening in response to COVID-19 and part of the programme will focus on working together with the wider system to learn together and plan for the future.

The initial programme will support Providers to achieve the following;

- Improved confidence and resilience, both personally and professionally.
- Improved engagement and involvement for people who live and work in the home and those connected with it.
- Improved leadership and responsiveness to change.

- Improved practice including consideration of equality, diversity, inclusion and human rights.
- Reflection and connection back to regulation requirements, quality improvement and local systems and relationships.

Following the initial phases of My Home Life we will also then explore the implementation of a further phase which would support care homes and wider groups to;

- Widen networks and open opportunities using our tools and resources including links to our own dedicated network.
- Reflect on the difference between a 'closed' and 'open' care home culture.
- Better understand what living and working in a care home is like and the contribution they bring.
- Create connections now and into the future as communities adapt to the impact of the pandemic.
- Participate in ongoing research which continues to develop evidence that community connections improve the quality of life for all involved.
- Develop care home community champions in local areas.

We will also seek to ensure that care homes adopt the **Queen's Nursing Institute "Standards of Education and Practice for Nurses New to Care Home Nursing (2021)."** This outlines specific education and practice standards required for a Registered Nurse new to working in the care home sector to enable them to work safely and effectively and we will factor these, and other standards into any new contract and service specification developed (as referenced in section 11) in order to better reflect the specialist roles required within care homes and that such roles encompass not only adherence to professional standards, but also a requirement to have additional skills such as that of leadership, management, facilitation and relationship building.

Key Theme

Further Development of Training 'offer' to Care Homes

Workforce Related Issues

The Care Home workforce is of vital importance. They will provide an invaluable contribution to meeting the aims and objectives outlined in this strategy as well as them continuing to deliver care and support to care home residents.

Workforce Development is a key enabler to ensure that Sefton achieves its vision for the Care Home sector by ensuring:

- The effective supply, recruitment and retention of our current and future workforce;
- A strong, confident and skilled workforce fit for the future:

- A vibrant and responsive health and social care sector able to meet the changing expectations of people using health and social care support

We want to work in partnership with providers as effective workforce planning can facilitate the development of new roles, support the recruitment of staff with the right values and attitudes, and ensure those people have the skills and knowledge to deliver high quality services.

Skills for Care estimates that Sefton had 9,900 jobs in adult social care in 2017 with Social Care employment accounting for around 18% of total employment in the Liverpool City Region.

In summary, in Sefton;

- About 8.1% of jobs remain unfilled, i.e. approximately 800 roles are open at any time (this compares to 7.8% nationally)
- We have 130 CQC regulated care home services
- The social care Workforce is ageing, with 28% aged over 55
- 81% of the social care workforce is female with an average age of 44.1 years, 93% have a British nationality, with 5% from the EU and 2% with non-EU nationalities.
- Only 54% of the adult social care workforce in Sefton holds a relevant qualification
- There are too many unfilled jobs meaning Sefton can pay more for care.
- There is excessive use of Agency staff, which results in higher costs for Providers and sometimes increased safeguarding and quality issues
- The DWP continue to report social care vacancies as “hard to fill” despite continuous marketing. Sefton@work also report little interest from workless residents seeking jobs in this sector.
- There are a greater number of people leaving the industry than joining
- High Turnover rates persist, with employers experiencing loss of qualified staff as “churn” to other areas of health/social care or to other sectors of employment.
- Pay, conditions, lack of investment in staff are cited among the reasons for poor retention in the workforce and can affect the quality of care. Sefton has an ageing workforce.
- Whilst turnover of staff is high, in Sefton we have a core of experienced workers, with an average rate of experience of 9 years. 73% of workers in the sector have been retained for more than 3 years but the workforce profile is ageing and too few younger workers are entering the sector.
- The over-reliance on EU workers may be an issue post-Brexit. Although this is considered low risk in relative terms, and along with arrangements for right to remain for Care Workers.

In addition, Sefton experiences the same following issues as other areas;

- Increased demands for care from an ageing population

- Welfare reform – the effect of Universal Credit and other changes have impacted on working patterns in this sector and beyond and have placed new obligations on people seeking work
- Perceptions from jobseekers continue about the sector being low skilled with low prestige and poor prospects for advancement. This affect application rates of potential new entrants, especially among graduates.
- Employer behaviours with respect to terms & conditions, pay, hours, etc contribute to the negative perceptions
- Ongoing financial constraints have required difficult choices to be made by commissioners, constraining growth for service delivery rates

In order to address this, we will firstly conduct a scoping exercise to map the current workforce and level/type of vacancies.

We will also work across the organisation and with stakeholders to shift perceptions about what working in this sector is really like, highlight great employment practice and promote better understanding of how much difference good care can make, making the sector more attractive to more people. We work closely with Skills for Care and actively encourage dialogue with the sector on how we work together with the sector to address these local and national challenges.

For example, through the *“Everyday is different campaign”* which will link local case studies and vacancies to this national campaign. promotion activities with employers to encourage applications, particularly among those supplies working for the Council, negotiation with employers on terms and conditions and Recruitment support programme for SMEs or utilising Social value aspects of Care Commissioning.

In terms of addressing the ageing population challenge work will be done to promote work placements to students on social care programme through employer engagement, visits, summertime working etc.

We will engage with our Colleges and learning providers to make social care a sector of choice for more of our younger residents, promoting work experience, work trials and other initiatives with our commissioned suppliers.

As Commissioners we will ensure that we optimise the benefits of social value requiring employers to work proactively with Sefton@work on improving terms and conditions and Invest Sefton on local supply chain benefit. Including consideration of the adoption of the Unison Ethical Care Charter.

We will seek to work with our workless residents to ensure they have greater information about the sector, and they have access to bespoke second chance learning to help them enter or re-enter the sector. For example, through Intelligence sharing with DWP on unfilled vacancy rates and Retention and productivity support for care employers

In summary, we want to see;

- More local residents will access better quality employment in the Borough.
- An increased availability of staff able to enter the sector in Sefton.

- A more reliable delivery of care packages commissioned by Sefton Council and greater confidence in control of costs.
- A more systematic involvement of commissioners with Sefton@Work on generating social value employment impacts and wider use of Employment related KPIs across other service areas.

Key Theme / Objective

Implementation of Workforce Strategy to improve retention and promote the role of the carer

Technology & Support Tools in Care Homes

Now more than ever we recognise the importance of technology and how it can support the care home workforce, aid the timely exchange of information, reduce the need for paper-based systems, ensure availability of real-time information and support interaction between people who can no longer rely on face-to-face contact. Practical support tools are also of great benefit in supporting day-to-day service delivery and wider objectives such as personalised care planning and the timely identification of any issues with Residents health conditions.

As part of a commitment to enhance service delivery arrangements in care homes we have already issued all Care Homes with Accurex technology to support virtual GP Appointments, and equipment and training to take vital observations to support this process. We will look to build on and expand this offer.

We have issued care homes with phones and supported the national roll-out of free l pads in order to provide further support and to ensure that technology can be used to ensure that alternative arrangements are in place for visits to care homes from relatives, friends and advocates.

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

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

We have established a **Digital Task & Finish Group** to advise and assist in the development of Digital Assistive Technology to ensure that it meets the present and future needs of Residents, operational delivery staff, therapists and clinicians and it will support Sefton Council's overarching Digital Strategy. Care homes will therefore be an important element of this work and Commissioners will be members of this group in order to identify future opportunities.

However, all of the above is only the start and we know that the implementation of more technological solutions can further support care homes, as well as Commissioners, to improve service delivery information and meet wider objectives.

Work is being progressed on the following initiatives

1. **EMIS** - We will pilot the use of EMIS in Care Homes as part of the work to further implement EHCH in Sefton and will explore and develop a sustainable long-term model to roll this out to support dynamic care planning, end of life and discharge processes. There are currently no I.T. infrastructures in any of the Care Homes across Sefton that allows systems to be interoperable with community service and Hospital Trusts and EMIS provides a solution to this. During the COVID-19 response it was clear that the residents of Care Homes need to have equality of access to the wider system of Care and Health that electronic links, that support dynamic Care Planning and the roll out of the impending national End of Life Strategy, Care Home Strategy and Intermediate Care Strategy. The outcomes of this pilot will be used to identify scope for wider roll-out to all care homes and if proven to provide quality, safety and value for money the scheme will be provided to all homes across Sefton. Other systems will be considered with input from care homes to ascertain what systems will work best in as a whole system approach.

2. **Falls Application Technology** – in order to support delivery of the Sefton Falls Strategy, we will seek to explore the implementation of a digital tool / app to assist with the management of risk and the occurrence of falls. this will be issued to care homes (potentially initially on a pilot basis to a small number of homes to assess its impacts). It is a secure, digital falls prevention web-based tool which helps manage the risk and occurrence of falls. It offers the following benefits;
 - a. Provides a full multifactorial risk assessment - enabling early identification of risks
 - b. Gives care homes a real-time dashboard - to understand at a glance what is happening across your care home, helping to identify trends and drive continuous improvement.
 - c. Creates a personalised action plan (from 50+ proven interventions) to reduce those risks
 - d. Tracks actions and interventions to prevent falls
 - e. Collects evidence of falls when they do occur - to drive continuous improvement
 - f. Creates a digital audit trail to satisfy regulatory inspection requirements (Health & Social Care Act 2008)

3. **RESTORE2 & NEWS2** – this is a physical deterioration and escalation tool specifically designed for care/nursing homes based on nationally recognised

methodologies including early recognition (Soft Signs), the national early warning score (NEWS2) and structured communications (SBARD). This will help improve communication between care homes and their serving GP practices to help reduce admissions where inappropriate. It has been designed to help care and nursing professionals to:

- a. Recognise when a resident may be deteriorating or at risk of physical deterioration
- b. Act appropriately according to the resident's care plan to protect and manage the resident
- c. Obtain a complete set of physical observations to inform escalation and conversations with health professionals
- d. Speak with the most appropriate health professional in a timely way to get the right support
- e. Provide a concise escalation history to health professionals to support their professional decision making

We will ensure our **Telecare and Assistive Technology Strategy** works alongside our care home to ensure the most effective and efficient use in our care homes, but also to ensure that care homes that deliver more short-term / Intermediate Care type services are aware of technology that Service Users they are currently supporting can access when they return to their own home and that care homes play an active role in making recommendations regarding longer-term care and support requirements.

Key Theme / Objective

Evaluate existing initiatives around technology supporting care homes and further explore how technology can support service delivery

Equipment & Single-Handed Care

Care homes must ensure that they meet CQC standards with regards to equipment provision. Care homes are required to have assessed that, for any potential new admission of a Service User, they can meet the person's needs in a regulation compliant way. Equipment considered essential for carrying out regulated activity should be available in sufficient quantity and type to meet the safety, independence, welfare and comfort needs of all the residents. Staff working in care homes play an important role in identifying equipment needs when a person commences living in a care home and also when their support needs change.

Whilst care homes need to have a variety of equipment and furniture to meet most needs, there will be some Residents that may have needs that require a specialist piece of equipment to be made. People living in care homes have the same rights to services, including the assessment for and provision of some equipment, as those living in their own homes. The Sefton Community Equipment Services (CES) is

commissioned jointly to provide community equipment on loan to individuals (both adults and children) following assessment by a health and/or social care practitioner. Any equipment issued is for the exclusive use for the Service User for which it is prescribed. The purpose of providing any such equipment is to increase or maintain functional independence, safety and wellbeing of residents and care staff as part of a risk management process. The CES also does important work on ensuring the safe and effective use of equipment.

As with other services the CES remains a vital element of the care home sector and we want to ensure that it continues to operate in a way which supports the sector continues to meet the present and future needs of Residents, Therapists, Clinicians and Providers.

Recently we have conducted an 'amnesty' of equipment, which was well supported by Sefton care homes, however we recognise that we may need to periodically do such exercises again in order to ensure that equipment provided remains fit for the purpose of which it was originally issued and to ensure the best use of resources, given the overall intention to support more people in their own homes.

As a result, we want to ensure that care homes;

- Have staff appropriately trained on the use of equipment;
- Conduct the required operational cleaning / disinfection of equipment and that they follow the required instructions and guidance for its use; and
- Are aware of their obligations around any loaned equipment and support the CES to ensure the best use of equipment resources.

However, we recognise that the use of equipment and the creation of greater independence applies just as much in care homes as it does in people's own homes. In Sefton the **Single-Handed Care** has been successfully implemented with Providers of community-based services where it was identified that good risk assessments, followed by suitable equipment and adaptations provided in a timely manner can ensure people are able to remain in their own home and reduce the need for double-handed (two carer) care packages.

We therefore want to explore the implementation of applicable elements of Single-Handed Care project in care homes.

Key Theme / Objective

Continue to ensure that equipment is provided (where required) to support care homes and to explore the implementation of Single-Handed Care in care homes

Capital Grants Programme

As part of the wider 'offer' of support to care homes we have implemented the opportunity for Sefton care homes to apply for capital grants to improve their homes in the following ways;

- Making physical improvements to care home environments
- Implementing technological solutions

The initial focus has been to make care homes more dementia friendly, to increase the positive experiences for Residents and their families/advocates and to support the wider aim of homes achieving and maintaining *Outstanding* Care Quality Commission ratings.

Examples of the types of proposals related to;

- Improvements to gardens /outdoor spaces/ communal areas to afford Residents and their Families improved opportunities to access outdoor spaces and use areas for improved social interaction and activities
- Improvements to communal areas within the care home to support greater social interaction
- Improvements to areas within the care home in order to make them more dementia friendly and to provide an environment which reduces Service User anxiety/ distress
- The purchasing of technological solutions/equipment (for example Interactive Tables, Robotic Pets and technology to support reminiscence therapy and contact with family) for use by Residents in order to improve their quality of life

Once these initial grants have been fully allocated and assessments conducted on the impacts that the improvements have made, we will continue to explore the potential for further capital investment into the sector and also opportunities for Commissioners to benefit from their 'buying power' to procure technological solutions / equipment for subsequent issuing to care homes.

We want to explore how any such funding can be used to support care homes, such as with respect to the provision of specialist equipment to meet prevalent / emerging needs.

Key Theme / Objective

Explore opportunities for further capital investment into the sector

Enhancing the ‘voice’ of Residents, Families and Advocates

We also want to ensure that there is a continued focus on gathering the views and opinions of people that receive services.

Whilst this can be addressed through quality monitoring work, we also want to work with partners such as **Healthwatch Sefton** to develop **Thematic Reviews** of the sector based on feedback gathered from Residents, Families, Carers and Advocates on what are the most important issues for them and what factors they think are important for the effective delivery of services.

10. Market Management

Over the next three years we will build a robust joint route for managing the market in terms of Quality, resource, supply and demand and building a strong culture of communication, openness and working together to deliver shared aims of robust high-quality serviced offers at a best valuable sustainable price.

It is recognised that a category management approach for this sector is required to provide assurances to Governing Bodies, Elected Members, Stakeholder and Interest Groups that this service area is effectively managed, and quality is effectively monitored with risks managed and mitigated.

This category of commissioned services / expenditure is significant in terms of risk (services to vulnerable people), budget oversight and Council and CCGs reputation. There is a need for greater oversight for this service category and budget, as the sector remains an integral element of meeting the needs of vulnerable people in Sefton.

We also need to address issues such as new care homes being built within the Borough with little discussion regarding the provision being offered or whether this provision falls within the commissioning direction of both health and social care. When considering such issues, we will also take into account the impact of any new care homes on the demands on primary and community care services which would result from the increased number of Residents needing to access such services.

This strategy, together with other associated strategies and policy documents, will be used to inform decisions on any new provision as well as being a document that potential new Providers can review, together with associated documents such as the Local Authority Market Position Statement, to ensure that their proposals meet the aims and objectives within it. When considering any new planning applications, we will also explore the potential for any new developments to also include the provision of new GP premises in order to meet wider aims.

We will therefore engage with our Planning partners to discuss proposed future developments and to outline our views as Commissioners on their ability to meet needs and the actual demand for any new services.

Whilst we are aware of each of our own commissioning activity information (as outlined in section 6 of this strategy) we recognise that this work needs to be expanded upon,

to gain a better understanding of the market and to inform other pieces of work such as the review of fee structures (see section 10).

A key element of the approach to market management will be **Viability Work**. At the time of writing this strategy our Care Homes are facing a significant challenge as they deal with the COVID-19 pandemic and look towards recovery from the pandemic.

The void rate within care homes has historically been in the region of 6-7% but is currently higher with some homes having experienced void levels more in the region of 15-20%. This, together with potential future decreases to the level of placements typically made by Commissioners, coupled with reduce demand from the 'private' sector, will have an impact on care home Providers.

A key immediate activity is therefore the ongoing monitoring of these issues and exploring how the Sefton care home market can adapt. We will continue to conduct work on assessing the impact on the market which will include analysis of;

- Local Authority and CCG commissioning trends / activity;
- Referrals and new placements being made into care homes – but not just referrals made by the Local Authority and the CCG. We also need to understand any changes to the 'private / self-funder' market for care home placements and quantify any changes between pre-COVID-19 and current referral levels;
- Financial matters such as analysis of Providers financial 'health' and cost pressures;
- Gathering more information on factors such as the physical condition / age of care homes in order to ascertain whether the building and facilities are well maintained and if there is flexibility / adaptability within the physical structure, e.g. the opportunity to create annexes for different client groups or needs; and
- Working with other Local Authorities and CCGs in order to reflect that we may 'share' the same Providers.
- Working with the market to develop its ability to respond to a higher level of acuity and ensuring we build on lessons learned during the COVID response to ensure we maximise the use of wrap around health offers to help support this.
- Working alongside the Sefton provider Alliance to deliver Enhanced Health in Care Homes as per our key objective detailed on page 26

Once we have an overall picture of the market and Providers, we will engage with them further to explore the issues and how we can offer further support.

In addition to local work, we will also work on a regional footprint to ensure we able to strategically manage the market and continue to meet the needs of individuals whom Care Home placements are the correct service offer for. This will include looking at specialist delivery and a higher acuity of residents. Market shaping and diversification of the market will need to be part of our future landscape.

Key Theme / Objective

Continued focus on assessing viability in the care home market

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Dealing with Provider Failure

Linked to any work on viability is the potential that provider failure may occur. Withdrawals from the market may take place as a result of the impacts of the COVID-19 pandemic and other factors which lead to a reduce demand for care home placements, either in general or for certain types of placements.

Both the Local Authority and the CCGs work closely with the Care Quality Commission to ensure that effective quality control and monitoring systems are in place for Providers, however it is recognised that there may be instances where Providers fail, and this issue is more pertinent than ever.

The Care Act 2014 makes provision for ensuring that if interruptions to care and support services occur, Local Authorities have powers and duties for ensuring that the support needs of those receiving services continue to be met.

The Care Act also sets out Local Authorities duties to gather market intelligence which is also relevant to responding to business failure and other service interruptions. Where alternative services need to be put in place, a thorough knowledge of the market is required. In addition, Local Authorities need to understand how their providers are coping with trading conditions. This includes Sefton Local Authority having good knowledge of the Provider market in the borough, offering assistance to Providers if it is possibly facing closure and what happens when a provider closes.

Whilst Sefton MBC and the CCGs have endeavoured to conduct commissioning which is sustainable, and which is based on a robust understanding of the market, it is recognised that instances will occur where Providers fail for various reasons.

In order to meet its Care Act 2014 obligations Sefton Local Authority and the CCGs will continue to;

- Develop a proactive and reactive role when working with providers and will proactively help anticipate and if appropriate work with a provider to prevent or delay closure.
- Share concerns they have about a Provider with other relevant organisations e.g. CQC, CCGs.
- Gather intelligence and information on providers and will share this with relevant stakeholders as appropriate e.g. CQC, other CCGs.

Sefton Local Authority and the CCGs will maintain a relationship with the CQC with a view to early warnings where Provider compliance issues may lead to CQC enforcement action or threaten the ongoing operation of a CQC regulated service. Safeguarding Teams will seek to identify early warning signs in regard to a Provider through safeguarding adult alerts.

In order to support this work, we will;

- Have awareness of the diversity of local providers to facilitate the transfer of care of individuals to another provider or owner in the event of market exit;

- Have good relationships with all providers serving their local population and through market intelligence and reporting be aware of any company financial distress;
- Have plans in place agreed with other relevant commissioning bodies to cope with the closure of a provider and to be clear about roles and responsibilities where the care people receive is commissioned by CCGs;
- Ensure that local people including Elected Members are informed about the change of a provider as appropriate, involve individuals, their families and carers in all decisions affecting their care;
- Ensure views of individuals and their families are taken into account to minimise disruption and act in line with their preferences wherever possible, making a best interest decision where this is relevant;
- Ensure that efforts are made to reduce stress and anxiety for individuals, their families and carers.

Market Exits

Should Providers need to withdraw from the Sefton care home market then we will work with them through this process and seek to support their workforce to identify future employment opportunities.

Needs Analysis

In order to manage the market, we need to continue to look at current and future needs. Work such as the Market Position Statement will support this as well as gaining feedback from Practitioners and Providers on trends they are seeing and changes in dependency levels.

We then need to share with information with Providers to support them to better understanding these needs and how their services can meet them.

11. Contracting, Quality, Compliance and Performance

As Commissioners we both wish to contract with the Care Homes delivering the highest quality care for people in Sefton.

As identified in this strategy, we recognise that as Commissioners we are asking Providers to operate under different frameworks, contractual arrangements and service specifications. Whilst some of this is 'beyond our control' we recognise that we can work together more, for both the benefit of us both as Commissioners, but also for the benefit of Providers with respect to providing a 'common voice' to the market, more streamlined business processes and shared monitoring arrangements.

We need to explore opportunities for;

- **Aligning commissioning arrangements** – including a shared 'brokerage' function for making placements and/or the establishment of joint working

arrangements in order to consider requests for high-cost services and to ensure that any services in scope to be commissioned will achieve the best outcomes for Residents and represent Value for Money or whether alternative services are available that better meet these aims. This in turn will then provide intelligence on emerging needs in order to then inform engagement with the Provider market on how they can adapt and meet these needs. However, given the anticipated statutory changes to the abolition of Clinical Commissioning Groups and the emerging Integrated Care System (ICS), it is highly likely that statutory responsibility for delivery of the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care will be placed at ICS level. There will however need to be place-based considerations in terms of how assessments and reviews will be undertaken, and care provision brokered. In this regard we will continue in the meantime to work together on plans as and when further direction from NHSE&I emerges.

- **Creating a new joint contract** – or at best aligning contractual arrangements with updated clauses to reflect factors such as;
 - New fee structures
 - Performance and outcomes measures
 - Information governance
 - Use of technological solutions
 - New legislative requirements and good practice – including those relating to information governance

- **Implementation of a shared service specification** – linked to the above, there is also the desire to implement an updated service specification which reflects a revised focus on;
 - Quality;
 - Outcomes for Residents / Carers;
 - Changes occurring due to the COVID-19 pandemic – such as the development of the Trusted Assessor model;
 - A partnership commitment to workforce development, including training and professional standards;
 - Any legislative and good practice changes such as the Liberty Protection Safeguards; and
 - Quality and performance measures and requirements.

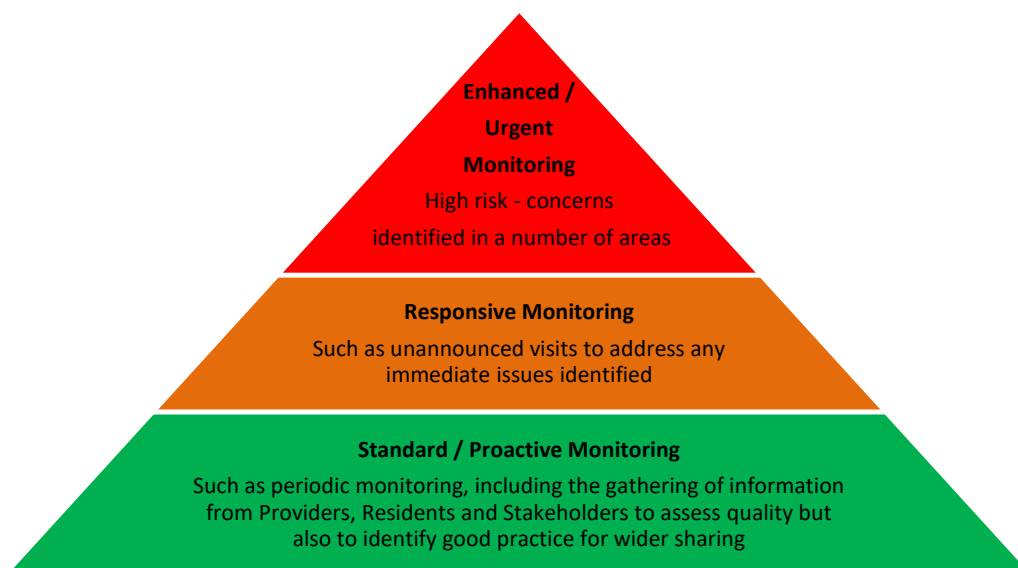
As a result, we will have new arrangements in place with Care Homes that reflect aims and objectives outlined in this strategy, are fit for purpose and promote high quality care and improvement that is supported by a robust improvement and quality monitoring processes.

Linked to these objectives and also the review of financial arrangements, we will explore the implementation of a **'Preferred Provider List'** of homes which have signed up to any new contract, which can then be made available to Residents and their Families. Should this be implemented, it is important to highlight that choice directives will still remain in place.

Compliance, Performance & Quality Monitoring

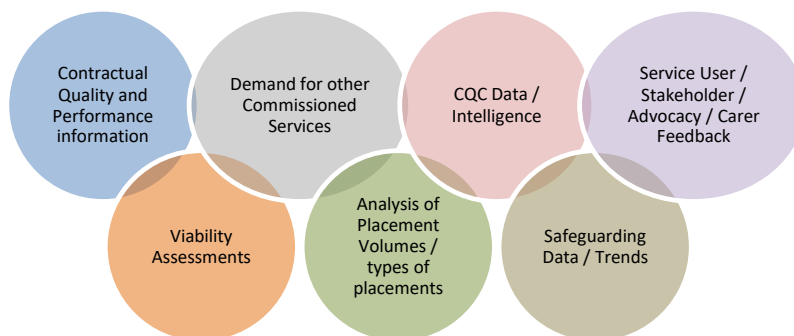
Monitoring the effectiveness of care homes and the services they provide is of vital importance. It enables us to identify any issues and risks and then to focus support on where it is needed. It also supports the aims of identifying and sharing good practice.

We want to enhance our monitoring so that it takes the following forms;



In order to support this work, and also our market management work, we will also work together on the development of a shared quality and performance monitoring function.

Assessments of Quality, performance and compliance are not just about analysing data. Data can only tell us so much and other intelligence needs to be gathered to support the overall assessment process, as summarised below;



We therefore need to ensure that we have robust arrangements in place which;

- Support the sharing of intelligence;

- Provide mechanisms for Residents, Families, Advocates, Staff, Professionals and Stakeholders to inform quality and performance monitoring activities;
- Enable real-time analysis of the market and individual Providers;
- Collate analysis of Safeguarding issues, as these are one of the key sources for the identification of concerns in care homes, in order to identify trends and also support the sharing of good practice; and
- Ensure that the quality monitoring process is not administratively burdensome for Providers.

To this end, we will seek to implement new tools for the collation and analysis of information to support and inform the Quality and Compliance process. This will also include the implementation of I.T. solutions to support this work and the timely exchange and submission of information.

We also wish to explore the development of a **Sefton Quality Mark** which would reflect the following elements;



We want to celebrate and promote good quality care homes and acknowledge the work they do to support their residents and staff.

Key Theme / Objective

Development of Shared Contracts, Service Specification and Quality Monitoring functions

12. Finance Related Issues

We recognise that financial matters will always be an important element of how the sector is managed, meets needs, adapts to changes in needs and links to work around managing the market, improving quality and assessing viability.

We also recognise that Care Home Providers have experienced significant cost pressures, both with respect to new expenditure as a result of the COVID-19 pandemic and reduced income through less placements being made, and other factors such as the EU Exit.

However, it is also important to acknowledge that funding also needs to be looked at in relation to the care home market that we want for the future, the focus on making less care home placements and the increased demand for other services. We will need to be open and honest with Providers on such issues given that we are working to constrained budgets.

Whilst previous market oversight exercises have resulted in cost of care tools being used, we recognise that there is a need to re-visit these. We need to understand Providers current costs as well as wider financial information such as levels of Third-Party Top-ups and how these are formulated. Currently, detailed information on fee rates levied is unclear and this leads to issues when analysing Value for Money and ensuring that rates reflect different levels of need.

As part of joint working, we will commence a project to review existing fee structures, which will include the scoping of the potential implementation of;

- Tiered pricing approach to reflect differing levels of Service User dependency and factors such as;
 - Behaviour
 - Cognition
 - Psychological and Emotional needs
 - Communication
 - Mobility
 - Nutrition & Hydration
 - Medication / Pain Management
- Costing tools to formulate costs which are based on individual Service User assessments and/or where additional 1:1 care is required to meet specific needs such as those related to Moving & Handling;
- Arrangements for assessing costs relating to S117 Aftercare and Joint Funded placements; and
- Fee rates against the availability of, and the accessing by, care homes of community based wraparound support services, I.T. solutions and Equipment, which can be utilised to address certain needs thereby reducing costs.

We want to have open and transparent dialogue with care homes on their costs in order to seek to implement fee structures and payment systems which are clear and reflect best practice in terms of;

- Commissioners assessments being clear to care homes in terms of level of assessed care and support needs, their decisions and rates to be paid;
- Considering requests for high-cost services and to ensure that any services in scope to be commissioned will achieve the best outcomes for Service Users and represent Value for Money or whether alternative services are available that better meet these aims;
- Greater transparency of existing costs when decisions such as that of CHC eligibility arise; and
- Reducing the requirement for specific negotiations to take place around costs for individual placements in order to streamline decision making and placement processes.

Linked to the above, is the Local Authority also reviewing its current payment arrangements with care homes. The current contractual arrangement is to pay providers the Local Authority contribution only; net of the client's personal financial contribution toward their assessed care needs and any agreed third-party top-ups for additional services. Care Home Providers are required to collect the client contribution and top-ups direct and feedback received as part of consultation on fee rates has highlighted this as an issue. We will therefore commence a specific workstream around the potential implementation of the Local Authority paying gross costs to Residential and Nursing Care Home Providers for all Residents placed by Sefton (including those with a deferred payment agreement in place).

We will also explore the further pooling of budgets in order to make the best use of resources, support other work on further integration and also to provide more seamless funding / payment mechanisms for Providers.

Key Theme / Objective

Review of Fees / mechanisms to calculate placement costs and exploration of further pooling of budgets

13. Consultation & Engagement

Key to the delivery of this Strategy is to enable the Sefton Care Home Market to be fit for the next 3 years and beyond. Engagement and approaching this challenge in partnership is key and a crucial part of this is increasing the dialogue between Commissioners, Providers and Stakeholders. This is something that has happened sporadically in Sefton historically and it is recognised that it needs to improve.

During the COVID-19 response, this galvanised into a co-ordinated, sustained, positive and proactive system of provider forums, bulletins, direct telephone calls, design thinking session and the production of system wide guidance and pathways to support the Care Home market. Providers and partners (such as Healthwatch Sefton, Advocacy services and Community Health Service Providers) have been engaged with in order to ensure that communications are timely and robust and that all parties are supported, and their expertise is utilised.

We wish to build on this and ensure that impetus gained so far is not lost and to also expand this work to promote the sharing of good practice and homes supporting each other through initiatives such as ‘buddying’ arrangements.

We also want to ensure that we engage with Groups established by care home Providers themselves so that we can communicate our commissioning intentions and proposals for supporting and developing the sector.

Key Theme / Objective

Consultation as part of delivery of this strategy and building on Consultation & Engagement mechanisms implemented to date

14. Implementation of this Strategy / Keeping it Under Review / Governance

This strategy is ambitious, and it has also been produced at a time of unprecedented change for everyone involved in the care home sector. Therefore, this strategy at this present time cannot outline definitive timescales on future work and dates for implementation.

However, a high-level implementation plan is included at the end of this section, which summarises key project workstreams and current proposed timescales.

The strategy needs to be a working document with detailed plans being developed and consulted upon relating to the specific aims and objectives we want to deliver.

This strategy will be reviewed on a periodic basis to ensure that it remains fit for purpose and to report progress on its delivery to established groups and governance structures such as the Sefton Health & Wellbeing Board, the Integrated Commissioning Group, Leadership Teams, Elected Members and Provider groups.

Workstream	Activity	2021-24 Strategy Lifetime											
		Quarter 1 - 2021/22	Quarter 2 - 2021/22	Quarter 3 - 2021/22	Quarter 4 - 2021/22	Quarter 1 - 2022/23	Quarter 2 - 2022/23	Quarter 3 - 2022/23	Quarter 4 - 2022/23	Quarter 1 - 2023/24	Quarter 2 - 2023/24	Quarter 3 - 2023/24	Quarter 4 - 2023/24
Strategy Implementation	Engagement with key Stakeholders on strategy implementation												
	Establishment of dedicated project groups to take forward strategy priorities												
	Development of linkages into emerging Integrated Care Partnership												
	Implementation of associated Strategies (Intermediate Care etc)												
	Engagement with LCR to explore issues such as Dynamic LCR DPS and alignment of LCR objectives												
	Year 1 review of Strategy / Production of Progress report / Formalisation of Year 2 priorities												
	Year 2 review of Strategy / Production of Progress report / Formalisation of Year 3 priorities												
COVID-19 Response / Analysis of Impact	Continued joint LA and CCGs response to the pandemic												
	Ongoing assessment of impact on market - vacancies, referrals etc												
	Further development and updating of market management / viability tools												
Finance Related Issues	2021/22 LA Fee Setting process												
	Ongoing analysis of impact of 2021/22 fee decisions												
	Analysis of Historic and current placement activity and costs - including Out-of-Borough placements												
	Cost of Care exercise / Development of Tiered Pricing Approach												

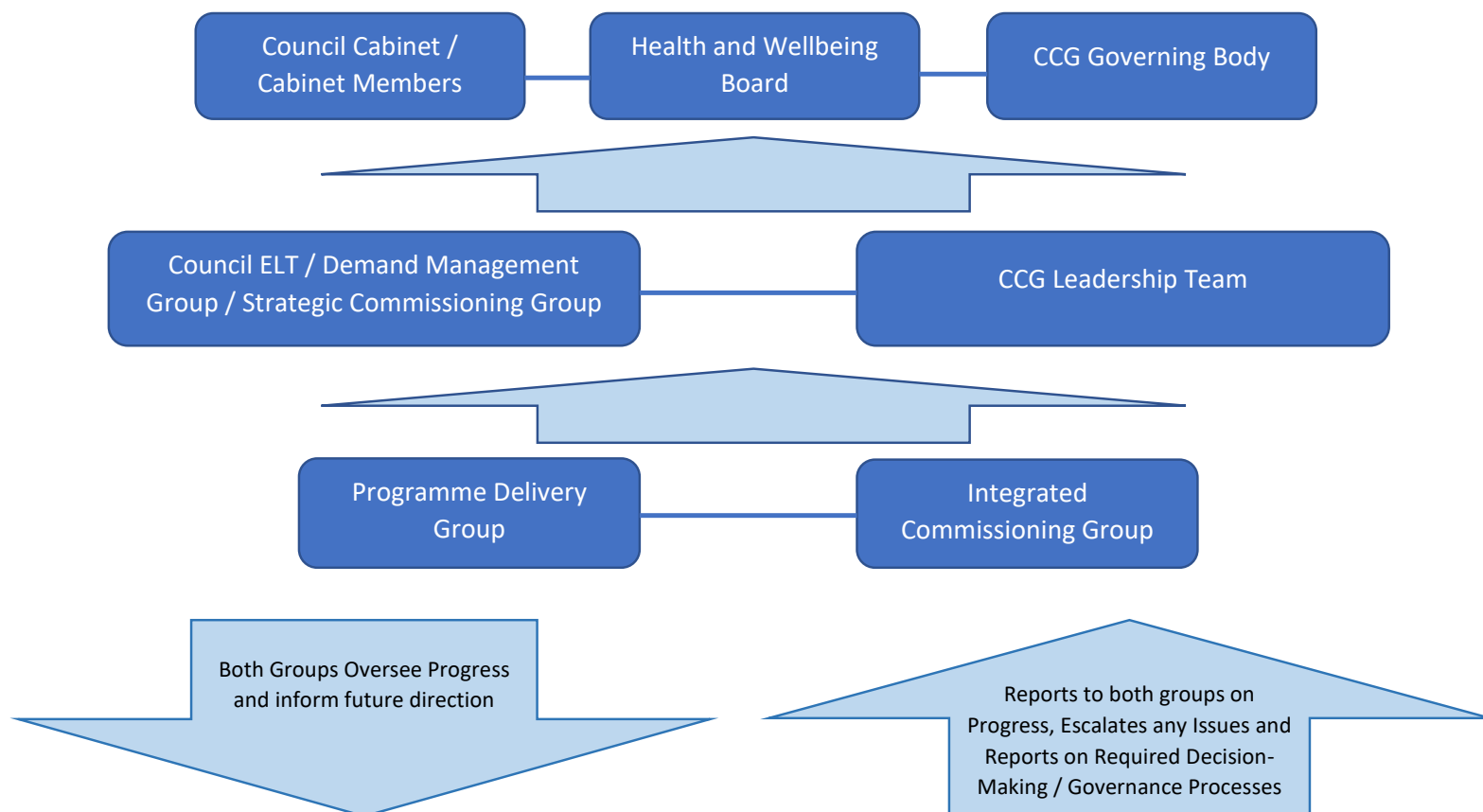
	Review of DPS system / Options appraisal on future placement brokerage arrangements																		
	Further scoping of implementation of Gross Payments (LA)																		
	Potential Implementation of Gross Payment - including potential pilot programme																		
Technology / Capital Improvements	Mapping of current national and regional technology working groups and funding streams																		
	EMIS Pilot - Delivery / outcomes measurement / proposals for next steps																		
	Research on applications available to support Falls monitoring																		
	Exploration of exercise to centrally procure technological solutions identified in grants programme																		
	Outcomes analysis for Capital Improvements Grant Programme																		
	Scoping of opportunities for further capital investment - including care planning I.T. solutions																		
Contracting / Quality Monitoring / Commissioning Arrangements	Scoping of current Commissioners activity / commissioning arrangements																		
	Formulation of proposals for integrated Quality Monitoring Team - including shared BI function																		
	Exploration of implementation of Quality Monitoring I.T. systems																		
	Development of revised contract and service specification																		
	Implementation of new contract and service specification																		
Support to Care Homes / Workforce Development	Further implementation / embedding of Enhanced Health in Care Homes																		
	Implementation and evaluation of <i>My Home Life</i> programme																		
	Exercise to gain feedback from staff on impact of pandemic and training / development needs																		

	Mapping of current training opportunities available & review of training offer														
	Review of current Recruitment support and recruitment and retention issues														
Consultation & Engagement	Ongoing pandemic Provider engagement - including gaining Provider feedback														
	Formulation of Proposals on long-term engagement mechanisms – including with established Provider and Stakeholder groups														
	Dedicated engagement with care homes to discuss Strategy progress to date and future priorities														
	Development of <i>Thematic Reviews</i>														

SEFTON CARE HOME STRATEGY 2021/24 - GOVERNANCE / DELIVERY STRUCTURE

This document outlines the proposed governance delivery structure for the joint Sefton Care Homes Strategy 2021-24.

It is proposed that the following governance and delivery structure be followed with the specific routes for individual decisions being based on factors such as the constitution of organisations and the financial impact. The structure will be subject to regular review in order to take into account any wider new governance arrangements implemented.



	Finance Related Issues Linkage to Existing Joint Finance Group	Support to Care Homes / Workforce Development	Contracting / Quality Monitoring / Commissioning Arrangements	Technology / Capital Improvements Sub-Group of Existing TECS Group	Consultation & Engagement
Delivery / Task & Finish Groups	<ul style="list-style-type: none"> • Fee setting • Analysis of current expenditure and placement activity • Development of new cost of care model – including Tiered pricing • Review of current commissioning arrangements / and future options (brokerage etc) • Gross Payments – LA Specific workstream 	<ul style="list-style-type: none"> • Implementation / embedding of Enhanced Health in Care Homes • Implementation and evaluation of My Home Life programme • Mapping of current training opportunities available & review of training offer • Care home workforce survey • Recruitment and Retention issues 	<ul style="list-style-type: none"> • Development of revised contract and service specification • Scoping of current Commissioners activity / commissioning arrangements • Exploration of integrated Quality Monitoring Team - including shared BI function • Implementation of implementation of Quality Monitoring I.T. systems • Viability work 	<ul style="list-style-type: none"> • Mapping of current local / national groups and initiatives • EMIS pilot • Exploration of Falls applications • Potential procurement of technological solutions • Evaluation of Capital Improvement Grant awards • Scoping of further capital improvements – including care planning I.T. solutions 	<ul style="list-style-type: none"> • Develop approaches to consultation and engagement for all delivery projects • Formulation of Proposals on long-term engagement mechanisms – including with established Provider and Stakeholder groups • Development of <i>Thematic Reviews</i> • Dedicated engagement with care homes to discuss Strategy progress to date and future priorities
Strategy Key Themes Link	<ul style="list-style-type: none"> • <i>Commissioning / Finance / Analysis</i> • <i>Residents</i> • <i>Consultation & Engagement</i> 	<ul style="list-style-type: none"> • <i>Care Homes & Their Workforce</i> • <i>Quality</i> • <i>Consultation & Engagement</i> 	<ul style="list-style-type: none"> • <i>Quality</i> • <i>Commissioning / Finance / Analysis</i> • <i>Residents</i> 	<ul style="list-style-type: none"> • <i>Quality</i> • <i>Care Homes & Their Workforce</i> • <i>Commissioning / Finance / Analysis</i> 	<ul style="list-style-type: none"> • <i>Consultation & engagement</i> • <i>Residents</i> • <i>Commissioning / Finance / Analysis</i> • <i>Care Homes & Their Workforce</i>

MEETING OF THE GOVERNING BODY June 2021

Agenda Item: 21/67	Author of the Paper: Martin McDowell Chief Finance Officer martin.mcdowell@southportandformbyccg.nhs.uk	Clinical Lead: N/A
Report date: June 2021	Rebecca McCullough Head of Strategic Financial Planning rebecca.mccullough@southseftonccg.nhs.uk	

Title: 2020/21 CCG Budget Approval (H1 April – September 2021)

Summary/Key Issues:

This paper presents the Governing Body with the proposed budgets for H1 2021/22 following publication of the H1 2021/22 planning guidance and the updated CCG financial plan.

NHS Planning Guidance has been published for April – September 2021 (H1) only and therefore, the budget presented for approval covers this period. Further approval will be requested for October – March 2021 (H2) when guidance for this period is available.

The draft budgets were presented to the Governing Body in March 2021 and the draft financial plan presented in May 2021. The CCG's financial plan is subject to further review with system partners and final approval by the Health Care Partnership as part of the system financial plan. The CCG QIPP target is also subject to change as a result of this process.

The draft financial plan identified a deficit of £3.290m, the CCG is working alongside all partners in the Cheshire and Merseyside area to manage within allocated resources and it is expected that the CCG will reach a break-even financial position in line with its allocation for the first six months of the financial year. Discussions are ongoing and the CCGs have received an additional funding allocation as consequence of these discussions, further work is required to undertake peer review amongst CCGs to ensure that this distribution is fair and equitable. The current situation is that the CCGs deficit/QIPP requirement has reduced to £1.800m although this is subject to further discussions during the first part of the financial year.

Further updates will be given to the Finance and Resource Committee and brought to the Governing Body through the usual reporting process

The proposed budgets achieve the Mental Health Investment Standard which requires investment in Mental Health services to grow at a rate equal to CCG programme growth for the financial year.

The budgets also include planned investments in Mental Health and Primary Care services relating to Service Development Funding (SDF) and Spending Review (SR) funding for which, additional allocations have been received.

Recommendation	Receive <input type="checkbox"/>
	Approve <input checked="" type="checkbox"/>
	Ratify <input type="checkbox"/>
<p>The Governing Body is asked to approve this report.</p> <ul style="list-style-type: none"> • The Governing Body is asked to approve the proposed budgets for H1 2021/22 and to note that the budgets and QIPP requirement may be updated following further review with system partners. • The Governing Body are asked to note the value of the QIPP requirement of £1.800m to deliver the CCG statutory financial duty of break even. • The proposed budgets include COVID related costs and associated allocations including those related to the Hospital Discharge Programme. • The CCG requires a robust deliverable QIPP plan if it is to meet its statutory financial obligations in H1 2021/22. • The Governing Body are asked to recognise that the CCG faces a significant financial challenge which will require support for changes from all members, with a key role for Governing Body GP members and Programme Leads to: <ul style="list-style-type: none"> ○ Provide leadership required to deliver change. ○ Be clear on the risk adjusted pressures arising from QIPP scheme RAG ratings. ○ Make real savings during the year, through service integration and redesign through collaboration with system partners. 	

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 the Governing Body June 2021

1. Executive Summary

- 1.1. This paper provides details of the CCG's proposed budgets for April - September 2021 (H1) for consideration and approval. The budgets are in line with the draft financial plan presented to the Governing Body in May 2021, which has been updated following system discussions.
- 1.2. The NHS planning guidance for H1 2021/22 was published in March 2021. The guidance confirmed temporary arrangements to support the continuation of the financial arrangements implemented during 2020/21 in response to the COVID pandemic. Further guidance will be published for the remainder of the financial year.
- 1.3. The guidance confirmed CCG allocations, system financial envelopes and the requirement for systems to work together to achieve financial balance. The Government agreed additional funding of £8.1bn for COVID related costs and a further £1bn for elective recovery and £0.5bn for mental health recovery.
- 1.4. CCG allocations for H1 2021/22 are based on the revised allocations received in H2 2020/21 (October – March 2021) with additions for Service Development Funding (SDF) and Spending Review (SR) funding.
- 1.5. The budgets presented in this paper include the projected expenditure against the notified CCG allocations including COVID related costs and allocations and investments relating to SDF and SR funding. The draft budgets have been prepared using all available guidance for H1 2021/22 and include all anticipated expenditure including assumptions for growth and price increases as noted in the NHS Planning Guidance.
- 1.6. The proposed budgets achieve the Mental Health Investment Standard which requires investment in Mental Health services to grow at a rate equal to CCG programme growth for the financial year.
- 1.7. The CCG has a statutory financial duty for expenditure not to exceed the resource in each financial year. The budget has been prepared to deliver the CCGs statutory duty.
- 1.8. The QIPP target to deliver the required break even position in H1 2021/22 is £1.800m.
- 1.9. The budget does not include 0.5% contingency following joint review with system partners. The contingency requirement is noted as discretionary in the H1 guidance.
- 1.10. 0.50% of the CCGs allocation to support the transformation work led by the Cheshire and Merseyside Health Care Partnership has been built into the financial plan.
- 1.11. There are further potential risks relating to continuing healthcare and prescribing costs which can be unpredictable. Potential mitigations can be identified in other budget areas and will be developed further.

2. Introduction and Background

- 2.1 The Government agreed an overall financial settlement for the NHS for the first half of the year providing an additional £8.1bn for COVID-19 costs above the original mandate. The financial settlement for months 7-12 will be agreed once there is greater certainty around the circumstances facing the NHS going into the second half of the year. In addition, £1bn funding has been allocated for elective recovery and £0.5bn for mental health recovery.
- 2.2 The financial framework for 2021/22 continues the focus on system funding, financial management and planning. The additional funding has been allocated at system level and the requirement is that systems will work together to achieve a break even position.
- 2.3 CCG allocations for H1 2021/22 are based on the revised allocations in H2 2020/21 (October – March 2021) with additions for Service Development Funding (SDF) for Mental Health and Primary Care and the Spending Review (SR) funding for Elective and Mental Health recovery.
- 2.4 The planning guidance includes expected uplifts to expenditure budgets including uplifts to provider contracts. Organisations can also claim reimbursement for COVID related costs including the Hospital Discharge Programme.
- 2.5 Growth funding held at system level is subject to further discussion and agreement.

3. Key Issues

- 3.1 The CCG Financial Plan is still to be finalised pending review with partners in the Cheshire & Merseyside system. The draft financial plan identified a deficit of £3.290m which was before system review of expenditure plans.
- 3.2 Following submission of draft financial plans on 6th May 2021, further work has progressed with the Health Care Partnership to review and agree actions to address the system financial deficit. The latest financial plan includes proposed actions to address organisational deficits.
- 3.3 The CCG revised financial plan is a deficit of £1.800m and there is a requirement for the CCG to deliver QIPP savings to address this deficit and achieve a break even position.
- 3.4 The CCG budgets for H1 2021/22 are based on the draft financial plan including the proposed actions and QIPP requirement to deliver the break even position, further work will continue across the system to peer review CCG expenditure plans and local actions.
- 3.5 **Table 2 - CCG Proposed Budget 2021/22**

Budget Area	2021/22		
	Rec	Non Rec	Total
	£m	£m	£m
Resources			
CCG Programme Allocation	139.069		139.069
Running Cost Allowance	1.424		1.424
Primary Care Delegated Budget	12.585		12.585
System COVID / Growth Allocation		0.427	0.427
CCG Mental Health SDF and SR		0.631	0.631
CCG Other SDF/SR		0.543	0.543
Available Resources	153.078	1.601	154.679
Commissioning Budgets			
Acute Commissioning	75.868	0.000	75.868
Mental Health	15.437	0.000	15.437
Continuing Care	8.828	0.000	8.828
Community Health	18.029	0.000	18.029
Primary Care Delegated Budget	11.104	0.000	11.104
Prescribing	16.193	0.000	16.193
Other Primary Care	5.797	0.000	5.797
Corporate and Support Services	1.424	0.000	1.424
Other	5.290	0.000	5.290
Sub total Operational budgets	157.969	0.000	157.969
Reserves			
QIPP requirement		(1.800)	(1.800)
CCG Contingency (0.5%)		0.000	0.000
Other Reserves		(1.490)	(1.490)
Sub total Reserves	0.000	(3.290)	(3.290)
Total Anticipated Spend	157.969	(3.290)	154.679
Forecast Surplus/ (Deficit)	(4.891)	4.891	0.000
Expressed as %			0.0%

4. Revisions since draft budget approval

4.1 Table 3 below shows the changes to the budget approved in March 2021.

Table 3 – Changes since draft budget

Operating Budgets	CCG Draft Budget (H1) 2021/22 £m	Revised Budget (H1) 2021/22 £m	INCREASE/ (DECREASE) £m
Acute Commissioning	77.681	75.868	(1.813)
Mental Health	13.782	15.437	1.654
Continuing Care	8.156	8.828	0.672
Community Health	17.913	18.029	0.116
Primary Care Delegated Budget	12.290	11.104	(1.186)
Prescribing	14.458	16.193	1.735
Other Primary Care	5.040	5.797	0.757
Corporate and Support Services	1.424	1.424	0.000
Other	4.759	5.290	0.531
Reserves	(6.352)	(3.290)	3.062
Total Operating budgets	149.152	154.679	5.527

- 4.2 The CCG expenditure budget has increased overall due to additional allocations included as part of the temporary financial arrangements for H1. Assumptions included in the revised budget are in line with the planning guidance and are outlined below:
- a) Acute, Community and Mental Health NHS Commissioning – 0.5% uplift on current block contracts.
 - b) Non-NHS Commissioning – 1.4% tariff uplift.
 - c) Mental Health – additional investments are included in line with the Mental Health Long Term Plan, Mental Health Investment Standard, SDF and SR funding.
 - d) Continuing Healthcare – 1.56% uplift for price inflation and demand growth.
 - e) Funded Nursing Care – 2.00% uplift for price inflation and demand growth.
 - f) Prescribing – 20/21 outturn plus 0.68% increase.
 - g) Primary Care (non-delegated budget) – 1% increase
 - h) Primary Care (delegated budget) – in line with Primary Care inflation to match revised allocations for 2021/22.
 - i) The CCG planned financial position is breakeven for 2021/22
 - j) The CCG QIPP target is £0.627m.
 - k) The draft budget includes assumption for 0.5% contribution to the transformation schemes.

5. Conclusions

- 5.1 NHS Planning Guidance has been published for April – September 2021 (H1). The budget presented for approval covers this period only. Further approval will be requested for October – March 2021 (H2) when the guidance for this period is available.
- 5.2 The CCG's financial plan and QIPP target are subject to further review and final approval by the Health Care Partnership.
- 5.3 The CCG planned deficit of £3.290m will reduce to £1.800m. The CCG will be required to deliver QIPP savings to address the remainder of the deficit and deliver a break even position.

6. Recommendations

- 6.1 The Governing Body is asked to approve this report.
 - The Governing Body is asked to approve the proposed budgets for H1 2021/22 and to note that the budgets and QIPP requirement may be updated following further system review.
 - The Governing Body is asked to note the value of the QIPP requirement of £1.800m to deliver the CCG statutory financial duty of break even.
 - The proposed budgets include COVID related costs and associated allocations including those associated with the Hospital Discharge Programme.
 - The CCG requires a robust deliverable QIPP plan if it is to meet its statutory financial obligations in H1 2021/22.
 - The Governing Body are asked to recognise that the CCG faces a significant financial challenge which will require support for changes from all members, with a key role for Governing Body GP members and Programme Leads to:
 - Provide leadership required to deliver change.
 - Be clear on the risk adjusted pressures arising from QIPP scheme RAG ratings.
 - Make real savings during the year, through service integration and redesign through collaboration with system partners.

7. Appendices

Appendix 1 Analysis by Cost Centre - 2021/22 Budget compared to 2020/21 Outturn.

Appendix 1					
Comparison of 2021/22 Opening Budget to 2020/21 Outturn					
Cost centre Number	Cost Centre Description	Budget Holder	Outturn 2020/21 @ M10	Annual Budget 2021/22 (March 2020)	Increase (Decrease)
			£000	£000	£000
Acute					
598571	Acute Commissioning	Director of Place	66,016	66,659	643
598576	Acute Childrens Services	Director of Place	2,665	2,695	29
598586	Ambulance Services	Director of Place	3,601	3,665	64
598591	Clinical Assessment and Treatment Ce	Director of Place	290	2,218	1,928
598596	Collaborative Commissioning	Director of Place	358	333	(24)
598606	High Cost Drugs	Head of Medicines Management	121	172	51
598616	NCAS / OATS	Director of Place	202	125	(77)
Sub-Total: Acute			73,254	75,868	2,614
Mental Health					
598501	Mental Health Contracts	Director of Place	159	172	13
598506	Child and Adolescent Mental Health	Chief Nurse	181	177	(4)
598511	Dementia	Director of Place	53	54	1
598521	Learning Difficulties	Chief Nurse	576	882	306
598531	Mental Health Services – Adults	Chief Nurse	8	8	0
598551	Mental Health Services - Older People	Chief Nurse	11	12	0
598556	Mental Health Services - Other	Director of Place	10,530	12,581	2,052
598557	Mental Health Services - S117 Mental H	Chief Nurse	1,547	1,551	4
Sub-Total: Mental Health			13,066	15,437	2,371
Continuing Care					
598682	CHC Adult Fully Funded	Chief Nurse	5,347	4,825	(522)
598683	CHC Adult Fully Funded PHB	Chief Nurse	1,149	1,340	190
598684	Adult Joint Funded Continuing Care	Chief Nurse	2,619	989	(1,630)
598685	Adult Joint Funded Continuing Care PH	Chief Nurse	145	150	5
598686	CHC Assessment & Support	Chief Nurse	313	303	(10)
598687	Childrens Continuing Care	Chief Nurse	93	102	9
598691	Funded Nursing Care	Chief Nurse	1,387	1,120	(267)
Sub-Total: Continuing Care			11,054	8,828	(2,226)
Community Health					
598711	Community Services	Director of Place	16,786	16,911	126
598721	Hospices	Director of Place	816	801	(14)
598726	Intermediate Care	Director of Place	327	317	(10)
Sub-Total: Community Health			17,928	18,029	101
Primary Care					
598646	Commissioning Schemes	Director of Strategic Partnerships	349	500	151
598651	Local Enhanced Services	Director of Place	2,478	2,190	(288)
598656	Medicines Management Clinical	Head of Medicines Management	469	555	87
598661	Out of Hours	Director of Place	742	727	(15)
598662	GP Forward View	Director of Place	537	510	(26)
598666	Oxygen	Director of Place	265	274	9
598671	Prescribing	Director of Place	15,799	16,193	394
598676	Primary Care IT	Chief Finance Officer	1,410	1,041	(368)
598678	PRC Delegated Co-Commissioning	Director of Place	10,231	11,104	873
Sub-Total: Primary Care			32,278	33,093	815
Corporate & Support Services					
600251	Administration & Business Support	Programme Lead - Corporate Services	129	151	22
600266	Business Informatics	Chief Finance Officer	165	187	22
600271	CEO / Board Office	Chief Officer	241	214	(27)
600276	Chairs & Non Execs	Programme Lead - Corporate Services	75	98	23
600292	Primary Care Support	Programme Lead - Corporate Services	73	84	12
600296	Commissioning	Programme Lead - Corporate Services	20	45	25
600301	Communications & PR	Programme Lead - Corporate Services	69	70	1
600311	Contract Management	Chief Finance Officer	61	75	14
600316	Corporate Costs & Services	Programme Lead - Corporate Services	155	139	(17)
600341	Equality & Diversity	Programme Lead - Corporate Services	6	10	4
600346	Estates & Facilities	Chief Finance Officer	93	81	(12)
600351	Finance	Chief Finance Officer	345	270	(75)
600426	Quality Assurance	Chief Nurse	33	0	(33)
Sub-Total: Corporate & Support Services			1,465	1,424	(41)
Other					
598756	Commissioning - Non Acute	Director of Place	0	3,351	3,351
598776	Non Recurrent Programmes	Chief Officer	3,193	261	(2,933)
598791	Programme Projects	Director of Strategic Partnerships	268	442	174
598796	Reablement	Director of Place	855	667	(188)
598801	Recharges NHS Property Services	Director of Place	662	126	(536)
598809	NHS 111	Director of Place	276	18	(258)
598810	Nursing & Quality Programme	Chief Nurse	33	268	235
598812	Clinical Leads	Director of Place	194	157	(38)
Sub-Total: Other			5,481	5,290	(191)
Reserves					
598761	Commissioning Reserve	Chief Finance Officer	0	(3,290)	(3,290)
598781	Non-Recurrent Reserve	Chief Finance Officer	0	0	0
Sub-Total: Reserves			0	(3,290)	(3,290)
Grand Total I & E			154,525	154,679	154

MEETING OF THE GOVERNING BODY JUNE 2021

Agenda Item: 21/68	Author of the Paper: Martin McDowell Deputy Chief Officer Martin.McDowell@south-seftonccg.nhs.uk Tel: 0151 317 8350	Clinical Lead: N/A						
Report date: June 2021								
Title: South Sefton Clinical Commissioning Group Integrated Performance Report								
<p>Summary/Key Issues: This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group.</p> <p>Please note the effects of COVID-19 are noticed in month 12 across a number of performance areas.</p>								
<p>Recommendation</p> <p>The Governing Body is asked to receive this report.</p>		<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 5px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 30px;">x</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	x	Approve		Ratify	
Receive	x							
Approve								
Ratify								

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

	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

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Summary Performance Dashboard

Metric	Reporting Level		2020-21												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
E-Referrals - NB Reporting suspended on this metric this month																
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	R	R		R	
		Actual	52.3%	39.1%	28.5%	28.7%	30.1%	33.8%	33.9%	34.4%	32.7%	32.6%	32.5%		34.4%	
		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	R	R	
		Actual	65.46%	66.85%	53.45%	38.95%	39.38%	31.61%	27.67%	22.14%	15.84%	17.25%	10.90%	8.39%		
		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	R	R	
		Actual	70.35%	59.72%	49.96%	47.24%	53.57%	59.74%	64.54%	65.78%	63.96%	62.25%	61.33%	62.11%		
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	8	46	106	171	198	247	349	503	647	1,025	1,374	1,548		
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cancelled Operations																
Cancellations for non clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Liverpool University Foundation Hospital Trust	RAG														
		Actual	Not available	Not available	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	G	G	R	
		Actual	0	0	0	4	0	0	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	G	G	R
		Actual	93.51%	99.72%	98.11%	96.45%	93.58%	93.60%	94.18%	83.14%	83.14%	84.54%	95.97%	96.59%	92.18%
		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	G	R	
		Actual	93.33%	100%	100%	96.55%	95.24%	100%	95.35%	43.48%	49.12%	62.90%	86.49%	98.04%	82.33%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	R	R	G	G	G	R	G	G	G	R	R	G	
		Actual	94.92%	90.48%	98.36%	97.78%	98.25%	97.18%	93.10%	97.83%	100%	98.80%	95.59%	95.83%	96.65%
		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	G	G	R
		Actual	90.91%	100%	87.50%	80%	100%	91.67%	100%	78.57%	100%	92.31%	100%	100%	92.16%
		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	G	
		Actual	100%	93.33%	93.75%	100%	96.30%	100%	100%	100%	100%	100%	100%	100%	98.91%
		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	G	
		Actual	100%	100%	85.71%	100%	94.12%	100%	100%	100%	100%	100%	100%	100%	98.55%
		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) % 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	R	
		Actual	79.31%	73.91%	83.87%	85.71%	69.70%	78.79%	68.89%	62.79%	80%	65.71%	74.07%	64.52%	73.15%
		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) % of patients receiving 1st definitive treatment from an NHS Cancer Screening Service	South Sefton CCG	RAG	R	R		R	R		R	G	R	G	R	G	R
		Actual	50%	66.67%	No patients	50%	0%	No patients	0%	100%	85.71%	92.31%	75.0%	100%	80.00%
		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%	63.16%	72.73%	78.52%
		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	R	R
Actual		93.19%	96.37%	94.13%	92.81%	89.83%	85.16%	78.48%	85.32%	82.66%	75.75%	82.99%	85.63%	86.43%	
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	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	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	R	R
YTD		0	0	0	0	0	0	0	0	0	1	2	2	2	2
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
YTD		4	6	7	9	11	17	19	23	27	34	38	44	44	
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	G	G
YTD		9	23	35	39	56	67	76	86	91	100	107	115	115	
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			G
		Actual	97.30%			97.20%			100%			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. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	G			G			G			G			G
		Actual	77.60%			81.80%			100%			87.5%			86.70%
		Target	60%			60%			60%			60%			60%
Eating Disorders															
Eating Disorders Service (EDS) Treatment commencing within 18 weeks of referrals	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	56.96%	48.70%	33.75%	25.88%	31.61%	29.41%	25.00%	40.00%	42.86%	40.00%	37.14%	33.30%	37.50%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
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	G	R	R
		Actual	39.1%	34.15%	44.27%	44.59%	47.33%	37.84%	44.44%	44.59%	46.10%	44.00%	50.00%	38.3%	43%
		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	R	R
		Actual	0.74%	0.46%	0.67%	0.77%	0.81%	1.03%	1.03%	0.79%	0.60%	0.35%	0.97%	0.63%	8.85%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
		Actual	100%	95.7%	98.5%	98.6%	98.5%	95.7%	96.2%	95.1%	97.1%	100%	95.0%	100%	97.3%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
		Actual	100%	98.6%	100%	100%	100%	100%	100%	98.6%	100%	100%	100%	100%	100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Metric	Reporting Level		2020-21												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Dementia															
Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
Estimated diagnosis rate for people with dementia		Actual	60.40%	59.42%	59.36%	29.50%	58.30%	58.50%	58.20%	57.08%	57.73%	57.64%	56.89%	57.20%	58.46%
		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%
Learning Disability Health Checks															
No of people who have had their Annual LD Health Check	South Sefton CCG	RAG	R			R			R			R			R
		Actual	6.80%			12.50%			25.80%			60.09%			60.09%
		Target	17%			34%			50%			67%			67%
Severe Mental Illness - Physical Health Check															
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%)	South Sefton CCG	RAG	R			R			R			R			R
Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.		Actual	19%			16.1%			12.3%			16.2%			
		Target	50%			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)	South Sefton CCG	RAG	G			R			R						G
Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service		Actual	14.6%			8.8%			6.2%			Update due 13-6-21			37.00%
		Target	8.75%			8.75%			8.75%			8.75%			35.00%
Children and Young People with Eating Disorders															
The number of completed CYP ED routine referrals within four weeks	South Sefton CCG	RAG	R			G			G			R			R
The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)		Actual	80%			100%			97.50%			90.00%			91.9%
		Target	95%			95%			95%			95.00%			95.00%
The number of completed CYP ED urgent referrals within one week	South Sefton CCG	RAG	Data suppressed due to			less than 2 referrals			G			G			G
The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)		Actual							100%			100%			100%
		Target	95%			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 - Alder Hey	Sefton	RAG	R	R	R	R	R	R	G	R	R	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%	37.3%	50.9%	64.5%
		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 - Alder Hey	Sefton	RAG	R	R	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%	41.20%	70.6%	54.1%
		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 - Alder Hey	Sefton	RAG	G	G	G	G	G	G	G	G	G	R	R	G	G
		Actual	100%	100%	98%	95%	95%	96%	93%	93%	90%	87%	83%	91.0%	93.0%
		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 - Alder Hey	Sefton	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
		Actual	100%	100%	100%	100%	100%	100%	99%	98%	97%	93%	91%	90%	97.0%
		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 - Alder Hey	Sefton	RAG	G	G	G	R	R	R	G	G	R	G	G	G	G
		Actual	100%	100%	100%	88%	81%	89%	100%	100%	85%	100%	99%	97%	95.0%
		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 - Alder Hey	Sefton	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
		Actual	100%	100%	100%	100%	100%	100%	98%	96%	96%	95%	91%	94%	98.0%
		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%
Average waiting times for Autism Spectrum Disorder (ASD) service in weeks (ages 16 to 25 years) - Mersey Care	Sefton	RAG													
		Actual					85.2	89.4	89.2	66.2	23.1	10.5	10.7	10.7	
		Target													

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 12 of 2020/21 (note: time periods of data are different for each source).

Constitutional Performance for March and Quarter 4 2020/21	CCG	LUHFT
Diagnostics (National Target <1%)	8.39%	10.79%
Referral to Treatment (RTT) (92% Target)	62.11%	63.44%
No of incomplete pathways waiting over 52 weeks	1,548	5,027
Cancer 62 Day Standard (Nat Target 85%)	64.52%	66.53%
A&E 4 Hour All Types (National Target 95%)	85.63%	84.86%
A&E 12 Hour Breaches (Zero Tolerance)	-	0
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	133
Ambulance Handovers 60+ mins (Zero Tolerance)	-	11
Stroke (Target 80%)	-	see report
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 - Q4	100.0%	-
EIP 2 Weeks (60% Target) 2020/21 - Q4	87.5%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.63%	-
IAPT Recovery (Target 50%)	38.30%	-
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

The national COVID-19 vaccination programme continues to successfully provide dose one vaccinations for South Sefton residents. The two vaccination sites at Maghull Town Hall and North Park Health Centre, extended the cohorts eligible for vaccination to cover patient in cohorts 1-9 having successfully achieved the 85% target for cohorts 1-4 by the 15th February aspirational date. Dose 2 vaccinations have also started for patients in cohorts 1-4. 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. At the end of March 2021 there were 74,495 (59.5%) first dose vaccinations and 7,088 (5.7%) second dose vaccinations.

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 the 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 the independent sector facilitated by the procurement of service via the increasing capacity framework (ICF). Additionally, operational planning guidance was received at the end of March. There was a particular focus on planned care, and prioritisation of collaborative working across the system and building upon the lessons learnt during the pandemic to transforming delivery of services and accelerate restoration of elective care. System transformation and recovery meetings are in operation, with the CCG participating in discussions regarding regional transformation schemes.

Secondary care referrals were below historic levels across all referral sources for the majority of 2020/21. However, month 12 has seen a peak for referrals with numbers in month exceeding those reported in the previous year (for GP and consultant-to-consultant groupings). GP referrals have shown a year to date decrease of -27% compared to 2019/20. At provider level, Aintree Hospital has seen a -24.6% decrease in total referrals received compared to previous year. In terms of referral priority, all priority types have seen a reduction at month 12 when comparing to equivalent period last year. The largest variance has occurred within routine referral with a reduction of -33%. 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 983 two week wait referrals reported in March 2021 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.

Reporting has been suspended on the e-RS metric this month due to issues with the accuracy of the data, it remains part of the outpatient strategy and an update will be provided in the next report.

The CCG has failed the target of less than 1% of patients waiting 6 weeks or more for their diagnostic test with 8.39% in March - this being an improvement in performance from last month (10.90%). Despite failing the target, the CCG is measuring well below the national level of 24.29%. Liverpool University Hospital Foundation Trust (LUHFT) performance was 10.79% in March, again an improvement in performance from last month of around 7% when 18.02% was reported. Through the commissioning of delivery of additional diagnostic capacity the Trust has made significant progress in reducing both the volume of patients waiting for outpatient diagnostics and the percentage waiting over 6 weeks.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in March was 62.11%, a small improvement on last month's performance (61.33%). Unfortunately the CCG is reporting below the national level of 64.38%. LUHFT reported 63.44% which also shows a slight improvement from 63.25% in February. Trust key areas of focus include management of long wait patients and restoration of elective programme phased from 22nd February alongside the continued management of the Trust's COVID response. There is a continued focus on clinical prioritisation and access to additional capacity through mutual aid, independent sector and

waiting list initiatives; specifically for Priority 2 patients waiting more than 4 weeks from decision to treat.

There were a total of 2,411 South Sefton CCG patients waiting over 36+ weeks, the majority at LUHFT. Of the total long waiters, 1,548 patients were waiting over 52 weeks, a significant increase on last month when 1,374 breaches were reported. This is over the plan of 1,007 patients submitted as part of the phase 3 response. Overall waiters continue to grow with a total 16,076 South Sefton patients now on the RTT waiting list. LUHFT had a total of 5,027 52-week breaches in March, again showing a significant increase from 4,431 reported last month. The 1,548 52+ week wait breaches reported for the CCG represent 9.63% of the total waiting list in March which is above the national level of 8.81%.

The CCG is achieving 3 of the 9 cancer measures year to date and 6 in March, whilst LUHFT aren't achieving year to date but are achieving 2 in month.

Performance in two week wait breast services has now been achieved after being under target for the previous 4 months month due to breaches within LUHFT.

For Cancer 62 Day standard the CCG is now measuring below the national level of 73.94% recording 64.52% in March.

The CCG is unable to get the numbers of patients waiting over 104 days is for March due to a system error and missing information for LUHFT, this is being investigated.

The 2021/22 Priorities and Operational Planning Guidance has a strong focus on full operational restoration of cancer services. Systems will be expected to meet the new Faster Diagnosis Standard (FDS) from Q3, to be introduced initially at a level of 75%. In March and year to date, the CCG performed above the proposed target for the 2-week breast symptom FDS indicator. However, the two week and screening referral indicators performed below target.

For planned care, month 12 of the financial year 2020/21 continues to show significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS 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. 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. However, March-21 has shown an increase in activity with this being the second highest monthly total reported throughout 2020/21. At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£9.1m/-34% against the previous year. Across all providers, South Sefton CCG has underperformed by -£15.8m/-32.7%.

Unplanned Care

In relation to A&E 4-Hour waits for all types, the CCG and LUHFT have failed the 95% target in March, reporting 85.63% and 84.86% respectively, this showing a further improvement on last month. Both are just below the nationally reported level of 86.14%.

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 has continued throughout 2020/21. In March 2021 there was an average response time in South Sefton of 7 minutes 10 seconds, just over the target of 7 minutes for category 1 incidents. However, category 2 incidents had an average response time of 24 minutes 8 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 an improvement in ambulance handover times in March. Handovers between 30 and 60 minutes decreased from 156 to 133, and those above 60 minutes decreased from 12 to 11. Work continues in collaboration with NWS to improve processes to support achievement of the handover targets. There have been changes to processes since April and a need for patients to enter ED through revised estate reconfigurations due to COVID and Infection Prevention Control (IPC) restrictions. Performance regarding this target has varied in line with activity and pressures within A&E and patient flow.

For stroke the CCG's lead provider LUHFT has provided individual Trust updates for Q3. See below: Royal

2.3 Percentage of patient who spent at least 90% of their stay on stroke unit (Target 80%)

2.3a Patient centred (percentage of stay across all inpatient teams) – 53.1%

2.3b Team centred (percentage of stay under you team whilst an inpatient) – 53.9%

Aintree

2.3 Percentage of patient who spent at least 90% of their stay on stroke unit (Target 80%)

2.3a Patient centred (percentage of stay across all inpatient teams) – 58%

2.3b Team centred (percentage of stay under you team whilst an inpatient) – 56.6%

The CCG reported no new cases of MRSA in March (2 year to date) and has failed the target for the year. LUHFT reported no new cases but have now reported 4 year to date so have also failed the zero-tolerance threshold for 2020/21. Any further incidents will be reviewed as part of the Infection Prevention Control (IPC) meeting on a monthly basis, which the CCG now attend.

For C difficile, the CCG reported 6 new cases of C difficile cases in March (44 year to date) and achieved the year-end target of 60. LUHFT reported 11 new cases in March (112 YTD) so failed their objective of no more than 109 cases for 2020/21. National objectives were delayed due to the COVID-19 pandemic and therefore the CCG are measuring against last year's objectives.

NHS Improvement and NHS England (NHSE/I) have not set new CCG targets for reductions in E.coli for 2020/21 so the CCG is reporting against last year's target of 128. In March there were 8 new cases, bringing the YTD total to 115 against a year-end target of 128 so the CCG achieved the target for 2020/21. LUHFT reported 50 new cases in March, bringing the YTD total to 519. There are no targets set for Trusts at present.

LUHFT's Hospital Standardised Mortality Ratio (HSMR) was 100.78 in March, going slightly over 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 12 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 was apparent following the first phase of the NHS response, year to date activity levels remain below historical averages and recent months suggested further reductions during/following the second and third national lockdowns. However, March-21 has seen a sharp increase in activity across A&E and non-elective points of delivery with total unplanned care activity comparable to levels seen in late 2019. At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£7.2m/-15% against the previous year. Across all providers, South Sefton CCG has underperformed by -£8.2m/-13.5%.

Mental Health

The Eating Disorder service has reported 33.3% of patients commencing treatment within 18 weeks of referral in March, compared to a 95% target. 11 patients out of 33 commenced treatment within 18 weeks. This shows a small decline on last on month (37.1%). Demand for the service continues to increase and to exceed capacity. The Trust is working with Sefton and Liverpool Commissioners on a 3-year investment plan for Eating Disorders.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.63% in March, below the target standard of 1.59%. Year to date the CCG's year to date performance recorded 8.85% which has failed the year-end target.

The percentage of people who moved to recovery was 38.3% in March after hitting the 50% target for the first time in 2020-21 last month. Year to date the CCG's performance is at 43% and falls under the year-end target and has failed for 2021/22. Long internal waits within IAPT are a major contributing factor to recovery rates.

South Sefton CCG is recording a dementia diagnosis rate in March of 57.2%, which is under the national dementia diagnosis ambition of 66.7%. This is a slight improvement to last month's performance (56.9%). The Memory Assessment Service operated by NHS Mersey Care Foundation Trust (MCFT) has been suspended due to the Government's COVID-19 restrictions. The CCG has approved a scheme to go into 2021/22 Local Quality Contract with primary care across Sefton to improve performance going forward.

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 10.7 weeks in March with 135 on the list, which represents the same waiting time position as reported last month. The Trust is expecting to have all those identified with SEND on the waiting list to have their diagnostic assessment to be completed by the end of May 2021.

The CCG has agreed funding to support a waiting list initiative aimed at reducing adult ADHD wait times which are currently averaging 99 weeks.

In quarter 4 2020/21 year to date, 60.1% of South Sefton CCG patients identified as having a learning disability received a physical health check and has shown a significant improvement from quarter 3 when 25.8% was recorded. This is below the CCG's year to date target of 67%.

Adult Community Health Services

Focus within the Trust remains on COVID-19 recovery/resilience planning and understanding service specific issues e.g. staffing, resources, waiting times.

Children's Services

In its ongoing response to the pandemic, Alder Hey continues to focus on sustaining and improving pre-COVID levels of activity for community therapy services 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 continues to be an ongoing increase in referrals which has been evident since the schools initially reopened in September. This is being closely managed by the service along with the impact of the recent lockdown on delivery in school settings. For March, SALT and continence services continue to fall below the 92% target, dietetics and occupational therapies continue to be maintained.

Pre-covid a preliminary service review of the continence service identified a high number of low-level referrals to the service. The service review is being stepped up again with the aim of developing health visitor pathways to more appropriately deal with low level interventions, thus reducing demand for specialist support.

Notably, all community therapy service waiting times continue to achieve the SEND improvement plan average waiting time KPIs.

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, a position which is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic.

Due to these ongoing issues, waiting times for assessment and treatment have been challenged locally. Although there has been a general deterioration in performance since November 2020, there was an improvement in March 2021, in part due to the additional staff who commenced in post as a result of the CCGs' short-term resilience investment.

In response to the national increase in demand for CAMHS due to COVID, the government announced an additional £79 million of investment in 2021/22 to support recovery. The CCGs are awaiting further details of the financial settlement for Sefton to facilitate the 2021/22 planning of these services locally. It is anticipated that the investment will support an increase in CAMHS capacity and a reduction in waiting times. In addition, Alder Hey is developing a full business case outlining the additional resource required to match the current and projected levels of demand to achieve the SEND 92% waiting time target. Once the additional mental health investment has been confirmed and Alder Hey's business case has been considered, revised COVID recovery plans and trajectories will be developed to achieve a staged and sustainable return to the 92% waiting time measure. In the meantime, the CAMHS waiting time position continues to be closely monitored by the CCGs and the trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity.

Reporting of the Eating Disorders Young People's Service (EDYS) will shortly move to monthly as the trust starts to include in its monthly contract statements. As with CAMHS, the impact of COVID has led to an increase in demand for the service and a high number of new and existing patients are presenting to the service at physical and mental health risk. Consequently, during COVID-19 the service has seen the highest number of paediatric admissions for young people with an eating disorder since the service commenced. Whilst this has placed the service under significant pressure, staff have worked flexibly to manage the increase in demand: from June 2020 onwards, 100% of patients received urgent and routine treatment within the national waiting times standards, and this was sustained until January 2021. However, due to a further increase in referrals in February 2021, there have been a number of breaches in the routine treatment waiting time standards (28 days). As with CAMHS, once the mental investment allocation is confirmed for Sefton, the CCGs will consider what additional investment is required to support recovery.

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 remain on target. There continues to be an increasing number of referrals to both services which is placing pressure on service capacity, and whilst the trust has a number of mitigating actions in place to manage this, discussions with local partners are underway to understand the drivers for this increase.

Whilst SEND performance for the community therapies is on track, there are ongoing concerns in respect of CAMHS performance which continues to fall short of the SEND KPIs. As outlined above, local, regional and national plans are in progress to address this as the management and delivery of the service will continue to be closely monitored.

CCG Peers

The CCG has 10 NHS RightCare peer CCGs who are most demographically similar to them. RightCare peer CCGs provide realistic comparisons and take into account demographic factors such as deprivation and age. For South Sefton these are South Tyneside, St Helens, North East

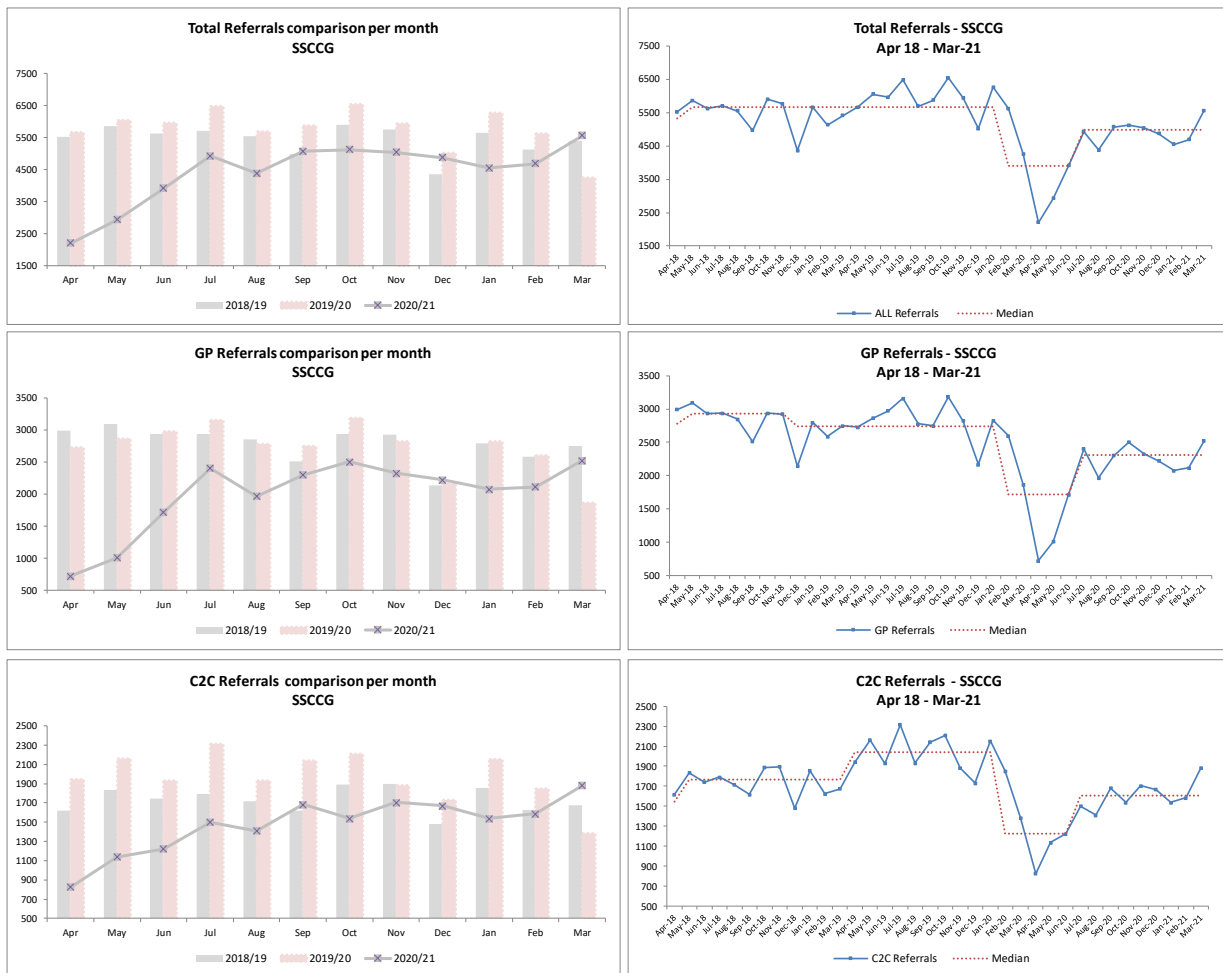
Lincolnshire, Mansfield & Ashfield, Halton, Rotherham, Sunderland, Blackpool, Thanet and Tameside & Glossop CCGs. Where the data is available the CCG has been ranked against these CCGs for information, best performing being ranked first.

2. Planned Care

2.1 Referrals by source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%
April	2730	725	-2005	-73.4%	1943	828	-1115	-57.4%	5662	2200	-3462	-61.1%
May	2863	1012	-1851	-64.7%	2163	1138	-1025	-47.4%	6053	2929	-3124	-51.6%
June	2974	1719	-1255	-42.2%	1928	1224	-704	-36.5%	5961	3910	-2051	-34.4%
July	3160	2402	-758	-24.0%	2314	1501	-813	-35.1%	6488	4929	-1559	-24.0%
August	2777	1966	-811	-29.2%	1932	1410	-522	-27.0%	5694	4380	-1314	-23.1%
September	2748	2301	-447	-16.3%	2142	1683	-459	-21.4%	5877	5070	-807	-13.7%
October	3185	2502	-683	-21.4%	2210	1539	-671	-30.4%	6547	5123	-1424	-21.8%
November	2823	2325	-498	-17.6%	1883	1704	-179	-9.5%	5939	5041	-898	-15.1%
December	2166	2220	54	2.5%	1732	1668	-64	-3.7%	5024	4869	-155	-3.1%
January	2827	2078	-749	-26.5%	2152	1537	-615	-28.6%	6268	4546	-1722	-27.5%
February	2599	2115	-484	-18.6%	1851	1585	-266	-14.4%	5628	4689	-939	-16.7%
March	1865	2524	659	35.3%	1385	1880	495	35.7%	4258	5559	1301	30.6%
Monthly Average	2726	1991	-736	-27.0%	1970	1475	-495	-25.1%	5783	4437	-1346	-23.3%
YTD Total Month 12	32717	23889	-8828	-27.0%	23635	17697	-5938	-25.1%	69399	53245	-16154	-23.3%
Annual/FOT	32717	23889	-8828	-27.0%	23635	17697	-5938	-25.1%	69399	53245	-16154	-23.3%

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





Month 12 Summary:

- Secondary care referrals have remained below historical levels across all referral sources since the beginning of 2020/21. However, month 12 has seen a peak for referrals with the 5,559 reported representing a 30.6% increase when comparing to the previous year.
- This increase could potentially be linked to factors such as the national vaccination programme, easing of some national lockdown restrictions and the elective restoration programme.
- GP referrals are reporting a year to date -27.0% decrease when comparing to 2019/20. However, month 12 has seen an increase in GP referrals and further analysis has established there have been approximately 4 additional GP referrals per day in March 2021 when comparing to the previous month.
- Aintree Hospital has reported a -24.6% decrease in total referrals at month 12 when comparing to 2019/20.
- Trauma & Orthopaedics was the highest referred to specialty for South Sefton CCG in 2019/20. Referrals to this speciality during month 12 were approximately 13.7% (65) higher than in March 2020, however they are -8.5% down when comparing year to date.
- In terms of referral priority, all priority types have seen a reduction at month 12 of 2020/21 when comparing to the equivalent period in the previous year. The largest variance has occurred within routine referrals with a reduction of -33.0% (-14,566).
- Analysis suggests a recovery of two week wait referrals with numbers exceeding those seen in 2019/20 from June 2020 onwards. The 983 two week wait referrals reported in March-21 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.
- When considering total referrals, decreases are evident across the majority of specialities with notable variances (in terms of volume and proportionally) apparent in Gynaecology, ENT, Dermatology, Respiratory Medicine and Ophthalmology.
- Specialty code 822 (Chemical Pathology) has been excluded from April 2020 onwards due to an issue found within Southport & Ormskirk data.
- Data is now being received for Alder Hey and Renacres Hospitals from month 4 onwards; however, this data has been excluded from the analysis to show a more accurate representation of referral trends. The new data shows that in March 2021, referrals to Alder Hey are 62.8% (220) up when comparing to March 2020 with Renacres referrals also showing an increase of 2.6% (51).



2.2 NHS E-Referral Services (e-RS)

Reporting has been suspended on the e-RS metric this month due to issues with the accuracy of the data, it remains part of the outpatient strategy and an update will be provided in the next report.

2.3 Diagnostic Test Waiting Times

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
RED	TREND		Dec-20	Jan-21	Feb-21	Mar-21	
		CCG	15.84%	17.25%	10.90%	8.39%	
		LUHFT	22.19%	25.01%	18.02%	10.79%	
		Previous year	Dec-19	Jan-20	Feb-20	Mar-20	
		CCG	2.72%	2.66%	1.06%	14.14%	
		Aintree	0.65%	1.03%	0.05%	13.45%	
National Target: less than 1% Yellow denotes achieving 19/20 improvement plan but not national standard of less than 1%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> For the CCG 2,563 patients on the waiting list with 215 waiting over 6 weeks (of those 48 are waiting over 13 weeks). Same period last year saw 2,786 patients waiting in total and 394 waiting over 6 weeks (of those 3 waiting over 13 weeks). Gastroscopy (85), Colonoscopy (42), Echocardiography (25) and Flexi sigmoidoscopy (20) make up over 80% of the total breaches. Measuring against the CCG Peers, South Sefton CCG lies 1st in the rankings, (best performing). The CCG is reporting well below the national level of 24.29%. For LUHFT joint performance was 10.79% compared to 18.02% in February which continues the improvement seen over the last few months. Impact on performance due to COVID-19 pandemic but is showing improvement. Reopening of outpatients in August had resulted in increased demand based on previous months, however still below previous year corresponding months. Possibly due to the focus of primary care in its support of the COVID-19 vaccination programme. March 2021 however, has seen a significant increase in referral activity compared to previous year (30.6% increase). Infection Prevention Control (IPC) guidance has resulted in reduced capacity. Endoscopy capacity reduced in October following the introduction of a combined acute medical/gastro StR rota to support cover for the increased medical bed base during COVID-19 second surge. 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability is on-going. Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from providers Total diagnostic activity levels for South Sefton CCG in month 12 are currently below expected/planned levels as set out in the NHS Phase 3 planning submission. CCG reviewing the 'Increasing Capacity' Framework for the commissioning of ISP activity, working closely with the acute Trust to ensure alignment in commissioning of an appropriate quantum of independent sector capacity. 							
System:							
<ul style="list-style-type: none"> Integrated care system (ICS)/Health care partnership co-ordinating planning rounds for H1, with expectations that CCGs submit expected activity/financial assumptions by 6th May 2021 and final submission will be in June 2021. Liverpool CCG continues to meet with providers such as LUHFT to discuss diagnostic recovery approach: <ul style="list-style-type: none"> - MRI, CT and Echo are the initial focus. - Set up principles around sharing capacity and agreeing how to best deliver in relation to urgency, wider discussions taking place on a C&M footprint via C&M imaging network but with a local focus. CCG discussing alignment of QIPP and CIP schemes with newly appointed turnaround Director at LUHFT, with anticipated collaboration with neighbouring CCGs. 							
LUHFT Actions: Capacity Actions:							
<ul style="list-style-type: none"> Re-introductions of waiting list initiatives to recover capacity. Revised additional payment rates for Radiology workforce across CT, MRI and ultrasound to increase diagnostic capacity. Commissioning of additional static CT scanner on the Aintree site to increase capacity of service. Through the commissioning and delivery of additional diagnostic capacity, the Trust has made significant progress in reducing both the volume of patients waiting for outpatient diagnostics and the percentage waiting over 6 weeks. The Trust continues to benefit from access to the relocatable scanner for imaging, insourcing endoscopy capacity and mutual aid. 							
Improvement Actions:							
<ul style="list-style-type: none"> Central management of patients access for test across all sites to reduce variation in access between sites. Focus on reducing Gastroenterology follow-up waits as per CQC recommendations. 							
When is performance expected to recover:							
No specific date for recovery provided.							
Quality:							
No quality concerns have been raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		John Wray		Terry Hill			

2.4 Referral to Treatment Performance (RTT)

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (18 weeks)		Previous 3 months and latest					129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND		Dec-20	Jan-21	Feb-21	Mar-21		
		CCG	63.96%	62.25%	61.33%	62.11%		
		LUHFT	64.70%	63.86%	63.25%	63.44%		
		Previous year	Dec-19	Jan-20	Feb-20	Mar-20		
		CCG	85.30%	83.20%	82.10%	79.08%		
		Aintree	83.00%	82.20%	81.90%	78.36%		
Plan: 92%								
Performance Overview/Issues:								
<ul style="list-style-type: none"> Continued impact on performance is due to COVID-19 pandemic, this month there has been a very small improvement in performance. The challenged specialties include T&O, General Surgery, ENT, ENG and Cardiothoracic Surgery. Measuring against the CCG Peers, South Sefton CCG lies 7th in the rankings (1st being best performing). The CCG is reporting below the national level of 64.38%. Reintroduction of ERS clinics in August, led to an increase in GP referrals, without a corresponding increase in volume of activity. LUHFT's overall waiting list has increased by 1,641 from previous month to 49,055, contributed by continued validation of waiting list. Renacres has been under the national contract for independent sector services in 2020-21 and is now back on an NHS standard contract from the 1st April 2021. Renacres has its own backlog of waiters and is also supporting S&O with elective recovery. 								
Actions to Address/Assurances:								
CCG Actions:								
<ul style="list-style-type: none"> As with diagnostics, collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability in on-going. Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from Providers. Work with system partners and National/regional leads to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid), including discussing proposal with regards to surgical hubs/Green sites, digital risk stratification (A21) and system PTL/waiting lists. Work with National Elective care programme leads to develop and implement a system modelling tool in Ophthalmology, that will indicate changing levels of activity across the pathway, and support transformation of services, with expected positive impact on restoration and performance. Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size. CCG discussing alignment of QIPP and CIP schemes with newly appointed turnaround Director at LUHFT, with anticipated collaboration with neighbouring CCGs. CCG reviewing the 'Increasing Capacity' Framework for the commissioning of ISP activity, working closely with the acute Trust to ensure alignment in commissioning of an appropriate quantum of independent sector capacity. The CCG is working closely with Renacres on assurance around waiting list performance, including its processes to review and validate waiting lists from a patient quality perspective, prioritising by clinical need and length of time on the waiting list. 								
LUHFT Actions:								
Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:								
<ul style="list-style-type: none"> LUHFT continues to work collaboratively with local specialist trusts to provide additional theatre capacity during the pandemic. Increased utilisation of Spire Liverpool, Management of long wait patients and restoration of elective programme phased from mid-March 2021 ahead of plan by 15th April 2021. Continued focus on clinical prioritisation and access to additional capacity through mutual aid, independent sector and waiting list initiatives; specifically for Priority 2 patients waiting more than 4 weeks from decision to treat. The Walton Centre continues to support spinal services and Liverpool Heart and Chest Hospital are supporting vascular and upper GI services. A change in Infection Prevention Control (IPC) guidance supporting reduction in self-isolation, resulting in improved utilisation of cancellations. 								
When is performance expected to recover:								
No specific date for recovery provided.								
Quality:								
No quality concerns have been raised.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		John Wray			Terry Hill			

2.4.1 Referral to Treatment Incomplete pathway - 52+ Week Waiters



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				129c	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
RED	TREND	Dec-20	Jan-21	Feb-21	Mar-21		
		CCG	647	1,025	1,374	1,548	
		LUHFT	2,327	3,395	4,431	5,027	
		Previous year	Dec-19	Jan-20	Feb-20	Mar-20	
		CCG	0	0	0	3	
		Aintree	0	0	0	0	
Plan: Zero							
Performance Overview/Issues:							
<ul style="list-style-type: none"> Of the 1,548 breaches, the majority were at were at Liverpool University Hospital Foundation Trust (1,321) the remaining 227 breaches spanned across 22 other trusts. Measuring against the target the CCG is 541 over the phase 3 response plan. Measuring against the CCG Peers, South Sefton CCG lies 6th in the rankings (1st being best performing). 52+ week waits for the CCG represent 9.63% of the total waiting list in March which is above the national level of 8.81%. LUHFT 52 week breaches increased to 5,027 in March compared to 4,431 in February the largest number of patient waiting in excess of 52 weeks were in T&O, General Surgery, Ophthalmology and ENT. Regionally Trust experiencing further delays due to patients reluctant to attend during the pandemic, such patients are not to be discharged as per national guidance. 							
Actions to Address/Assurances:							
<p><u>CCG Actions:</u></p> <ul style="list-style-type: none"> Monitoring of the 36+ week waiter continues. Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going. Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Contract Quality Review Meeting (CQRM) as appropriate. CCG discussing alignment of QIPP and CIP schemes with newly appointed turnaround Director at LUHFT, with anticipated collaboration with neighbouring CCGs. <p><u>LUHFT Actions:</u></p> <p>Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:</p> <ul style="list-style-type: none"> Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery. Breaches/appointment cancellations were directly related to COVID-19 issues and the patients have since been prioritised and offered new appointments. In line with guidance, the Trust are validating their waiting list Review of activity and workforce commenced to support rota development and future workforce planning to maintain safe staffing levels matched to patient demand. Improved number and utilisation of theatres sessions. 							
When is performance expected to recover:							
No set date for recovery.							
Quality:							
No quality concerns have been raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		John Wray		Terry Hill			

Figure 2 – CCG RTT Performance & Activity Trend

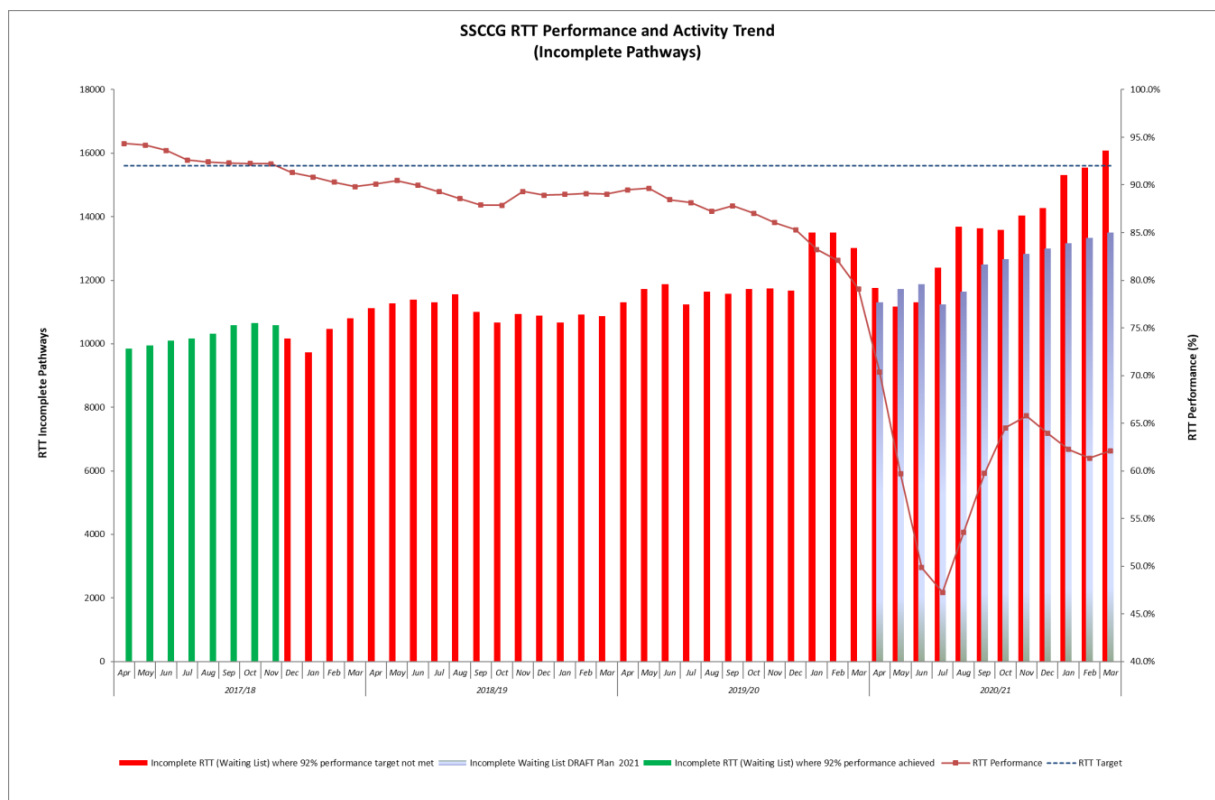


Figure 3 - South Sefton CCG and LUHFT Total Incomplete Pathways

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	15,541	16,076	16,076
Difference	442	-548	-569	1,155	2,034	1,126	991	1,197	1,267	2,144	2,211	2,580	2,580
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	1,374	1,548	
Difference	8	46	106	171	198	35	128	277	341	488	541	541	

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	47,414	49,055	49,055
Difference	-4,067	-6,975	-9,233	-6,592	-7,074	-8,484	-6,289	-5,074	-4,350	-2,083	-963	3,042	3,042

New plans for incomplete pathways and 52 week waiters have started from September as part of the NHS phase 3 response to the COVID-19 pandemic; the April to August waiting list plan was based upon actual performance during the last financial year and was an interim plan. In March, the CCG is currently over the new plan by over by 2,580. The CCG's main provider LUHFT accounts for 73.02% (11,739) of all incomplete pathways in March.

LUHFT's waiting list is currently above their last year's actuals.

2.4.2 Provider assurance for long waiters

Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes - 52 weeks
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (REM)	631	1,321	The Trust's elective programme was restricted in January and February to manage the latest COVID surge. Theatre staff were redeployed to critical care, and outpatient staff were redeployed to wards. As a result, elective activity was prioritised for cancer patients and clinically urgent patients. Work through the Elective Access Strategic Oversight Group and Outpatient Improvement Programme will focus on the sustained and extended use of virtual appointments where clinically appropriate. A Trust wide overarching Reset Plan has been developed with oversight and performance monitored by the Operations and Performance Executive Lead Group (OPELD).
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	64	47	In line with national requirements the Trust continues to review waiting lists for those patients who have to wait longer for routine treatment due to the pandemic, specifically for benign gynaecology. All referrals have clinical triage, patients on the admitted pathway have all had Consultant review to prioritise patients. The Trust has met required recovery trajectories for outpatients and elective activity to date, however, anticipates future challenges with long waiting (52 week) patients. At the end of March 2021, the Trust began to restore the elective programme. The Trust now regularly delivers over 2,000 non face to face appointments per month which assists greatly with recovery. Following successful recruitment in theatre services the Trust will be able to maximise a 38-session week from mid-May which allows the service to address the long wait backlog.
RENACRES HOSPITAL : (NVC16)	39	45	Since March 2020, the Trust has been working together with NHS Trusts across the country to deliver urgent care during the COVID-19 pandemic. Unprecedented strain has been placed on the health service, but the priority still remains the same, to ensure that patients can access the care they need. Ramsay has treated the highest volumes of NHS patients in the independent sector throughout the pandemic.
SPIRE LIVERPOOL HOSPITAL : (NT337)	46	36	The National Framework contract commenced on 31st December 2020. The hospital has discussed displaced elective cases with Liverpool CCG as lead commissioner and restarted its elective programme based on the clinical prioritisation programme mandated by NHSEI. It is expected that Spire Liverpool will continue to support LUHFT with long wait NHS cases as its own elective capacity has been severely impaired. Outpatient appointments cancelled due to the pandemic have now all been rebooked providing an accurate outlook of wait times for patients wishing to access the hospital's services.
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVV)	18	26	Recovery plans are in place across all specialities and a Restoration Plan has been submitted. Currently meeting targeted restoration activity levels as per national guidance. Five all day theatre sessions per day have been in place at Ormskirk District General Hospital since 4th May 2021 due to the return of the Theatre Teams and staff members that had been shielding or redeployed. Risk stratification is performed for all appropriate patients and weekly PTL meetings are taking place to track patients and escalate issues and OSM daily monitoring continues. The Trust has been providing virtual appointments where possible. There has been a review of job plans to maximise capacity and Service reviews underway. Based on the current restoration plan, it is forecasted that 52-week waiters would be resolved by early 2022. A new regional patient treatment list is being implemented on a system level in a bid to restore RTT to pre-COVID levels.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	28	21	Patient Tracking List meetings are held twice weekly with service leads in attendance. All long wait patients are monitored individually, and additional capacity is available to enable them to be booked as soon as feasible or the patient agrees. STHK expect a high level of recovery to pre COVID-19 levels due to their 'hot' and 'cold' site arrangements. Urgent patients and long waiters remain the priority patients for surgery. All theatres were fully re-opened from April 2021 as shielding staff were able to return.
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST : (RRF)	6	16	Elective surgery has been severely impacted by COVID-19 but patients are being transferred to neighbouring hospitals where possible. Two new theatres came back on line in February which has helped to treat patients that have been waiting a long time for treatment.
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST : (RBQ)	6	6	Referral to treatment waiting times remain below target as expected due to the significant backlog accumulated during the surge. All patients undergo a harm review by the consultant responsible for the patients care. Elective restoration remains hampered by the high levels of Covid positive inpatients occupying beds and the need to provide clean pathways and capacity. Phased plans to increase elective capacity will be allocated in accordance with the greatest clinical need. The Trust remains on track to deliver normal levels of day case capacity.
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST : (RBL)	2	6	P1 and P2 categories of patients (those requiring immediate treatment or treatment within 4 weeks) has continued with the independent sector being engaged to reduce the backlog. A small number of P3 patients are being treated at Clatterbridge or being outsourced to the independent sector. There are plans to use insourcing at weekends through 18 week support from May. All patients who breach 52 weeks have a harm review undertaken.
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST : (RJR)	3	3	There will be a specific focus on these patients. The Trust has insourced capacity and utilised commissioned capacity at the Independent Sector. All new referrals continue to be clinically triaged. Patients continue to exercise their personal choice to delay appointments and treatments. The Trust continues to conduct the Clinical Validation exercise where extended clinic consultation has been required on all urgent, fast-track and over 30 week waiting patients on RTT pathways. Following a conversation with NHSEI regarding the challenges the Trust in terms of estates, workforce, IPC guidance and behaviours, the Trust has requested support from ECIST in order to gain support and insight on increasing productivity. Due to the prolonged COVID surge a large proportion of elective activity required suspension to release space and workforce for COVID-19 management. This has set back the recovery programme which will be reinstated to maximum potential as soon as Critical Care numbers subside to a level where increased space and workforce provision is required. The Trust has requested earliest possible consideration of Mutual aid from the Region as it has been regionally recognised that the Countess has been one of the 3 hospitals who have been hit 'hardest and longest' by the pandemic.
FAIRFIELD HOSPITAL : (NVG01)	0	3	All our service are available. As a green (Non-COVID) site for the NHS throughout COVID-19, we have adapted our services to the challenges presented from the pandemic.
SPAMEDICA LIVERPOOL : (NPG06)	1	3	All hospitals are accepting new referrals to treat NHS patients for cataract surgery, YAG capsulotomy and AMD treatments. Current waiting times for cataract surgery are 2 to 4 weeks for pre-assessment appointments. The Trust is in regular contact with Public Health England, NHS England, the Royal College of Ophthalmologists, regional CCGs and NHS Trusts to keep up-to-date with the latest advice and provide ophthalmology support and services where they are needed most.
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST : (ROA)	2	2	Manchester University has continued with the ongoing performance management of Hospital delivery and clinical validation, and priority work to ensure that the number of long waiters is minimised where possible. The Group MESH (Manchester Emergency & Elective Surgical Hub) has been mobilised to ensure oversight and effective use of resources across the Trust sites, including Independent Sector capacity. Outputs from the site-based meetings prioritise access to theatre capacity, to ensure that the patients with the highest clinical priority are operated on first and that there is equity of access across specialities and sites. Further focus has been undertaken to convert face to face appointments to telephone and virtual.
SALFORD ROYAL NHS FOUNDATION TRUST : (RM3)	1	2	The Greater Manchester Mobile Endoscopy Unit will add capacity in support of reducing times to diagnosis for urgent cancer & routine pathways over the coming months. Support for other complex diagnostics is being sought from across Greater Manchester. Independent Sector volumes of activity are being agreed to support capacity constraints in the Acute Sector. The Northern Care Alliance Surgical Prioritisation Group continues to embed with strong clinical engagement and a focus on dating all priority 1 and 2 patients. Teams continue to focus on the safety aspects of growing waiting lists to mitigate harms and poor patient experience.



Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes - 52 weeks
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST : (RL1)	0	2	The Trust has been asked to rapidly draw up plans for the highest possible levels of activity across elective services. Utilisation of this capacity will need to be balanced between the clinical prioritisation of the most urgent patients as well as treating long waiters. The Trust continues to review the clinical priority of patients and update harms assessments as appropriate.
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST : (RJE)	1	2	There has been a Scaling up of theatres at Royal Stoke and County which will progress to secure September operating volumes by May 2021. Independent Sector contracts are now confirmed and have drafted with patients transferring over. Work continues on the 26 week pathway plans with the CCG to support a phased mail drop to patients around their waiting list status and a number of other test questions to support waiting list validation.
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	9	1	Performance continues to improve with notable progress against restoration targets. Continued challenges remain primarily within surgical specialities. As phase 3 activity improves an increase in RTT performance will also continue with this trajectory. The majority of patients waiting over 52 weeks are waiting for surgical treatment, all of which have received a clinical review and continuous plans are in place in attempt to treat these children as soon as possible. The reduction in theatre schedule during January and February has posed a greater challenge in treating patients however all continue to be reviewed/monitored weekly. Some of these children have also been established via additional validation associated with the Safe Waiting List Programme
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST : (RAE)	0	1	The Trust has a robust clinical prioritisation process in place, where the focus is being given to the clinically urgent first.
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST : (RWY)	0	1	Clinical validation and prioritisation is in place. 'Buddies' contact patients and give information when validated as high P value. Phone and Virtual appointments are still in place as a large number of face to face clinics have been cancelled or replaced with phone consultations. Divisional CAS co-ordinators have been employed.
EUXTON HALL HOSPITAL : (NVC05)	0	1	Since March 2020, the Trust has been working together with NHS Trusts across the country to deliver urgent care during the COVID-19 pandemic. Unprecedented strain has been placed on the health service, but the priority still remains the same, to ensure that patients can access the care they need. Ramsay has treated the highest volumes of NHS patients in the independent sector throughout the pandemic.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)	1	1	Work continues in line with the national clinical prioritisation programme for prioritising patients and communicating with patients who are delayed where their procedures are not deemed to be urgent. Harm reviews of 52+ week waits and deep dive reviews of specialities with long waits are reported to Safety and Quality Committee. There is mutual aid from ICS as required and an ICS elective recovery programme is in place with work on shared PTL being developed. Capital bids supports more day case theatres in Q1 2021/22. The Trust will continue to utilise IS capacity.
PHOENIX PUBLIC HEALTH LTD : (DTT)	3	1	Surgery booked for 24/05/21
WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST : (RWW)	0	1	Elective activity for P1 and P2 patients has been maintained onsite and with support from the independent sector. Recovery of the elective programme is taking place with urgent cancer and elective activity being prioritised along with all patients being clinically reviewed in conjunction with guidance released for the management of vulnerable patients. Elective capacity has been restored at the Halton Elective Centre and Captain Sir Tom Moore Centre. The Trust continues to utilise Independent Sector Capacity. Restoration and recovery plans for 2021/22 are currently being drawn up in line with Cheshire & Mersey planning.
Other Trusts	2	0	No Trust Information.
	863	1,548	

2.5 Cancer Indicators Performance




Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer Measures		Previous 3 months, latest and YTD					122a (linked)	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure	Dec-20	Jan-21	Feb-21	Mar-21	YTD		
	2 Week Wait (Target 93%)	CCG	84.54%	84.54%	95.97%	96.59%	92.18%	
		LUHFT	81.44%	80.63%	95.29%	97.96%	91.71%	
	2 Week breast (Target 93%)	CCG	49.12%	62.90%	86.49%	98.04%	82.33%	
		LUHFT	67.59%	74.60%	88.98%	97.90%	87.20%	
	31 day 1st treatment (Target 96%)	CCG	100%	98.80%	95.59%	95.83%	96.65%	
		LUHFT	95.90%	94.31%	97.03%	95.76%	94.84%	
	31 day subsequent - drug (Target 98%)	CCG	100%	100%	100%	100%	98.91%	
		LUHFT	97.30%	100%	100%	100%	97.05%	
	31 day subsequent - surgery (Target 94%)	CCG	100%	92.31%	100%	100%	92.16%	
		LUHFT	89.09%	82.50%	97.37%	91.11%	82.87%	
	31 day subsequent - radiotherapy (Target 94%)	CCG	100%	100%	100%	100%	98.55%	
		LUHFT	No pats	No pats	No pats	No pats	No pats	
	62 day standard (Target 85%)	CCG	80.00%	65.71%	74.07%	64.52%	73.15%	
		LUHFT	68.53%	66.53%	60.87%	66.53%	68.61%	
	62 Day Screening (Target 90%)	CCG	85.71%	92.31%	75.00%	100%	80.00%	
		LUHFT	78.95%	90.32%	86.11%	80.00%	70.83%	
	62 Day Upgrade (Local Target 85%)	CCG	80.00%	76.92%	63.16%	72.73%	78.52%	
		LUHFT	79.43%	84.56%	87.02%	80.00%	70.83%	
Performance Overview/Issues:								
<ul style="list-style-type: none"> The CCG is achieving 3 of the 9 cancer measures year to date and 6 measures in month. The Trust isn't achieving any measures YTD but are achieving 3 in month. Referrals for suspected cancer continue to exceed pre-pandemic rates with latest reported period at 120% The breast 2 week wait standard has recovered in month 12 to exceed the operational standard. For Cancer 62 Day standard the CCG is now measuring below the national level of 73.94% recording 64.52% in March. The size of the surgical waiting list remains stable. Please note reasons for breached pathways recorded on the National Cancer Waits database can only be recorded against a limited number of categories for the primary delay cause and do not take into account multiple delays in the same cancer pathway which is a common scenario. Also breach reason categories have not yet been expanded to reflect COVID-19 related themes for delays. Key breach reasons as recorded were: Patient choice, inadequate elective capacity, complex diagnostic pathways, health care professional initiated delay, medical and other reasons - see above. Since the start of the COVID-19 pandemic, the focus has shifted from performance standards relating to patients who have been seen or treated in the given month to the backlog of patients still waiting on cancer diagnostic and treatment pathways. The NHS Operational Planning Guidance asks for the focus to be returned to performance standards as soon as possible. 								
Actions to Address/Assurances:								
<p>The Cheshire and Merseyside Cancer Alliance is providing system leadership and operational oversight for the restoration of cancer services. The restoration is focusing on three objectives, namely:</p> <ul style="list-style-type: none"> To create sufficient capacity to ensure that patients who have had their care pathways disrupted are delayed no further, and ensure that all newly referred patients are diagnosed and treated promptly; To ensure equity of access across the system so that patients are not disadvantaged because of local capacity constraints; To build patient confidence – patients need to be reassured that their diagnosis and treatment will take place in an environment and manner that is safe. <p>A Cancer Alliance level live daily PTL from all providers is being implemented from early 2021. This will facilitate:</p> <ul style="list-style-type: none"> - Direct visibility of patient tracking list (PTL) data for live reporting. - Live information on PTL by provider, by CCG and at speciality level down to PCN and GP practice level. - Predicted performance information. - Proactive rather than reactive management. - Brings together like for like data for Alliances across the North West. - Support to cancer management teams on activity volumes / growth. - Tracking of key issues – such as 104 day breaches. 								

When is performance expected to recover:		
The planning submission to support restoration of cancer services includes trajectories for months 1-6 for:		
<ul style="list-style-type: none"> • Numbers of patients receiving 1st outpatient appointment by day 14 following referral from a general practitioner. • Numbers of patients on an active Cancer PTL - numbers waiting 63 days or more after referral. • Numbers of patients receiving a 1st definitive cancer treatment within a month of decision to treat. 		
Providers have submitted their cancer restoration plans to NHSE. Overall these factor in growth of 10% on suspected cancer referrals and growth in treatment and diagnostic volumes to address backlogs.		
Quality:		
Cheshire and Merseyside Cancer Alliance hosts a weekly clinical prioritisation group where individual cases can be discussed to ensure most equitable access to available capacity at surgical hubs based on clinical need.		
LUHFT has established a Cancer Surgery Prioritisation Group (CSPG) to provide oversight to all operational requirements of cancer surgery across the Surgical Divisions and ensure clinical prioritisation is consistently applied across all.		
Indicator responsibility:		
Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Dr Debbie Harvey	Sarah McGrath

2.5.1 104+ Day Breaches

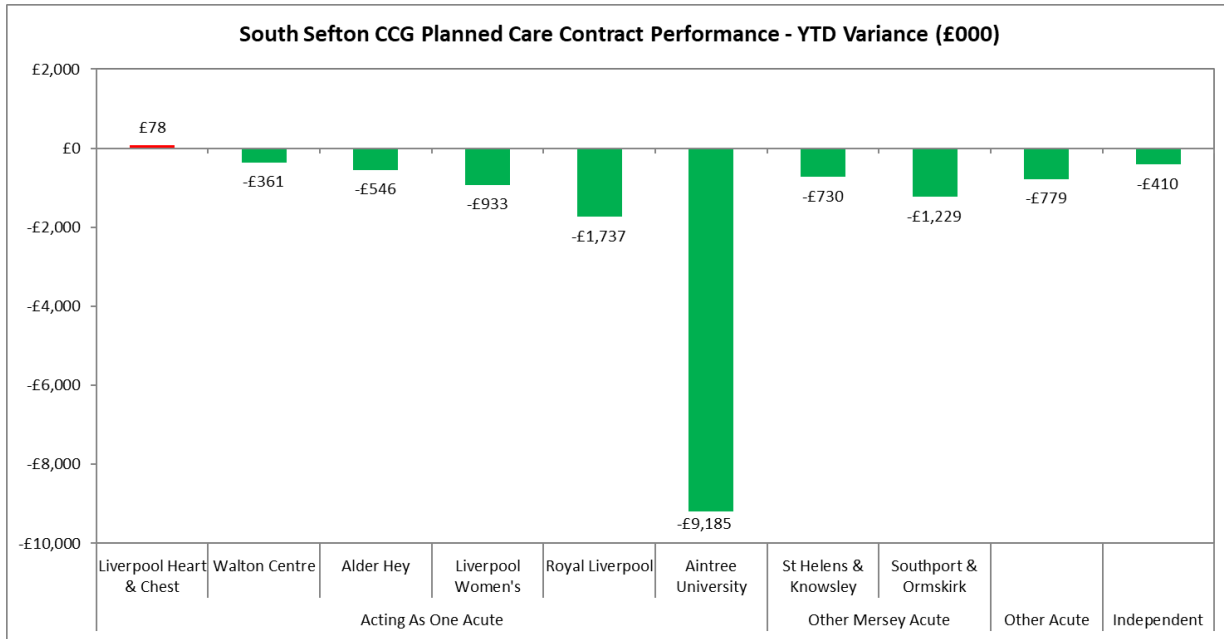
Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days - LUHFT		Latest and previous 3 months				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Dec-20	Jan-21	Feb-21	Mar-21	
		16	16	15	No data	
		Plan: Zero				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • The CCG is unable to get the numbers of CCG patients waiting over 104 days for March due to a system error and missing information for LUHFT. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • See actions and assurances in the main cancer measures template, above, and reference to 3rd phase letter priorities and immediate plan to manage those waiting more than 104 days. 						
When is performance expected to recover:						
Providers have submitted trajectories for recovery of all over 62 day backlogs.						
Quality:						
There is a monthly cancer harm review panel with input from Liverpool CCG Quality and Performance teams and a GP lead. The RCAs for breached pathways are reviewed against a number of KLOEs and feedback is provided to the provider following each panel. The KLOEs include evidence of safety netting and communication with patients/ primary care, risk stratification, utilisation of tracking and governance oversight.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Dr Debbie Harvey		Sarah McGrath		

2.5.2 Faster Diagnosis Standard (FDS)

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer - Faster Diagnosis Standard Measures		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure		Dec-20	Jan-21	Feb-21	Mar-21	YTD	
	28-Day FDS 2 Week Wait Referral	CCG	72.71%	63.24%	64.01%	72.05%	72.01%	
		Target	75% Target from Q3 2021-22					
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	88.00%	87.04%	89.19%	87.23%	89.05%	
		Target	75% Target from Q3 2021-22					
	28-Day FDS Screening Referral	CCG	60.53%	56.00%	51.28%	55.93%	50.40%	
		Target	75% Target from Q3 2021-22					
Performance Overview/Issues:								
<ul style="list-style-type: none"> The 2021/22 Priorities and Operational Planning Guidance has a strong focus on full operational restoration of cancer services. Systems will be expected to meet the new Faster Diagnosis Standard (FDS) from Q3, to be introduced initially at a level of 75%. In March and year to date, the CCG performed above the proposed target for the 2 week breast symptom FDS indicator. However, the two week and screening referral indicators performed below target. RAG is indicating what the measures would be achieving when the target comes live from Q3 2021-22. 28 Day FDS overall is reporting 71.77% for March and 72.43% year to date, just under the proposed 75% target. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> The new Faster Diagnosis Standard (FDS) is designed to ensure that patients who are referred for investigation of suspected cancer will have this excluded or confirmed within a 28 day timeframe. Focus since the start of the pandemic has been on the backlog of patients still waiting for diagnosis and treatment. Actions to achieve the 28 days standard are consistent with actions aimed at shortening the diagnostic element of the pathway to aid achievement of the 62 days standard, see under 62 day section. The Guidance also states that Systems should, as soon as possible also ensure a renewed focus on improving performance against the existing Cancer Waiting Times standards. Cancer Alliances are asked to draw up on behalf of their ICS(s) an action plan for improving operational performance, with a particular focus on pathways which are most adversely affecting overall performance. 								
When is performance expected to recover:								
Not applicable.								
Quality:								
Not applicable.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Dr Debbie Harvey			Sarah McGrath			

2.6 Planned Care Activity & Finance, All Providers

Figure 4 - Planned Care - All Providers



For planned care, month 12 of the financial year 2020/21 continues to show significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS 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. 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. However, March-21 has shown an increase in activity with this being the second highest monthly total reported throughout 2020/21.

At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£9.1m/-34% against the previous year. Across all providers, South Sefton CCG has underperformed by -£15.8m/-32.7%.

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

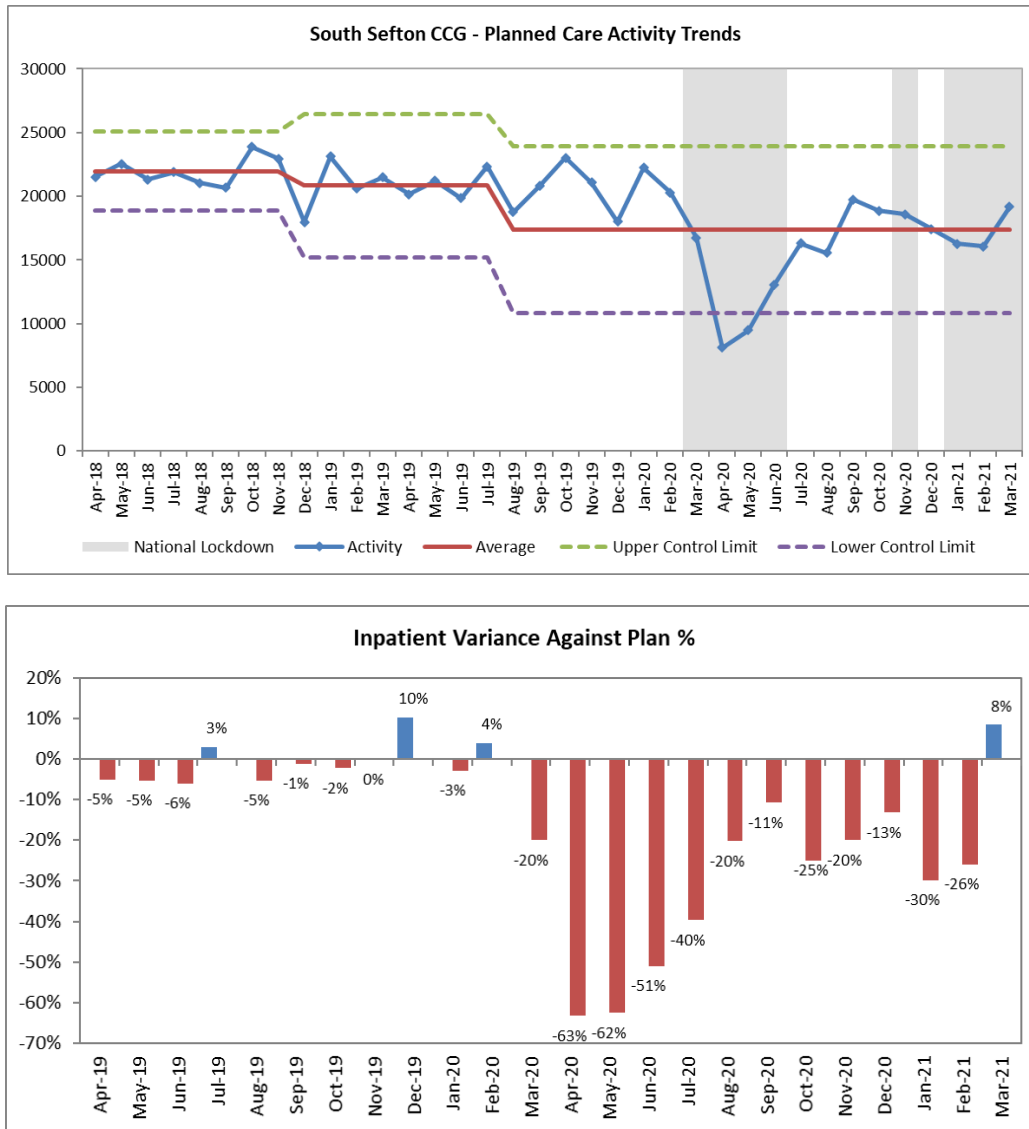
NB. Liverpool University Hospitals NHS Foundation Trust (LUHFT) was created on 1st October 2019 following the acquisition of the former Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUHT) by Aintree University Hospital NHS Foundation Trust (AUHT). For the purposes of this report, South Sefton CCG will continue to monitor 2020/21 contract performance for the individual sites of Aintree and Royal Liverpool.

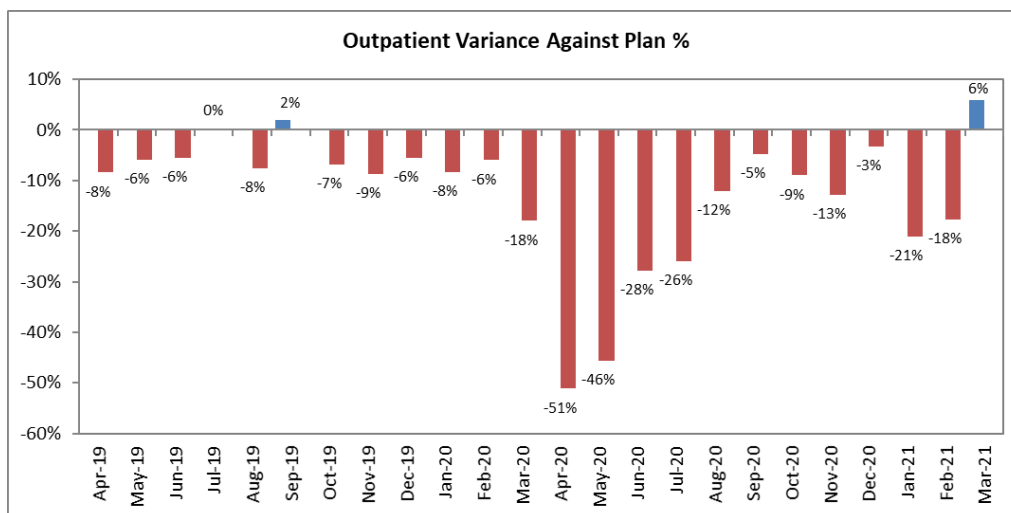
Due to the COVID-19 pandemic, a number of month 12 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans were not formally agreed with a number

of providers. Therefore, for consistency, the contract performance values included in the above chart relate to variances against 2019/20 month 12 year to date actuals.

There will be no financial impact to South Sefton CCG for contract performance at any Providers within the Acting as One block contract arrangement. The Acting as One Providers are identified in the above chart.

Figure 5 - Planned Care Activity Trends, Inpatient and Outpatient Variance against Plan





2.6.1 Aintree Hospital

Figure 6 - Planned Care – Aintree Hospital

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	12,382	7,456	-4,926	-40%	£7,489	£4,172	£-3,317	-44%
Elective	1,181	510	-671	-57%	£3,572	£1,378	£-2,194	-61%
Elective Excess BedDays	819	206	-613	-75%	£217	£58	£-159	-73%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	218	157	-61	-28%	£45	£30	£-16	-34%
OPFANFTF - Outpatient first attendance non face to face	1,354	8,718	7,364	544%	£45	£1,175	£1,130	2515%
OPFASPCL - Outpatient first attendance single professional consultant led	30,493	22,308	-8,185	-27%	£4,926	£3,601	£-1,326	-27%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	853	212	-641	-75%	£86	£21	£-64	-75%
OPFUPNFTF - Outpatient follow up non face to face	6,293	32,930	26,637	423%	£158	£2,033	£1,875	1187%
OPFUPSPCL - Outpatient follow up single professional consultant led	63,214	23,781	-39,433	-62%	£4,757	£1,678	£-3,079	-65%
Outpatient Procedure	22,288	9,079	-13,209	-59%	£3,132	£1,334	£-1,798	-57%
Unbundled Diagnostics	14,052	11,028	-3,024	-22%	£1,175	£937	£-238	-20%
Wet AMD	1,636	1,575	-61	-4%	£1,315	£1,316	£1	0%
Grand Total	154,783	117,960	-36,823	-24%	£26,918	£17,734	£-9,185	-34%

Underperformance at Aintree Hospital is evident against the majority of planned care points of delivery with a total variance of -£9.1m/-34% for South Sefton CCG at month 12. This is a continuation of the NHS response to the outbreak of the COVID-19 pandemic. Referrals to Aintree Hospital have also seen a substantial reduction when comparing to the previous year with a variance of -24.6% decrease across all referral sources combined.

The two points of delivery that continue to report an over performance at month 12 are for outpatient non face to face (first and follow up) activity, which reflects a change in working patterns at NHS providers to support the wider population measures announced by Government (i.e. 'stay at home' guidance, social distancing, IPC guidelines and supporting shielded patients). Increased non face to face activity has occurred across a number of services including Gastroenterology, ENT, Renal Medicine, Urology, Cardiology and T&O. Some of these specialities had not previously seen any non-face to face appointments recorded.



Although consultant led first appointments remain well below plan overall, a number of individual specialities have recorded increases in recent months (from June-20 onwards) and overall totals show that March-21 had the highest number of outpatient first appointments recorded throughout 2020/21. General Surgery has seen a sharp increase in appointments with 2,506 recorded in March-21. This is against an average of 59 appointments per month for this speciality during 2019/20 (although this would also suggest a change in coding). Other specialities to see a peak in outpatient first appointments during March-21 include Trauma & Orthopaedics, Cardiology and Breast Surgery.

The small amounts of activity to take place within an inpatient (day case and elective) setting during the first two months of 2020/21 were largely for intravenous blood transfusions, minor bladder procedures and activity relating to inflammatory bowel disease (without Interventions). Since then, a number of diagnostic scopes have also taken place from June-20 onwards, which suggests some recovery of activity within the Gastroenterology Service. The majority of these scopes are recorded as a day case procedure for '*Diagnostic Endoscopic Upper Gastrointestinal Tract Procedures with Biopsy, 19 years and over*'. There were 496 day case procedures recorded under the Gastroenterology service during March-21, which is the highest monthly total of 2020/21 and is only slightly below a monthly average for 2019/20.

NB. 2020/21 activity plans were not formally agreed with Aintree Hospital. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 12 year to date actuals.

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



2.7 Smoking at time of delivery (SATOD)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Smoking at Time of Delivery (SATOD)		Latest and previous 3 quarters				125d	Risk to CCG Where services do not meet the agreed standard, the CCG and Public Health are able to challenge provider(s) to improve and demonstrate that they are concerned with monitoring the quality of their services and improving the healthcare provided to the required standard. Risk to Patients Smoking significantly increases the risk of pregnancy complications, some of which can be fatal for the mother or the baby. This in turn impacts on CCG spend on budgets available on healthcare and services.
RED	TREND	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21		
		10.84%	11.28%	10.59%	7.49%		
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20		
		12.35%	14.02%	12.27%	9.01%		
		National ambition of 6% or less of maternities where mother smoked by 2022					
Performance Overview/Issues:							
<ul style="list-style-type: none"> During Quarter 4, the number of South Sefton CCG Maternities were 374, of which 28 were reported as Smoking at time of Delivery giving the statistic of 7.5% , which is an improvement of 3.1% in the right direction compared to Quarter 3, and 1.5% improvement on the same time period last year. As an overall year end figure, Sefton achieved 10% with 144 mothers reported as smoking at the time of delivery out of 1436 pregnancies. The impact of COVID should not be underestimated with increased anxiety especially for pregnant women, in a year when face to face antenatal appointments with a midwife or obstetrician have been reduced and the pressures within families such as loss of jobs or earnings has seen an increase in ex-smokers being reported as starting again mid-pregnancy. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The CCG and Public Health are working together with the LMS as part of the Transformation work to improve all aspects maternal health Saving Babies lives and methods of working to address SATOD performance and targets. The Cheshire and Merseyside Local Maternity Service (LMS) meetings are a forum to share performance relating to SATOD as well as taking part in a series of collaborative meetings planned and facilitated by AQUA to explore peer learning, workshops, masterclasses and networking in relation to opportunities and challenges of developing Saving Babies lives and Safety culture at different levels in our area. The Trust have ensured 100% referral rate to the specialist smoking cessation team and have been offering telephone support to the women as well as offering Carbon monoxide monitors being offered to every mother known to be a smoker. Serial scans have remained in place for pregnant smokers throughout and these women will be encouraged after each scan to take up the offer of support to help them quit. It is an ambition of the CCG in this coming year, to explore the potential for joint funding in partnership with Public Health for the recruitment of a dedicated Smoking in Pregnancy midwife for the Sefton population; similar to the one in post for Southport and Formby population. 							
When is performance expected to recover:							
Continuous performance improvement is anticipated and evidence of this should be demonstrated in the next reporting quarter .							
Quality:							
No specific quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Fiona Taylor		Wendy Hewit			Tina Ewart		

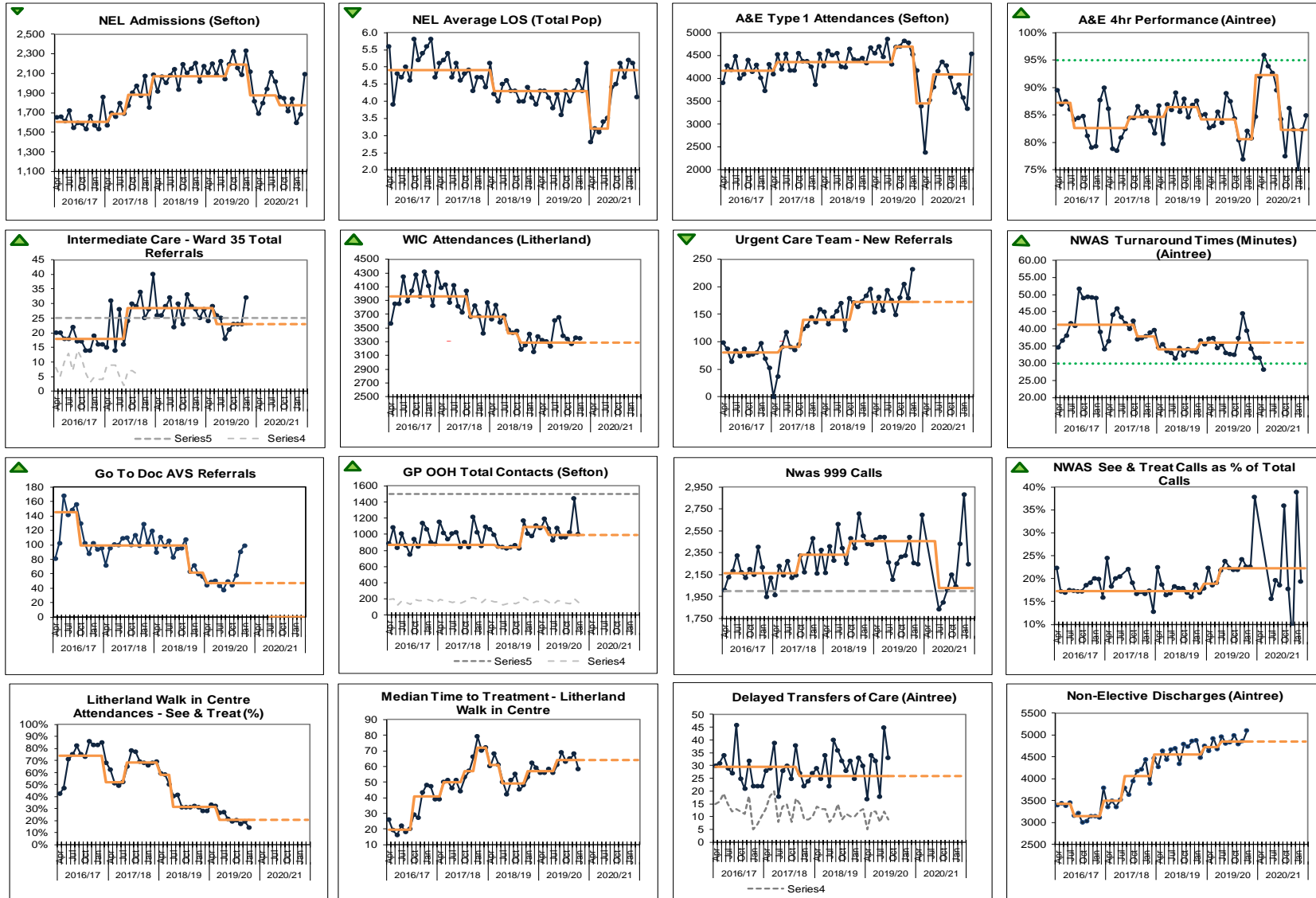
3. Unplanned Care

3.1 Accident & Emergency Performance

3.1.1 A&E 4 Hour Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors					
CCG and LUHFT A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients' conditions worsening significantly before treatment can be given, increasing patient safety risk.					
RED	TREND	Dec-20	Jan-21	Feb-21	Mar-21	YTD							
		CCG All Types	82.66%	75.75%	82.99%	85.63%	86.43%						
		Previous Year	Dec-19	Jan-20	Feb-20	Mar-20	YTD						
		CCG All Types	80.65%	81.17%	82.42%	86.03%	81.76%						
			Dec-20	Jan-21	Feb-21	Mar-21	YTD						
		LUHFT All Types	81.88%	74.55%	82.10%	84.86%	85.87%						
LUHFT Type 1	76.00%	64.13%	77.11%	80.69%	80.94%								
Performance Overview/Issues: <ul style="list-style-type: none"> Performance is based on the overall LUHFT A&E position at Aintree and the Royal. Attendances and performance have fluctuated and at times increased to pre-COVID levels. March has seen an increase in performance although emergency admissions increasing and more pressures on beds and flow from A&E. CCG A&E performance in March is slightly lower to the national level of 86.14%. 													
Actions to Address / Assurances <p>Work continues in regard to following actions:</p> <ul style="list-style-type: none"> North Mersey Capacity & Flow group with health and social care system partner involvement in weekly review of activity, escalation triggers, action required. Patient flow - admission and discharge - Ongoing implementation of decision to admit (D2A) pathway and daily ready for discharge (RFD) list circulated for operational system call and action by all partners. Intermediate care and community services reviewing RFD lists daily to pull through relevant discharges. NHS111 First - now implemented with ongoing review. Urgent Treatment Centre implementation requirements restarted by NHSE/I to support NHS111 First and to reduce A&E attendances. 													
When is performance expected to recover: <p>National target 95%, achieved in May during first lockdown but has deteriorated since. NHSE/I 19/20 target was 89% but no revised target provided by NHSE/I for 20/21.</p>													
Quality: <p>There have been no 12 hour breaches in March.</p>													
Indicator responsibility: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Leadership Team Lead</th> <th style="width:33%;">Clinical Lead</th> <th style="width:33%;">Managerial Lead</th> </tr> </thead> <tbody> <tr> <td>Martin McDowell</td> <td>Craig Blakey</td> <td>Janet Spallen</td> </tr> </tbody> </table>								Leadership Team Lead	Clinical Lead	Managerial Lead	Martin McDowell	Craig Blakey	Janet Spallen
Leadership Team Lead	Clinical Lead	Managerial Lead											
Martin McDowell	Craig Blakey	Janet Spallen											



3.2 Urgent Care Dashboard





Definitions

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

3.3 Ambulance Performance Indicators

Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1,2,3 & 4 performance		Previous 2 months and latest					Category 1 -Time critical and life threatening events requiring immediate intervention Category 2 -Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering Category 4 / 4H / 4HCP - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Cat	Target	Jan-21	Feb-21	Mar-21		
		Cat 1 mean	<=7 mins	00:08:11	00:07:21	00:07:10		
		Cat 1 90th Percentile	<=15 mins	00:14:17	00:12:35	00:11:17		
		Cat 2 mean	<=18 mins	00:57:35	00:26:14	00:24:08		
		Cat 2 90th Percentile	<=40 mins	02:06:27	00:56:48	00:47:10		
		Cat 3 90th Percentile	<=120 mins	06:09:09	02:16:43	02:36:39		
Cat 4 90th Percentile	<=180 mins	12:33:58	04:06:15	06:00:58				
Performance Overview/Issues:								
<ul style="list-style-type: none"> 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 has continued throughout 2020/21 In March 2021 there was an average response time in South Sefton of 7 minutes 10 seconds, just over the target of 7 minutes for category 1 incidents. However, category 2 incidents had an average response time of 24 minutes 8 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. 								
Actions to Address/Assurances:								
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.								
The following actions are part of an ongoing work programme:								
<ul style="list-style-type: none"> NWAS recovery plan: Under development supported by commissioners to address potential second surge / winter planning seeking to retain, expand and /or consolidate many of the beneficial actions and changes implemented to date. Integrated UEC: Restarting the previous joint work to develop the integrated 999 and 111 service offer and eventual direct contract award, accompanied by the expansion of CAS capacity and clinical capability. Patient Transport Service (PTS) redesign: Review of the future shape, role and configuration of the PTS service, taking into consideration the post COVID redesign of outpatient / hospital and out of hospital services, the role of PTS in supporting Patient Emergency Services (PES) responses and the national PTS review. The review will also seek to encourage Trusts to include within scope the considerable amount of directly commissioned PTS vehicles and / or taxis used by many Trusts to supplement the NWAS service offer. The latter provides an opportunity for greater efficiency and possible system financial savings. NHS 111 First: Operational group in place following roll out to the LUHFT system on 17/11/20. 								
When is performance expected to recover:								
The CCGs have jointly commissioned Operational Research in Health (ORH) to carry out a re-modelling exercise to review the previous activity and performance assumptions and staffing implications (including the rota review impact), using a full twelve months of ARP data to inform the future capacity that NWAS needs to meet demand and the targets, including the ratio of double crewed ambulance (DCA) v rapid response vehicle (RRV) and staffing. This review will take circa 15 weeks and was scheduled to report at the beginning of October. The review re-modelling will give both parties an independent assessment of the likely future ARP performance and the resourcing and service changes needed to sustain performance going forwards.								
Quality:								
CCG incidents are reviewed with peers at NWAS/NHS111 commissioners meeting to identify issues and lessons learned. These do occasionally refer to priority categorisations and waiting times for ambulance arrival, although this is rarely the only issue identified.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Craig Blakey			Janet Spallen			

3.4 Ambulance Handovers

Indicator		Performance Summary					Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months						
RED	TREND	LUFHT	Target	Jan-21	Feb-21	Mar-21	a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches) b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
		(a)	<=15-30mins	430	156	133		
		(b)	<=15-60mins	125	12	11		
		Aintree	Target	Jan-20	Feb-20	Mar-20		
		(a)	<=15-30mins	362	134	133		
		(b)	<=15-60mins	200	66	20		
		Plan: Zero						
Performance Overview/Issues:								
<ul style="list-style-type: none"> The Trust reported an improvement in handovers between ambulance and A&E within 15 minutes and none waiting more than 30 minutes, recording 133 breaches compared to 156 last month. There was also an improvement in handovers within 30 minutes and none waiting more than 60 minutes, recording 11 compared to 12 last month. Handovers have improved from previous year, on comparison in table above last year's figures are just Aintree only, LUHFT also include the Royal. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> Work continues in collaboration with NWAS to improve processes to support achievement of the handover targets. There have been changes to processes since April and a need for patients to enter ED through revised estate reconfigurations due to COVID and IPC restrictions. Implementation of direct conveyancing to assessment area to reduce risk of A&E overcrowding and improve time to assessment for medically accepted patients has been delayed due to the reconfiguration of the estate in response to COVID-19. A contract notice has been stood down by South Sefton CCG with Liverpool CCG taking host commissioner responsibility to review performance and instigate appropriate remedial action. This is within present position of Trust generally meeting average of 30 minutes handover on a daily basis and in the light of number of ambulance conveyances returning to pre-COVID activity levels. 								
When is performance expected to recover:								
This has remained a priority area for ongoing improvement within the Trust with need for urgent improvement given it has been an ongoing outlier in regard to achieving targets.								
Quality:								
No quality / patient issues have been reported.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Craig Blakey			Janet Spallen			

3.5 Unplanned Care Quality Indicators

3.5.1 Stroke and TIA Performance

For stroke the CCG's lead provider LUHFT has provided individual Trust updates for Q3 below:



The Royal		Q4	Q1	Q2	Q3
2.3 Percentage of patients who spent at least 90% of their stay on stroke unit	National Results	Jan-March	April-June 20	July-Sept 20	Oct-Dec 20
2.3A Patient centred (percentage of stay across all inpatient teams) Item reference: J8.11	78.7%	71.7%	80.4%	74.5%	53.1%
2.3B Team centred (percentage of stay under your team whilst an inpatient) Item reference: K32.11	80.2%	70.0%	82.5%	74.2%	53.9%

Aintree		Q4	Q1	Q2	Q3
2.3 Percentage of patients who spent at least 90% of their stay on stroke unit	National Results	Jan-March	April-June 20	July-Sept 20	Oct-Dec 20
2.3A Patient centred (percentage of stay across all inpatient teams) Item reference: J8.11	78.7%	77.4%	.	43.9%	58.0%
2.3B Team centred (percentage of stay under your team whilst an inpatient) Item reference: K32.11	80.2%	76.8%	.	42.1%	56.6%



CCG Actions:

- The extensive work of the Merseyside Stroke Board has been reinstated and is working on the finalisation of the pre-consultation business case which will come to stakeholders for sign off. The Clinical senate has performed a remote review on 26th April, the outcome of which is expected imminently.
- The stroke network have commenced a further gap analysis relating to gold standard rehab provision and CCGs have been asked to commit to future developments through commissioning intentions. This is likely to include a request for resource to be identified to support the progress of the transformation programme.



3.5.2 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: MRSA		Latest and previous 3 months (cumulative position)					Cases of MRSA carries a zero tolerance and is therefore not benchmarked. Due to the increased strengthening of IPC control measures due to the ongoing COVID-19, risks have been mitigated.
RED	TREND		Dec-20	Jan-21	Feb-21	Mar-21	
 		CCG	1	2	2	2	
		LUHFT	3	4	4	4	
		Previous year	Dec-19	Jan-20	Feb-20	Mar-20	
		CCG	1	1	1	1	
		Aintree	2	2	2	2	
Plan: Zero							
Performance Overview/Issues:							
<ul style="list-style-type: none"> RAG rating and trend is on CCG cases. The CCG and Trust have failed the target for 2020/21 reporting 2 and 4 cases respectively against the zero tolerance target. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Any further incidents will be reviewed as part of the Infection Prevention Control (IPC) meeting on a monthly basis. Improvements noted through the MRSA admission screening. 							
When is performance expected to recover:							
This is a zero tolerance indicator so recovery is not possible.							
Quality:							
Any further incidents will be reported by exception.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Chrissie Cooke		Gina Halstead			Jennifer Piet		

3.5.3 Healthcare associated infections (HCAI): C Difficile

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: C Difficile		Previous 3 months and latest (cumulative position)					2020/21 Plans Measuring against last year's objectives: CCG: <= 60 YTD Trust: LUHFT 109 (Aintree site 56, Royal 53)
GREEN	TREND		Dec-20	Jan-21	Feb-21	Mar-21	
 		CCG	27	34	38	44	
		LUHFT	80	93	101	112	
		Previous year	Dec-19	Jan-20	Feb-20	Mar-20	
		CCG	42	50	59	63	
		Aintree	71	81	89	93	
CCG - Actual 44 YTD - Target 60 YTD LUHFT - Actual 112 YTD - Target 109 YTD							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCG do not have the new objectives/plans for c.difficile for 2020/21 as these have not been released Nationally. The decision has been made to measure against last year's objectives. For LUHFT there have been 112 cases year to date of hospital-onset healthcare associated (HOHA) and community-onset healthcare associated (COHA) patients reported across the Trust against the objective of no more than 109 cases and have failed the objective. In March 1 case were reported. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> There have been no periods of increased incidence of infection in 2020/21. Trust cleaning and Infection Prevention Control (IPC) measure heightened at present due to COVID-19. The post infection reviews (PIR) recommenced in July until the end of August, but some have been delayed due to the ongoing pandemic. 							
When is performance expected to recover:							
Recovery will be monitored as part of the LUHFT overall plan with specific emphasis on each of the sites through the Infections Prevention Control Meetings within the Trust.							
Quality:							
The C. Difficile action plan which is in progress will be monitored through the Infection Prevention Control (IPC) Governance meeting. The report produced for this meeting will now form a standing agenda item at Contracts Quality and Performance Group (CQPG) by exception.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Chrissie Cooke		Gina Halstead			Jennifer Piet		

3.5.4 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: E Coli		Previous 3 months and latest (cumulative position)					<p>2020/21 Interim Plan: <=128 YTD There are no Trust plans at present numbers for information</p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.</p>
GREEN	TREND	Dec-20	Jan-21	Feb-21	Mar-21		
 	CCG	91	100	107	115		
	LUHFT	393	428	469	519		
	Previous year	Dec-19	Jan-20	Feb-20	Mar-20		
	CCG	125	139	147	156		
	Aintree	249	318	345	364		
CCG - Actual 115 YTD - Target 128 YTD							
Performance Overview/Issues:							
<ul style="list-style-type: none"> NHS Improvement and NHS England originally set CCG targets for reductions in E.coli in 2018/19, the CCG do not have the new objectives/plans for E.coli for 2020/21. The decision has been made in the interim to measure against last year's plan of 128. The CCG have achieved the plan. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings reconvened, but to reduce duplication NHSE/I have had further discussions and this group will now merge with the Antimicrobial resistance (AMR) group to provide a more joined up approach. 							
When is performance expected to recover:							
This is a cumulative total and an improvement from the same time last year, although as the Trust is now working with COVID-19 audits and training will be refocused upon to improve compliance.							
Quality:							
This will be monitored through the monthly Infection Prevention Control (IPC) meeting which is chaired by the Trust Director of Infection Prevention Control with CCG attendance.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Chrissie Cooke		Gina Halstead			Jennifer Piet		

3.5.5 Hospital Mortality – Liverpool University Hospital Foundation Trust (LUHFT)

Figure 7 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	20/21 - Mar	100	100.78	↑

For March HSMR is higher than reported the previous month at 100.78 (previous month 97.84). HSMR is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than expected. Position remains better than expected. Like all statistical indicators it is not perfect, but can be both a measure of safe, high-quality care and a warning sign available to Trusts. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

SHMI is at 1.05 and within expected parameters, for reporting period November 2019 - October 2020. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It includes deaths which occurred in hospital and deaths which occurred outside of hospital within 30 days (inclusive) of discharge. The SHMI gives an indication for each non-specialist acute NHS Trust in England whether the observed number of deaths within 30 days of discharge from hospital was 'higher than expected' (SHMI banding=1), 'as expected' (SHMI banding=2) or 'lower than expected' (SHMI banding=3) when compared to the national baseline.

3.6 CCG Serious Incident (SI) Management – Quarter 4

Number of Serious Incidents Open for South Sefton CCG

As of Q4 2020/21, there are a total of 3 serious incidents (SIs) open on StEIS where South Sefton CCG are either responsible or accountable commissioner. See table below for breakdown by Provider:

Provider and Current SI status	Total
SOUTH SEFTON CCG	1
RCA report received and further assurances requested (Mental Health Matters previously Insight)*	1
PC24	1
RCA received and reviewed – SI now closed	1
NORTH WEST AMBULANCE SERVICE	1
RCA received and to be reviewed at June SIRG	1
TOTAL	3

*N.B. South Sefton CCG will report and SIs for providers that do not have access to the StEIS database.

Number of SIs Closed during Q4 2020/21

The South Sefton CCG Serious Incident Review Group (SIRG) panel convenes monthly to review completed investigations (RCAs) and subsequent action plans put in place following the reporting of SIs, for all South Sefton CCG commissioned providers or SIs from other organisations involving South Sefton CCG patients (excluding Liverpool CCG commissioned providers).

During Q4 2020/21, the SIRG panel closed 4 SIs, relating to Cheshire Wirral Partnership, Renacres, PC24 and Cumberland House Surgery.

Number of SIs open within 20 days of Root Cause Analysis (RCA)

As per the SI Standard Operating Procedure (SOP), the CCG should aim to close/review SIs within 20 days of receiving the RCA. As such, All RCAs received during Q4 2020/21 were tabled at the nearest possible SIRG (please note, RCAs will not normally be tabled within one week of the next SIRG unless there are reasons for agreeing otherwise).

Number of Serious Incidents (SIs) by Type Reported in Quarter 4 2020/21

There have been no SIs reported in Q4 2020/21 where South Sefton CCG are either responsible or accountable commissioner. The following table shows the types of SIs reported by South Sefton CCG during 2020/21.

Provider and SI Type	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
SOUTH SEFTON CCG*	0	1	2	0
Apparent/actual/suspected self-inflicted harm meeting SI criteria (Mental Health Matters – previously Insight)	0	0	1	0
Slips/trips/falls meeting SI criteria (Renacres)	0	0	1	0
Diagnostic incident including delay meeting SI criteria (The Village Surgery)	1	0	0	0
TOTAL	1	0	2	0

*N.B. South Sefton CCG will report any SIs for Providers that do not have access to the StEIS database.

South Sefton CCG Reported SIs

Total SIs reported for 2020/21 YTD and 2019/20

There were no SIs reported for 2020/21 by South Sefton CCG on behalf of other providers. The types of SIs by Provider are included in the table above.

Number of Never Events reported

There have been zero never events reported by South Sefton CCG in 2020/21.

DMC Healthcare

The CCGs served a contract performance in March 2020, due to concerns governance issues in non-compliance of serious incident management in line with the serious incident framework. In year DMC have undertaken a full review of their serious incident process, with the action plan shared with the CCGs. This has been a standing agenda at the quality contracting meeting to support reassurance. Further meetings have also taken place with NHS E/I C&M which included the CCGs sharing the RCA reports submitted by the provider.

NHS E/I C&M supported the view of the improvements being made by the provider following their improvement plan. The CPN remained in place at the end of 2021/22 until sustainability of improvements are evidenced.

Mental Health Matters

Following the contract for IAPT services being awarded to Mental Health Matters on the 1st January 2021, the provider has assumed accountability for 2 SIs that were reported by the previous provider, Insight (1 for South Sefton CCG and 1 for Southport and Formby CG). The CCG are currently

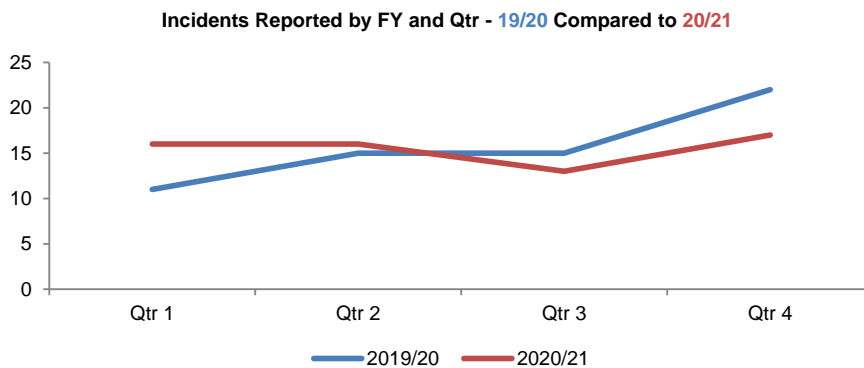
awaiting a response following review of the two RCAs at the SIRG panel. The CCG are working closely with Mental Health Matters to ensure the appropriate assurances are obtained. Additionally, the new provider has identified a large number of internal waits from 1st to 2nd appointment and delays from 1st appointment to treatment. Whilst internal waits are not a standard KPI to be reported against, these delays will have a negative impact on recovery times and may potentially impact patient safety and subsequently, an increase in serious incidents. To address the backlog and in recognition of the scale of the internal waits, the CCGs are providing non-recurring funding of £169k as part the £500m Mental Health Recovery announcement. This is to support a waiting list initiative with trajectories and milestones. The provider is in the process of recruiting to a number of clinical posts to support the programme.

Liverpool University Hospitals NHS Foundation Trust

(N.B. Data below covers SIs reported by the Trust as a whole and is not specific to South Sefton CCG Patients)

Total SIs reported for 2020/21 and 2019/20

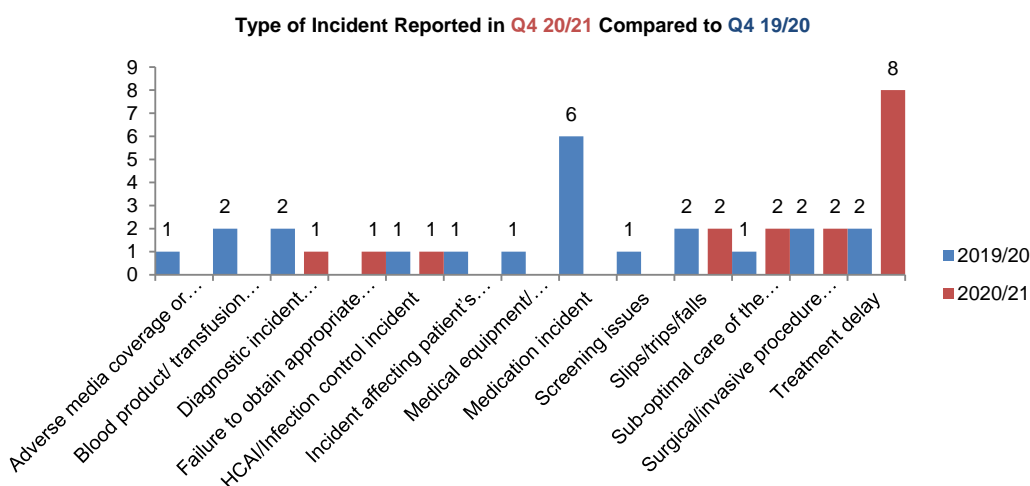
The following graph shows the number of SIs reported during 2020/21 compared with 2019/20.



The above graph indicates an increase in the reporting of SIs during Q4 2020/21. The reason for the increase is currently unknown but could suggest an improved reporting culture within the organisation, specifically during times of increased pressures on the system due to the COVID-19 pandemic.

Total SIs reported for Q4 2020/21 and Q4 2019/20 by Type of SI

The following graph shows the type of SIs reported in Q4 2020/21 compared to Q4 2019/20.



The graph indicates a notable increase in treatment delay. This is potentially due to the impact of COVID-19 and waiting times. This is being continuously monitored by the Lead Commissioner via CQPG of which the South Sefton CCG is also a member.

Number of Never Events reported

There have been a total of 7 Never Events reported by the Trust in 2020/21. One further Never Event was reported in Q4 2020/21 and related to a retained swab. Support has been offered to the team involved and an investigation has been commissioned and is ongoing as per the SI framework.

Never Events Reported		
Provider	2019/20	2020/21
Liverpool University Hospitals NHS Foundation Trust	8	7
TOTAL	8	7

Never Events

A never event (retained swab) occurred at the end of February 2021 and was reported to STEIS on the 2nd March 2021.

The Trust has undertaken extensive Quality Improvement work following the reporting of the Never Events in 2020/21 in order to mitigate the risk of reoccurrence. The Trust presented an update at CQPG in March 2021 and are confident that the actions contained in the action plan will be delivered by the indicated timescales. The provider confirmed that the majority of actions were already underway in Trust prior to construction of the action plan and that they are working to ensure compliance with the initial 2021 version of the patient safety incident response framework (with the final version expected in 2022).

Liverpool CCG noted that the learning from the desktop exercise was valuable and that going forward, they would expect to see the voice of the family and staff featured more strongly in incident reports.

Falls Review

There were seven inpatient falls meeting SI criteria in February 2021, against an in-month target of three. Each of the seven incidents are now under investigation and a thematic review has been enacted following investigation completion. A Falls SI panel review took place in March 2021 with Liverpool Clinical Commissioning Group (CCG). Five falls SI's were reviewed and common themes identified which included failure to complete risk assessments and implement effective mitigating actions within appropriate timeframes. The 2021/22 falls strategy and action plan will address these issues directly.

The Trust 2021/22 falls reduction strategy and associated detailed action plan are currently in the final stages of review and were presented to Quality Committee in April 2021 prior to implementation.

Gastroenterology SIs and subsequent media coverage

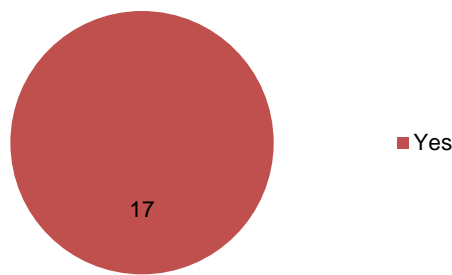
Liverpool University Hospital NHS Foundation Trust declared an SI in relation to Gastroenterology patients beyond their planned follow up date or without a follow up date. Following the declaration of the SI, there has been media coverage in the HSJ and the Liverpool Echo. The gastroenterology incident was released in the media on 8th April by the HSJ declaring 'Consultants blow whistle on 10,000 hidden follow-up cases amid trust merger' and a further article was released on 12th April. No new information has been noted in the latest article by the Liverpool Echo.

LCCG are meeting with LUHFT at Executive level on a monthly basis to expedite escalation and gain continued assurance that the incident is being managed appropriately and to a high standard. This includes ensuring that processes and outcomes are continuously maintained.

SIs reported within 48 Hour Timescale

The chart below shows the number of SIs reported within the 48-hour timescale throughout Q4 2020/21. The provider has reported 96% of all SIs within 48 hours for 2020/21.

Number of Incidents Reported within 48 Days - Q4 20/21



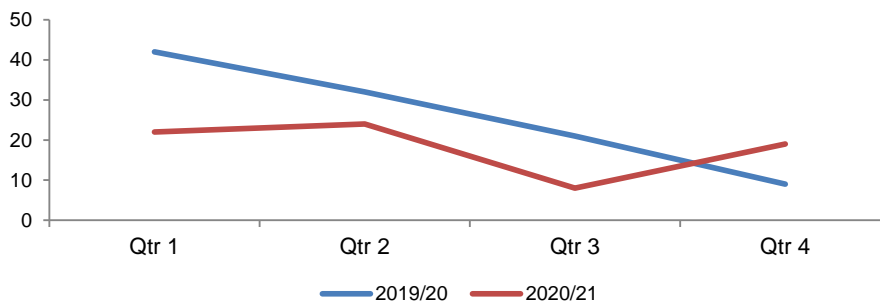
Mersey Care NHS Foundation Trust

(N.B. Data below covers SIs reported by the Trust as a whole and is not specific to South Sefton CCG Patients)

Total SIs reported for 2020/21 and 2019/20

The following graph shows the number of SIs reported during 2020/21 compared with 2019/20.

Incidents Reported by FY and Qtr - 19/20 Compared to 20/21

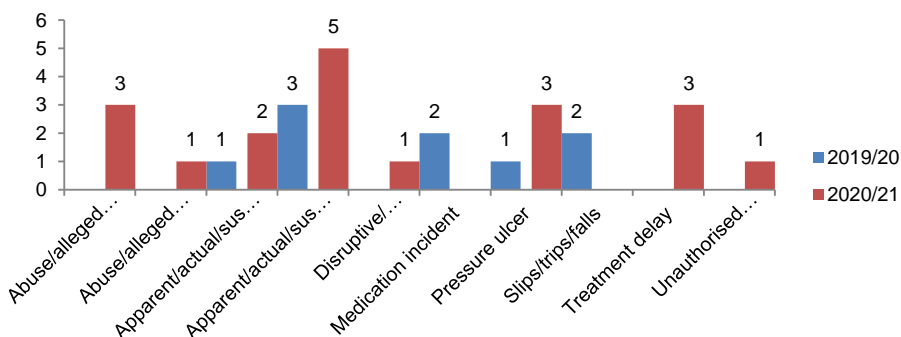


The above graph indicates an increase in SIs from Q3 to Q4 2020/21.

Total SIs reported for Q4 2020/21 and Q4 2019/20 by Type of SI

The following graph shows the type of SIs reported in Q4 2020/21 compared to Q4 2019/20.

Type of Incident Reported in Q4 20/21 Compared to Q4 19/20



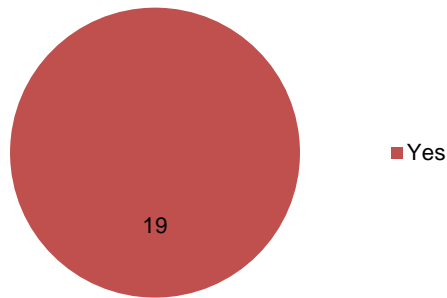
Number of Never Events reported

There have been no Never Events reported by the provider in 2020/21.

SIs reported within 48 Hour Timescale

The chart below shows the number of SIs reported within the 48-hour timescale throughout Q4 2020/21. The provider has reported 100% of all SIs within 48 hours 2020/21 YTD.

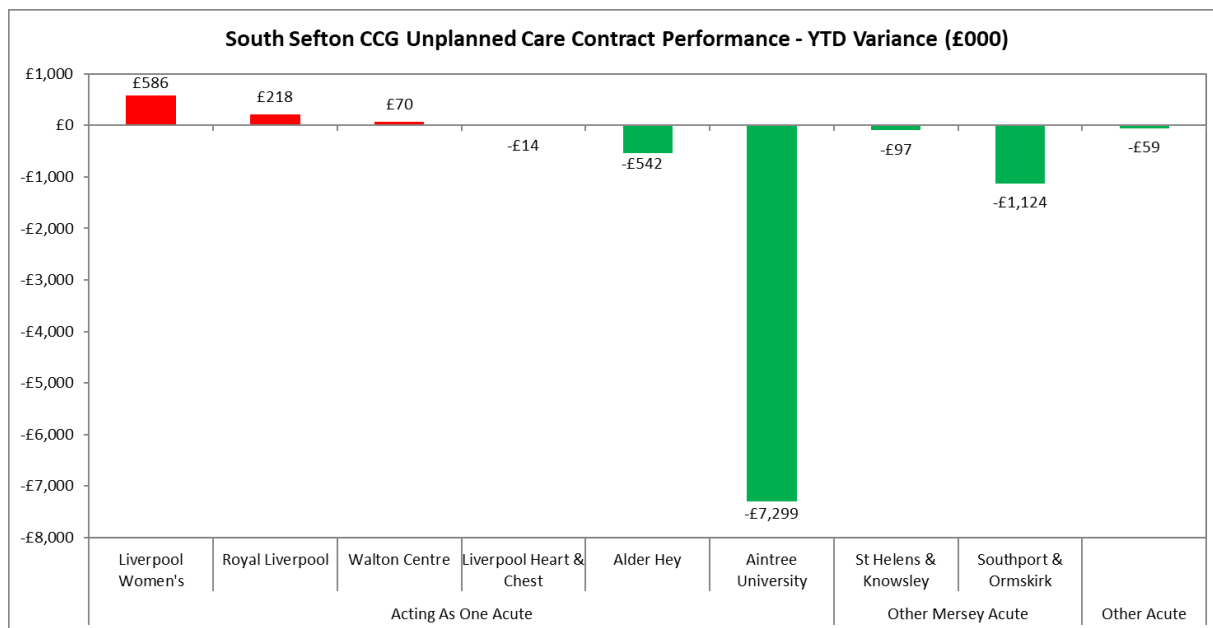
Number of Incidents Reported within 48 Days - Q4 20/21



3.7 Unplanned Care Activity & Finance, All Providers

3.7.1 All Providers

Figure 8 - Unplanned Care – All Providers



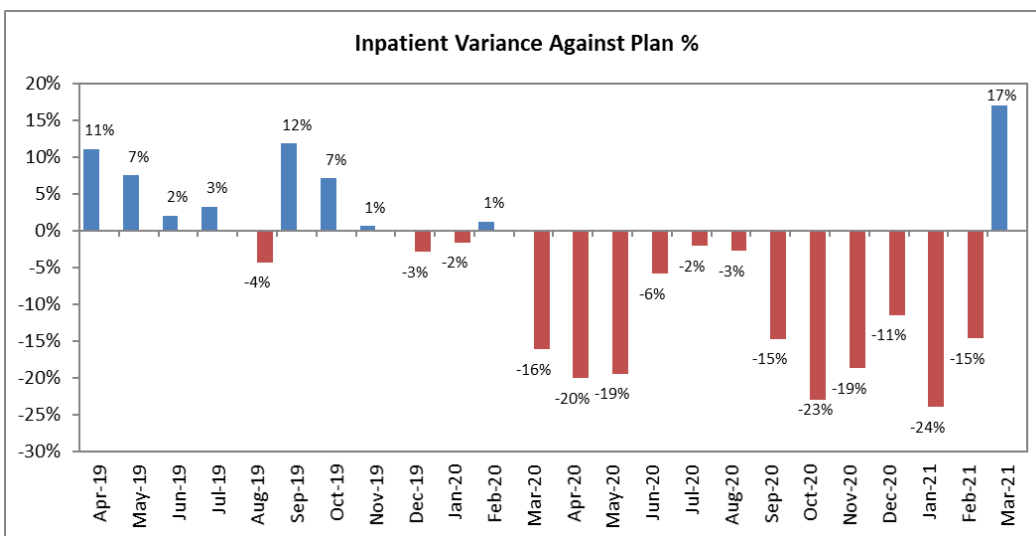
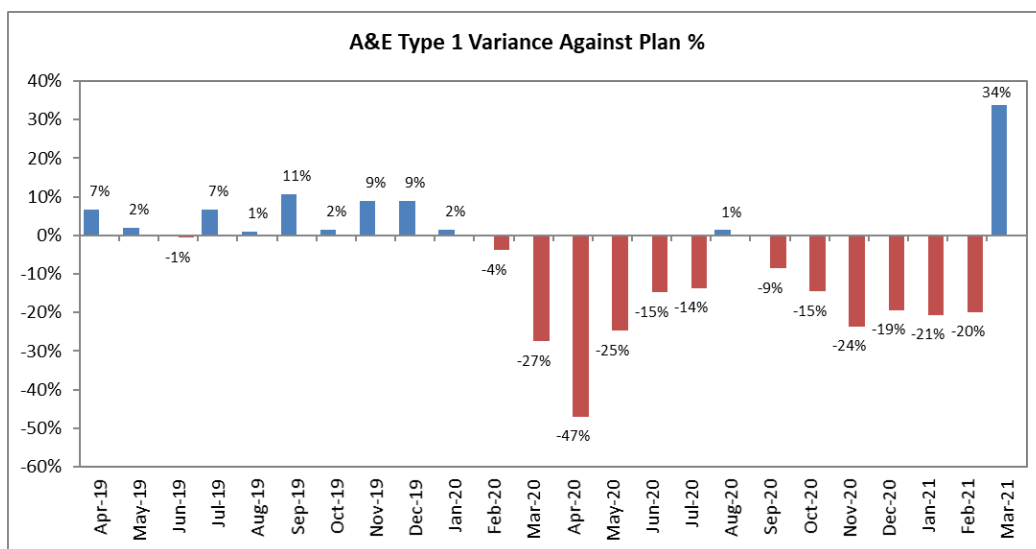
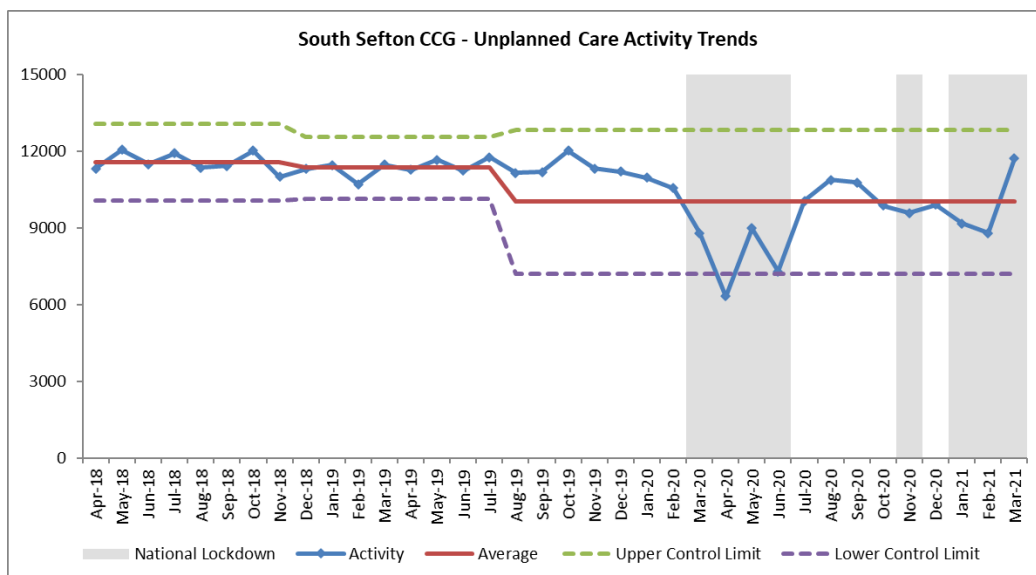
For unplanned care, month 12 of the financial year 2020/21 continues to show reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to 'stay at home'. Although some recovery of activity was apparent following the first phase of the NHS response, year to date activity levels remain below historical averages and recent months suggested further reductions during/following the second and third national lockdowns. However, March-21 has seen a significant increase in activity across A&E and non-elective points of delivery with total unplanned care activity comparable to levels seen in late 2019.

At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£7.2m/-15% against the previous year. Across all providers, South Sefton CCG has underperformed by -£8.2m/-13.5%.

NB. Due to the COVID-19 pandemic, a number of month 12 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans were not formally agreed with a number of providers. Therefore, for consistency, the contract performance values included in the above chart relate to variances against 2019/20 month 12 year to date actuals.

There will be no financial impact to South Sefton CCG for contract performance at any Providers within the Acting as One block contract arrangement. The Acting as One Providers are identified in the above chart.

Figure 9 - Unplanned Care Activity Trends, A&E Type 1 and Inpatient Variance against Plan



3.7.2 Aintree Hospital

Figure 10 - Unplanned Care – Aintree Hospital

Aintree University Hospitals Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E WIC Litherland	39,286	37,241	-2,045	-5%	£1,010	£1,024	£14	1%
A&E - Accident & Emergency	35,638	32,407	-3,231	-9%	£5,833	£5,492	-£341	-6%
NEL - Non Elective	17,236	15,391	-1,845	-11%	£35,732	£30,211	-£5,521	-15%
NELNE - Non Elective Non-Emergency	52	55	3	6%	£254	£209	-£45	-18%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	244	38	-206	-	£70	£10	-£60	-
NELST - Non Elective Short Stay	3,750	3,101	-649	-17%	£2,611	£2,182	-£430	-16%
NELXBD - Non Elective Excess Bed Day	8,219	4,543	-3,676	-45%	£2,106	£1,189	-£917	-44%
Grand Total	104,425	92,776	-11,649	-11%	£47,616	£40,317	-£7,299	-15%

Underperformance at Aintree Hospital is evident against the majority of unplanned care points of delivery with a total variance of -£7.2m/-15% for South Sefton CCG at month 12. The largest activity reductions have occurred within A&E type 1 (largely minors) and Litherland walk-in centre with variances of -9% and -5% at each site respectively. The majority of this decrease can be attributed to the COVID-19 national response including 'stay at home' guidance and a change in working patterns with Litherland walk-in centre operating on a pre-booked appointment basis.



South Sefton CCG Business Intelligence conducted a local analysis into the impact of COVID-19 on unplanned care activity levels at Aintree Hospital during the first peak in cases reported i.e. April and May 2020. This analysis identified the reduced activity levels noted above and a corresponding improvement in A&E 4-hour performance and bed occupancy levels. However, further analysis has established that levels of unplanned care activity returned to more expected levels during the summer months with an increase in A&E majors/minors patients, a deterioration in 4 hour performance, an increase in stranded (7 day) patients and an increase in bed occupancy levels. More recently, it appeared that A&E activity levels were on a general decline, however, March-21 has seen a sharp increase in attendances with the 3,102 attendances for South Sefton CCG representing the highest monthly total since September-19. In conjunction, non-elective admissions have also increased with the 1,727 admissions during March-21 being comparable to a monthly average for 2019/20. Despite this, it appears that Aintree (LUHFT) have seen an improving 4hr waits position in recent months. It also appears that the recent increase in admissions is not specifically COVID related with this group of admissions decreasing from a peak of 168 in January-21 to 42 in March-21.

NB. Despite the indicative over spend at this Trust; there is no financial impact to South Sefton CCG due to the Acting as One block contract arrangement.



2020/21 activity plans were not formally agreed with Aintree Hospital. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 12 year to date actuals.

4. Mental Health



4.1.1 CPA Follow up 2 days (48 hours)

Indicator		Performance Summary				Potential organisational or patient risk factors
CPA Follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams		Previous 3 months and latest				Patient safety risk re: – suicide/harm to others.
RED	TREND	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	
		97.8%	100.0%	91.7%	83.3%	
		Plan: 95% - Quarter 1 2020/21 reported 97.8% and achieved				
Performance Overview/Issues:						
<ul style="list-style-type: none"> The Trust is failing the 95% target reporting 83.3% for South Sefton CCG. Out of 6 patients, 1 was not followed up by an appropriate team. The 1 breach was a failed contact due failed access during the 48 hour window for follow up, the Trust has confirmed this has since been completed. Overall catchment the Trust is achieving this measure reporting 97.6%. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The indicator is number sensitive. Any underperformance can just equate to a very small number breaches in some cases. 						
When is performance expected to recover:						
Expectation is that performance will improve in Q1 2021/22.						
Quality:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Gordon Jones		



4.1.2 Eating Disorder Service Waiting Times

Indicator		Performance Summary				Potential organisational or patient risk factors
Eating Disorder Service (EDS): Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 123b Patients safety risk. Reputation.
RED	TREND	Dec-20	Jan-21	Feb-21	Mar-21	
		42.90%	40.00%	37.10%	33.30%	
		Dec-19	Jan-20	Feb-20	Mar-20	
		63.16%	63.16%	71.43%	45.83%	
Plan: 95%						
Performance Overview/Issues:						
<ul style="list-style-type: none"> Long standing challenges remain in place (see Quality section below). Out of a potential 33 Service Users, 11 started treatment within the 18 week target (33.3%), which shows a decline from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity. Comparing to last year there has been a decline of 12.53 percentage points. 						
Actions to Address/Assurances:						
Trust Actions:						
<ul style="list-style-type: none"> The service has adapted its model with therapy and assessments are being delivered via telephone or Attend Anywhere. Group therapy using ZOOM has been established. A well-being call is being offered to all on the waiting list following which a psycho-education group is being offered for those who wish to attend from the waiting list. Low weight service users are been offered Therapy kitchen provision digitally via Attend Anywhere. Recruitment has begun to fill vacancy for a clinical psychologist. Interviews were held on 30th March 2021. One assistant psychologist post have been recruited to (6-month fixed term) The Trust and CCGs recognise that considerable investment is required for the Eating Disorder service to be compliant. It is agreed that ED developments need to be phased in line with wider mental health investment over the period 2021/22 – 2023/24 and £106k for has been agreed as an initial investment in the service. 						
When is performance expected to recover:						
Expectation is that performance will begin to improve in Q1 2021/22 but achievement of the target is not guaranteed.						
Quality:						
It is a longstanding issue that the service is currently not NICE compliant, and as such primary care is asked to undertake interventions that ideally should be undertaken in secondary care. It is longstanding issue that the service is currently not NICE compliant, and as such primary care is asked to undertake interventions that ideally should be undertaken in secondary care. Both CCGs and the Trust have raised concerns around assurance of safety of individuals on the waiting list. Proposed service developments over the next 3 years should address this issue.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Gordon Jones		

4.1.3 Falls Management & Prevention: All adult inpatients to be risk assessed using an appropriate tool



Indicator		Performance Summary				KPI 6a	Potential organisational or patient risk factors
Falls Management & Prevention: All adults inpatients to be risk assessed using an appropriate tool		Previous 3 quarters and latest					Patient Safety.
RED	TREND	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21		
		98.4%	100.0%	100.0%	85.7%		
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20		
		100.0%	87.5%	100.0%	80.0%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For South Sefton CCG the Trust reported 85.7% and have failed the 98% target, out of 7 patients just 1 patient wasn't assessed. The Trust overall had 67 out of 68 inpatients risk assessed using an appropriate tool in quarter 4. The indicator is number sensitive. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Modern Matrons have been tasked with ensuring the review and completion of Falls Risk Assessment Tool (FRAT) and care plan where identified. 							
When is performance expected to recover:							
Expectation is that performance will improve in Q1 2021/22.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Sue Gough		Gordon Jones			

4.1.4 Falls Management & Prevention: of the inpatients identified as a risk of falling to have a care plan in place



Indicator		Performance Summary				KPI 6b	Potential organisational or patient risk factors
Falls Management & Prevention: Of the inpatients identified as at risk of falling to have a care plan in place		Previous 3 quarters and latest					Patient Safety.
GREEN	TREND	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21		
		100.0%	100.0%	75.0%	100.0%		
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20		
		57.1%	85.7%	80.0%	75.0%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For South Sefton CCG the Trust reported 100% after failing the target with 1 patient last quarter. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The Clinical Quality Performance Group (CQPG) pick up and review care plans. 							
When is performance expected to recover:							
Performance has been achieved in quarter 4.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Sue Gough		Gordon Jones			

4.2 Cheshire & Wirral Partnership (Adult)



4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Latest and previous 3 months				123b	Risk that CCG is unable to achieve nationally mandated target. Demand for the service continues to increase and exceed capacity.
RED	TREND	Dec-20	Jan-21	Feb-21	Mar-21		
		0.60%	0.35%	0.97%	0.63%		
		Dec-19	Jan-20	Feb-20	Mar-20		
		0.71%	0.97%	0.74%	0.68%		
		National Monthly Access Plan: 1.59%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Long standing challenge remains in place and local commissioning agreements have been made that the Provider should aim to achieve an annual access rate of 19.0%, which equates to approximately 1.59% per month and current performance is significantly under this threshold. 							
Actions to Address/Assurances:							
To address underperformance the following actions are being undertaken:							
<u>Recruitment</u>							
<ul style="list-style-type: none"> 1 x Clinical lead recruited and commenced on 6th April 2021. 3 x Psychological Wellbeing Practitioner (PWP) trainees commenced on 24th March 2021. 4 x High Intensity Therapists have been recruited and are expected to commence duties in April/May 2021. 4 x PWP posts are currently vacant and are advertised. 							
<u>Assessment Weeks</u>							
Further assessment weeks are being planned to take place in 2021/22.							
<u>Marketing</u>							
Ongoing marketing of the service.							
When is performance expected to recover:							
There is an expectation that numbers entering the service will increase but achievement of the 19% access standard will be challenging within the first two quarters of 2021/22.							
Quality:							
Lengthy internal waits will impact as individuals having had their initial assessment were unable to progress to follow up treatment in a timely manner.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Sue Gough		Gordon Jones			



4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Latest and previous 3 months				123a	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Dec-20	Jan-21	Feb-21	Mar-21		
		46.1%	46.0%	50.0%	38.3%		
		Dec-19	Jan-20	Feb-20	Mar-20		
		28.2%	41.0%	49.4%	45.5%		
		Recovery Plan: 50%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The recovery rate decreased in March by 11.7 percentage points from previous month. It has been recognised that for South Sefton CCG people enter the service with higher severity which has an impact on recovery times. The provider inherited significant numbers of long internal waits when it took over the contract in January 2021. Long internal waits are having an impact on the onward recovery of individuals and therefore the 50% IAPT recovery standard. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The provider has been asked to submit an options paper detailing the actions/costs/trajectories required to improve internal waits and corresponding recovery rates. The newly recruited clinical lead for the service will review non recovered cases and work with practitioners to improve recovery rates. Lengthy internal waiters will be prioritised and will be offered an appointment as soon as possible, but in the meantime will also receive fortnightly risk management calls. Group work is planned to start at the end of April. This will reduce the number of clients added to the Step 2 waiting list each month, but not sufficiently to prevent a continued upward trend. 3 x PWP trainees have started in the service and will begin to contribute to treatment capacity in September 2021. 4 x newly recruited High Intensity Therapists will impact on the Step 3 internal waits from the end of June 2021. 							
<u>Service users waiting over 52 weeks:</u>							
<ul style="list-style-type: none"> Are being contacted and risk assessed. Anyone who discloses anything other than low risk will either: <ul style="list-style-type: none"> Be referred to a more appropriate service e.g. Secondary Care or; Contacted every two weeks to review until in treatment. 							
<u>Service users waiting over 18 weeks:</u>							
<ul style="list-style-type: none"> Are being contacted and risk assessed. Dependent on level of risk disclosed, action will be taken as above Alternative options are being explored with clients e.g. Silvercloud (digital), telephone, group work 							
When is performance expected to recover:							
Expectation is for recovery to improve from Quarter 2 onwards.							
Quality:							
Lengthy internal waits will impact as individuals having had their initial assessment were unable to progress to follow up treatment in a timely manner.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Sue Gough		Gordon Jones			



4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	COVID-19 Pandemic has forced the temporary closure of memory services across Sefton. In addition GP practices are limiting face to face contacts, so fewer referrals / assessments will take place during this time.
RED	TREND	Dec-20	Jan-21	Feb-21	Mar-21		
		57.7%	57.6%	56.9%	57.2%		
		Dec-19	Jan-20	Feb-20	Mar-20		
		63.9%	64.6%	64.5%	64.0%		
		Plan: 66.7%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Memory Assessment Service operated by NHS Mersey Care Foundation Trust (MCFT) has been suspended due to the Government's COVID-19 restrictions. This will have a severe impact on dementia assessments and dementia diagnosis ambition. It will also likely increase waiting times once recovery starts. Compared to last year the measure has declined by 6.8%. Measuring against the CCG Peer CCGs, South Sefton CCG lies 7th in the rankings (1st being best performing). 							
Actions to Address/Assurances:							
<p>Sefton CCGs have approved the following scheme to go into 21/22 Local Quality Contract with primary care across Sefton:</p> <ol style="list-style-type: none"> Identify a practice lead for dementia (not necessarily clinical). Provide an annual GP review for patients with a diagnosis of mild cognitive impairment until such time transient state resolves or progresses to dementia. Support identification of carers for people with dementia. <p>The above LQC scheme should help to support the dementia referral pathway and over time increase the dementia diagnosis rates across Sefton.</p> <ul style="list-style-type: none"> As the Pandemic restrictions are gradually lifted over the coming weeks the CCG would expect to see the resumption of face to face sessions within the memory service across Sefton. NHS MCFT should be issuing information about recovery actions very soon. This will enable referrals from primary care, to the memory service to resume, and will benefit diagnosis rates. The commissioned voluntary sector (VCF Sector) in Sefton are providing telephone support to all known clients which includes people with dementia, cognitive impairment and their carers. As the Pandemic restrictions ease, face to face contacts will resume, benefitting people referred to the VCF support services. 							
When is performance expected to recover:							
Recovery is unlikely to take place until restrictions are lifted and face to face assessments can resume with no date identified. It is possible the CCG would see an increased trend in referrals and diagnosis rates from June/July 2021 onwards.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Jan Leonard		Susan Gough		Kevin Thorne			

4.4 Learning Disabilities Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Learning Disabilities Health Checks (Cumulative)		Latest and previous 3 quarters				124b People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check.	Risk that CCG is unable to achieve nationally mandated target. Traditionally a difficult group of patients to engage with for health checks, with high appointment DNA's. COVID-19.
RED	TREND	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21		
		6.9%	12.5%	25.8%	60.1%		
		Q4 2020/21 Plan: 67% Year End Target 67%					
		National target by the end of 2023/24: 75% of people with a learning disability to have an Annual Health Check					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCGs target is a total of 500 health checks for the year. Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly. Therefore the information has been manually adjusted to include registered patients provided directly from GP practices. This has resulted in more realistic figures and these amendments have also been done retrospectively. In quarter 4 2020/21, the total performance for the CCG was 60.1%, below the planned 67%. 744 patients were registered compared to the plan of 500 with 447 being checked resulting in the CCG failing the year end target. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> A programme of work has been established with South Sefton GP Federation to increase uptake of annual health checks. A meeting was held (pre-COVID) with the Local Authority to offer the annual health checks to patients with an learning disabilities (LD) in their own home or in day services. COVID-19 has meant that this method of carrying out the health check has been postponed, however, South Sefton Federation did continue to carry out the health checks following national guidance which includes a virtual offer. South Sefton GP Federation will continue to provide support for LD health checks in 2021/22. The primary care team is supporting practices to ensure that data required is provided in a timely fashion. There have also been links made with NHS Digital to ensure that local LD data corresponds with national data published. 							
When is performance expected to recover:							
Quarter 3 and 4 2021/22.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		

4.5 Severe Mental Illness (SMI) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' that have had a comprehensive physical health check		Latest and previous 3 quarters				123g	Risk that CCG is unable to achieve nationally mandated target. SMI patients are in the JCVI vaccination groups and will be called forward for COVID vaccination.
RED	TREND	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21		
		19.0%	16.1%	12.3%	16.2%		
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20		
		18.6%	20.7%	22.7%	28.1%	Plan: 50%	
Performance Overview/Issues:							
<ul style="list-style-type: none"> In Quarter 4 of 20/21, 16.2% of the 2,035 of people on the GP SMI register in South Sefton CCG (330) received a comprehensive health check. COVID-19 will have impacted on the delivery of some of the 6 interventions which make up the indicator (e.g. bloods). 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> For 2021/22, QOF will include all six elements of the comprehensive annual physical health check for patients with schizophrenia, bipolar affective disorder and other psychoses as defined in the NHS Long Term Plan. Inclusion in the QOF should include uptake of the SMI health checks. 							
When is performance expected to recover:							
Performance should improve from Quarter 1 2021/22 onwards.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Sue Gough		Gordon Jones			

5. Community Health

5.1 Adult Community (Mersey Care FT)



Focus within 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 South Sefton and Liverpool CCGs is now in place and working well. The joint Sefton and Liverpool Information Sub-Group is restarting in May to support ongoing development and performance monitoring with the Trust. The Trust in collaboration with CCG leads will be reviewing service specifications throughout 2021/22 to ensure they reflect required service delivery and improvement work that has taken place over past few years.

Month 12 assurance, Allied Health Profession (AHP) waiting times have maintained improved positions within the 18-week standard with the exception of physiotherapy at 19 weeks as the longest wait. The CCG continues to monitor these with close monitoring of the Speech & Language Therapy (SALT) service which has continued challenges with staffing. Consideration is being 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.



5.1.1 Quality

Contract Quality and Performance Group continues with the community division across Liverpool and Sefton CCGs. Further work between the two CCGs to ensure consistency of requests and reporting of KPI data has been completed whilst ensuring all commissioned services are reflected. Ward 35 has now moved bases over to Stoddart House with usage of the beds continually under review to ensure appropriateness of placement for service users.

5.1.2 Mersey Care Adult Community Services: SALT

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: SALT		Previous 3 months and latest				<=18 weeks: Green > 18 weeks: Red	
GREEN	TREND	Incomplete Pathways (92nd Percentile)					
		Dec-20	Jan-21	Feb-21	Mar-21		
		17 wks	18 wks	15 wks	17 wks		
		Dec-19	Jan-20	Feb-20	Mar-20		
		19 wks	22 wks	21 wks	25 wks		
		Target: 18 weeks					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • March incomplete pathways reported just within the 18 week standard at 17 weeks with fluctuations over the past few months. • Early warning data shows waiting times are continuing to increase. • Workforce issues remain a challenge but with cover in place for vacant posts. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • Increase use of telephone and Attend Anywhere - briefing and standard operating procedure provided for CCG review and for assurance of quality of interventions where not directly seen face to face (F2F). • Recommencement of treatment of patients categorised as routine. • Weekly review and validation of the waiting list. • Additional SALT capacity being utilised through overtime / additional hours within the division. • Recruitment ongoing to fill vacant posts. 							
When is performance expected to recover:							
Weekly information shows and increase to 18 weeks at the start of January 2021. The Trust will be asked to provide a performance improvement plan and a trajectory for recovery. The CCG are aware that staffing remains an issue in regard to permanent recruitment. This is similar to many SALT services.							
Quality impact assessment:							
The Trust has assured the CCG that they continue to see urgent patients in a timely manner and these are prioritised. All referrals are triaged to identify those requiring urgent review. Briefing on Telehealth in SALT and Standard Operating Procedure for management of dysphagia provided as assurance of support provided to most complex cases - shared with Clinical Advisory Group.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Gina Halstead			Janet Spallen		

5.1.3 Mersey Care Adult Community Services: Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: Physiotherapy		Previous 3 months and latest				<=18 weeks: Green > 18 weeks: Red	
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Dec-20	Jan-21	Feb-21	Mar-21		
		15 wks	16 wks	16 wks	19 wks		
		Dec-19	Jan-20	Feb-20	Mar-20		
		16 wks	17 wks	15 wks	16 wks		
		Target: 18 weeks					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • March's incomplete pathways saw a deterioration at 19 weeks, an increase from last month and now slightly above the waiting time threshold of 18 weeks. • The number of monthly referrals increased in March with 139 compared to 114 in February. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • The service continues to review all new referrals and validation of those on waiting list to ensure that those with high priority needs receive support. • There has been increased use of telephone triage with interventions provided through telephone consultation, advice, issuing of equipment and visits where required. This has helped to optimise staff time to support patient care. • Performance improvement plans re-introduced and all services are being reviewed in detail as part of phase 3 COVID recovery plans • Further update from Trust is that additional staffing were not employed to reduce waiting times but a flexible approach between our planned and ICRAS urgent care physiotherapy workforce. 							
When is performance expected to recover:							
Physiotherapy was identified as a priority for support from 19/20 growth monies in recognition of continued challenges over past year. Trust had been asked pre-COVID to complete a capacity and demand exercise against existing workforce to validate this. Issue to be reviewed by Trust and CCG as part of recovery plans. Whilst the Trust has advised that the reduction and achievement of KPI has been through flexible use of South Sefton physiotherapy workforce this is still considered a priority area by the CCG for use of growth monies given the demand on this service and the continued challenges the clinical team have experienced over what is now a 2 year period of transformation work.							
Quality impact assessment:							
The Trust has informed that there is limited risk of patient harm as all referrals to the service are triaged and seen based on clinical need. The service aims to see patients triaged as urgent within four weeks of referral. Patients, their carers and healthcare professionals can contact the service to discuss any change in a patients presentation and be retriaged into another part of the ICRAS pathway.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Gina Halstead			Janet Spallen		

5.2 Any Qualified Provider (AQP) – Audiology

Merseyside CCGs commission AQP Audiology from LUHFT, S&O, Specsavers, St H&K, Scrivens. Contracts have been rolled forward pending a wider Liverpool led engagement exercise on an updated Adult Hearing Loss specification and wider collaboration across a Cheshire & Merseyside footprint.

The summary table below for South Sefton CCG shows how activity has changed in 2020/21 due to the COVID pandemic with activity levels recovering in the last few months. The vast majority of activity for both CCGs is undertaken by their respective local NHS provider and Specsavers. Note that activity for the CCG across all providers is lower than in 2019/20.

Costs for the NHS trusts are indicative only as these are on a block contract basis, but Specsavers and Scrivens are cost per case as per national guidance.



Total Activity & Cost for South Sefton CCG By Provider				
Provider Name	2019/20		2020/21	
	Activity	Cost	Activity	Cost
Specsavers	1,010	£287,710	862	£230,650
Scrivens Limited	24	£8,295	3	£1,070
Liverpool University Hospitals	680	£149,025	759	£138,600
Southport & Ormskirk	86	£26,624	40	£11,227
Grand Total	1,800	£471,654	1,664	£381,547

6. Children's Services



6.1 Alder Hey NHS FT Children's Mental Health Services

6.1.1 Improve Access to Children & Young People's Mental Health Services (CYPMH)



Quarter 4 data is available 13th June 2021, there will be an update in the next report.



Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Previous 2 quarters, latest and 12 month rolling				<p>Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by digital divide.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.</p>
GREEN	TREND	Q1 20/21	Q2 20/21	Q3 20/21	Rolling 12 Mth Rate	
		14.6%	8.8%	6.2%	37.0%	
		Q1 19/20	Q2 19/20	Q3 19/20	Rolling 12 Mth Rate	
		12.2%	5.4%	4.8%	29.3%	
		Annual Access Plan: 35% (RAG and trend on Q1 data)				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Quarter 3 data shows a deterioration on Quarter 2 as this is a seasonal trend. However, this is an improved position compared to 19/20 and the current rolling 12 months access rate is set to exceed the 35% target. The CCG now receives data from a third sector organisation Venus and the online counselling service Kooth, both submit data to the Mental Health Services Data Set (MHSDS) and are included in this dataset. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> Since moving into phase 3 of the pandemic recovery and response, there has been an increase in face to face support which has improved access for those CYP who do not have digital equipment. The start of the Venus and Kooth data flows have continued to have a positive impact on performance, which is anticipated to continue throughout the 2020/21 financial year. As well as an increase in Kooth capacity in response to COVID-19, further funding has been secured via the Violence Reduction Partnership which will further increase capacity in Quarters 3 and 4. The initial projected access rate for 2020/21 indicates a year end position of approximately 44% which represents a marked improvement on previous years. It is anticipated that Parenting 2000, another of our third sector CAMHS partners, and the newly established Mental Health Support Teams (MHSTs) will begin to submit data to the mental health data set (MHDS) in Q4 of this financial year, which will further contribute to the access rate. In response to the challenges of COVID-19, service resilience and increasing demand for mental health support, the CCG has agreed additional short term investment for Alder Hey CAMHS and third sector providers, Venus and Parenting 2000. It is anticipated that this will positively impact access rates in Q4. 						
When is performance expected to recover:						
Performance is on track to exceed the 35% access plan.						
Quality impact assessment:						
There are no identified quality issues.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral		Latest and previous 3 quarters				<p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required</p> <p>Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors.</p> <p>May be a surge in referrals as part of COVID-19 recovery phase.</p>
RED	TREND	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	
		80.0%	100.0%	97.6%	90.0%	
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
		87.0%	82.6%	91.3%	91.7%	
		National standard 95%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> For Q4 the Trust reported 90% against the 95% National Standard. As the service has relatively small numbers breaches have a large impact on performance. For quarter 4, of the 40 completed pathways, 6 patients started treatment within 1 week and 30 patients in weeks 1 to 4, leaving 4 patients starting their treatment between 4 and 12 weeks. The demand for this service exceeds capacity and there has been an increase in demand for the service as a result of the pandemic, particularly escalation of risk for existing patients. 						
<ul style="list-style-type: none"> All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for). Nationally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments (MHIS) has been confirmed and the CCG is planning negotiations with AHCH about the additional capacity to be provided and to agree a trajectory for planned increase in activity. This work has been delayed due to covid. The Trust has reported an increase in demand for the service and escalation of risk with existing cases due to covid. This is being monitored. The service has made adaptations in response to covid and is providing online sessions for CYP, parents and carers where possible; face to face contact is being maintained for high risk patients and telemedicine has been secured so young people can be physically monitored at home. 						
When is performance expected to recover:						
Any required recovery plans will be confirmed alongside any agreed increases in funding/capacity.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		



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

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> Decreased capacity within additional providers. Ongoing impact of COVID-19 and future waves. For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	Dec-20	Jan-21	Feb-21	Mar-21	
		90.0%	87.0%	83.0%	91.0%	
Plan: 90% of referrals: Assessments started within 12 weeks						
Performance Overview/Issues:						
<ul style="list-style-type: none"> In March 91% of ASD assessments started within 12 weeks of referral, which has seen an improvement compared to previous months and now above the planned target. Referrals to the service continue to increase, with referrals in March 21% higher than the previous month and averaging 85 per month since November 2020 At the end of March there was a backlog of open referrals for the ASD pathway of 485 referrals against the trajectory of 252 so behind plan (Q4). This information is reported on a quarterly basis. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> A number of actions have been agreed to mitigate the risk of the increased demand on the service including increased use of independent sector providers to support assessments for new assessments and further revisions to referrals forms to ensure the referral process is as efficient as possible. To understand the drivers for the continued increase in demand, the trust is instigating discussions with local partners. There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021; although the target reduction was not achieved in Q4, most available assessment slots in May and June will focus on the backlog which will provide sufficient capacity to clear this by the end of June as planned. 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway and waiting list management:</p> <ul style="list-style-type: none"> Decreased capacity within additional providers. Ongoing impact of COVID-19 and future waves.
GREEN	TREND	Dec-20	Jan-21	Feb-21	Mar-21	
		97%	93%	91%	90%	
Plan: 90% of referrals: Assessments completed within 30 weeks						
Performance Overview/Issues:						
<ul style="list-style-type: none"> 90% of ASD assessments were completed within the 30 week target, which is the planned target, but has declined over the last couple of months. Performance has declined since December due to the impact of increasing referrals on service capacity. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> To mitigate the risk of increasing demand, the service is making greater use of independent sector providers - Axia and Healios - to support the assessment process. Positive feedback on the effectiveness and quality of the digital assessments has been received from CYP, families and carers, many commenting that they prefer this approach. 						
When is performance expected to recover:						
Achieving the target of 90%.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		



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

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves. • Delay in the start of assessment of some CYP due to delays in receiving assessment information from schools. • For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	Dec-20	Jan-21	Feb-21	Mar-21	
		85%	100%	99%	97%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In March, 97% of assessments started within 12 weeks of referral and the pathway continues to meet the agreed performance targets. • There has been a sustained month on month increase in referrals to the service: 52 were received in March compared to 33 in February. • The backlog of open referrals continues to reduce and is ahead of the waiting list management plan: at the end of March the number waiting was 68 against the planned level of 119 (Q4). This information is reported on a quarterly basis. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021, which is on track and currently ahead of trajectory. 						
When is performance expected to recover:						
Performance is on target.						
Quality impact assessment:						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves.
GREEN	TREND	Dec-20	Jan-21	Feb-21	Mar-21	
		96%	95%	91%	94%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 94% of ADHD assessments were completed within the 30 week target, which exceeds the planned target of 90% and shows an improvement from last month. • There are currently 179 young people who are in the process of being assessed by the service, compared to 131 in February. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Although the number of young people open to the service is increasing, the service continues to achieve the agreed performance targets. 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.2 Child and Adolescent Mental Health Services (CAMHS)

6.2.1 % Referral to Choice within 6 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Choice within 6 weeks		Latest and previous 3 months				Due to ongoing impact of COVID, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as a result of the ongoing impact of the pandemic.
RED	TREND	Dec-20	Jan-21	Feb-21	Mar-21	
		85.0%	54.7%	37.3%	50.9%	
		Staged Target by March 2020: 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to choice waiting time has seen an improvement in compliance with the agreed 6 week standard in March. Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and there has been a general deterioration in waiting times since December 2020. The service experienced a 20% increase in referrals from August through to December 2020 compared to the same period in 2019. There has been an increase in the number of urgent cases referred to the service. Between December and February 2021 there has been a 73.5% increase in urgent choice appointment activity compared to same period last year. This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The service continues to monitor urgent and routine referral rates and aims to flexibly use capacity as needed to provide first assessments as soon as possible. All CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks. Using the CCGs' additional short term investment to support service resilience, two new therapists commenced in post in March to provide additional service capacity and to support a reduction in waiting times. This short term investment has also been awarded to third sector providers, Venus and Parenting 2000, who have been able to increase their capacity to support children, young people and their families and reduce the impact on specialist CAMHS. Across the Sefton CAMHS partnership, there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for the online counselling platform Kooth, the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of the Mental Health Support Teams in schools which began a phased roll out in April 2021. The Trust has introduced a new "COVID support team" which commenced in December 2020 on a fixed term basis to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic. In response to the national increase in demand for mental health support, the government has released an additional £79 million investment to support CYP mental health COVID recovery in 2021/22. The CCGs are awaiting further details of the financial settlement for Sefton. This investment will support an increase in capacity and a reduction in waiting times. Alder Hey is developing a full business case outlining the additional resource required to match the current and projected levels of demand to achieve the SEND 92% waiting time target. 						
When is performance expected to recover:						
Once the additional mental health investment has been confirmed and Alder Hey's business case has been considered, revised COVID recovery plans and trajectories will be developed to achieve a staged and sustainable return to the 92% waiting time measure.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.2.2 % Referral to Partnership within 18 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Partnership within 18 weeks		Latest and previous 3 months				Due to ongoing impact of COVID, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as a result of the ongoing impact of the pandemic.
RED	TREND	Dec-20	Jan-21	Feb-21	Mar-21	
		50.0%	52.2%	41.2%	70.6%	
		Staged Target by March 2020: 75%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • There has been a significant improvement in waiting times in March as the service has seen a higher number of children and young people within 18 weeks. This is due in part to a high number of urgent partnership appointments required for high risk and complex young people. • Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and there has been a general deterioration in waiting times since December 2020. • The service experienced a 20% increase in referrals from August through to December 2020 compared to the same period in 2019. • There has been an increase in the number of urgent cases referred to the service. Between December and February 2021 there has been a 73.5% increase in urgent choice appointment activity compared to same period last year. • This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • All children and young people who have been waiting over 18 weeks for a partnership appointment are regularly contacted to undertake an up-to-date risk assessment and review of clinical urgency, enabling the team to expedite an earlier appointment, if clinically indicated. • Using the CCGs' additional short term investment to support service resilience, two new therapists commenced in post in March to provide additional service capacity and to support a reduction in waiting times. • This short term investment has also been awarded to third sector providers, Venus and Parenting 2000, who have been able to increase their capacity to support children, young people and their families and reduce the impact on specialist CAMHS. • Across the Sefton CAMHS partnership, there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for the online counselling platform Kooth, the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of the Mental Health Support Teams in schools which began a phased roll out in April 2021. • The Trust has introduced a new "COVID support team" which commenced in December 2020 on a fixed term basis to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic. • In response to the national increase in demand for mental health support, the government has released an additional £79 million investment to support CYP mental health COVID recovery in 2021/22. The CCGs are awaiting further details of the financial settlement for Sefton. This investment will support an increase in capacity and a reduction in waiting times. • Alder Hey is developing a full business case outlining the additional resource required to match the current and projected levels of demand to achieve the SEND 92% waiting time target. 						
When is performance expected to recover:						
Once the additional mental health investment has been confirmed and Alder Hey's business case has been considered, revised COVID recovery plans and trajectories will be developed to achieve a staged and sustainable return to the 92% waiting time measure.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.3 Children's Community (Alder Hey)



6.3.1 Paediatric Speech & Language Therapies (SALT)

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Previous 3 months and latest				<=92%: Green > 92%: Red	The CCG may not continue to deliver on all aspects of the SEND improvement plan as the SALT waiting times cannot be sustained due to the ongoing impact of COVID. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required, particularly for the SEND cohort. Potential increase in waiting times/numbers and a surge in referrals due to the ongoing impact of the pandemic.
RED	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Dec-20	Jan-21	Feb-21	Mar-21		
		95.50%	95.80%	85.80%	75.00%		
		Total Number Waiting					
		Dec-20	Jan-21	Feb-21	Mar-21		
		242	285	316	368		
		Target 92%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in March is 14.2 weeks. For open pathways, the longest waiter was 24 weeks in March compared to 20 weeks in February. Overall there had been a steady increase in referrals since September when the schools reopened the service received 90 in February having risen to 126 in March. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The COVID recovery plan trajectory to reduce the longer 18+ waits to the 92% standard by December 2020 was achieved, however, due to the ongoing increase in referrals to the service open pathways waits have increased. All referrals are clinically triaged at the point of receipt and prioritised in accordance with need i.e.; urgent or routine Urgent appointments are prioritised for initial assessment as clinically indicated and routine referrals are placed on a waiting list for assessment and sent information on how to access resources including those on the service web page. Waiting times have increased over the past month as the trust has reduced the number of new initial assessment appointments offered in order to allocate cases waiting for follow up appointments. The objective is to reduce the risk for those patients waiting for follow-up, improve throughput and discharge rates. To manage the long waiters, the service is producing a monthly breach report to ensure that there are plans/appointment dates for any children waiting over 18 weeks. Work continues with the early years services to support early intervention and reduce need for specialist support. The SEND average waiting time target continues to be achieved. 							
When is performance expected to recover:							
As referrals continue to be above expected levels waiting times will be challenged over the coming months. Referral rates are likely to fall over the summer and this will enable the service to work towards RTT compliance.							
Quality impact assessment:							
There are no identified quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Wendy Hewitt			Peter Wong		



6.3.2 Paediatric Dietetics

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Dietetics		Previous 3 months and latest				<=92%: Green > 92%: Red	Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Dec-20	Jan-21	Feb-21	Mar-21		
		100.0%	100.0%	100.0%	97.6%		
		Total Number Waiting					
		Dec-20	Jan-21	Feb-21	Mar-21		
30	34	48	42				
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in February is 5 weeks. For open pathways, the longest waiter was 18 weeks in March compared to 13 weeks in February. Overall accepted new referrals to the service have decreased slightly in March to 38 from 37 received in February. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically, as performance is exceeding target. 							
When is performance expected to recover:							
Performance is on target.							
Quality impact assessment:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Wendy Hewitt		Peter Wong			

6.3.3 Paediatric Occupational Therapy (OT)

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: OT		Previous 3 months and latest				<=92%: Green > 92%: Red	Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Dec-20	Jan-21	Feb-21	Mar-21		
		98.5%	100.0%	98.7%	98.9%		
		Total Number Waiting					
		Dec-20	Jan-21	Feb-21	Mar-21		
68	68	76	89				
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in March is 6.5 weeks. For open pathways, the longest waiter was 22 weeks in March compared to 18 weeks in February. Overall there has been a steady increase in new referrals since August, the service received 69 in March, this is an increase from 44 in February. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically, as performance is exceeding the target for sixth consecutive month. 							
When is performance expected to recover:							
Performance on target.							
Quality impact assessment:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Wendy Hewitt		Peter Wong			

6.3.4 Paediatric Children's Continence Promotion Service

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Children's Continence Promotion Service		Previous 3 months and latest				<=92%: Green > 92%: Red	Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Dec-20	Jan-21	Feb-21	Mar-21		
		97.2%	91.1%	78.1%	93.9%		
		Total Number Waiting					
		Dec-20	Jan-21	Feb-21	Mar-21		
		36	45	41	49		
		Target 92%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in March is 13.6 weeks. For open pathways, the longest waiter was 29 weeks in March compared to 52 weeks in February. Referrals to the service remain steady, 39 were received in March and 31 in February. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically as performance is currently within target. Pre-covid a preliminary service review commenced which identified a high number of low level referrals to the service. The service review is being stepped up again with the aim of developing health visitor pathways to more appropriately deal with low level interventions, thus reducing demand for specialist support. 							
When is performance expected to recover:							
Performance on target.							
Quality impact assessment:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Wendy Hewitt			Peter Wong		

7. Third Sector Overview – Q4 2020-21

Introduction

This report details activity and outcomes for each of the organisations detailed below for Q4 2020-21. Each of the following organisations has successfully adapted to new ways of working, all have continued to provide services to residents of Sefton during these unprecedented times. Service provisions and needs of the community have changed dramatically during this year but the determination and commitment of the VCF has continued to provide the most vulnerable residents of Sefton with help, support and companionship which has proven to dramatically reduce the need for acute mental health services and hospital admissions.

Age Concern – Liverpool & Sefton

During Q4 clients have received at least one phone call per week from the Befriending and reablement service; the team made a total of 2,512 calls to clients. The team have also supported 208 clients via a mix of ongoing welfare calls and more traditional befriending support.

The recruitment of volunteer befrienders has dropped during Q4. Between lockdowns volunteer recruitment increased significantly but has now started to slow to a more usual rate for this time of year. During year a total of 45 volunteers were recruited. Volunteers are continuing to offer telephone befriending support to more than one client with an average of 3 clients per volunteer. During Q4 37% of clients were allocated a volunteer befriender after the initial 6 weeks.

Referrals have mainly been via other VCF organisations, there were no referrals received from Sefton GPs or NHS Trusts; communications to GP practices and NHS Trusts are to be initiated shortly. The service has supported clients with the following:

- Feelings of abandonment, isolation and depression
- An explanation of new lockdown rules.
- Support in arranging a care package
- Reassurance for those missing their families
- Referrals for benefit advice
- Anxiety support
- Encouragement of exercise and adopting a healthy lifestyle
- Healthy eating guidance
- Support with finding a gardener
- Occupational Therapist assessment referral

Alzheimer's Society

All face to face activities provided by Alzheimer's Society ceased on the 23rd March 2020. Instead the society offered existing Service users who had recently contacted the Service welfare calls. During this quarter the service have made 265 Welfare Calls to 98 service users and dealt with 41 new referrals.

Over the year over 1169 Welfare Calls were achieved; there were 137 referrals recorded the service has reported the following;

Dementia Patients in care homes have faced severe difficulty during the pandemic; 70% of people living in care homes have a dementia. Service users have not been able to see loved ones which has caused a significant decline in mental health.

During Q2 204 Welfare Calls were made to 265 service users the service also received an additional 38 new referrals.

The service continue to work with Southport Memory Clinic, negotiations are underway for the inclusion of Alzheimer's Society within the post diagnostic pathway moving forward.

The service does not plan to resume face to face services such as Memory Cafes, Singing for the Brain or Reading groups until government guidelines are revised. Although from May 2020 the services launched 2 virtual cafes and Singing for the Brain programmes via Zoom these have proven popular and have seen 16-20 attendances weekly.

Citizens Advice Sefton

Advice sessions are currently delivered via telephone or online meetings to in-patients of Clock View Hospital, Walton by an experienced social welfare law advisor with specialist knowledge of mental health issues.

During Q3 22 new referrals were received; the main type of advice required was mainly in regard to benefits including tax credits, Universal Credits and appeals. During this quarter, Sefton residents received a total of £224,308 in new or backdated awards as a result of the work carried out by the advisor. The total so far of successful backdated benefit claims is £698,715.

Crosby Housing and Reablement Team (CHART)

CHART works with Sefton residents who are in contact with secondary mental health services experiencing accommodation issues. They also work with those who are homeless and in-patients at secondary care mental health services; CHART enables swifter hospital discharges and assists those in the community preventing unnecessary hospital admissions. CHART are continuing with a mixture of working from home and office. Face to face appointments have been carried out as necessary with full PPE, either in peoples' homes or on hospital wards. There were 59 new referrals during Q4.

One member of staff left at the end of March, CHART are recruiting a Tenancy Support Worker and interviews are to be held shortly.

The office, although open, is closed to the public, the majority of assessments have been carried out via telephone, however, face to face is starting to slowly increase.

Expect Limited

Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. During Q4 an average of 85 existing service users have accessed the service at the Bowersdale Centre, there were no new referrals received during the period. Telephone support and text messaging services have continued and the use of virtual IT to support has proven to be popular. The centre is following government guidelines and will slowly start to re-introduce face to face group sessions shortly. A booking system for attendance at the centre will be put in place. A new timetable for activities has been introduced; these include a walking group, painting with Bob Ross and Mental Health Group.

Imagine independence - IPS

Imagine Independence drastically needed to change how services were delivered during the lockdown period. Services which were centred around 1:1 service user support were delivered via telephone or online Zoom catchups. It was essential that Peer Support, Social Inclusion and Employment Services could continue to eliminate the risk of mental health relapse; individual support plans were agreed with clients, the frequency of calls was increased whilst the service also offered extended support to vulnerable service users including emotional support. Connections on behalf of service users who were shielding were also made with local services delivering food parcels and medicines. These ways of keeping in touch proved vital to those shielding and reduced social isolation to the most vulnerable. Vocational support continued to be offered but issues were identified around the lack of digital skills and equipment amongst service users to progress vocational aims during lock down.

Referrals to the service were also affected as CMHT's concentrated on Essential Care. Some service users decided to suspend their service until the lockdown eased but some clients have wanted daily calls due to anxiety and loneliness.

The need for IPS services, including employment retention is vital due to the high volume of clients being Furloughed and at risk of redundancy. Despite the current situation, a number of clients made redundant from their employment due to COVID have since managed to find paid work at local supermarkets.

Netherton Feelgood Factory

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

Staff & Volunteers at the centre are coping well and adjusting to change in service provided. A shopping service has been provided this has been particularly popular but is now starting to tail off due to the lockdown ease of restrictions. Letters from local schoolchildren to the elderly and vulnerable have been included within food parcels helping to keep morale up amongst the vulnerable and isolated. The befriending service continues to be extremely busy, demand for this service has been overwhelming at times but staff have adjusted well.

A number of issues have been at the forefront for staff at the centre these include increased alcohol consumption amongst service users, not eating properly and debt management. Issues have also been identified amongst some service users who have been shielded who did not have agoraphobic symptoms prior to lockdown now feel they have and are worried about leaving the home. Increased support has been given for families where children would have received a meal at school does not receive packed lunch from the centre.

Service users known to the team at Upstairs @83 have intervened with 2 clients contemplating taking an overdose. In addition, significant funding gaps have been identified; staff working from home have donated money used for their daily commute to the office to help fund activity packs posted to the isolated and packed lunches for children in the community. Some group work has recommenced, all are run in accordance to government guidelines

Parenting 2000

Services provided by P2000 are continuing via regular zoom and telephone calls, this has been welcomed particularly by children aged 11+ younger clients have struggled due to lower attention span. Some children have stopped counselling sessions during the lockdown as they were no longer attending school, most access this service to help with issues around bullying.

A bicycle voucher scheme was launched to help lower income families purchase and repair bikes, the aim to keep families fit and active during lockdown. Waiting lists for counselling continue to be high although some service users have dropped out for the moment demand is still extremely high.

As groups were introduced back into the centres, there was a need for smaller groups. The cost of hosting more groups has increased; the organisation are seeking extra funding from charitable sources to help with the shortfall.

The service envisage issues for those experiencing lifestyle changes particularly for some children who had been privately educated and parents may not be able to continue to pay for this following COVID-19. Family debt is also an issue; Furloughed parents spending during lockdown then are made redundant with no means of paying off debts.

Sefton Advocacy

Sefton Advocacy has still received a high volume of referrals during Q1 & Q2. Staff are working remotely and are currently involved in cases including child protection conferences, safeguarding issues, DOLS for elderly residents in care homes. There were no Personal Health Budget assessments carried out during the lockdown, these have now recommenced and staff are dealing with the backlog. Issues have been identified around Children in Need assessments; council policy had been changed eliminating parents from assessments, Sefton Advocacy has challenged this decision.

The service has had greater success with a number of DWP claims appealed against, then granted. Concerns have been raised around people suffering with cancer and not attending appointments, this continues to be an issue and the increased waiting times for some treatments are posing potential for risk to lives.

The service anticipates the increased needs for people requiring social care needs, suffering poor mental health and experiencing unemployment, physical and mental well-being are likely to suffer as further economic hardship takes hold. There has also been an increase of emotional and physical abuse taking place in the home during the lockdown period.

The base for Sefton Advocacy has also been reviewed during Q1 & Q2, premises have now been secured in the Houghton Street area of Southport making the venue accessible to all and reducing rent charges during these unprecedented times.

Sefton Carers Centre

Performance against targets remains challenging due to the limitations placed on services due to the Covid pandemic, there has been an increase by 166% in the number of new carers registered with the Centre compared to Quarter 1; there were 268 new carers and 43 parent carers registered during the quarter. The centre made 1,501 telephone calls to carers during Q4 alone, this is been the main form of contact with carers during the pandemic and has been a lifeline to most. There were 44 remote Counselling sessions delivered and a further 288 calls made by the listening ear service. There were 170 appointments for benefits advice took place during the quarter, securing £220K of benefits for Carers. There are currently 252 registered tier 2 young carers receiving support from the centre. Face to face support is to be re-introduced gradually as per government guidelines.

Sefton Council for Voluntary Service

BAME Service update

Sefton CVS are working closely with the CCGs and St Marks regarding asylum seekers, the service are also working with Merseyside Police in regard to hate crime. Work is on-going in supporting the needs of migrant groups of parents and children at Holy Trinity school. The service has seen a degree of reluctance within some BME families to challenge poor employment practice for fear of losing their position. An increase of emotional and physical abuse has also been seen.

High Intensity Users

The team of 5 staff running this service are currently working from home.

The service are receiving referrals for Sefton residents requiring support with shopping and deliveries, prescription collections, support to get online and support with loneliness and isolation. Regular liaison with local services is key to ensuring service lists are kept as up to date as possible. This list includes local shops providing deliveries, pharmacies and mental health services. Some residents require intense ongoing support, these vulnerable service users are allocated to a volunteer who provides weekly well-being phone calls.

The most frequent requests from residents have been seeking support with supermarket delivery slots, staff have assisted with registration for online supermarket shopping and the government vulnerable list. CVS have raised many safeguarding concerns, liaised with social workers regularly and have linked in with the contact centre regularly for urgent requests.

A worrying gap in provision has been identified for those families who usually work but have had to reduce hours. Coping with balance of home schooling and working from home, Furlough or made redundant as a result of businesses going into liquidation. Debt is starting to pose a problem to many households across Sefton.

Although lockdown is beginning to lift, a number of residents have anxieties over going out; many haven't left their home for some time, the team are helping to deal with anxiety and uncertainty.

Reablement Service

All home visits ceased during the pandemic and the service commenced remote telephone support only. This proved difficult because staff rely heavily on how a person's home environment and body language to determine best interests and support for their needs. Not being able to observe a patient in this way has proven difficult, more intensive questioning has been key to ensuring needs are met. A few patients were admitted to hospital, some for covid-19. The HWBT have been undertaking some very intensive and emotional phone calls with patients. This has proven extremely difficult for some staff who usually rely on colleagues for support.

The lack of provision in the community (due to closures of services) for those not online or able to access digital support has been a considerable barrier for social prescribing. Being responsive to emerging emergency need in the early days of the response meant it was difficult to plan effectively and often capacity was stretched within the team.

Social Prescribing

The lack of provision in the community (due to closures of services) for those not online or able to access digital support has been a considerable barrier for social prescribing link workers.

Being responsive to emerging emergency need in the early days of the response meant it was difficult to plan effectively and often capacity was stretched within the team. The team focus was redirected to helping those most vulnerable within Sefton. Matching Service users with volunteer befrienders and oversight of volunteers has been a key part of the role during the pandemic. Practical tasks were undertaken where necessary if no community-based provision was able to respond, these included shopping; prescriptions; emergency food parcel deliver, etc. The service has also dealt with a number of complex people awaiting counselling from IAPT services, a meeting took place between the Social Prescribing team and IAPT; both will work together to ensure long waiting patients are seen by the most appropriate service asap.

ECM Co-ordinator –Children and Families Development Officer

Drop in referral are usually through schools, there are concerns about the safety of some vulnerable children. The lack of IT equipment has posed a significant barrier to children accessing therapy, support and home schooling. Families that would not usually need support of services are not able to manage financially but may not have access to benefits; parents may have reduced working hours, Furloughed, or faced redundancy. A number of families have put off or have been afraid to access support available e.g. A&E and GP due to fear of catching COVID.

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

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus multi-agency training and VCF partnership working. The service currently has 12 qualified counsellors delivering services remotely, these methods include telephone support, online counselling, telephone counselling and text support. In addition, assessments are taking place via telephone or online. A number of support groups are also taking place online.

Practical challenges include women not having a safe or quiet space that they can access counselling from in their home. Some women have opted to wait until the centre opens before accessing counselling.

More Complex cases are emerging as a result of lockdown restrictions, SWACA has said there is a need look more closely at the Trauma Informed model and joint working with other relevant organisations. It has also been noted that there has been a rise in Children and young people inflicting abuse on parents during restriction period.

Risk assessments are carried out to ensure services provided are safe to both staff and service users. Most women do not like to be referred on as there is distrust in some large/ public organisations, SWACA are mindful that those who wish to remain within the service as assessed regularly.

SWACA has communicated that whilst the current situation has presented some opportunities to think differently and provide support in a different way, issues have emerged around funding streams to the service. The charity shop has remained closed during the pandemic and donations have been extremely low. Other funding opportunities are currently being explored.

Stroke Association

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

The post stroke service is currently under review, the contract comes to an end on 30th June 2021, commissioning intentions are to be communicated shortly. Aintree Stroke Unit also asked if the Stroke Association could pick up 6 monthly reviews via telephone. The service has offered to assist whilst some capacity available, but this is only a short-term arrangement (end of May).

Face to face services with stroke survivors have ceased, staff and volunteers are providing online assessment of needs and online support is offered via telephone.

Not all stroke survivors have the technology available to communicate online and some carers have limited skills in setting up internet connections or accessing online support. Some families have struggled as other family members have not been able to assist due to the restrictions in place. Most have access to a phone, but this is not as helpful when supporting stroke survivors and carers.

Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. The centre opened for a short time during the first lockdown then closed again. The centre are looking to re-introduce face to face therapies gradually and within government guidelines. The service are currently delivering the following services remotely; counselling, online support groups, telephone support, befriending services and weekly check in for vulnerable women. Counsellors at The Swan Centre are now BACP approved; each counsellor was required to undertake 80 hours of training. The cost of this was met by funds at the centre; this was not budgeted for but considered vital to deliver quality services to women across Sefton.

The issues identified include the following; women having a safe/quiet space at home to access counselling. Some women have opted to wait until the centre opens before accessing counselling. This is due to the above as well or perhaps they are not comfortable with this technology or they simply prefer face to face support.

Macmillan Cancer Support Centre – Southport

During Q4 there were a total of 72 new referrals to the service, significantly more than Q3. This is as a direct result of the Social Prescribing Link Worker - Cancer Specialists (SPLW CC) in the Formby and Ainsdale & Birkdale Primary Care Networks. Nearly half of all referrals seen this quarter were via the SPLW CCs. The service plans to engage further with practices not referring patients once restrictions are relaxed. The service continues to offer a listening ear and regular wellbeing or welfare calls to service users who were shielding.

The Macmillan RBY funding for the Community Navigator posts ended in November 2020, the CCGs provided some additional funding for the non PCN practices in Southport and Formby.

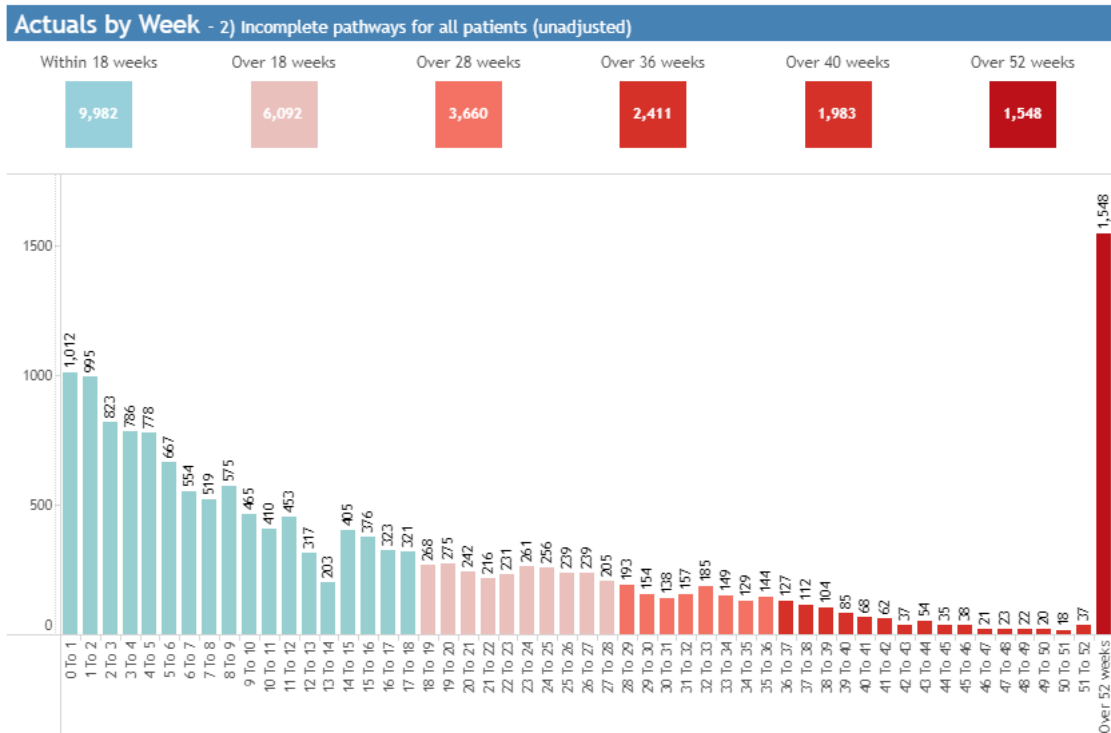
The centre reviewed the decision taken at the beginning of the year to suspend face to face appointments and made the decision to resume offering face to face appointments in the Centre including counselling and the prosthesis service. Initially this will be an appointment only basis and service users will only be seen if they can prove that they have had a negative test result the same day. This is explained to the patient when making the appointment. Government advice is followed stringently at the centre and safety for staff and patients is paramount. The service aims to resume the drop-in service as soon as is safe to do so. During Q3 the service observed that more patients

were now under the Palliative Care Team and needing additional support from the centre. A number of newly referred patients are presenting at a more advanced stage of disease, it is anticipated that this trend will continue for at least 6 months as service users have experienced delayed diagnostics, treatment and breaks in treatment.

8. Appendices

8.1.1 Incomplete Pathway Waiting Times

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



8.1.2 Long Waiters analysis: Top Providers

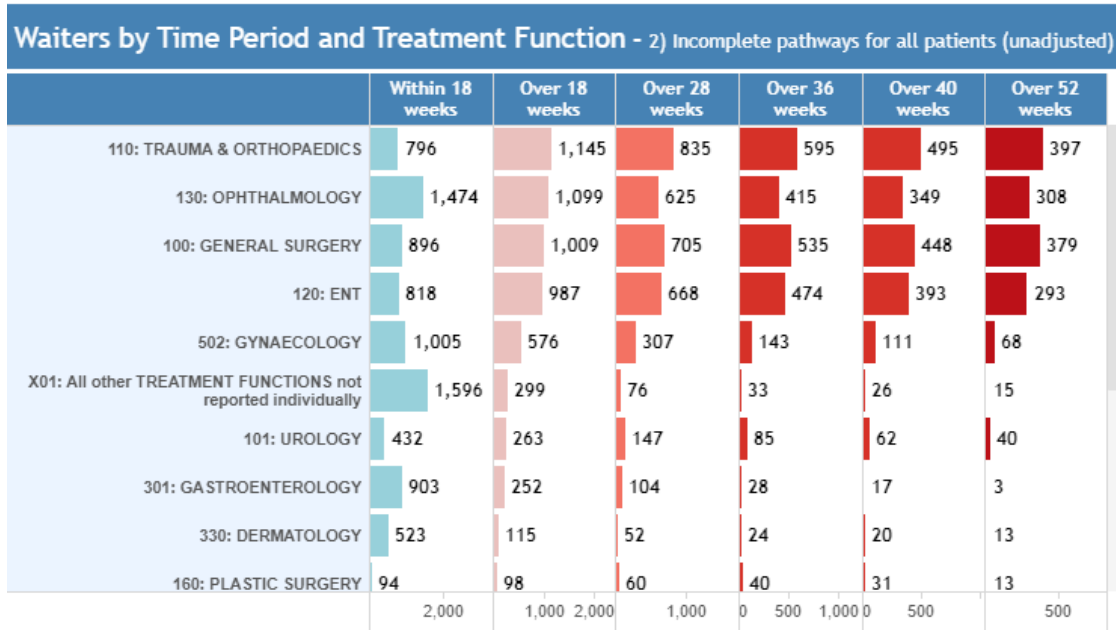
Figure 12 - Patients waiting (in bands) on incomplete pathway for the top Providers

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

	Within 18 weeks	Over 18 weeks	Over 28 weeks	Over 36 weeks	Over 40 weeks	Over 52 weeks
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (REM)	7,010	4,729	2,889	1,952	1,625	1,321
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	875	504	264	111	82	47
SPIRE LIVERPOOL HOSPITAL : (NT337)	262	187	133	82	52	36
RENACRES HOSPITAL : (NVC16)	229	185	113	84	75	45
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	134	110	71	49	39	21
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	423	106	63	44	37	26
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	241	61	14	10	5	1
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST : (RRF)	51	43	26	22	20	16

8.1.3 Long Waiters Analysis: Top Provider split by Speciality

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



MEETING OF THE GOVERNING BODY June 2021

Agenda Item: 21/69	Author of the Paper: Alan Sharples, Chair of Audit Committee Governing Body Lay Member, Governance Alan.Sharples@southseftonccg.nhs.uk	Clinical Lead: N/A						
Report date: June 2021								
Title: Audit Committee Annual Report 2020/21								
Summary/Key Issues: The work of the Audit Committee, in the eighth financial year in which the CCG has been in existence, continues to provide assurance to the Governing Body: <ul style="list-style-type: none"> i) an effective system of integrated governance, risk management and internal control is in place to support the delivery of the CCG's objectives and arrangements for discharging the CCG's statutory financial duties are now well established; ii) there were no areas reported by MIAA where weaknesses in control, or consistent non-compliance with key controls, could have resulted in failure to achieve the objective; and iii) ISA260 Audit Highlights Memorandum will be reported by Grant Thornton to the June Audit Committee Meeting as part of the Annual Accounts approval process. This will be followed by the publication of the Annual Audit Letter to the Governing Body. 								
Recommendation The Governing Body is asked to receive this report.		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>							
Approve	<input type="checkbox"/>							
Ratify	<input type="checkbox"/>							

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

	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			Draft version presented at the Audit Committee meeting on 22 nd April 2020.

Audit Committee Annual Report 2020/21

1. Role of the Audit Committee

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

The principal functions of the Committee are as follows:

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

The Audit Committee met 6 times during 2020/21 in April, June (to sign off the accounts), July and October 2020 and in January and March 2021. The meeting in March 2021 was an extraordinary meeting called to review and approve changes to the Whistleblowing/ Raising Concerns – Freedom to Speak Up Policy.

Name	Position	Apr 20	June 20	July 20	Oct 20	Jan 21	Mar 21
South Sefton Audit Committee Membership							
Alan Sharples	Lay Member (Chair)	✓	✓	✓	✓	✓	✓
Graham Bayliss	Lay Member (Vice Chair)	✓	✓	A	✓	A	✓
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	✓	✓	A	✓	✓	✓
In attendance							
Martin McDowell	Chief Finance Officer, SSCCG	✓	✓	A	✓	✓	
Alison Ormrod	Deputy Chief Finance Officer, SSCCG	✓	✓	✓	✓	✓	
Clare Ingram	Financial Accountant, SSCCG [Joined CCG in September 2020]				✓	✓	
Leah Robinson	Chief Accountant, SSCCG [Maternity leave from end of June 2020]	✓	✓				
Michelle Moss	Local Anti-Fraud Specialist, MIAA	✓			✓	✓	
Adrian Poll	Audit Manager, MIAA	✓		✓	✓	✓	
Joanne Brown	Partner - Audit, Grant Thornton	✓	✓	A	A	A	
Andy Ayre	Manager – Audit, Grant Thornton	A	✓	✓	✓	✓	

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

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

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

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

- Martin McDowell - Chief Finance Officer
- Alison Ormrod - Deputy Chief Finance Officer
- Leah Robinson - Chief Accountant (to June 2020)
- Clare Ingram – Financial Accountant (from September 2020)

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

- Adrian Poll - Audit Manager, MIAA
- Michelle Moss - Local Anti-Fraud Specialist, MIAA
- Joanne Brown – Partner, Grant Thornton
- Andy Ayre – Audit Manager, Grant Thornton

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

2. Internal Audit

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

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

During the year Mersey Internal Audit Agency (MIAA) have reviewed the operations of the CCG, have found no major issues and concluded that overall it has met its requirements. They have reported back on a number of areas. The ADAM Dynamic Purchasing System post implementation review received only '**Moderate Assurance**' with one high risk recommendation which is receiving urgent attention to address it. In all other areas reviewed that require an assurance opinion '**Significant or High Assurance**', has been reported. There were no areas reported by MIAA where weaknesses in control, or consistent non-compliance with key controls, could have resulted in failure to achieve the review objective.

The Committee received and approved the Internal Audit Plan 2020/21. Regular progress reports will continue to be provided to each Audit Committee meeting. The Committee also received in April 2021 the Director of Audit Opinion, which stated:

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

The Director of Audit Opinion also drew attention to the governance considerations relating to Covid-19 and set out MIAA’s response to the issues arising which has fully complied with the Public Sector Internal Audit Standards. The Audit Committee are grateful to MIAA and to the CCG’s Finance Team for the professional and effective way that they have carried out the business of the CCG during what has been an extremely challenging time.

3. External Audit

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

At this stage of the year External Audit (Grant Thornton) are in the early stages of their audit of the CCG’s annual accounts. It is anticipated that the ISA260 Audit Highlights Memorandum will be reported to the June 2021 Audit Committee meeting as part of the Annual Accounts approval process. This will be followed by the publication of the Annual Audit Letter to the Governing Body.

4. Anti-Fraud Specialist

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

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

5. Regular Items for Review

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

- Approve accounting policies and financial procedures;
- Agree annual plans for the activity of External and Internal Audit and Anti-Fraud;
- Receive periodic reports on the delivery of those plans;

- Provide assurance to the Governing Body by reviewing the draft Annual Accounts, Annual Report, Annual Governance Statement and CCG Letter of Representation;
- Review of losses and special payments;
- Scrutinise outstanding debts;
- Consider the reasons for tender waivers;
- Approve changes to the Scheme of Reservation and Delegation;
- Receive declarations of interest;
- Approve the Data Security and Protection Toolkit submission;
- Approve updates to the Corporate Risk Register, Governing Body Assurance Framework and the associated Heat Map;
- Annually review the Audit Committee Terms of Reference;
- Carry out a self-assessment of the Committee's effectiveness;
- Submit an Audit Committee Annual Report to the Governing Body.

6. Key Items in the Year for Noting

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

- As the CCG failed to meet its financial target for 2019/20, the external auditors issued a qualified opinion in relation to value for money. The accompanying commentary helpfully recognised that the CCG had taken on a very high and ultimately undeliverable QIPP savings target in order to assist the financial viability of the local health economy.
- Changes were approved to key accounting policies in line with national guidance.
- Compliance with estimation techniques recommended by the Macpherson Report were reviewed and MIAA were able to provide High Assurance regarding the CCG's overall financial control environment.
- Considerable work was done to enhance the comprehensive set of published registers including the Register of Gifts and Hospitality and MIAA concluded that the CCG is fully compliant with the good practice framework issued by NHS England and Improvement.
- An audit of conflicts of interest was carried out during the year and the CCG was reported as being fully compliant in all areas.
- The Information Governance Annual Report was received and the associated delivery plan for the Asset Register was approved and monitored.
- Anti-Fraud Annual Report 2019/20 received and a high number of green rated areas identified, following review of Self Review Toolkit.
- The Whistleblowing/ Raising Concerns – Freedom to Speak Up Policy was updated.
- The CCG Mental Health Investment Standard Compliance Statement demonstrated compliance.
- In response to challenge questions raised by external audit, the Committee received a number of in-depth reports on issues including population health management, reducing emergency admissions and strategies for meeting local mental health needs.
- A process of critically reviewing each meeting has now been embedded.
- The Committee undertook a self-assessment process, facilitated by MIAA and based upon the Audit Committee Handbook checklist.

7. Conclusions

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

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

8. Recommendation

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

Alan Sharples
Audit Committee Chair
NHS South Sefton CCG

Appendix 1: Director of Internal Audit Opinion 2020/21

4 Head of Internal Audit Opinion

4.1 Roles and responsibilities

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

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

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

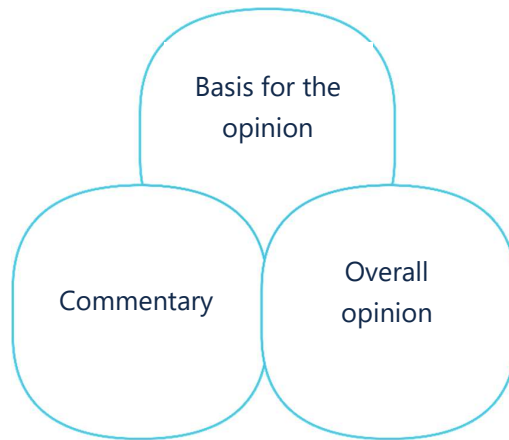
The organisation's Assurance Framework should bring together all of the evidence required to support the AGS requirements.

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

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

4.2 Opinion

Our opinion is set out as follows:



4.2.1 Basis

The basis for forming our opinion is as follows:

Basis for the opinion

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

4.2.2 Overall Opinion

Our overall opinion for the period 1st April 2020 to 31st March 2021 is:

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

4.3.3 Commentary

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

Our opinion covers the period 1st April 2020 to 31st March 2021 inclusive, and is underpinned by the work conducted through the risk based internal audit plan.

Assurance Framework

Opinion

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

Core & Risk Based Reviews Issued

We issued:

5 high assurance opinions:	<ul style="list-style-type: none"> • General Ledger • Accounts Payable • Accounts Receivable • Treasury Management • Budgetary Control
1 substantial assurance opinions:	<ul style="list-style-type: none"> • Finance & Resources Committee Effectiveness
1 moderate assurance opinions:	<ul style="list-style-type: none"> • ADAM DPS Post Implementation
0 limited assurance opinions:	N/A
0 no assurance opinions:	N/A

Conflicts of Interest

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

	Scope Area	Compliance Level	RAG rating
1	Governance Arrangements	Fully Compliant	●
2	Declarations of interests and gifts and hospitality	Fully Compliant	●
3	Register of interests, gifts and hospitality and procurement decisions	Fully Compliant	●
4	Decision making processes and contract monitoring	Fully Compliant	●
5	Reporting concerns and identifying and managing breaches / non compliance	Fully Compliant	●

Primary Medical Care Commissioning and Contracting: Finance

The Primary Medical Care Commissioning and Contracting Internal Audit Framework for Delegated CCGs was issued in August 2018. NHSE require an internal audit of delegated CCGs primary medical care commissioning arrangements. The purpose of this is to provide information to CCGs that they are discharging NHSE’s statutory primary medical care functions effectively, and in turn to provide aggregate assurance to NHSE and facilitate NHSE’s engagement with CCGs to support improvement.

The 2020/21 Primary Medical Care Commissioning and Contracting review focused upon **Finance** and provided **Full Assurance** (assurance rating provided as per the NHSE guidance).

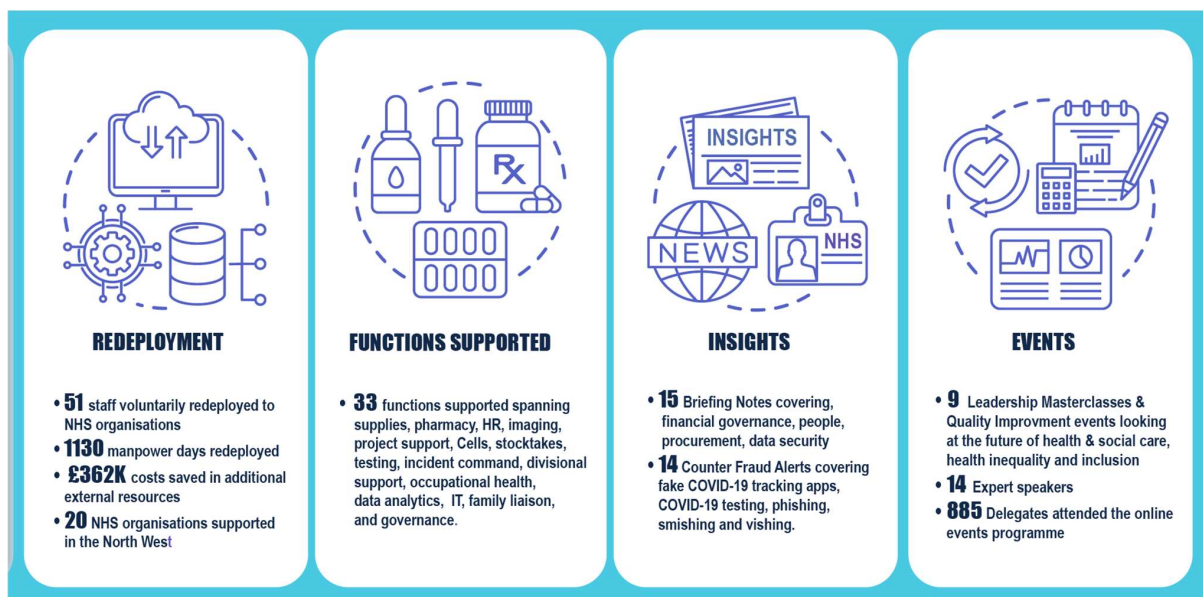
Follow Up

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

We have raised **13** recommendations as part of the reviews undertaken during 2020/21. All recommendations raised by MIAA have been accepted by management.

Of these recommendations: **1** was a **high risk recommendations** in relation to the review of ADAM DPS post-implementation.

MIAA Insights: Thinking Differently During COVID-19



Wider organisation context

This opinion is provided in the context that the Governing Body like other organisations across the NHS is facing a number of challenging issues and wider organisational factors particularly with regards to the ongoing pandemic response. The COVID-19 pandemic led to changes to the NHS financial framework, the establishment of the control and command structures both regionally and within individual organisations and an ongoing focus on the emergency response. This has required NHS organisations to operate in a different way to previous ‘business as usual’ practice. Guidance was clear that financial constraints must not stand in the way of taking immediate and necessary action but that there was no relaxation in fiduciary duties. This has meant that rapid actions and decisions needed to be and continue to be made in relation to key governance processes and internal control arrangements. The challenge for organisations has been to strike a practical balance between documenting the basis for decisions and not slowing down the decision-making processes.

During the Covid response, there has been an increased collaboration between organisations as they have come together to develop new ways of delivering services safely and to coordinate their responses to the pandemic. This focus on collaboration will continue as the NHS progresses on its journey towards integrated care systems.

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

Steve Connor

Managing Director, MIAA
March 2021

MEETING OF THE GOVERNING BODY June 2021

Agenda Item: 21/70	Author of the Paper: Alan Sharples, Chair of F&R Committee Governing Body Lay Member, Governance Alan.Sharples@southseftonccg.nhs.uk	Clinical Lead: N/A						
Report date: June 2021								
Title: Finance and Resources Committee Annual Report								
Summary/Key Issues: To summarise the structure and work of the F&R Committee in order to provide assurance to the Governing Body								
Recommendation The Governing Body is asked to receive this report.		<table style="border: none;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; text-align: center;">X</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	X	Approve		Ratify	
Receive	X							
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Links to Corporate Objectives 2021/22 (*x those that apply*)

	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
	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			F&R Committee 20 th May 2021

Finance and Resources Committee Annual Report 2020/21

1. Role of the F&R Committee

- 1.1. The Finance and Resource Committee is established as a committee of the Governing Body to perform the following functions on behalf of the CCG Governing Body.
- 1.2. The principal functions of the Committee are as follows:
 - To provide assurance to the Governing Body that there are appropriate systems in place which operate in order to enable the Committee to fulfil its monitoring requirements.
 - To provide regular reports to the Governing Body on a timely basis and to provide an annual report on the work carried out by the Committee including a self-assessment of how it has discharged its functions and responsibilities.

The Finance and Resource Committee is responsible for the following:

- 1.3. Advising the Governing Body on all financial matters and to provide assurance in relation to the discharge of statutory functions in line with the Prime Financial Policies
- 1.4. Reviewing the overall financial position of the CCG to ensure that the organisation meets its statutory financial duties.
- 1.5. Overall financial management of the organisation including the delivery of investment plans and monitoring of reserves.
- 1.6. Accountable for the delivery of QIPP schemes, financial recovery plans and cost improvement plans. In discharge of these responsibilities and to ensure there are robust arrangements to secure delivery of such plans, the Finance and Resource Committee has established a QIPP Delivery Group.
- 1.7. Approval of investment or disinvestment business cases as recommended by the QIPP Delivery Group when there is a robust and compelling case to do so.
- 1.8. Ensuring that the performance of commissioned services is monitored in line with CCG expectations.
- 1.9. Monitoring key performance indicators (e.g. any outlined in the NHS Operating Framework).
- 1.10. Advising the Governing Body on the approval of annual financial plans.
- 1.11. Monitoring and advising appropriate courses of action with regard to other key areas of CCG business (notably procurement, contracting and monitoring performance of local providers).
- 1.12. Supporting the work of the Audit Committee through review of financial arrangements as required.
- 1.13. Determining banking arrangements
- 1.14. Approving arrangements for exceptional/novel treatments which shall include arrangements for review and consideration of Individual Funding Requests (IFRs)

1.15. To receive recommendations from the local Individual patient review (IFR) panel and approve as appropriate.

1.16. Reviewing and approving requests for Ex-Gratia payments

2. Membership

2.1. The following will be members of the Committee:

- Lay Member (Governance) (Chair)
- Lay Member (Patient Experience and Engagement) (Vice Chair)
- Clinical Governing Body Member
- Clinical Governing Body Member
- Practice Manager Governing Body Member
- Chief Finance Officer
- Deputy Chief Finance Officer
- Director of Place
- Director of Strategy & Outcomes
- Chief Nurse
- Head of Medicines Management

The Chief Officer is an ex-officio member of the Committee

2.2. The Chair of the Governing Body is not be a member of the Committee although they are invited to attend one meeting each year in order to form a view on, and understanding of, the Committee's operations.

2.3. Relevant Officers from the CCG are invited to attend in line with agenda items. Officers from other organisations including the Commissioning Support Unit (CSU) and from the Local Authority Public Health team are also invited to attend in line with agenda items.

2.4. All executive members of the committee are required to nominate a deputy to attend in their absence.

Name	Membership	May 20	June 20	July 20	Sept 20	Oct 20	Nov 20	Jan 21	Feb 21	Mar 21
Alan Sharples	Lay Member (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Graham Bayliss	Lay Member (Vice Chair) [Left CCG – end of March 2021]	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Peter 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	✓	✓
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chrissie Cooke	Interim Chief Nurse [Joined CCG in January 2021]							✓	✓	✓
Jan Leonard	Director of Place – North [Left committee in April 2021]	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					
Cameron Ward	Interim Director of Strategy & Outcomes [Left CCG in Dec 2020]	A	✓	✓	A	✓	✓			
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	*	*	✓	✓	✓	✓	✓	✓

The F&R Committee met 9 times during 2020/21 in each month except for April, August and December. The meeting in March 2021 was a single item meeting called to review and approve Continuing Healthcare Fee rates for 2021/22.

3. Regular Items for Review

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

- Finance reports and Financial Strategy updates;
- QIPP and Financial Recovery plans and reports on the delivery of those plans;
- Prescribing spending reports and GP Practice Prescribing budgets;
- Approval of Pan Mersey APC recommendations and Prescribing Rebate proposals;
- Continued Health Care budgets and Adam system reports;
- Consideration of Individual Funding Requests;
- Risk management of the F&R Committee Risk Register and Governing Body Assurance Framework;
- NHS People Plan implementation, HR performance reports and review of Health and Wellbeing Programmes;
- Annual Workforce Equality and Diversity update including Workforce Race Equality Standards and the review of the Equality Objectives action plan implementation;
- Estates updates and consideration of Improvement Grant Bids;
- IT bids and coatings and oversight of the Primary Care Digitisation programme;
- Oversight of the CCG Procurement Schedule, the Contracting Planning Process and CSU service delivery;
- Provide assurance to the Governing Body by submitting reports on key issues;
- Annually review the Committee Terms of Reference and work plan;
- Carry out a self-assessment of the Committee's effectiveness; and
- Submitting an F&R Committee Annual Report to the Governing Body.

4. Highlights and Key Items in the Year for Noting

The following issues were reported to the Governing Body throughout the year:

- The CCG met its financial target for 2020/21 but has an underlying recurrent financial deficit which will require a pro-active approach to planning QIPP savings through service redesign, if it is to be successfully addressed;
- The ability of the CCG to achieve QIPP savings in year has been affected by the centralised approach to NHS financial management put in place to address the COVID pandemic;
- The expectation that the CCG will work in partnership as part of a Cheshire and Merseyside wide Integrated Care System (ICS) in the coming year may impact again on QIPP delivery;
- The CCG has once again met its Mental Health Investment Target;
- The Committee is continuing to give high priority to workforce issues. Many relevant policies and procedures have been reviewed and brought up to date. The implementation of the NHS People Plan is being closely monitored;
- Towards the end of the financial year the CCG has been notified of an unexpected backlog in CHC assessments impacting on some of its residents and a solution to this issue is being actively investigated and addressed;

- The prescribing budget has been challenging to manage due to the impact of COVID but Prescribing management remains a great strength of the CCG due to its very talented staff;
- Since her appointment in January 2021, the Interim Chief Nurse has regularly attended the Committee to provide valuable executive clinical input;
- A training needs plan is being developed for Finance Committee members.
- A process of critically reviewing the content, processes and behaviours at each F&R Committee meeting, in order to continually improve performance, has now been embedded; and
- The Committee undertook a self-assessment process, with independent assessment by MIAA and this provided Substantial Assurance that there are good systems of internal control designed to meet the Committee's objectives and that these are generally being applied consistently.

5. Conclusions

The Finance and Resources Committee remains a key committee of the CCG Governing Body, with significant monitoring and assurance responsibilities requiring commitment and expertise from members. In all areas the F&R Committee seeks to assure the CCG Governing Body that effective financial management is currently being delivered and that this will remain so in the future.

6. Recommendation

The Committee is asked to consider and approve the content of this report to be presented to the Governing Body.

Alan Sharples
F&R Committee Chair
NHS South Sefton CCG

MEETING OF THE GOVERNING BODY JUNE 2021

Agenda Item: 21/71	Author of the Paper: Gillian Roberts Senior HR Business Partner Gillian.roberts13@nhs.net 07919290783	Clinical Lead: N/A						
Report date: June 2021								
Title: Disciplinary Policy								
Summary/Key Issues: The purpose of this report is to highlight to the CCG's Governing Body the key changes to the Disciplinary Policy and the rationale behind the changes. The full report can be found at Appendix 1 .								
Recommendation The Governing Body is asked to receive the report.		<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; text-align: center;">X</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	X	Approve		Ratify	
Receive	X							
Approve								
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Links to Corporate Objectives 2021/22 (*x those that apply*)

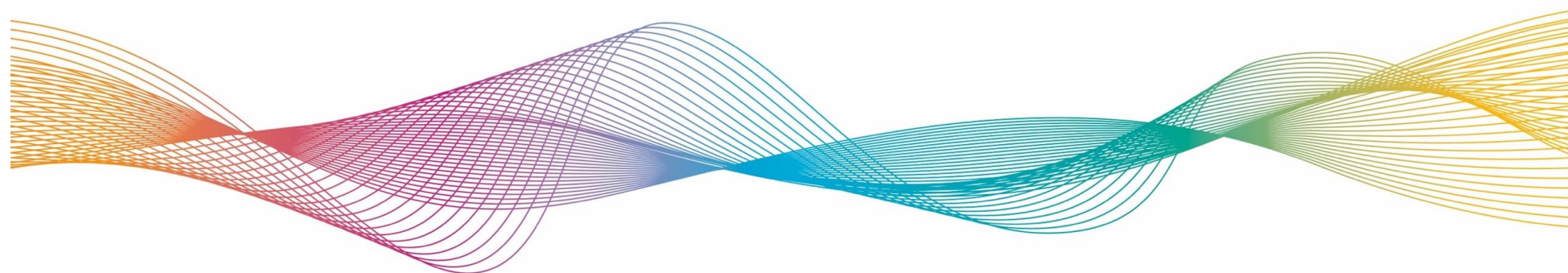
	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
	To drive quality improvement, performance and assurance across the CCG's portfolio.
	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation 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	

Appendix 1

Disciplinary Policy Review March 2021

Updates required for the Cheshire and Merseyside CCGs.



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1. Purpose

The purpose of this report is to highlight to the CCG the key changes to the Disciplinary Policy. The review has been undertaken by Midlands and Lancashire CSU People Services team on behalf of the CCGs and a copy of those proposed changes can be seen at Appendix 1.

Local Trade Union Representatives, Vicky Knight and David McKnight and Staff Side Chair, Carole Adebayo have been engaged with and were asked to provide comment on the proposed changes.

Reference	Key Changes (if any)
Disciplinary Policy	<p>In May 2019, NHS Improvement circulated recommendations for NHS disciplinary procedures, developed by an independent panel that examined the suicide of nurse Amin Abdullah in 2016 (Appendix 3).</p> <p>These included giving better support to staff through disciplinary procedures, further training for those conducting investigations and hearings, and regular written updates to staff under investigation if their case is delayed.</p> <p>Imperial College Healthcare NHS Trust, where Amin worked, has completely redesigned its disciplinary procedures following his tragic death, and published the revised policy on its website.</p> <p>Black, Asian and minority ethnic (BAME) staff have suffered disproportionately from NHS disciplinary procedures.</p> <p>In December 2020, NHS England and NHS Improvement issued further action (Appendix 2) to benchmark current Disciplinary Policies and Procedures against the Imperial College Policy (Appendix 4) and good practice by the end of the financial year.</p> <p>Therefore, this policy has been benchmarked and there are suggestions to improve the policy highlighted with tracked changes in Appendix 1.</p>

	The EIA has been updated to reflect the above changes and has been approved by the Equality and inclusion team.
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2. Recommendations

The CCG is asked to:







- Note the contents of this report;
- Note the details of changes outlined above;
- Progress the formal internal ratification of the amended Disciplinary Policy.

3. Next Steps

Subject to agreement, approval and ratification in line with internal governance requirements, the policy reviewed will replace previous versions across Cheshire and Merseyside CCGs.

Following ratification, the policies will be circulated and communicated to all staff and where necessary, associated training and guidance will be provided by the People Services team to ensure managers and staff are aware.

4. Appendices

Policy	
Disciplinary Policy	 Disciplinary%20Policy%20March%202021
December 2020 NHS England and Improvement Letter	 201201 Letter to NHS HRDs-Imperial C
May 2019 NHS Improvement Letter	 Enclosure 1 - Dido Harding Letter to Cha
Imperial College Policy	 Enclosure 3 - Imperial College Heal
Equality Impact Assessment	 EHIIRA%20STAGE2%20DISCIPLINARY%20
NHS Chief People Officer letter April 2021	 210401 HRD Letter - review of all disciplin

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DISCIPLINARY POLICY

Policy Author(s)	
Accountable Manager(s)	
Ratified by (Committee/Group)	
Date Ratified	
Target Audience	All CCG Employees
Review Date	
Published	Staff Intranet

VERSION HISTORY

Issue* Date (* Uploaded)	Version No	Brief Description of Change

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1 INTRODUCTION

The ~~overall~~ aim of this policy is to help correct inappropriate behaviour or conduct in a fair and consistent manner.

The Clinical Commissioning Group (the CCG); expects all employees to meet high standards of behaviour. It is important, therefore, that employees understand their obligations and rights regarding this aspect of their employment.

This document sets out the general standards of conduct expected of all employees (see Section 5), identifies the circumstances in which disciplinary action may be taken and explains the sanctions available to Managers.

This policy will apply where an employee's conduct is considered to be unsatisfactory. Where health and performance ~~capability~~ issues are identified, please refer to the CCG ~~Capability-Performance Management~~ and Attendance Management Policies.

Breaches of discipline ~~should-will~~ be handled constructively and disciplinary decisions should be taken in a consistent, fair and reasonable manner. The aim ~~should-is~~ always be to encourage improvements in conduct ~~and performance~~.

The fair treatment of staff supports a culture of fairness, openness and learning in the NHS by making staff feel confident to speak up when things go wrong, rather than fearing blame. An objective and prompt examination of the issues and circumstances should be carried out to establish whether there are truly grounds for a formal investigation and/or for formal action. Would training for the employee, support, guidance or informal management be more appropriate and productive?

This policy has been developed in consultation with the Trust CCG's recognised trade unions and is in accordance with the ACAS Code of Practice on disciplinary and grievance procedures.

Where an employee's ability to do their job is affected by a lack of skill, ~~or~~ knowledge, or ill health, this will be managed by following the Performance Management and ~~Capability~~ Attendance Management ~~Policy~~ Policies.

This policy will be applied equally to all staff covered by the policy and in accordance with the CCG Equal Opportunities Policy. The fair and equitable implementation of this policy will be monitored by Human Resources.

2 SCOPE

This policy will apply to all employees of the CCG, including Medical and Dental staff where a matter of personal conduct is concerned. Medical & Dental professional misconduct/competency issues will be investigated separately in line with Maintaining High Professional Standards.

3 POLICY STATEMENT

~~The employee will have the right of representation by a recognised Trade Union Representative or workplace colleague through all formal stages of the disciplinary procedure.~~

Employees will not normally be dismissed for a first offence except in cases of gross misconduct/negligence.

Employees will have the right of appeal against any disciplinary sanction applied.

The procedure may be implemented at any stage dependent upon the individual circumstances of each case. Sanctions need not be applied sequentially.

Disciplinary cases will be treated sensitively and confidentially. Information will only be shared with those who have a legitimate right to be informed in accordance with Data Protection Act and GDPR regulations 2018 and the Common Law Duty of Confidentiality. Breaches of confidentiality by any party may result in disciplinary action. Standard Operating Procedures agreed between Human Resources and the CCG Data Protection and GDPR Office Lead will be followed.

All managers who Chair or sit on hearing Panels must have appropriate and up to date knowledge and skills on managing / chairing disciplinary cases and this will be provided by the HR representative support at that point in time.

4 RESPONSIBILITIES

This policy and related procedures have been written and agreed through a partnership of managers, Trade Union representatives and Human Resources.

4.1 Responsibility of the CCG

The responsibility for the provision of an agreed Disciplinary Policy lies with the CCG Senior Management Team.

The CCG accepts that they will have responsibility for the smooth running of the organisation and to ensure that any such disputes are settled in a fair and consistent manner.

4.2 Responsibility of Human Resources

To provide ~~advice~~ advice and support to managers in relation to the application of this policy.

To ensure that the Disciplinary procedure is applied fairly, equitably and consistently throughout the CCG.

Human Resources will monitor all formal disciplinary activity across the CCG and organise relevant training sessions.

To provide advice and support at all stages of the formal disciplinary process.

4.3 Responsibility of Managers

It is the responsibility of all managers employed within the CCG to make sure they are aware of the Disciplinary Policy and how to handle disciplinary issues, both informally and through a formal procedure.

Managers should ensure that they follow the guidelines of this policy, paying specific attention to the timescales set out under each stage.

Managers should try to resolve minor matters of concern informally. If informal approaches do not bring about improvement or if misconduct is sufficiently serious, formal stages of this procedure should be followed.

Managers will ensure that all action taken under this policy and procedure is reasonable and proportionate. At an early stage, employees will be told why disciplinary action is being considered and they will be given the opportunity to respond to allegations before decisions about formal sanctions are taken.

4.4 Responsibility of Employees

Employees should ensure that they are aware of the general standards of conduct as outlined in this policy.

4.5 Responsibilities of Accredited Trade Union Representatives

Upon a member request, Trade Union representatives have a duty to advise and represent their members, ~~when~~ if they are subject to disciplinary proceedings or required to provide information as part of a formal disciplinary investigation.

5 GENERAL STANDARDS OF CONDUCT

It is important that all employees are clear about the standards of conduct expected by the CCG. The following list, which is not intended to be exhaustive, outlines some specific examples of the standards required:

- ✓ Employees are representatives of the CCG and, as such, it is important to present patients, their relatives, friends and other visitors with a professional and caring image that is reinforced with attitudes and behaviours demonstrating courtesy, responsiveness, friendliness and appropriate work attire.
- ✓ Employees should attend work punctually and regularly.
- ✓ Reasonable requests/instructions from the employee's Manager should be carried out promptly and efficiently to the required standard.
- ✓ Employees must not absent themselves from duty without first notifying or gaining appropriate authorisation from their Manager.
- ✓ All types of leave with the exception of sickness absence must be approved in advance by the appropriate authority, usually the employee's Manager.
- ✓ Regarding the notification of sickness absence, employees must comply with the Attendance Management Policy and should follow the local arrangements. Breaches in sickness reporting may result in payments being stopped and could lead to disciplinary action being taken.
- ✓ Employees must comply with all CCG policies and procedures, the principles of the NHS Constitution and adhere to professional body guidelines and codes of conduct, as appropriate. Senior managers should abide by the Code of Conduct for NHS Managers (October 2002). Governing body members are required to abide by the Professional standards authority 'Standards for members of NHS Boards and CCG Governing bodies in England'
- ✓ Health and Safety policies and guidelines must be observed at all times.
- ✓ Use of telephones, mobile phones, email and internet must comply with the CCG policies regarding the use of such equipment.
- ✓ Employees must comply with the CCG Equal Opportunities Policy and must treat other workers, patients, their relatives, friends and other visitors with dignity and respect, free from intimidation and harassment.
- ✓ Employees must treat confidential information responsibly in line with the principles of the Data Protection Act 1998 and the GDPR 2018 regulations. This includes no misuse or inappropriate access of patient/confidential information systems (such as ~~records-~~ information held on ~~Contact Point and other~~ patient record keeping systems).
- ✓ Any work undertaken outside of the CCG employment must not adversely affect, hinder or conflict with the interests of the CCG.

6 RIGHT TO BE ACCOMPANIED

Employees have the right to be accompanied at any stage of the Formal Procedure by either an accredited Staff Representative(s) or full-time official(s) of a recognised staff organisation, or by a ~~Fellow Worker~~ workplace colleague who must be an employee of the CCG. Where reference is made in the procedure to an “accredited Staff Representative” this should also be taken to mean full-time official as appropriate.

However it would not normally be reasonable for employees to insist on being accompanied by a ~~companion-workplace colleague~~ whose presence would prejudice the hearing ~~nor would it be reasonable~~ for an employee to ask to be accompanied by a ~~companion-workplace colleague~~ from a remote geographical location if someone suitable and willing was available on site.

The ~~companion-workplace colleague~~ should be allowed to address the hearing to present the employee’s case, respond on their behalf to any views expressed at the hearing and confer with them during the hearing. They ~~companion does~~ not however have the right to answer questions on the employee’s behalf, address the hearing if the employee does not wish it, or prevent the employee from explaining their case.

If an employee’s ~~companion-workplace colleague~~ is unavailable, it is the responsibility of the employee to arrange a replacement or request to reschedule the meeting, so long as it is deemed reasonable to suggest another date which is not more than 5 working days after the original date of the Hearing or Appeal Hearing.

Employees have no right under this procedure to be accompanied by anyone else (e.g. a spouse, partner, other family member, or legal representative) other than those persons previously referred to.

If an employee has a Disability, reasonable adjustments will be considered to ensure that the employee has appropriate representation.

7 ACCREDITED STAFF REPRESENTATIVES

Disciplinary action against an accredited Staff Representative can lead to a serious dispute if it is seen as an attack on their functions. Whilst normal disciplinary standards apply to their conduct as employees, the relevant full-time official must be notified of any action (including suspension) which it is proposed to take. In any event, disciplinary action must not be taken against an accredited Staff Representative until the relevant full-time official can be present at any formal Disciplinary Hearing.

8 TIME LIMITS

It is acknowledged that all action outlined in this procedure should take place in a prompt and timely manner without unreasonable delay. The time limits set out in this procedure are based on working days and may only be varied by mutual agreement. Any investigation and subsequent hearing or appeal should be actioned as soon as is reasonably practicable to ensure the accurate recording of events. Managers and employees should ensure that they take all reasonable steps to ensure that time delays do not occur.

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9 CRIMINAL OFFENCES

An employee who is charged with a criminal offence (including a receipt of a summons) must inform their Manager as soon as possible. Notification about criminal proceedings, or a conviction (including being bound over and cautions), will not be treated as automatic reasons for dismissal, or for any other form of disciplinary action being taken. Following disclosure the CCG will determine what action, if any, should be taken after the incident has been thoroughly investigated and facts of the case established.

The main consideration should be whether the charge/conviction is one that makes-renders the employee unsuitable for their job and reference will be made to any reputational issues that may affect the CCG. Similarly, an employee should not be dismissed solely because they are absent from work as a result of being remanded in custody until sentenced. If an employee is in prison, it may be fair for the CCG to dismiss the employee by reason of their conduct, or because they are unable to perform the job.

The CCG should consider factors such as the nature of the offence, the length of the sentence, the nature of the employee's job, the effect of the employee's absence on the business and the damage (if any) to the employer's reputation.

If during an investigation, it becomes apparent that an incident needs reporting to the police it is important to maintain confidentiality and ensure that any evidence is made available to the relevant authority.

If an employee is subject of a police investigation, they are obliged to inform their manager so that the manager can consider whether any steps are required, e.g. to protect the safety of others.

Where allegations that occur outside of the TrustCCG are brought to the attention of the TrustCCG by other agencies or professional bodies, and those allegations have the potential to bring the reputation of the TrustCCG into disrepute or may affect the suitability of the employee to continue in TrustCCG employment, the Trust-CCG will investigate as reasonably as is practical. If after a detailed investigation it is considered that the actions of the employee damage the relationship of trust and confidence with the TrustCCG, action up to and including dismissal may be taken.

In situations where the police or any other regulatory body e.g. Health and Safety Executive, Nursing and Midwifery Council, General Medical Council or General Dental Council is investigating an event, it is important that any internal investigation or disciplinary hearing should continue concurrently.

10 FRAUD

If a Manager suspects that fraudulent activity has taken place they should contact Human Resources in the first instance, who will be able to advise on the process for making contact with the Local Counter Fraud Team prior to any informal or formal disciplinary process taking place.

11 POLICY IN PRACTICE: Procedure for Handling Allegations and Investigating The Facts

Handling Allegations of Misconduct and Investigating the Facts

- 11.1 Allegations of misconduct will be carefully assessed by the relevant manager, with HR advice, to decide if the matter can be managed informally where possible or whether there are grounds for further investigation and/or formal action.
- 11.2 The manager will carry out some initial fact finding and meet the employee to establish their version of events. The manager may also meet with other relevant individuals to get a good understanding about what has happened
- 11.3 Where it is decided that further investigation and/or formal action is appropriate, this must be approved by a senior manager (8c and above). The senior manager will have no previous involvement in the case and will provide independent oversight.

~~4.12~~

4.12.1 Informal Approach (Outside of Formal Procedure)

Whenever possible, an informal approach should be the first step taken to help, guide or advise employees in improving their conduct ~~or performance~~. Dealing with minor disciplinary breaches through the formal stages of the procedure should only be considered if misconduct continues.

When dealing with unauthorised absence from work, it is important to determine the reasons why the employee has not been at work. If there is no acceptable reason, the matter should be treated as a conduct issue and dealt with as a disciplinary matter.

If the absence is due to genuine (including medically certified) illness, the issue becomes one of incapacity and the Attendance Management Policy should be followed.

Where levels of performance are unsatisfactory for example poor quality of work, missed deadlines or low volume of work, this needs to be managed in a constructive and supportive framework and the ~~Capability Performance Management~~ Policy should be followed.

Where managers are addressing minor conduct issues with employees, an informal meeting should take place between ~~an~~the employee and Manager to identify and examine the area(s) of concern, ensure future expectations are clearly understood and, where appropriate, develop an action plan leading to improvements.

In many cases additional training, coaching and advice may be needed. When there are concerns about conduct, managers will talk to the person in private as soon as possible, normally within a few days. This will be a two-way discussion, aimed at talking through shortcomings and encouraging improvement.

Where an improvement in conduct is required, the manager will make sure the employee understands what needs to be done, and over what period of time, if appropriate. The required improvement, the length of the review period and **any sanctions imposed relevant to the misconduct, for example issues relating to punctuality or poor timekeeping may result in the withdrawal of flexi time until an improvement is achieved.** will be confirmed in writing following the meeting and the letter will also include the consequences of a failure to improve.

Further meetings will be held to review progress during, and at the end of, the review period. Notes of all meetings will be taken and agreed.

If, during the initial discussion, it becomes obvious that the matter may be more serious, the meeting will be adjourned and the employee advised that an investigation will be instigated under the formal stages of the disciplinary procedure.

If managed informally there is no right to be accompanied by a staff side representative or workplace colleague to the meeting with the line manager. **However, in exceptional circumstances it may be mutually agreed.**

Where appropriate, managers may also summarise concerns and expectations in writing, a copy of which will be placed on the employee's personal file. If informal action does not bring about the required improvement, or the misconduct is too serious to be classed as minor, formal disciplinary action may be considered.

~~Where conduct does not meet acceptable standards, the employee should be advised in writing that the matter will be referred to the formal stages of the disciplinary procedure.~~

12.2 Formal Stages of the Disciplinary

Procedure Investigation Process

Investigations will be carried out without unreasonable delay. All cases that could lead to dismissal will be investigated by a trained investigator. The manager will be responsible for commissioning the investigation and for clearly defining what is to be investigated.

The purpose of the investigation is to:

- ✓ Ascertain the facts as far as is reasonably practicable
- ✓ Give the employee an opportunity to offer an explanation

- ✓ Enquire into the circumstances surrounding the alleged misconduct
- ✓ Take a balanced view of the information that emerges
- ✓ To prepare an investigation report detailing the main findings

It is important and in the interests of both employer and employee to keep written records during the disciplinary process. These should include:

- ✓ The complaint against the employee
- ✓ The employee's explanation / defence
- ✓ Findings made and actions taken
- ✓ The reason for actions taken
- ✓ Whether an appeal was lodged

For the investigation to commence, a Commissioning Manager will be appointed to oversee the Investigation– this is usually a Functional-Head of Department or Service-Director

The manager leading an investigation will be referred to as the Investigating Manager for the purposes of this procedure. The CCG will appoint an appropriate Investigating Manager with suitable authority who may be from within or external to the CCG. The Investigating Manager should not be directly or personally connected with the issues involved. The Investigating Manager will not sit on the Disciplinary panel, but will be present at the Disciplinary Hearing to present the management case.

A record should be kept of either the date of receipt of a complaint/allegation, or the date when a complaint/allegation is identified as a potential breach of conduct, ~~– capability issue or poor performance.~~

An employee who has had a complaint/allegation made against them will, as part of the investigation, be invited to attend a fact-finding interview in order to clarify the circumstances and facts relating to the complaint/allegation. A letter detailing the complaint/allegation and the right to be accompanied should be sent to the employee giving her/him/them a minimum of five days notice of the meeting. Where known, this letter will be copied to the employee's representative.

It is important to ensure that the employee understands the allegations made against them particularly for example, if there is a difficulty with reading or English is not their first language or if the employee has a Disability. ~~–Appropriate support should be put in place to remove any barriers which may prevent the employee from fully understanding the allegations made against them.~~

– Confidentiality for all those involved must be respected at all times. However, when conducting an investigation resulting in possible disciplinary action, information must be provided to those

involved (which might include non - employees) and employees are obliged to co-operate with these procedures. The investigation should only involve those people necessary in gathering sufficient information to make a decision on the correct course of action, whilst making it clear to those interviewed that a breach of the CCG principles on confidentiality could be a disciplinary offence.

Copies of meeting records should be given to the employee including copies of any formal minutes that may have been taken. In certain circumstances, it may be permissible for the employer to withhold some information e.g. to protect a witness.

The identity of the individual who has raised a concern will be protected upon request and will not be disclosed without consent. However, the employee must be made aware that they may be asked to present evidence to substantiate any allegations made and/or to provide a written statement, without which investigations may not be able to proceed.

Victimisation of staff who raise concerns reasonably and responsibly is prohibited under the Public Interest Disclosure Act and the CCG will ensure that staff are protected from victimisation in these circumstances. The CCG may be held vicariously liable for co-workers acts of bullying/harassment. Please refer to the Whistleblowing policy for further guidance.

Records should be kept no longer than is necessary in accordance with the Data Protection Act 1998 and GDPR 2018 regulations.

Wherever possible, investigations should be completed, including the fact-finding interview with the employee, within a span of twenty working days, unless otherwise mutually agreed. However, it is recognised that this timespan may need to be extended due to the availability of witnesses or others contributing to the investigation

Statements from any witnesses and any other relevant documentary information should be obtained by the Investigating Manager without delay. Adequate time and notice, however, should be given to employees producing statements, which may include gaining any support/guidance from their accredited Staff Representative, as appropriate.

It is the Investigating Manager's responsibility to investigate and obtain all relevant information and take all reasonable steps to determine the validity and accuracy of the ~~complaint/allegation made against the employee~~ circumstances which have led to the investigation.

It is the Investigating Manager's responsibility to advise if there is any case to answer and recommend if the employee should be invited to a disciplinary hearing. The Investigating Manager will clarify the allegations and present the case against the employee at any disciplinary hearing.

The Commissioning Manager decides, based on the recommendations of the Investigating Officer, whether there is a case to answer and arranges for any further action in line with the Disciplinary Policy. The possible outcomes of the investigation listed below are intended as a guide and should not be seen as an exhaustive list:

- No case to answer, no further action required
- Case to answer, refer to a Disciplinary Hearing for further investigation
- Case to answer, refer to the Disciplinary Hearing for further investigation – Suspension if required
- Counselling/ supervision required
- Training needs identified
- Performance Management required
- Referral to Occupational Health

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- Signposting employee to Support Groups/Charities

11.212.3 Suspension

In most cases, suspension from work will not be necessary and the employee will be able to continue doing their normal job while matters are investigated.

The decision to suspend an employee from duty should not be taken lightly or without careful consideration of all the circumstances and the nature of the ~~complaint/allegation~~ made in circumstances that have led to the investigation. Suspension is not in itself a disciplinary measure; it is a means of carrying out further enquiries unimpeded.

When considering suspension, managers must assess the risks of the employee remaining at work and seek HR advice. Where a manager wishes to suspend an employee, they must seek approval from a senior manager (8c or above) and a HR Business Partner.

During suspension the employee will receive their normal pay in accordance with her/his/their ~~planned-usual~~ working arrangements, providing they are otherwise available for work.

The following list, whilst not exhaustive, provides an indication of the types of situation when suspension may be appropriate:

- ✓ where ~~Gross-gross Misconduct~~ misconduct is suspected or alleged;
- ✓ where it would not be possible to carry out a thorough investigation with the employee still present in their normal workplace; ~~or~~
- ✓ where there is a concern that further offences may occur
- ✓ where there is a high risk to life or limb ~~the health and safety of individuals~~
- ✓ where a work permit has been suspended or expired
- ✓ where criminal proceedings are undertaken alongside internal investigations

Alternatives to suspension must be considered, with HR advice where appropriate and could include the employee temporarily:

- being moved to a different area of the workplace
- changing their working hours
- being placed on restricted duties including having reduced access to Trust CCG systems where appropriate
- working under supervision
- being transferred to a different role within the organisation (the role should be of a similar status to their normal role, and with the same terms and conditions of employment).
- Other meaningful activities that the individual could do should be actively explored. This could include working remotely from home, carrying out activities such as audits, research or teaching.

~~However, such actions should not be taken without advice from Human Resources or consideration of alternative actions which may include:~~

- ~~— assignment in a similar role in another service or location~~
- ~~— restricted duties in existing role or location~~
- ~~— assignment to a different role which is within the knowledge and skills of the employee~~
- ~~— supervision~~

Communicating the Decision to Suspend and Supporting Employees

The authority to suspend staff sits with any manager with line management responsibility. Whenever possible, a meeting should be held with the employee and ~~her/his~~ their accredited Staff Representative to advise ~~her/him~~ them of the decision to suspend ~~her/him~~ them from duty. However, the unavailability of a representative will not prevent the suspension from taking place. When a manager is thinking of suspending someone, they manager should try to contact the on-call trade union representative or companion via the switchboard to notify them of the time and venue of the meeting, advise the employee of their intent and allow them to contact their Trade Union. However, this should not unduly delay the suspension meeting.

The manager communicating the decision to suspend will:

- Explain the reasons for the suspension and how long it is expected to last.
- Explain the employee's responsibilities during their suspension.
- Provide a point of contact (usually the line manager) that they can contact if they have any concerns.*
- Agree how they will keep in regular contact with the employee throughout
- Give details about support from CONTACT, the Staff Counselling and Stress Management Service on 020 3313 2747 or 020 3313 2424, the Occupational Health and Staff Support providers.
- If it is necessary to explain the employee's absence, the manager will discuss with the employee how they would like it to be explained to colleagues and/or patients.

~~The Manager making the decision to suspend an employee must ensure the following steps are taken:~~

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- ~~the employee must be informed of the reason(s) why they are being suspended from duty;~~
- ~~the employee must be advised that her/his suspension from duty is not a form of disciplinary action;~~
 - ~~that s/he will receive a letter confirming and summarising the reason(s) for the decision to suspend.~~

The employee should also be advised that:

- ~~they must remain contactable and available during their normal daytime working hours (i.e. 9.00 a.m. to 5.00 p.m.)~~ in order that they can attend meetings as required and not work for any another employer during the working hours that they would normally work for the CCG;
- they must notify the CCG of any changes of address/telephone number;
- they must not, under any circumstances, have contact with, or seek to influence, anyone associated with the complaint/allegation investigation, or enter any of the CCG premises without having gained authorisation from the Investigating Manager;
- the suspension will be reviewed every ten-five working days by the Investigating Manager in conjunction with Human Resources and ~~that~~ the outcome of the review will be confirmed in writing to the employee;
- they can contact a nominated HR representative for support and status updates as appropriate;
- Counselling services via Occupational Health are available.

~~The employee will be given the name and contact details of someone who will keep in regular contact with them and updated on progress of the investigation. This will normally be their line manager, or a second named individual if the line manager is unavailable~~

Timescales for Suspension

~~Suspension will be for the minimum time necessary and will be reviewed every 5 days and lifted when the reason for suspension no longer exists.~~

~~Most investigations should be concluded within two weeks of suspension. Where this is not possible, ~~people~~the employee should be informed that they remain suspended and told when the investigation is likely to be completed. This should be followed up in writing (see Appendix 3). Managers should make themselves available to meet employees to discuss the progress of the investigation.~~

~~If the employee ~~wants~~wishes to go on holiday during their suspension, they must still make a request to take annual leave and advise the Investigating Manager of the dates as soon as possible. If the annual leave is approved, the suspension and the terms and conditions will continue and so the annual leave will be during the suspension period.~~

Suspension will cease in the following circumstances:

- ✓ where the Investigating Manager has decided that there is no case to answer and no requirement for the employee to attend a Disciplinary Hearing;
- ✓ where the investigation has been concluded and dismissal is not a possible outcome;
- ✓ where the Disciplinary procedure has been completed.

12.4 Arranging Disciplinary Hearings

Preparing for the Hearing

The CCG is committed to ensuring Panels are diverse in representation, have appropriate seniority and have the knowledge, skills, experience and training that are relevant to the case in question and cater for factors the protected characteristics under the Equality Act such as BAME status, disability status, etc. Panel members will be reasonably selected to achieve this, and where appropriate taking into account the allegations, additional panel members will be recruited

Panel members will have no previous involvement in the case or any conflict of interest that could influence decision making.

In order to ensure that meetings do not have to be delayed or postponed at ~~the last minute~~ short notice, the Manager hearing the case should agree a mutually convenient time and date for the Hearing with the employee(s) and their accredited Staff Representative or workplace colleague in accordance with the time limits set out in this procedure.

Where the accredited Staff Representative or workplace colleague cannot attend on the date proposed, the employee(s) can offer an alternative time and date so long as it is reasonable and falls before the end of a period of five days. In proposing an alternative date the employee(s) should have regard to the availability of the Manager. For instance it would not normally be reasonable to ask for a new date for the meeting where it was known the Manager was going to be absent on business or on leave.

A letter containing details of the complaint/allegation, enclosing copies of all statements and/or written material gathered during the investigation, should be sent to the employee at least five working days in advance of the date set for the Disciplinary Hearing, unless otherwise mutually agreed. The letter should also disclose the name of the Manager(s) who will be hearing the case and details of any witnesses who will be present to give evidence at the Hearing. It should also inform the employee that they have the right to be accompanied at the meeting by an accredited Staff Representative or ~~Workplace workplace Colleague-colleague~~ and that a possible outcome of the meeting, after due consideration of all the facts and circumstances, may be disciplinary action. The employee should also make available copies of any statements and/or written material which ~~s/he~~ they intends to refer to, along with details of any witnesses who will be present to give evidence, no later than 3 working days prior to the Hearing.

Failure by either party to disclose written material in accordance with the above guidelines may result in this information being inadmissible at the Disciplinary Hearing. The Manager hearing the presentations will decide whether to admit information following discussion with the individuals present and having assessed the reason(s) for the late disclosure, including the possible significance of the information.

If the employee fails to attend a disciplinary hearing following two re-arrangements at their request without reasonable reasons, the case will be heard in the employee's absence and the Disciplinary Policy Version 3 June 2016

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outcome of the hearing will be confirmed in writing to the employee.

Hearing Format - for Full Details See Appendix 1

At the hearing, the manager will present the case and where applicable invite any witnesses. Where an investigation has been carried out, the investigator/Investigating Officer will be invited to the hearing to present their findings and answer any questions.

The employee will be given the chance/opportunity to set out their case, answer any allegations, ask questions, show evidence, call relevant witnesses (with good notice), respond to any information given by witnesses.

In considering the sanction, the hearing Chair/Panel will take account of the employee's previous work record and other mitigating factors.

Witnesses will be called if they have a significant contribution to make to the case. If statements from Trust/CCG employees are presented as evidence, every reasonable effort will be made to ensure that they attend the meeting, unless it is agreed with the member of staff that the facts are not in dispute and/or the presence of one or more witnesses would serve no material purpose.

The outcome of a hearing will be notified in person by the Chair of the hearing. Only where this is not possible or the individual requests otherwise, should notification be by phone or in writing.

The outcome of the meeting will also be confirmed in writing, normally within seven calendar days. If disciplinary action is taken, the letter will include details of the complaint, the improvement required (if appropriate) and the right to appeal where a formal sanction is issued. It will also state that further disciplinary action may be taken if there is not a satisfactory improvement.

Hearings may result in no formal sanctions being issued; however standard setting, training and/or departmental/individual recommendations may be put in place, if appropriate.

13. Supporting Employees

Being subject to allegations of misconduct can be very upsetting and stressful for the employee and other colleagues affected.

It is important throughout the procedure for the manager to keep talking with both the employee and any other staff affected. Clear, regular and confidential communication can help make sure employees are kept informed of what is happening, have the opportunity to ask questions and can avoid stress and other mental health issues.

Managers are responsible for maintaining communications and will make every effort to ensure employees receive clear, timely, comprehensive and sensitive information about the allegations and regular progress updates on any investigation until the matter is concluded.

Where there are concerns about an employee's health or wellbeing, Occupational Health advice will be obtained.

Employees, including those who are involved as witnesses, will be supported by an appropriate manager and will have access to the Trust's Contact service and offered support from a Staff Liaison Officer.CCG's Occupational Health and Staff Support services.

44.312.5 Departure from CCG employment Mid-Proceedings

Should the employee being investigated leave the CCG's employment midway through the process (either during or pending a full investigation or hearing), depending on the nature of the allegations, the investigation or hearing may be conducted in their absence and the outcome confirmed to the individual in writing, regardless of the date of leaving.

41.412.6 Grievances raised during the Disciplinary Process

Where an employee raises a Grievance during any stage of the formal Disciplinary Process, the disciplinary process may be temporarily suspended and the Grievance should be investigated in line with the CCG Grievance and Disputes Policy and Procedure. Where there is clear evidence to suggest that the Disciplinary and Grievance cases are related, it may be appropriate to deal with both issues concurrently.

4213 DISCIPLINARY ACTION

Decisions relating to the level of disciplinary action to be taken, if any, will be a matter of judgement for the Manager(s) who has listened to the information presented during the Disciplinary Hearing. Managers will, however, need to consider:

- ✓ the seriousness of the disciplinary breach in question;
- ✓ the relevance and context of facts/information presented;
- ✓ the employee's previous employment record;
- ✓ issues relating to fairness, consistency and the substantial merits of the information presented; and
- ✓ whether any relevant disciplinary warnings are currently in existence.

42.413.1 Scheme of Delegation

The Scheme of Delegation as outlined in the table below will be applied during the formal stages of the disciplinary procedure. CCG Managers with appropriate authority to issue sanctions will be agreed and confirmed locally within the CCG.

All sanctions will be confirmed in writing following the Hearing.

PRIVATE DISCIPLINARY SANCTION	TYPE OF MEETING:	SANCTION ISSUED BY:	WHO TO APPEAL TO:
WRITTEN WARNING	Disciplinary hearing followed by warning	CCG Manager with appropriate authority to issue sanction	CCG Manager with appropriate authority to issue sanction who has not previously been involved in the case
FINAL WARNING	Disciplinary hearing followed by written warning	CCG Manager with appropriate authority to issue sanction	CCG Manager with appropriate authority to issue sanction who has not previously been involved in the case
DISMISSAL	Disciplinary hearing followed by written statement of dismissal	CCG Manager with delegated authority to dismiss	<u>Accountable Officer or</u> Governing Body Member <u>Chair</u>

It may be necessary for other managers to be present at disciplinary interviews in addition to the above. Individual members of staff and their representatives will be informed of this in the "Notification of Disciplinary Hearing" letter as appropriate.

42.213.2 Written Warning

Where an informal approach has failed to have the desired affect, or if the infringement is of a more serious nature, the employee should be ~~given~~ issued with a Written Warning. The employee should be advised, in writing within five working days of the hearing, of the reason for the warning, the improvement or change in behaviour required, the consequences of any repetition or failure to improve and of their right of appeal. A copy of the Written Warning should be kept on file ~~but should be and~~ disregarded for disciplinary purposes after twelve months from the date of issue.

42.313.3 Final Written Warning

Where a Written Warning has failed to have the desired effect, or where the infringement is sufficiently serious, the employee should be ~~given~~ issued with a Final Written Warning. The employee should be advised, in writing within five working days of the date of the hearing, of the reason for the warning, the improvement or change in behaviour required, that any repetition or failure to improve or modify their behaviour may lead to dismissal and of their right of appeal. A copy of the Final Written Warning should be kept on file ~~but should be and~~ disregarded for disciplinary purposes after two years from the date of issue.

13.4 Formal Warnings and Pay Progression

Employees who have a live formal warning will not be able to progress to their next pay step in line with the Agenda for Change Pay Progression standards. This does not include investigations, informal warnings, counselling or other informal activities. Employees should refer to the CCG Pay Progression Policy for the process on delaying a pay step due a live formal disciplinary sanction.

42.413.5 Dismissal

The decision to dismiss will only be taken by a Manager with delegated authority to dismiss. Notification of dismissal will be confirmed within five working days of the Disciplinary Hearing. Dismissal on the grounds of lack of capability through ill health will be conducted as per the Attendance Management Policy.

Dismissal is the ultimate sanction against employees and will only be invoked where an employee's record does not improve after reasonable warnings, in accordance with the Disciplinary Policy. Where a single offence of gross misconduct warrants dismissal (~~gross misconduct~~), this may be immediate with no entitlement to notice. Incorporated in this procedure at Appendix 1 is a list of offences which could, in certain circumstances, lead to dismissal. It is not a fully comprehensive or exhaustive list but is provided as a guide for staff and managers.

Following a Final Written Warning, no employee will be dismissed for disciplinary reasons unless:

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- ✓ a full investigation into the latest alleged incident(s) has been carried out
- ✓ the employee has been given the opportunity of stating their case at a disciplinary hearing.

Where the Final Written Warning has failed to have the desired effect, or where the infringement constitutes a breach of the CCG Disciplinary Rules-Directives (see Appendix 1), then the employee should be dismissed with appropriate notice and advised whether or not they are required to work their notice.

Where an employee is accused of an act of Gross Misconduct s/he may be suspended while the alleged offence is investigated. If, on completion of the investigation and the full disciplinary procedure, Management is satisfied that Gross Misconduct has occurred, the result will normally be summary dismissal without notice or payment in lieu of notice. Previous stages need not necessarily have been followed.

12.513.6 Alternative Sanctions to Dismissal

In exceptional circumstances and as an alternative to dismissal under this procedure, Managers may (depending on the offence) consider the following options:

- ✓ transfer to another available post within the CCG at the same band;
- ✓ demotion to another available post within the CCG at a lower band; and/or
- ✓ downgrading their substantive role

These sanctions would not attract any form of pay protection and each of these measures would be ~~accompanied with~~ in addition to a Final Written Warning. The demotion / downgrading will last for a period of 2 years, after which time they will return to their previous band. during-

~~During which this~~ time the employee will not be eligible to apply for any post at the CCG above the pay banding of the post they are transferred to. After this period the employee will be eligible to apply for any post they choose to.

The Final Written Warning should advise the employee of the reason for the warning, the improvement or change in behaviour required, that any repetition or failure to improve or modify their behaviour may lead to dismissal and of their right of appeal. A copy of the Final Written Warning should be kept on file ~~but should be and~~ disregarded for disciplinary purposes after two years from the date of issue.

The proposal to transfer the employee to another available post within the CCG when demotion or downgrading is involved must be with the full agreement of the employee.

Employees should be placed on the redeployment register by Human Resources for a period of 12 weeks and if no suitable alternative employment is found during this time period, the Employee will be dismissed from the CCG.

The Manager cannot impose this decision on the employee. Where the employee does not wish to consider an alternative sanction to dismissal then the Manager hearing the case should confirm the dismissal decision.

1314 RIGHT OF APPEAL

An employee may choose to appeal because:

- ✓ they think a finding is unfair
- ✓ new evidence comes to light that may be significant enough to influence the decision/sanction issued
- ✓ they believe the process was not followed correctly

Appeals should be made to the relevant person as outlined in the scheme of delegation within ten working days of the date on the letter confirming the disciplinary action clearly stating the grounds for appeal.

13.114.1 Appeal Process

As far as is reasonably practicable, the appeal will be heard within twenty working days of receipt of the ~~request for an~~ appeal.

The employee will be given ten working days notice of the date of the hearing.

The documents used during the Disciplinary Hearing will be forwarded to the person hearing the appeal by the HR Team. Details of any witnesses the employee may wish to call and any additional documentation relating to the allegations that they would like the panel to consider should be forwarded at least five working days before the date of the Appeal Hearing.

The CCG Appeal Hearing will follow the procedure set out in Appendix 2.

The decision of the CCG Appeal Hearing will be final. Any sanction or penalty applied as a result of the outcome of the disciplinary hearing can be reviewed by the Appeal Panel but the sanctions cannot be increased by the Appeal Panel.

4415 Monitoring

Human Resources will:

- ✓ Have responsibility to monitor the effectiveness of this policy on an annual basis.
- ✓ Make recommendations to the Governing Body.

DISCIPLINARY RULES

The purpose of this appendix is to give an indication of the standards of behaviour expected of all staff by the CCG. It is not possible to specify all standards and those listed here are intended as a guide and should not be seen as an exhaustive list.

1. Gross Misconduct

It is important that all staff understand that there are certain behaviours that are deemed so serious by the CCG that, if proven, ~~the outcome may be~~ may result in dismissal from the CCG. This dismissal may be summarily, that is without notice.

- ✓ Theft or attempted theft – unauthorised removal with the intent to steal of property or money belonging to the CCG or belonging to other employees, patients or members of the public.
- ✓ Fraud / Deception – any deliberate attempt to obtain money or goods belonging to the CCG, ~~other~~ employees, patients or members of the public, through the falsification of any records or documents.
- ✓ Violence or assault – physical, verbal, sexual abuse or harm.
- ✓ Serious bullying and/or harassment of others.
- ✓ Indecency or sexual offences.
- ✓ Malicious damage – deliberate destruction or damage to CCG property.
- ✓ Corruption – including receipt of favours for contracts or information.
- ✓ Failure to disclose a criminal conviction - either at appointment or during employment.
- ✓ Giving false information and deliberate concealment at selection.
- ✓ Inappropriate use of computers – the use of computers to access inappropriate websites or the excessive use of computers inappropriately during working hours including accessing ~~Pornographic~~ pornographic, offensive or abusive materials.
- ✓ Contravention of a statutory requirement - working while contravening an enactment, or breach of rules laid down by statutory bodies such as erasure from the General Medical Council register, or the United Kingdom Central Council register, or loss of driving licence where driving is an essential component of the duties of the post.
- ✓ Unauthorised employment with another organisation whilst on sick leave
- ✓ Wilful negligence – any action or failure to act that threatens the health and safety of any patient, member of staff or member of the public.
- ✓ Being unfit for duty – either due to alcohol or substance abuse.
- ✓ Deliberate disclosure of confidential information - this includes abuse/misuse of patient information systems.
- ✓ Health and Safety – disregarding safety rules and regulations or serious negligence that endangers self or others.
- ✓ Discrimination/harassment – actions or language of a discriminatory nature that infringes the CCG Equal Opportunities policy.
- ✓ Abusive and insulting behaviour – the use of threatening and abusive language or behaviour towards ~~to other~~ employees, patients and members of the public.
- ✓ Criminal convictions ~~outside work~~ – convictions relating to activities outside work that have a direct bearing on an employee's employment with the CCG.
- ✓ Bringing the CCG into disrepute.

~~—~~ Unauthorised use of CCG Property / Equipment

- ✓ Any other act of gross negligence – a failure to exercise a duty of care which adversely

affects the welfare of others.

✓ Covert Recording of ~~informal or formal~~ meetings and/or discussions relating to or during the Disciplinary Investigation and procedure may be deemed as Gross Misconduct

21.71

~~Any other act of gross negligence – a failure to exercise a duty of care which adversely affects the welfare of others.~~

2. Examples of ~~Other Standards of Conduct~~ Minor Misconduct

- ✓ Poor timekeeping
- ✓ Being rude to colleagues, patients or members of the public
- ✓ Failure to follow a reasonable management request or instruction.
- ✓ Consistent and deliberate eErrors
- ✓ Unauthorised absence
- ✓ Minor breaches of health and safety
- ✓ Refusal to work with a colleague for an unacceptable or discriminatory reason
- ✓ Smoking in contravention of the CCG No Smoking Policy
- ✓ Engaging in employment outside the normal working hours of the CCG that adversely affects, hinders or conflicts with their work with the CCG and/or the interests of the CCG
- ✓ Failure to follow CCG policies and procedures

Conduct of at Disciplinary Hearings

The Manager(s) hearing the presentations at the Disciplinary Hearing should not have had any prior involvement in the investigation.

The Hearing should be conducted in accordance with the following procedure:

Introductions: The Manager hearing the case should introduce all present and their role in the Hearing, explain the purpose of the meeting (i.e. to consider whether disciplinary action is necessary) and explain how the hearing will be conducted. If the employee is accompanied by a staff side representative or workplace colleague it should be noted that they will be able to present and sum up the employees case but cannot answer direct questions made to the employee.

Statement Of Complaint/Allegation: The Manager hearing the case should establish precisely what the complaint/allegation is and invite the Investigating Manager to present her/his/their findings, including the tabling of all previously circulated statements and/or written materials gathered during the investigation and the calling of any witnesses.

Employee's Reply: The employee should be given the opportunity to state their case and present evidence, including the tabling of all previously circulated statements and/or written materials and the calling of any witnesses.

Civility: ~~The Hearing should be conducted courteously and fairly, with the emphasis being to establish the facts. To this end, all parties should be free to ask questions politely and comment appropriately.~~

Summing Up: After general questioning and discussion, both parties ~~the Investigating Manager, followed by the employee (or their representative or workplace colleague)~~ should be given the opportunity to summarise their main points, with the employee having the right to go last.

Adjournment: The Manager(s) hearing the case should consider their decision in private. If it is necessary to recall one of the parties to clear any points of uncertainty on evidence already given, then both parties should be invited to return notwithstanding only one is concerned with the point giving rise to doubt.

The Decision: All appropriate parties (excluding witnesses) should be recalled and the Manager(s) hearing the case inform them of their decision. This will be confirmed in writing within five working days of the hearing.

Should a decision not be made on the day, the panel will recall and inform all appropriate parties, (excluding witnesses) that a decision has not been made, but made but will confirm the outcome in writing within five working days of the hearing.

The employee should be given a written copy of the notes of the hearing for information purposes only. **Civility:** ~~The Hearing should be conducted courteously and fairly, with the emphasis being to establish the facts. To this end, all parties should be free to ask questions politely and comment appropriately.~~

Procedure for Disciplinary Hearings

1. Introduction by manager chairing the hearing

- Introduce those present
- Confirm purpose of the hearing is to consider whether disciplinary action should be taken in accordance with the Disciplinary Policy and Procedure
- Confirm that all parties have received the necessary paperwork
- Outline procedure for the hearing

2. ~~Manager or investigator~~ Investigating Manager presents their case

- Investigating Manager outlines their findings
- Investigating Manager calls any witnesses
- Employee/representative/ accompanying person and chair/HR Adviser may question the witnesses
- Investigating Manager may ~~re-examine~~ask the witnesses any further questions
- Employee/representative and Chair/HR Adviser may ask questions about the case in order to clarify facts

3. Employee/representative/ workplace colleague responds to the management case

- Employee/representative/ ~~accompanying person~~workplace colleague responds to the allegation, offers an explanation for the alleged misconduct and/or raises any special or mitigating circumstances to be taken into account
- Employee/representative/ workplace colleague calls any additional witnesses
- Manager and chair/HR Adviser may question the witnesses
- Employee/representative/ workplace colleague may ~~re-examine~~ask the witnesses any further questions
- Manager and chair/HR adviser may ask questions of the employee in order to clarify facts

4. Summing up – no new evidence can be presented at this stage

- Investigating Manager sums up
- Employee/representative/ accompanying person sums up

4.5. Adjournment for Chair/Panel ~~manager~~ to consider case

- Agree with all parties how and when the decision will be notified to the employee / representative / workplace colleague if time does not permit the decision to be given in person following the adjournment.
- Where the conduct of more than one member of staff is being considered in relation to the same incident, the adjournment between the Disciplinary Hearing and the outcome letter may be a few days, until all the Disciplinary Hearings have been completed.

6. Reconvene for decision – ~~manager~~Chair verbally informs employee/representative/ workplace colleague of

- The outcome of the hearing/disciplinary action
- The right of appeal
- The outcome of the hearing to be confirmed in writing within five working days of the date of the hearing

Civility: The Hearing should be conducted courteously and fairly, with the emphasis being to establish the facts. To this end, all parties should be free to ask questions politely and comment appropriately.

CCG APPEAL HEARING

At the hearing of an appeal against dismissal the following procedure shall be observed:

All appeal hearings will be heard by a CCG Appeal Panel as detailed below.

~~Appellant's~~ **Complainant's Case:**

- ~~The~~ **Complainant** ~~Appellant~~ or the **Complainant's**~~Appellant's~~ Representative will put their case in the presence of the Management Representative and may call witnesses.
- ~~The~~ Management Representative will have the opportunity to ask questions of the **Complainant** ~~Appellant~~ and the **Complainant's**~~Appellant's~~ Representative and witnesses.
- ~~The~~ members of the Appeal Panel will have the opportunity to ask questions of the **Complainant** ~~Appellant~~ and the **Complainant's**~~Appellant's~~ Representative and witnesses.
- The **Complainant** ~~Appellant~~ or the **Complainant's**~~Appellant's~~ Representative will have the opportunity to re-examine witnesses on any matter referred to in their examination by members of the Appeal Panel or the Management Representative.

Management's Case:

- ~~The~~ Management Representative will state Management's case in the presence of the **Complainant** ~~Appellant~~ and the **Complainant's**~~Appellant's~~ Representative and may call witnesses.
- ~~The~~ **Complainant** ~~Appellant~~ or **Complainant's** ~~Appellant's~~ Representative will have the opportunity to ask questions of the Management Representative and witnesses.
- ~~The~~ members of the Appeal Panel will have the opportunity to ask questions of the Management Representative and witnesses.
- The Management Representative will have the opportunity to re-examine witnesses on any matter referred to in their examination by members of the Appeal Panel, the **Complainant** ~~Appellant~~ or the **Complainant's**~~Appellant's~~ Representative.

Summing-Up:

Both parties will have the opportunity to sum up their respective cases, with the **Complainant** ~~Appellant~~ having the right to go last. No new information may be introduced or referred to at this point in the appeal procedure.

General: Notwithstanding the above procedure, members of the Appeal Panel may at any time invite either party or a representative to ~~elucidate or amplify~~ **clarify or explain** any statement they may have made, or may ask questions to ascertain whether or not they propose to call any evidence in respect of any part of their statement. Alternatively, if the parties concerned are in fact claiming that the matters are within their own knowledge, they will be subject to ~~examination-~~ **questions** as witnesses as described above.

The Panel may, at its discretion, adjourn the appeal in order that further evidence may be produced by either party to the ~~grievance/dispute~~ **circumstances which led to the Investigation** or for any other reason.

Adjournment: The Management Representative, the **Complainant** ~~Appellant~~, the **Complainant's**~~Appellant's~~ Representative and witnesses will withdraw. The Appeal Panel will consider their decision in private only recalling both parties to clear points of uncertainty on evidence already given. If recall is necessary both parties shall return even if only one party is concerned with the point giving rise to doubt.

The Decision: When the Appeal Panel has reached its decision both parties will be recalled and

| the Chair ~~of the Panel~~ will inform them of their decision. The Chair ~~to the Appeal Panel~~ will write to both parties to confirm the Panel's decision within five working days of the Appeal Hearing including a copy of the notes of the meeting for information purposes.

APPENDIX 2

Prerana Issar

To:

- NHS trust CEOs, HR directors, workforce directors
- NHS foundation trust CEOs, HR directors, workforce directors

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

01 December 2020

Dear Colleagues,

Re: Sharing good practice to improve our people practices

I hope you are doing well in these challenging times.

In May 2019 we shared with you an important piece of work in response to a tragic event that occurred at Imperial College Healthcare NHS Trust (ICHT) four years ago. Sadly, Amin Abdullah, a nurse who at the time was the subject of an investigation and disciplinary procedure, tragically took his own life. Details of the investigation, conducted by an appointed advisory group, together with the reasons for its commission, are provided in the enclosed letter (enclosure 1).

The advisory group made a series of recommendations, many of which were used as the basis for the provision of additional guidance to provider organisations (also at the enclosure). In addition, in November 2019, I wrote to healthcare professionals and regulatory bodies, encouraging review and examination of any guidance and standards provided to members and registrants to address the issues highlighted to support compassionate leadership and improvement across the healthcare system (enclosure 2).

Since Amin's passing, ICHT has worked collaboratively with Amin's partner Terry Skitmore and his advocate Narinder Kapur, alongside other stakeholders, to create a revised policy for handling staff related concerns or complaints. I am writing to share this with you as an example of good people practice, albeit arising from such tragic circumstances (enclosure 3).

The shared learning from Amin's experience has demonstrated the need for us to work continuously and collaboratively, to ensure that our people practices are inclusive, compassionate and person-centred, with an overriding objective as to the safety and wellbeing of our people. These values are central to our recently published [People Plan](#) and [People Promise](#).

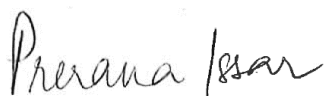
Our collective goal is to ensure we enable a fair and compassionate culture in our NHS. I urge you to honestly reflect on your organisation's disciplinary procedures, review the recommendations we issued in May 2019 and the attached example of good practice, and consider what has worked well and what could be further improved.

Where action is required, I urge NHS organisations to commit to tangible and timely action to review on a yearly basis and by the end of this financial year, all disciplinary procedures against the recommendations and that these are formally discussed/minuted at a **Public** Board or equivalent. We will continue work with the CQC to embed the learning from these reviews to form part of the formal oversight framework. I would also like to suggest your policy is made available on your organisation's public website by the end of the financial year.

As we prepare for the second wave of COVID-19, our staff should feel supported in every sense, including demonstrating a sensitive and compassionate approach to colleagues throughout the disciplinary procedure and process.

Many thanks for everything you are doing to provide services during this challenging time.

Best wishes,



Prerana Issar

NHS Chief People Officer

Enclosure

1. Learning lessons to improve our people practices – Letter to all NHS trust and NHS foundation trust chairs and chief executives, 24 May 2019.
2. Guidance and standards for registrants in relation to local investigations and disciplinary procedures - Letter from Prerana Issar to healthcare professional and regulatory bodies, 04 November 2019.
3. Imperial College Healthcare NHS Trust - Disciplinary Policy and Procedure, July 2020.

To:
NHS trust and NHS foundation trust chairs and chief executives

24 May 2019

Dear colleagues

Learning lessons to improve our people practices

I am writing to share with you the outcomes of an important piece of work recently undertaken in response to a very tragic event that occurred at a London NHS trust three years ago.

In late 2015, Amin Abdullah was the subject of an investigation and disciplinary procedure. The protracted procedure culminated in Amin's summary dismissal on the grounds of gross misconduct. Tragically, in February 2016 just prior to an arranged appeal hearing, Amin took his own life. This triggered the commissioning of an independent inquiry undertaken by Verita Consulting, the findings of which were reported to the board of the employing Trust and to NHS Improvement in August 2018. The report concluded that, in addition to serious procedural errors having been made, throughout the investigation and disciplinary process Amin was treated very poorly, to the extent that his mental health was severely impacted. Verita's recommendations were accepted by the Trust, in full, and have largely been implemented.

Subsequently, NHS Improvement established a 'task and finish' Advisory Group to consider to what extent the failings identified in Amin's case are either unique to this Trust or more widespread across the NHS, and what learning can be applied. Comprising of multi-professional stakeholders and subject matter experts representing both the NHS and external bodies, together with an advocate for Amin's partner, the Group conducted an independent analysis of both the Verita findings and several historical disciplinary cases, the outcomes of which had attracted criticism in Employment Tribunal proceedings and judgements. HR directors of provider organisations were advised of the Group's activity and invited to share details of any local experiences and/or examples of measures being taken to improve the management of employment issues.

The analysis highlighted several key themes associated with the Verita inquiry which were also common to other historical cases considered. Principal among these were: poor framing of concerns and allegations; inconsistency in the fair and effective

NHS England and NHS Improvement



application of local policies and procedures; lack of adherence to best practice guidance; variation in the quality of investigations; shortcomings in the management of conflicts of interest; insufficient consideration and support of the health and wellbeing of individuals; and an over-reliance on the immediate application of formal procedures, rather than consideration of alternative responses to concerns.

The NHS England and NHS Improvement People Committees in Common received a detailed report on the outcomes of the Advisory Group's activities, which included recommendations that aim to ensure the captured learning is used to best effect in informing positive changes across the NHS. The Committees recognised that, sadly, Amin's experiences are far from unique and acknowledged there needs to be greater consistency in the demonstration of an inclusive, compassionate and person-centred approach, underpinned by an overriding concern to safeguard people's health and wellbeing, whatever the circumstances. This view certainly echoed many of the comments we have received from across the NHS during our recent People Plan engagement.

Some of the proposed recommendations will require further discussion with key stakeholders, including regulatory and professional bodies (in particular, I am keen that consideration and assessment of the 'health' of organisational culture, including aspects relating to the management of workplace issues, is given more prominence in the 'well-led' assessment domain). The majority, though, can be immediately received and applied.

Enclosed with this letter is additional guidance relating to the management and oversight of local investigation and disciplinary procedures which has been prepared based on the Advisory Group's re-commendations. You will recognise the guidance as representing actions characteristic of responsible and caring employers and which reflect our NHS values. I would ask that you, your HR team and your Board review them and assess your current procedures and processes in comparison and, importantly, make adjustments where required to bring your organisation in line with this best practice. I would draw your attention to item 7 of the guidance and ask you to consider how your Board oversees investigations and disciplinary procedures. Further, with respect to any cases currently being considered and all future cases, I would ask you to review the following questions (and, where necessary, take corrective action in response):

- Is there sufficient understanding of the issues or concerns, and the circumstances relating to them, to justify the initiation of formal action?
- Considering the circumstances, in the eyes of your organisation and others external to it, would the application of a formal procedure represent a proportionate and justifiable response (i.e. have other potential responses and remedies, short of formal intervention, been fully assessed before being discounted)?
- If formal action is being or has been taken, how will appropriate resources be allocated and maintained to ensure it is conducted fairly and efficiently; how are you ensuring that independence and objectivity is maintained at every stage of the process?

- What will be the likely impact on the health and wellbeing of the individual(s) concerned and on their respective teams and services, and what immediate and ongoing direct support will be provided to them? Further, how will you ensure the dignity of the individual(s) is respected at all times and in all communications, and that your duty of care is not compromised in any way, at any stage.
- For any current case that is concluding, where it is possible that a sanction will be applied, are similar questions being considered?

In highlighting these issues, which I know will be important to you and your teams, I would like to thank all those colleagues who directly contributed to and informed the work completed by the Advisory Group. I would particularly like to acknowledge the endeavours of Amin's partner Terry Skitmore and his advocate Narinder Kapur, without whose dedication and sacrifices the Amin Abdullah inquiry and subsequent development work by NHS Improvement would not have taken place.

I know that we are all keen to ensure we treat our people fairly and protect their wellbeing. Implementing the attached guidance consistently well across the NHS will contribute to that goal. It is tragic that we are learning these lessons after Amin's death, but we owe it to him and the others who have suffered in similar circumstances to act now.

Thank you for your attention to these vital issues.

Best wishes



Baroness Dido Harding
Chair, NHS Improvement

Enclosure:

Additional guidance relating to the management and oversight of local investigation and disciplinary procedures

Copies:

Chair, Care Quality Commission
Chair, NHS Providers
Chair, Nursing and Midwifery Council
Chief Executive, NHS Employers

Additional guidance relating to the management and oversight of local investigation and disciplinary procedures

1. Adhering to best practice

a) The development and application of local investigation and disciplinary procedures should be informed and underpinned by the provisions of current best practice, principally that which is detailed in the Acas 'code of practice on disciplinary and grievance procedures' and other non-statutory Acas guidance; the GMC's 'principles of a good investigation'; and the NMC's 'best practice guidance on local investigations' (when published).

b) All measures should be taken to ensure that complete independence and objectivity is maintained at every stage of an investigation and disciplinary procedure, and that identified or perceived conflicts of interest are acknowledged and appropriately mitigated (this may require the sourcing of independent external advice and expertise).

2. Applying a rigorous decision-making methodology

a) Consistent with the application of 'just culture' principles, which recognise that it is not always appropriate or necessary to invoke formal management action in response to a concern or incident, a comprehensive and consistent decision-making methodology should be applied that provides for full and careful consideration of context and prevailing factors when determining next steps.

b) In all decision-making that relates to the application of sanctions, the principle of plurality should be adopted, such that important decisions which have potentially serious consequences are very well informed, reviewed from multiple perspectives, and never taken by one person alone.

3. Ensuring people are fully trained and competent to carry out their role

Individuals should not be appointed as case managers, case investigators or panel members unless they have received related up to date training and, through such training, are able to demonstrate the aptitude and competencies (in areas such as awareness of relevant aspects of best practice and principles of natural justice, and appreciation of race and cultural considerations) required to undertake these roles.

4. Assigning sufficient resources

Before commencing investigation and disciplinary procedures, appointed case managers, case investigators and other individuals charged with specific responsibilities should be provided with the resources that will fully support the timely and thorough completion of these procedures. Within the overall context of 'resourcing', the extent to which individuals charged with such responsibilities (especially members of disciplinary panels) are truly independent should also be considered.

5. Decisions relating to the implementation of suspensions/exclusions

Any decision to suspend/exclude an individual should not be taken by one person alone, or by anyone who has an identified or perceived conflict of interest. Except where immediate safety or security issues prevail, any decision to suspend/exclude should be a measure of last resort that is proportionate, timebound and only applied when there is full justification for doing so. The continued suspension/exclusion of any individual should be subject to appropriate senior-level oversight and sanction.

6. Safeguarding people's health and wellbeing

a) Concern for the health and welfare of people involved in investigation and disciplinary procedures should be paramount and continually assessed. Appropriate professional occupational health assessments and intervention should be made available to any person who either requests or is identified as requiring such support.

b) A communication plan should be established with people who are the subject of an investigation or disciplinary procedure, with the plan forming part of the associated terms of reference. The underlying principle should be that all communication, in whatever form it takes, is timely; comprehensive; unambiguous; sensitive; and compassionate.

c) Where a person who is the subject of an investigation or disciplinary procedure suffers any form of serious harm, whether physical or mental, this should be treated as a 'never event' which therefore is the subject of an immediate independent investigation commissioned and received by the board. Further, prompt action should be taken in response to the identified harm and its causes.

7. Board-level oversight

Mechanisms should be established by which comprehensive data relating to investigation and disciplinary procedures is collated, recorded, and regularly and openly reported at board level. Associated data collation and reporting should include, for example: numbers of procedures; reasons for those procedures; adherence to process; justification for any suspensions/exclusions; decision-making relating to outcomes; impact on patient care and employees; and lessons learnt.

Trust-Wide Policy	
Version:	v3.0
Policy Category:	People and Organisation Development
Target Audience:	All Trust Staff
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Disciplinary Policy and Procedure

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Foreword by Professor Tim Orchard

I am pleased to write the foreword for this new disciplinary policy, although it was triggered by a set of very tragic circumstances: Following his dismissal from the Trust in December 2015, Nurse Amin Abdullah tragically took his own life in February 2016. The Trust commissioned an independent consultancy Verita to carry out an investigation, the findings of which were accepted in full by the Trust.

On receiving the report we immediately implemented a range of measures to ensure cases are thoroughly assessed before any investigation or formal procedures are followed, and have subsequently introduced a team of trained investigators, trained managers who hear cases at formal hearings and expanded our pastoral support for employees. Following the introduction of these measures we have reduced formal disciplinary investigations and hearings by a third. We have also reduced the likelihood of staff from a Black, Asian and Minority Ethnic background being subject to a disciplinary hearing to a level where our BAME staff are now no more likely to be subject to disciplinary action than their white colleagues.

However, after the Verita investigation we committed to a full review of our Disciplinary Procedure. Inevitably as a large employer as part of upholding standards for our patients, there are times when we need to follow formal procedures, but in these circumstances it is essential that we treat people with dignity and kindness in line with our values, regardless of the circumstances.

We are also committed to combatting any bias or discrimination in our employment and management practices and like many NHS Trusts have been deeply concerned by the disproportionate number of BAME employees that have been subject to disciplinary procedures in the past.

I am grateful for the commitment and continuing input from Amin's partner, Terry Skitmore and Dr Narinder Kapur who have provided robust but constructive challenge in the creation of this policy and more generally on how we have responded in the wake of Amin's tragic death. They were also key in shining a spotlight on these issues at a national level, and this procedure reflects the Recommendations from the NHS Improvement group convened in response to the Verita Report and communicated to NHS Trusts in 2019 by Baroness Dido Harding, Chair of NHS Improvement.

I also want to thank staff-side representatives and regional trade union colleagues who provided valuable insight and advice, and for input from the national advisory, conciliation and arbitration service (ACAS). Not only does this procedure reflect the ACAS Disciplinary Code of Practice, but their expertise has been invaluable in training our managers.

Any allegations of misconduct in the Trust now start from a different basis: As part of our commitment to developing a just and learning culture cases are thoroughly assessed to ensure there is sufficient understanding of the issues or concerns, and the circumstances relating to them, to justify the initiation of formal action. We should always be asking ourselves whether our actions are proportionate and justifiable and whether managing situations informally achieves a more productive outcome.

I am pleased to say that we have clearly made progress, but we know that we cannot be complacent. We need to continually reflect and challenge ourselves to ensure everyone is treated fairly and build a culture of openness and transparency to ensure we are doing the right thing by our people.

As I said in 2018, I very much regret that Amin is not here to be offered an apology for the mistakes that we made and the way he was treated and to hear the personal commitment from me that we will act on all the learning from his case. This Disciplinary Procedure is another small step to building on that commitment and I hope contributes to our ambition of becoming an exemplar of good practice in this area.

Professor Tim Orchard

Chief Executive

Imperial College Healthcare NHS Trust

1. Introduction

1.1 Imperial College Healthcare NHS Trust requires high standards of conduct from everyone and is committed to helping people improve and learn from mistakes. This policy and procedure is designed to ensure a fair, systematic and consistent approach is taken when an employee's behaviour or action is in breach of workplace rules or falls short of the expected standards.

1.2 The fair treatment of staff supports a culture of fairness, openness and learning in the NHS by making staff feel confident to speak up when things go wrong, rather than fearing blame. An objective and prompt examination of the issues and circumstances should be carried out to establish whether there are truly grounds for a formal investigation and/or for formal action. Would training for the employee, support, guidance or informal management be more appropriate and productive?

1.3 This policy has been developed in consultation with the Trust's recognised trade unions and is in accordance with the ACAS Code of Practice on disciplinary and grievance procedures.

1.4 Where an employee's ability to do their job is affected by a lack of skill or knowledge, or ill health, this will be managed by following the Performance and Capability Management Policy.

2. Purpose & Scope

2.1 The Disciplinary Policy and Procedure provides a framework to manage concerns about someone's conduct in a fair and timely way. It aims to help people achieve and maintain required standards of conduct.

2.2 The Policy applies to everyone employed by Imperial College Healthcare NHS Trust. It applies to all categories of misconduct by non-medical and medical staff. For further information about managing the conduct issues of Doctors and Dentists see the Handling Concerns about Doctors and Dentists' Conduct, Performance and Health Policy and Procedure.

3. Policy Statement

3.1 Managers are responsible for ensuring their team is aware of the required standards of conduct and for bringing any concerns to the attention of employees at the earliest opportunity.

3.2 Managers should try to resolve minor matters of concern informally. If informal approaches do not bring about improvement or if misconduct is sufficiently serious, formal stages of this procedure should be followed.

3.3 Managers will ensure that all action taken under this policy and procedure is reasonable and proportionate. At an early stage, employees will be told why disciplinary action is being considered and they will be given the opportunity to respond to allegations before decisions about formal sanctions are taken.

3.4 Employees can be accompanied and represented, at a disciplinary hearing by a work colleague, trade union representative or other companion from any background, not acting in a legal capacity.

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- 3.5 Disciplinary cases will be treated sensitively and confidentially. Information will only be shared with those who have a legitimate right to be informed in accordance with Data Protection Act 2018 and the Common Law Duty of Confidentiality. Breaches of confidentiality by any party may result in disciplinary action. Standard Operating Procedures agreed between Human Resources and the Data Protection Office will be followed.
- 3.6 All managers who Chair or sit on hearing Panels must have appropriate and up to date training on managing / chairing disciplinary cases. Such training should involve appropriate refreshers within three years of the hearing.
4. **Handling Allegations of Misconduct and Investigating the Facts**
- 4.1 Allegations of misconduct will be carefully assessed by the relevant manager, with HR advice, to decide if the matter can be managed informally where possible or whether there are grounds for further investigation and/or formal action.
- 4.2 The manager will carry out some initial fact finding and meet the employee to establish their version of events. The manager may also meet with other relevant individuals to get a good understanding about what has happened.
- 4.3 Where it is decided that further investigation and/or formal action is appropriate, this must be approved by a senior manager (8c and above). The senior manager will have no previous involvement in the case and will provide independent oversight.
- 4.4 Investigations will be carried out without unreasonable delay. All cases that could lead to dismissal will be investigated by a trained investigator. The manager will be responsible for commissioning the investigation and for clearly defining what is to be investigated.
- 4.5 Employees can be accompanied at investigation meetings by a work colleague, trade union representative or other companion from whatever professional background but not acting in a legal capacity, where this does not unreasonably delay the investigation. Employees can seek trade union representation and advice at any time.
- 4.6 Once the investigation is complete, the manager will consider the findings and with HR advice decide if further action is required; whether the matter can be dealt with informally or whether formal disciplinary action may be appropriate. Where the manager proposes to proceed to a formal disciplinary hearing this must be approved by a senior manager (8c or above).
- 4.7 If the manager believes there is a case to answer at a formal hearing, they will ensure a report is prepared setting out the case and the investigation findings. The manager should ensure all relevant information is presented at the hearing including background information about the employee, their work record and any mitigating factors to ensure a full and balanced case is presented for the hearing to consider.

5. **Referrals to Professional Bodies and Other Agencies**
- 5.1 Depending on the allegations, where an employee is registered with a professional body, such as a registered nurse, midwife or nursing associate, the regulatory body may be notified. This decision will be taken by the most senior professional lead from the directorate, in conjunction with the relevant professional lead for the Trust such as the Divisional Director of Nursing, the Director of Nursing, Chief Pharmacist, Chief of Allied Health Professionals or Head of Pathology Services. All NMC referrals will be logged and overseen by the Lead nurse for workforce, regulation & revalidation. For more information, see Professional Registration Policy and Procedure and NMC referrals procedure.
- 5.2 Where allegations concern the safeguarding of children or vulnerable adults, the Trust's Safeguarding lead must be notified without delay.
- 5.3 Where appropriate, investigations by the counter fraud team, other agencies such as police or social services, may be carried out separately from investigations under this procedure. The Trust will give full cooperation to try to ensure any such external investigations are carried out to a high standard. In these circumstances the Trust will only delay carrying out internal investigations and following the disciplinary procedure where absolutely necessary.
- 5.4 Where cases include serious personal data breaches likely to result in a risk to the rights and freedoms of data subjects, the Trust has a legal duty to report such cases to the Information Commissioner's Office within 72 hours via the Trust's Data Protection Office.
6. **Informal Management**
- 6.1 The Trust recognises that cases of minor misconduct are best dealt with informally and quickly. A quiet word is often all that is needed.
- 6.2 In many cases additional training, coaching and advice may be needed. When there are concerns about conduct, managers will talk to the person in private as soon as possible, normally within a few days. This will be a two-way discussion, aimed at talking through shortcomings and encouraging improvement.
- 6.3 Feedback should be constructive with an emphasis on finding ways to improve. The manager will make sure the employee understands the standards expected and will explain how their conduct will be monitored and set a clear timescale for improvement. Managers will discuss with employees any support or training they may need. Managers should keep brief notes of any informal action for reference purposes.
- 6.4 Where appropriate, managers may also summarise concerns and expectations in writing, a copy of which will be placed on the personal file. If informal action does not bring about the required improvement, or the misconduct is too serious to be classed as minor, formal disciplinary action may be considered.
7. **Formal Procedure**
- 7.1 Once the matter has been investigated and it has been established that there is a case to answer, a disciplinary meeting 'hearing' will be arranged.
- 7.2 The hearing should be held as soon as possible after the investigation. Managers, employees and their representatives must make every effort not to unreasonably delay meetings.

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- 7.3 To proceed to a hearing where dismissal may result, approval must be obtained from a People Business Partner or a more senior member of the People & OD team after careful consideration of the evidence gathered to date.
8. **Hearing Panel**
- 8.1 All disciplinary cases will be heard by a trained manager (Chair).
- 8.2 Cases that may result in a formal warning will be heard by a Panel of two people: a trained manager (Chair) of appropriate seniority and an HR Advisor.
- 8.3 Cases that may result in dismissal will be heard by a Panel of three or more members. The Chair will normally be a member of the divisional or directorate management team or an Executive Director where appropriate. If the employee is a senior divisional manager or consultant-level appointment, the Panel will always be chaired by an Executive Director. The remaining two Panel members will consist of an HR advisor from the Trust and a member external to the trust who has knowledge, skills and experience that reflect the background and/or specialty of the employee in question.
- 8.4 The Trust is committed to ensuring Panels are diverse in representation, have appropriate seniority and have knowledge, skills, experience and training that are relevant to the case in question and cater for factors such as BME status, disability status, etc. Panel members will be selected to achieve this, and where appropriate additional panel members will be recruited. If employees have any concerns in relation to diversity or possible bias of the Panel, they can raise this with their Divisional Director of People or the Director of People & OD.
- 8.5 Panel members will have no previous involvement in the case or any conflict of interest that could influence decision making.
9. **Preparing for the Hearing**
- 9.1 People will be given at least seven calendar days' notice of the hearing in order to have time to prepare. The employee will be provided with two copies of the management report (investigation report) and any related documents including witness statements to be presented at the hearing. Any personal patient information will be redacted.
- 9.2 Prior to the hearing, the employee will be advised of the potential outcome such as a formal warning or dismissal.
10. **Who the Employee Can Bring with Them**
- 10.1 Employees are encouraged to attend formal hearings accompanied by an accredited trade union representative, colleague or other companion, of whatever professional background but not acting in a legal capacity. It is the responsibility of the employee to arrange their companion and to inform the Panel who they would like to attend.
- 10.2 Disabled employees may also wish to be accompanied by a second person as a support worker or someone with knowledge of the disability and its effects.
- 10.3 Where action is proposed involving an accredited trade union representative, the appropriate full time officer will be contacted before action is taken.

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- 10.4 When an allegation arises which might result in formal disciplinary action managers should advise employees to seek trade union advice and ask the employee for the name and contact details of their trade union representative. When it is necessary to organise meetings at which people are entitled to representation, if the manager knows the name of the trade union representative, managers should liaise with the representative to try to agree a mutually convenient date.
- 10.5 Employees should make every effort to attend meetings and notify their manager as soon as possible if they cannot attend. If an employee or their companion/representative is unable to attend, they must suggest an alternative date so that the hearing takes place within five working days from the original date. If an employee is unable to attend a rescheduled meeting, alternative arrangements such as telephone conference, representative attending on their behalf or written submissions may be considered or the meeting may proceed in their absence.
11. **Hearing Format – for Full Details See Appendix 1**
- 11.1 At the hearing, the manager will present the case and where applicable invite any witnesses. Where an investigation has been carried out, the investigator will be invited to the hearing to present their findings and answer any questions.
- 11.2 The employee will be given the chance to set out their case, answer any allegations, ask questions, show evidence, call relevant witnesses (with good notice), respond to any information given by witnesses.
- 11.3 In considering the sanction, the hearing Chair/Panel will take account of the employee's previous work record and other mitigating factors.
- 11.4 Witnesses will be called if they have a significant contribution to make to the case. If statements from Trust employees are presented as evidence, every reasonable effort will be made to ensure that they attend the meeting, unless it is agreed with the member of staff that the facts are not in dispute and/or the presence of one or more witnesses would serve no material purpose.
- 11.5 The outcome of a hearing will be notified in person by the Chair of the hearing. Only where this is not possible or the individual requests otherwise, should notification be by phone or in writing.
- 11.6 The outcome of the meeting will also be confirmed in writing, normally within seven calendar days. If disciplinary action is taken, the letter will include details of the complaint, the improvement required (if appropriate) and the right to appeal where a formal sanction is issued. It will also state that further disciplinary action may be taken if there is not a satisfactory improvement.
- 11.7 Hearings may result in no formal sanctions being issued; however standard setting, training and/or departmental/individual recommendations may be put in place, if appropriate.
- 11.8 Template letters can be obtained from the intranet but managers are advised to seek HR advice when confirming formal disciplinary sanctions in writing.
- 11.9 Separate procedures and guidance for managing misconduct of medical and dental staff can be found in Handling Concerns about Doctors and Dentists' Conduct, Performance and Health Policy and Procedure.

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- 11.10 It is the Trust's policy to audio record all formal hearings that may result in dismissal and appeal hearings. Audio recordings can be made available on request to employees who are subject to formal disciplinary/capability proceedings and, with their consent, to their representative. Audio recordings will be destroyed after one year.
12. **Supporting Employees**
- 12.1 Being subject to allegations of misconduct can be very upsetting and stressful for the employee and other colleagues affected.
- 12.2 It is important throughout the procedure for the manager to keep talking with both the employee and any other staff affected. Clear, regular and confidential communication can help make sure employees are kept informed of what is happening, have the opportunity to ask questions and can avoid stress and other mental health issues.
- 12.3 Managers are responsible for maintaining communications and will make every effort to ensure employees receive clear, timely, comprehensive and sensitive information about the allegations and regular progress updates on any investigation until the matter is concluded.
- 12.4 Where there are concerns about an employee's health or wellbeing, Occupational Health advice will be obtained.
- 12.5 Employees, including those who are involved as witnesses, will be supported by an appropriate manager and will have access to the Trust's Contact service and offered support from a Staff Liaison Officer.
- 12.6 CONTACT is available to offer counselling and support to any employee affected by the matters covered in this policy. For staff at Hammersmith & Charing Cross, please ring 32747 (020 3313 2747 if external) and for staff at St. Mary's 21519 (020 3312 1519 if external). More information about the service is available on the intranet.
13. **Formal Disciplinary Sanctions**
- 13.1 Once all the facts have been considered by the hearing Panel a decision will be taken on the appropriate action. Depending on the findings, this may result in no action being taken, informal management action or a disciplinary sanction.
- 13.2 The seriousness of the misconduct will determine the level of disciplinary action to be taken. The procedure may be entered at any stage.
- 13.3 **Stage 1 - First Written Warning:** If the employee fails to meet required standards following informal action or if the offence is sufficiently serious to warrant moving straight to the formal stages, a First Written Warning may be given. First Written Warnings are confirmed in writing and apply for 6 months after which time they lapse.
- 13.4 **Stage 2 - Final Written Warning:** If the failure to meet required standards continues or if the offence is one of sufficiently serious (but not gross) misconduct, a final written warning may be given. Final written warnings are confirmed in writing and apply for 12 months after which time they lapse. In exceptional circumstances, where a final written warning is an alternative to dismissal, final written warnings may be live for up to 24 months.

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- 13.5 **Stage 3 – Dismissal:** If conduct remains unsatisfactory or if the offence constitutes gross misconduct, dismissal will normally result. Except in cases of gross misconduct, dismissal will be with notice. Cases of gross misconduct may result in summary dismissal, i.e. dismissal without notice. Dismissals may be reported to the relevant professional body as appropriate.
- 13.6 **Additional action as a result of being issued with a disciplinary warning:** If a first or final written warning is issued, the member of staff will not be awarded an annual pay increase on the pay step date in the twelve months after the issue of a warning. The Chair of a hearing will ask the line manager to action this via the ESR manager self-service function. For staff commencing NHS employment or those who moved to a higher banded role on or after 1 April 2019, if a first or final written warning is issued, the member of staff will not progress to the next pay step point if the warning is live on their pay step date. In those situations, the manager should initiate a pay step review meeting before the expiry of the warning and if all other requirements have been met, the member of staff will progress to the next pay step effective from the date after the warning expires.
- 13.7 In addition, to the issue of a final written warning for up to 24 months the following actions may be appropriate:
- Transfer to another department / site.
 - Demotion or downgrading (without pay protection).
 - Change of shift or working pattern.
14. **Appeals**
- 14.1 Everyone has the right to appeal against any formal disciplinary action. Appeals will be handled in accordance with the Appeals Policy and Procedure.
- 14.2 Appeals against dismissal will be heard by a Panel of at least three members. The Chair will be an Executive Director (CEO will hear appeals from Executive Directors and the Chairman for an appeal from the CEO). The remaining Panel members will include a member external to the trust who has appropriate training and experience and a senior member of the People & OD team.
- 14.3 The Trust is committed to ensuring Appeal Panels are appropriately diverse in representation, experienced and trained. Panel members will be selected to achieve this. If employees have any concerns in relation to bias or diversity of the Panel, they can raise with their Divisional Director of People or the Director of People & OD.
- 14.4 Appeal Panel members will have no previous involvement in the case or any conflict of interest that could influence decision making.
15. **Examples of Misconduct**
- 15.1 The following list gives examples of the circumstances that could lead to disciplinary action (this list is not exhaustive).
- Employees are expected to combine prompt and efficient service with respect for the feelings of others, including patients, visitors and colleagues, whatever their background.
 - Bullying and harassment
 - Refusing to work
 - Employees must be honest, open and truthful in all their dealings with patients, colleagues and the public.
 - Employees are expected to attend for duty for the hours laid down in their contracts of employment and as agreed with their managers.
 - Being absent without permission. In cases of sickness or sudden domestic

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emergency, employees must inform their manager in accordance with departmental notification rules.

- During sickness absence, employees are expected to keep their manager informed of their progress and submit sickness certificates promptly.
- Misuse of social media affecting the reputation of the Trust or causing colleagues distress/offence
- Employees must carry out reasonable instructions.
- Anyone undertaking other employment outside their contractual hours must ensure that it does not hinder or conflict with the interests of their employment with the Trust or their duty to abide by relevant professional codes of conduct or have any adverse effect upon their work performance. Employees should inform their managers of employment outside working hours.
- Breach of confidentiality
- Misuse of authorised access to information and systems, unauthorized access to information and systems, and any activity that could breach the security of the Trust ICT Infrastructure and any other breach of the Trust Information Security Policy
- Sleeping on duty (this does not include sleeping during agreed breaks or out of hours arrangements)
- Employees are expected to comply with health and safety requirements.
- Employees are expected to treat Trust facilities and property with respect.
- Employees must inform their managers of any charge, caution or conviction, relating to acts committed on or off duty, at the earliest possible opportunity.
- Failure to maintain professional registration where it is a requirement of the job (see requirements as per Trust Professional Registration policy)
- Employees should at all times undertake their work in accordance with Trust and departmental policies and procedures and, where appropriate, their professional codes of conduct.
- People are expected to display positive attitudes and supportive behaviours in line with Trust values in their interactions with other people
- Breaches of professional codes of conduct and Trust policies
- Behaviour outside of work that could affect the professional reputation of the individual or the reputation or operations of the Trust.

16. **Gross Misconduct**

16.1 Some acts count as 'gross misconduct' because they are very serious or have very serious effects.

16.2 Where there may have been gross misconduct, a full investigation must still be carried out and the full disciplinary procedure followed.

16.3 In cases of gross of misconduct a hearing Panel can decide to dismiss without notice or payment in lieu of notice.

16.4 Examples of gross misconduct could include (this list is not exhaustive):

- Serious lack of care to duties or other people which could result in serious loss, damage or injury ('gross negligence')
- Theft
- Fraud
- Deliberate falsification of records or documents
- Working without valid "Right to Work" documentation
- Working without statutorily required qualifications
- Working elsewhere whilst on sick leave

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- False declarations made during the recruitment process
- Receipt of money, goods, favors or excessive hospitality in respect of services rendered while a Trust employee
- Physical violence
- Verbal abuse
- Harassment or bullying
- Unlawful discrimination
- Being unfit for duty through the effects of alcohol or drugs
- Abuse, misuse or deliberate damage of Trust property or equipment
- Serious breach of data security requirements, any activity that could breach security of the Trust ICT Infrastructure and any other serious breach of the Trust Information Security Policy including serious misuse of authorised access / unauthorized access to information and systems.
- Serious breach of Health and Safety and other statutory rules
- Serious breach of a professional code of conduct as determined by the professional body
- Failure to act impartially or to declare interest in a contract or business in which the Trust is engaged or considering
- Scientific Misconduct - Fabrication, falsification, plagiarism or deception in proposing, carrying out or reporting results of research
- Serious breach of trust and confidence - Any act which causes irreparable damage to the relationship of trust and confidence between the employee and the Trust.

17. **Suspension (Exclusion)**

- 17.1 In most cases, suspension from work will not be necessary and the employee will be able to continue doing their normal job while matters are investigated.
- 17.2 Suspension is not a disciplinary sanction and there is no assumption of guilt.
- 17.3 The decision to suspend will only be taken if genuine risks are identified and all alternative options have been ruled out.
- 17.4 Suspensions will be managed sensitively and confidentially.
- 17.5 When considering suspension, managers must assess the risks of the employee remaining at work and seek HR advice. Where a manager wishes to suspend an employee, they must seek approval from a senior manager (8B or above) and a People Business Partner.
- 17.6 If a sufficiently senior manager is not available when an incident occurs which appears to warrant suspension, the most senior member of staff on duty may ask the person to go home pending an appropriate manager taking charge of any subsequent action no later than the next working day.
- 17.7 Suspension will only normally be considered if there is a serious allegation of misconduct and:
- working relationships have severely broken down
 - there is a risk of the employee tampering with evidence, influencing witnesses and investigation
 - there is a risk to the employee themselves, other employees, property or patients
 - the employee is the subject of criminal proceedings which may affect whether they can do their job.

- 17.8 Alternatives to suspension must be considered, with HR advice where appropriate and could include the employee temporarily:
- being moved to a different area of the workplace
 - changing their working hours
 - being placed on restricted duties including having reduced access to Trust systems where appropriate
 - working under supervision
 - being transferred to a different role within the organisation (the role should be of a similar status to their normal role, and with the same terms and conditions of employment).
 - Other meaningful activities that the individual could do should be actively explored. This could include working remotely from home, carrying out activities such as audits, research or teaching.
18. **Communicating the Decision to Suspend and Supporting Employees**
- 18.1 Every effort will be made for the manager to meet with the employee to inform them of the decision to suspend. This will be followed up in writing within three working days (Appendix 2).
- 18.2 Employees can be accompanied by a trade union representative or companion when informed of suspension. However, the unavailability of a representative will not prevent suspension from taking place. When a manager is thinking of suspending someone, the manager should try to contact the on-call trade union representative or companion via the switchboard to notify them of the time and venue of the meeting.
- 18.3 The manager communicating the decision to suspend will:
- Explain the reasons for suspension and how long it is expected to last.
 - Explain the employee's responsibilities during their suspension.
 - Provide a point of contact (usually the line manager) that they can contact if they have any concerns.
 - Agree how they will keep in regular contact with the employee throughout.
 - Give details about support from CONTACT, the Staff Counselling and Stress Management Service on 020 3313 2747 or 020 3313 2424.
 - If it is necessary to explain the employee's absence, the manager will discuss with the employee how they would like it to be explained to colleagues and/or patients.
- 18.4 The terms of the suspension and the employee's obligations will also be provided which includes:
- not doing anything that could interfere with the investigation
 - treating the matter confidentially
 - seeking permission from the manager to contact colleagues
 - if they wish to contact witnesses to support their case, they should do this via their manager or, if different, the manager dealing with the matter or their Trade Union representative or companion
 - except for medical appointments, they must not visit Trust premises unless given permission by the line manager or a named deputy to attend for a specific purpose, e.g. a meeting a representative, an investigation meeting, a counseling appointment, a medical consultation
 - the requirement to remain available between 9.00 am to 5.00pm, Monday to Friday, excluding public holidays, to attend meetings. Permission for any periods of absence, e.g. annual leave, must be requested

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- 18.5 If deemed necessary, the suspending manager may ask the employee to hand in Trust property such as keys, ID card, Trust mobile phone, bleep, laptop or any other mobile device at the time of exclusion. The manager may also temporarily revoke remote access if in use or remove / restrict access to Trust systems by referral to the Data Protection Office. In these circumstances, the manager and employee must agree alternative methods of keeping in contact.
- 18.6 The employee will be given the name and contact details of someone who will keep in regular contact with them and updated on progress of the investigation. This will normally be their line manager, or a second named individual if the line manager is unavailable
- 18.7 The employee will be supported by the Staff Liaison Officer from the Trust's Contact Service and will have full access to counseling and support services.
19. **Timescales for Suspension**
- 19.1 Suspension will be for the minimum time necessary and will be reviewed every 5 days and lifted when the reason for suspension no longer exists.
- 19.2 Most investigations should be concluded within two weeks of suspension. Where this is not possible people should be informed that they remain suspended and told when the investigation is likely to be completed. This should be followed up in writing (see Appendix 3). Managers should make themselves available to meet employees to discuss the progress of the investigation.
- 19.3 If the employee wants to go on holiday during their suspension, they must still make a request to take annual leave.
20. **Pay during Periods of Suspension**
- 20.1 Suspension is on normal pay, i.e., the pay the person would have received if they had been at work based on a 12 week reference period (excluding pay for bank shifts). People receive no pay when they are suspended because they have allowed their professional registration to lapse or because they have lost their entitlement to work under the Immigration and Asylum Act. People on zero hours/bank contracts receive no pay during suspension.
- 20.2 If in receipt of pay on suspension from the trust, a suspended person must not undertake any paid work during the hours for which they are contracted to work. People suspended for clinical / professional reasons must not undertake any work, paid or unpaid, without prior permission from the appropriate manager. Where an employee holds employment outside of the Trust and is suspended from the Trust, the employee is obliged to declare their alternative place/s of work and the suspension information may be shared with another employer if it is in the public interest.
21. **Medical and Dental Staff**
- 21.1 Exclusion arrangements for Medical & Dental Staff are outlined in the Policy and Procedure for Handling Concerns about the Conduct, Performance and Health of Doctors and Dentists.

22. **Criminal Offences and Offences Committed Outside Work**
- 22.1 If an employee is charged or convicted for an offence, whether committed on or off duty, the Trust will consider whether the offence renders the employee unsuitable for continued employment and may take formal action up to and including dismissal. The Trust reserves the right to take action independently of any legal proceedings.
- 22.2 Where the offence or police investigation relate to mistreatment of a child or an “at risk” adult, the manager should inform the trust safeguarding team who will consider whether it is necessary to make a report to the Local Authority Designated Officer (LADO).
- 22.3 If an employee is subject of a police investigation, they are obliged to inform their manager so that the manager can consider whether any steps are required, e.g. to protect the safety of others.
- 22.4 Where allegations that occur outside of the Trust are brought to the attention of the Trust by other agencies or professional bodies, and those allegations have the potential to bring the reputation of the Trust into disrepute or may affect the suitability of the employee to continue in Trust employment, the Trust will investigate as reasonably as is practical. If after a detailed investigation it is considered that the actions of the employee damage the relationship of trust and confidence with the Trust, action up to and including dismissal may be taken.
23. **Duties**
- 23.1 Appendix 4 sets out roles and responsibilities involved in managing cases of misconduct. This section outlines responsibilities for upholding standards of conduct.
- 23.2 **Managers** must ensure that their people are aware of the required standards of conduct and handle disciplinary concerns fairly and promptly in accordance with this policy and procedure. They are responsible for promoting a culture in which concerns are dealt with openly and fairly, with an emphasis on learning from mistakes. Managers must seek advice about formal disciplinary cases from their Senior HR Advisor.
- 23.3 **Employees** are required to maintain good standards of behaviour and comply with the policy and procedure. Employees are expected to raise concerns about colleagues’ behaviour to an appropriate manager, especially where there could be consequences for patient safety. The Raising Concern Policy applies.
- 23.4 **People Business Partners** will advise and coach managers to develop the skills necessary to deal with cases confidently and effectively. The HR team will, with trade union representatives, ensure that the policy is regularly reviewed and monitored.
- 23.5 **Trade Union representatives** will work in partnership with managers to ensure that the policy and procedure is applied in a fair and consistent manner. Where an allegation arises, trade union representatives will work with other stakeholders to ensure that decisions can be taken promptly, thereby minimising staff anxiety. If an accredited Trade Union representative’s request for time off to attend a meeting under the Disciplinary Procedure is refused and they believe the refusal to be unreasonable, they should raise the matter with the Divisional Director of People.

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24. **Misapplication of the Procedure**

24.1 If an employee believes that the policy has not been applied properly, they can submit a statement of grievance. If the concern is related to an on-going disciplinary process, the concern should be raised and will be addressed as part of the disciplinary procedure.

25. **Policy Implementation and Dissemination**

25.1 The policy and procedure will be notified to heads of operations, clinical and professional leads and cascaded to all supervisory levels of management, with instruction that it replaces all previous documents, via e-mail and the intranet. The existing policies and procedures will be archived on the intranet and replaced with this document. Induction and any relevant training courses will be updated accordingly.

25.2 Advice and support on the application of this policy and procedure can be obtained from your Divisional HR team and trade union representatives.

25.3 Managers will ensure that the disciplinary procedure is applied fairly. The application of the formal procedure by ethnicity, gender, disability and age is monitored by the Directorate of People and Organisation Development. Data on the application of the procedure will be discussed at the Partnership Committee and management team meetings and reported in the Trust's annual Workforce Equality Information Statistical Report.

26. **References**

- Advisory, Conciliation and Arbitration Service (ACAS) <https://www.acas.org.uk>
- NHS Improvements Dido Harding letter 24 May 2019 with guidance relating to the management and oversight of local investigation and disciplinary procedures <https://www.england.nhs.uk/2019/06/provider-bulletin-5-june-2019/>
- Verita report <https://www.imperial.nhs.uk/about-us/news/investigation-disciplinary-process-actions-and-learning-for-trust>
- NHS Resolution "Being fair - Supporting a just and learning culture for staff and patients following incidents in the NHS" <https://resolution.nhs.uk/wp-content/uploads/2019/07/NHS-Resolution-Being-Fair-Report-2.pdf>

27. **Monitoring Arrangements**

Lead	Policy Objective	Method	Frequency	Responsible Committee / Group
Employee Relations Function	Review of policy to ensure all information remains current	Review	Every 3 Years	Chief Executive / Executive Committee

28. **Supporting Information**

Current Document Information	
Document Lead:	Fiona Percival, Divisional Director of People & Organisation Development
Responsible Executive Director:	Kevin Croft, Director of People & Organisation Development
Date Approved by Policy Approval Group:	13.07.2020
Date Ratified by Executive Committee:	21.07.2020

Current Document Replaces	
Previous Document Name and Version:	Disciplinary Policy v 2.0

Supporting References	
Keywords:	
Related Trust Documents:	Appeals Procedure; Policy and Procedure for Handling Concerns about the Conduct, Performance and Health of Doctors and Dentists; Grievance Policy and Procedure; Professional Registration Policy; Information Security Policy; Data Protection, Confidentiality and Information Sharing Policy.

Contributing Authors	
Individuals:	Anita Niczyporuk, Associate HR Business Partner
Committees / Groups	Partnership Committee; Staff Side

Consultation		
	Sent to	Date
Committee / Groups:		
Departments / Individual:		

Version Control History			
Version	Date	Policy Lead	Changes
1.2	06.09.2010	Employee Relations	Approved
2.0	28.03.2017	Corporate Governance	Final ratified
2.1	03.09.2018	Anita Niczyporuk	Amendments to process made
3.0	21.07.2020	Compliance Unit	Final ratified.

Procedure for Disciplinary Hearings

- 1. Introduction by manager chairing the hearing**
 - Introduce those present
 - Confirm purpose of the hearing is to consider whether disciplinary action should be taken in accordance with the Disciplinary Policy and Procedure
 - Confirm that all parties have received the necessary paperwork
 - Outline procedure for the hearing

- 2. Manager or investigator presents case**
 - Manager outlines findings
 - Manager calls any witnesses
 - Employee/representative/ accompanying person and chair/HR Adviser may question the witnesses
 - Manager may re-examine the witnesses
 - Employee/representative and chair/HR Adviser may ask questions about the case in order to clarify facts

- 3. Employee/representative responds to the management case**
 - Employee/representative/ accompanying person responds to the allegation, offers an explanation for the alleged misconduct and/or raises any special or mitigating circumstances to be taken into account
 - Employee/representative calls any additional witnesses
 - Manager and chair/HR Adviser may question the witnesses
 - Employee/representative may re-examine the witnesses
 - Manager and chair/HR adviser may ask questions of the employee in order to clarify facts

- 4. Summing up – no new evidence presented at this stage**
 - Manager sums up
 - Employee/representative/ accompanying person sums up

- 5. Adjournment for manager to consider case**
 - Agree with all parties how and when the decision will be notified to the employee / representative if time does not permit decision to be given in person following the adjournment. [Where the conduct of more than one member of staff is being considered in relation to the same incident, the adjournment between the Disciplinary Hearing and the outcome letter may be a few days, until all the Disciplinary Hearings have been completed.

- 6. Reconvene for decision – manager verbally informs employee/representative of**
 - The outcome of the hearing/disciplinary action
 - The right of appeal
 - The outcome of the hearing to be confirmed in writing within five working days of the date of the hearing

**Template Suspension Letter
To be sent within 3 days following suspension**

Name Address

Date

Dear *****

RE: Suspension from duty

Further to our meeting on [DATE] I am writing to confirm your suspension with effect from [DATE].

I have decided to suspend you from duty because it is alleged that [INSERT REASON].

I would like to reassure you that suspension is not a form of disciplinary action or an assumption of guilt, but is necessary to allow a full investigation to be carried out. You should however realise that once the investigation has been completed, the allegations may be considered at a disciplinary meeting.

I do not expect your suspension to last more than 2 weeks but I will update you if the suspension needs to be extended.

I OR **** NAME/TITLE [DELETE AS APPROPRIATE] will carry out an investigation over the next few days. NAME/TITLE [Normally line manager] will keep in regular contact with you and update you on progress of the investigation.

EITHER

You are invited to a meeting on **** at *** in *** to discuss the allegations against you. If you find it helpful you can submit a written statement in advance of the meeting.

OR

I OR **** NAME OF INVESTIGATOR will contact you shortly to invite you to a meeting to discuss the allegations against you. If you find it helpful you can submit a written statement in advance of the meeting.

While you are suspended you should bear in mind the following conditions:

- You must not do anything that might interfere with the investigation.
- You are not allowed to contact your work area or approach anyone involved, or likely to be involved, in the case.
- If you would like to contact witnesses who may support their case you should contact me, ***** NAMED DEPUTY, or your trade union representative, in the first instance.
- Except for medical appointments you are required to remain off Trust premises unless you have my permission to attend a meeting with your trade union representative, an investigation meeting, a counselling appointment, a medical consultation etc
- You have to be available Monday to Friday from 9.00 am to 5.00pm to attend meetings, except during periods of annual leave already agreed
- If you would like to request annual leave or other types of leave during your period of suspension, you should do so in line with normal departmental procedures
- You must immediately notify me of any changes to your contact details

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- You are not allowed to undertake any paid work during the hours for which you are contracted to work for the Trust.
- If you become ill, you must notify me and follow agreed reporting procedures.

While suspended you will receive normal pay / you will not receive pay [DELETE AS APPROPRIATE] – please see the section 20 of the disciplinary procedure for more information.

With your agreement, I will ask the Staff Liaison Officer from the Trust's Contact Service to contact you to provide support.

I appreciate that the position is a stressful one. If you would like support from CONTACT, the Staff Counselling and Stress Management Service, you should phone 020 3313 2747 or 020 3313 2424. Alternatively, if you would like me to arrange for someone from CONTACT to contact you let me know.

I will endeavour to conclude the investigation within a reasonable timescale and ensure you are kept informed of progress.

Yours sincerely,

NAME OF MANAGER

JOB TITLE

Cc Name of Trade Union Representative if known

**Template Follow-up Suspension Letter
To be sent if member of staff still suspended after two weeks**

Name
Address

Date

Dear

RE: Suspension from Duty

Further to my letter of [INSERT DATE], I am writing to advise you that the investigation has not yet been completed and it is therefore necessary for you to remain suspended from duty.

I appreciate that this is particularly stressful for you. I hope the investigation will be completed by [INSERT DATE].

In the meantime, should you wish to discuss the progress of the investigation I am happy for you to telephone me on the above number. Alternatively, we can meet if you would find this more helpful.

I appreciate that the position is a stressful one. If you would like support from CONTACT, the Staff Counselling and Stress Management Service, please phone 020 3313 2747 or 020 3313 2424 or let me know if you would like me to arrange for them to contact you.

Yours sincerely,

**NAME OF MANAGER
JOB TITLE**

Cc Name of Trade Union Representative if appropriate

Roles and Responsibilities Involved in Managing Cases of Misconduct

Line manager is responsible for ensuring this policy is followed and for:

- Gathering initial facts in relation to misconduct, speaking to the employee and put the allegations to them and get their account of what has taken place. Take notes.
- Speaking to other witnesses or colleagues who are relevant and may be able to give an account of what took place. Take notes.
- Using this checklist to think through their approach
- Seeking HR Advice
- Seeking approval from a senior manager (8c) or above before carrying out a formal investigation or proceeding to formal action. Make sure they are fully briefed.
- Where necessary and where approval has been given, commissioning an investigation, setting out what needs to be investigated and agreeing a deadline for completion with the investigator.
- Letting the employee know what is going to happen next for example that the matter will be investigated, ideally face to face and make sure they are properly supported and referred to the Staff Liaison Officer and Contact Service. Confirm in writing.
- Letting the employee know the name of the investigator and that they will be in touch
- Informing witnesses if they need to be interviewed as part of the investigation and confirm the name of the investigator who will contact them. Make sure they are properly supported throughout.
- Regularly checking in with employees who are subject to investigation and/or formal action and ensure they are kept informed about what is happening and have the opportunity to ask questions and are advised about timescales and what will happen next.
- Providing support to ensure the investigation runs smoothly and the Investigator is provided with access to materials, documentation, systems and relevant employees and witnesses.
- Having regular check ins with the investigator to get a progress update and ensure the investigation is running promptly.
- Managing the health and wellbeing of staff involved seeking advice from Occupational Health where appropriate.
- Ensuring details of the investigation are only shared on a strictly need to know basis and that any staff involved in the investigation are aware of the duty of confidentiality
- At the conclusion of the investigation, considering the findings and with advice from a HR Advisor decide appropriate actions you wish to take.
- Fully briefing the 8c manager on the investigation findings and seeking approval for next steps e.g. managing informally or proceeding to a formal hearing.
- The HR Advisor will assist and advise managers on preparing for formal hearings, ensuring all documentation is distributed, and any witnesses are invited and briefed.
- Presenting case at a hearing and where applicable invite the Investigator to present their findings.

HR Advisor

- Provides timely advice to managers on managing misconduct, advising on the range of options and whether informal or formal action is appropriate in the circumstances.
- Ensures misconduct is handled consistently and proportionately across the Trust and in accordance with its policies and procedures and legal responsibilities.
- Provides challenge and examine cases to ensure no biases or conflicts of interest exist.
- Ensures all parties are treated fairly and impartially and the Trust's Disciplinary procedures are followed.
- Advises on options available to the manager and identify any risks.
- Provides the manager and investigator with timely advice throughout the handling of misconduct
- Actively ensures matters are progressing in a timely way.

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- Ensures the right support is in place for any employees and referrals are made to the Staff Liaison Officer, Contact and Occupational Health where appropriate.
- Ensures regular contact is in place with employees.
- Fully considers the findings of the investigation and advise the manager on options of future actions including whether formal or informal action is appropriate
- Ensures relevant approval is obtained.
- Advises on the selection of Panels and support the preparation of hearings ensuring everyone involved is properly briefed and trained.
- Attends hearing and advise the Panel on proceedings.

Investigator - carries out a thorough and impartial investigation. Their role is to:

- Meet with the commissioning manager at the outset of the investigation to agree the terms of reference.
- Develop the terms of reference and an investigation plan and get it signed off by the commissioning manager.
- Conduct investigation interviews, write up interviews and get the interviewee to check and sign off.
- Provide regular updates on the progress of investigations to the commissioning manager and the Senior HR Advisor.
- Escalate any additional allegations or concerns that emerge during the investigation to the commissioning manager and the Senior HR Advisor including any issues that are delaying the investigation.
- Produce a reporting presenting the investigation findings for the commissioning manager.
- Attend hearings, if required, to answer questions arising from the Investigation Report.

Senior Manager (8C or above)

Provides impartiality and oversight to decision making in cases of misconduct. The role of the senior manager is to provide constructive challenge and seek assurance on behalf of the Trust that cases are being handled fairly and proportionately, that decisions are well informed and the welfare of employees is given priority. The senior manager will seek to establish the following:

- Clarity about the allegations and assurance that the manager has gathered enough initial information to support their proposed course of action
- The action proposed by the manager is necessary, proportionate and justifiable in the circumstances and consistent with similar cases
- That all alternatives have been fully explored to ensure the matters is being dealt with in the most constructive way and in accordance with just culture principles.
- If further investigation is needed, whether the manager can carry this out (has the time and appropriate skills) or if a trained investigator should be commissioned. For cases that may result in dismissal a trained investigator must carry out the investigation.
- That the welfare of the employee and anyone else affected by the issues has been properly considered and a plan for support and communications has been developed and carried out.
- That the manager themselves is getting the right support.
- That no biases or conflicts of interest are potentially influencing the proposed actions
- That there are sufficient grounds and understanding of the issues and circumstances to conclude there is a case to answer at a formal hearing.

Chair of hearing

- Ensures the fair conduct of the hearing in accordance with the Trust's Disciplinary Policy.
- Makes sure that the employee is aware of their right to be accompanied
- Explores if any adjustments should be made to proceedings to support employees and particularly for disabled employees or those with health conditions.
- Explains the procedure to be followed, introduce the parties taking part
- Checks that each side has all relevant documents
- Ensures each side has the opportunity to state their case

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- Makes sure all relevant evidence is considered
- Considers whether further investigation is required if new matters arise
- Adjourns to consider the decision and weigh up all the evidence presented
- Decides whether allegations are substantiated on balance of probabilities
- Takes account of mitigating factors
- Considers any 'live' warnings
- Decides on sanction with advice from other panel members and HR support
- Acts consistently with previous decisions.
- Informs the employee of the decision and the reasons for it
- Informs the employee of their right of appeal.
- Ensures adaptations and adjustments are made to proceedings to support disabled employees and those with particular needs.

Other panel members

- Support the Chair of the hearing in ensuring the fair conduct of the hearing and compliance with the Trust Disciplinary Policy.
- Ask questions or clarify any issues raised during the hearing
- Consider on the balance of probability whether allegations are proven
- Help the Chair determine the appropriate sanction taking account of mitigation offered, the seriousness of the case, the sanctions applied in similar cases in the past, any previous warnings which are still in effect, the nature of the employee's job, the work record of the employee.

Staff Liaison Officer - provides emotional support to staff going through a disciplinary or formal process within the Trust. The service is offered by the CONTACT team and it is a confidential service which also provides counselling.

Equality Impact Assessment

Title of Policy: Disciplinary Policy and Procedure

Policy Version: v3.0

Document Lead: Fiona Percival, Divisional Director of People & Organisation Development

Responsible Executive Director: Kevin Croft, Director of People & Organisation Development

Please review the policy and ensure that during the development or review and consultation phases the below characteristics have been considered. If there are any impacts on any of the protected groups, please list the impact and the action taken.

Protected Group	Is There An Impact (Yes / No)	Comments and Action To Mitigate
Age	Yes / No	No impact identified
Disability	Yes / No	No impact identified
Gender Reassignment	Yes / No	No impact identified
Marriage or Civil Partnership	Yes / No	No impact identified
Pregnancy and Maternity	Yes / No	No impact identified
Race	Yes / No	No impact identified
Religion or Belief	Yes / No	No impact identified
Sex	Yes / No	No impact identified
Sexual Orientation	Yes / No	No impact identified

Equality, Health Inequality Impact and Risk Assessment (EHIIRA)

Stage 2

Template for Services, Policies and Function

Title of Service / Policy / Function:

Disciplinary Policy – Cheshire and Merseyside CCGs



EQUALITY, HEALTH INEQUALITY IMPACT AND RISK ASSESSMENT – STAGE 2

Please complete all sections
Guidance documents available

Name of Organisation: Cheshire and Merseyside CCGs

Assessment Lead: Cath Owen

Responsible Director/CCG Board Member for the assessment: Cath Owen

Who is involved in undertaking this assessment:
Stephanie Graham – HR Business Partner
Jen Mulloy – Equality and Inclusion Business Partner

Start date: 27/01/2021

Completed data: 19/02/2021

Who is impacted by the service / project / change?

Yes

No

Indirectly / Possibly

Patients, Service Users

x

Carers or Family

x

General Public

x

Staff

x

Partner Organisations

X

Summary information of the service / policy / function being assessed:

This is a revised Disciplinary Policy for staff.

Aims and objectives of service / policy / function:

To provide staff with a policy on disciplinary procedures.

If this assessment relates to a review / current service or policy, what are the main changes proposed and reason why:

In May 2019, NHS Improvement circulated recommendations for NHS disciplinary procedures, developed by an independent panel that examined the suicide of nurse Amin Abdullah in 2016.

These included giving better support to staff through disciplinary procedures, further training for those conducting investigations and hearings, and regular written updates to staff under investigation if their case is delayed.

Imperial College Healthcare NHS Trust, where Amin worked, has completely redesigned its disciplinary procedures following his tragic death, and published the revised policy on its website.

In December 2020, NHS England and NHS Improvement issued further action on benchmark current Disciplinary Policies and Procedures against the Imperial College Policy and good practice by the end of the financial year.

Therefore, this policy has been benchmarked and there are suggestions to improve the policy highlighted with tracked changes.

The change is also a recommendation within the WRES action plan as Black, Asian and minority ethnic (BAME) staff have suffered disproportionately from NHS disciplinary procedures.

What engagement work is planned / or carried out and how will you involve people from equality groups to ensure that their views inform decision making:

None required – but the benchmarked policy from the Imperial College Hospital Trust did undergo engagement.

Does the proposal or change help to reduce health inequalities? NO

If yes, please summarise these:

No – but will ensure that staff wellbeing is considered.

Does the proposal relate to impacts due to COVID-19? NO

If yes, please summarise these:

Evidence section

What evidence have you considered within this assessment? (this can include NICE / research / engagement work / demographics)

Review work carried out by NHS England and NHS Improvement and subsequent Advisory Group recommendations.

If this assessment relates to a policy / strategy, has an equality statement been added or planned to be added?

If no, please state why not:

Yes

IMPACT ASSESSMENT:

This section should record any known or potential impacts on equality groups and other groups at risk of poorer health outcomes. Impacts may be both negative and positive. Think about barriers to access and how different groups may be disproportionately impacted. You can copy and paste this tick: ✓

Age	Positive effect	Negative effect	Neutral
			X

Explanation:

The policy applies to all age groups.

Disability	Positive effect	Negative effect	Neutral
	X		

Explanation:

There is some anecdotal evidence that workers with a disability are more likely to enter into disciplinary procedures. The policy will ensure that the process is followed correctly and includes making reasonable adjustments. This may include the right to representation to be extended.

Sexual Orientation	Positive effect	Negative effect	Neutral
			X

Explanation:

The policy applies to all staff regardless of sexual orientation. People from LGB backgrounds are at risk from discrimination and hate crime. There are supporting HR policies to deal with incidents of discrimination, harassment, victimisation and bullying.

Gender Reassignment	Positive effect	Negative effect	Neutral
			X

Explanation:

Trans groups are at risk from discrimination and hate crime. There are supporting HR policies to deal with incidents of discrimination, harassment, victimisation and bullying.

Sex	Positive effect	Negative effect	Neutral
	X		

Explanation:

The policy applies to sex. There is supporting HR policies to deal with incidents of discrimination, harassment, victimisation and bullying. In the cases of disciplinary cases regarding sexual harassment, consideration will be given to requests for investigating officers that are female / male (depending on the request).

There are supporting HR policies to deal with incidents of discrimination, harassment, victimisation and bullying.

Race	Positive effect	Negative effect	Neutral
	X		

Explanation:

The changes to the policy include making reasonable adjustment to the investigating panel – that considers how race related cases will be processed. This includes consideration for representation of panel members from Black, Asian and Ethnic Minority groups for disciplinary cases involving staff from ethnic minority groups.

Within the policy, any information contained in letters also include access to language services – in order that any translation needs are met.

There are supporting HR policies to deal with incidents of discrimination, harassment, victimisation and bullying.

Religion and Belief	Positive effect	Negative effect	Neutral
			X

Explanation:

The policy applies to all groups. There are supporting HR policies to deal with incidents of discrimination, harassment, victimisation and bullying.

Pregnancy and Maternity	Positive effect	Negative effect	Neutral
			X

Explanation:

The policy applies to all groups. If someone was pregnancy, the organisation will be mindful of wellbeing and health. Related policies and referrals to occupational health will be available. There are supporting HR policies to deal with incidents of discrimination, harassment, victimisation and bullying.

Marriage and Civil Partnership	Positive effect	Negative effect	Neutral

			X
<p>Explanation:</p> <p>The policy applies to all groups.</p> <p>There are supporting HR policies to deal with incidents of discrimination, harassment, victimisation and bullying.</p>			
Other groups at risk of poorer health outcomes:			
Carers	Positive effect	Negative effect	Neutral
			X
<p>Explanation:</p> <p>The policy applies to all groups.</p> <p>There are supporting HR policies to deal with incidents of discrimination, harassment, victimisation and bullying.</p> <p>Reasonable adjustments will be given for workers with caring responsibility such as time of meetings.</p>			
Socio-economic deprivation	Positive effect	Negative effect	Neutral
	X		
<p>Explanation:</p> <p>There should be no financial implications to workers entering into the disciplinary process. If staff are working remotely they may not have access to printers. Arrangements would be put in place if the workers need documentation printing.</p> <p>The policy applies to all groups.</p> <p>There are supporting HR policies to deal with incidents of discrimination, harassment, victimisation and bullying.</p>			
Other groups e.g. Asylum Seekers, Homeless, Sex Workers, Military Veterans, Rural communities – please state	Positive effect	Negative effect	Neutral
			X
<p>Explanation:</p> <p>The policy applies to all groups.</p>			

There are supporting HR policies to deal with incidents of discrimination, harassment, victimisation and bullying.					
Equality Legal Duties – compliance					
Has the CCG given due regard and given consideration for the following:					
Eliminating unlawful discrimination, harassment, and victimisation <i>Unlawful discrimination takes place when people are treated 'less favourably' as a result of having a protected characteristic</i>					Yes
Advancing equality of opportunity between people who share a protected characteristic and those who do not <i>Making sure that people are treated fairly and given equal access to opportunities and resources</i>					Yes
Fostering good relations between people who share a protected characteristic and those who do not <i>Creating a cohesive and inclusive environment for all by tackling prejudice and promoting understanding of difference</i>					Yes
Are there any potential Human Rights concerns If yes – please seek advice from the E&I team to discuss carrying out specific human rights assessment					No
Compliance to the NHS Contract In relation to Service Conditions (SC13) which includes Accessible Information Standard					N/A
Supporting narrative to support the above responses: <i>This section must be completed</i>					
The policy has given consideration to the equality act and those with protected characteristics. The policy has also considered other 'underserved groups' such as carers and those on lower incomes. The policy has included an equality statement and will make reasonable adjustments for individuals depending on their circumstances.					
Equality Related Risk Assessment Section					
If you have identified an equality risk, please use the table below to work out the risk score. If you have a score of 9 and above you should escalate to risk management procedures.					
	Level of risk				
Level of consequence	RARE: 1	UNLIKELY: 2	POSSIBLE: 3	LIKELY: 4	VERY LIKELY:5
1.Negligible	1	2	3	4	5
2.Minor	2	4	6	8	10
3.Moderate	3	6	9	12	15
4.Major	4	8	12	16	20
4.Catastrophic	5	10	15	20	25
If you have identified an equality risk: What is the consequence? What is the likelihood? Risk score = consequence x likelihood			Risk Score = 4		
Any narrative relating to risk score:					
Equality Action Plan with target dates					

Please include any related recommendations arising from this assessment. A target date is required for all actions

Action required	Lead person	Target date	Further comments
Ongoing monitoring of the policy to check for any equality issues	HR leads	ongoing	

Date for this assessment to be shared with governance processes: **DD/MM/YYYY**
(All assessments should have governance oversight)

Final Section: Approval from Equality and Inclusion Team

Date received by E&I Team for assurance check: 27/1/2021 (first draft)

Person completing the assessment template: Stephanie Graham

Date and E&I Team member completing assurance check: Jennifer Mulloy

What next?

1. Regularly review the action plan and update EHIIRA accordingly
2. Save a finalised copy for your records and share with your governance processes and the E&I Team / E&I Business Partner
3. Follow any internal advice from the E&I Team – if provided

Version revised 19/6/2020

1 April 2021

Dear Colleagues

I hope you are keeping well during this very challenging time.

In December 2020 I wrote to ask that by the end of March 2021 you should have reviewed all disciplinary policies and procedures against the recommendations issued in May 2019 (in a [letter from the Chair of NHSI about improving our people practices](#)). Specifically, I asked that:

- your disciplinary policy is reviewed and discussed at a public Board or equivalent and
- your updated policy is made available on your organisation's public website.

I also cited as a good practice reference point the policy Imperial College Hospitals NHS Trust has [published on its website](#)

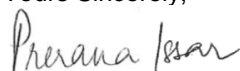
Since I wrote in December, the pandemic reached unprecedented levels and I know that you have been busy ensuring your organisations are fully focused on responding to Covid-19. Thank you so much for your continued efforts, which is making a massive difference to patients, our people and our NHS overall.

I appreciate, therefore, that the pandemic may well have delayed your intentions to review your disciplinary policies by the end of March. However, as we think about staff recovery and prioritising their health and wellbeing, it's important we ensure that HR policies and processes are compassionate, supportive and inclusive.

Therefore, could you please update your Regional Director of Workforce and OD with your progress by the end of April, and confirm to them your status on completing the stated actions by end of June 2021.

I hope you all manage to take some leave in the next few months to ensure you are looking after yourself. My heartfelt thanks for all your efforts.

Yours Sincerely,



Prerana Issar
NHS Chief People Officer

NHS England and NHS Improvement



MEETING OF THE GOVERNING BODY June 2021

Agenda Item: 21/72	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southseftonccg.nhs.uk	Clinical Lead: N/A
Report date: June 2021		
Title: Joint Committee for the Proposal for a Comprehensive Stroke Centre		
Summary/Key Issues: The purpose of this report is to seek approval for decisions regarding a Comprehensive Stroke Centre be delegated to a joint committee comprising Liverpool, Southport and Formby and South Sefton and West Lancashire CCGs.		
Recommendation The Governing Body is asked to:		Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>
a) Approve the delegation of decision-making regarding the proposal for a Comprehensive Stroke Centre to the joint committee; b) Approve the extension of membership of the North Mersey joint committee to include West Lancashire CCG, limited to the proposal for a Comprehensive Stroke Centre.		

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

	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			Committees in Common 19 th May 2021

Report to the Governing Body June 2021

1. Executive Summary

A proposal to establish a North Mersey Joint Committee was approved by the four North Mersey Governing Bodies in May 2018.

This paper proposes that the work programme of the existing joint committee is extended to include consideration of the Comprehensive Stroke Centre proposal.

The joint committee currently has membership from Knowsley, Liverpool, South Sefton and Southport and Formby CCGs. It is proposed that the membership of the Joint Committee is extended to West Lancashire CCG just for this particular service proposal, an overview of which is contained in this report.

2. Background

The purpose of this paper is to seek approval for decisions regarding a Comprehensive Stroke Centre be delegated to a joint committee comprising Liverpool, Southport and Formby and South Sefton and West Lancashire CCGs.

A proposal to establish a North Mersey Joint Committee was approved by the four North Mersey Governing Bodies in May 2018. This Joint Committee had a defined work programme which included:

- The proposal for a single trauma and orthopaedics service for North Mersey, which is approved in 2019.
- The proposal for a new Liverpool Women's Hospital, which is yet to be progressed.

This paper proposes that the work programme of the existing joint committee is extended to include the Comprehensive Stroke Centre proposal.

The joint committee currently has membership from Knowsley, Liverpool, South Sefton and Southport and Formby CCGs. It is proposed that the membership of the Joint Committee is extended to West Lancashire CCG just for this particular service proposal.

3. Purpose of a joint committee

The NHS Act 2006 (as amended) ('the NHS Act'), was amended through the introduction of a Legislative Reform Order ("LRO") to allow CCGs to form joint committees. This means that two or more CCGs exercising commissioning functions jointly may form a joint committee as a result of the LRO amendment to s.14Z3 (CCGs working together) of the NHS Act. Joint committees are statutory mechanisms which enable CCGs to undertake collective strategic decision making.

Decisions are taken by members of a joint committee in accordance with the authority delegated from member CCG governing bodies. Decisions are restricted to proposals approved for delegation by

each Governing Body. In delegating specific decisions to be made by the joint committee, those decisions would be binding on member CCGs.

The joint committee is required to make decisions in the best interests of the whole population affected, with members of the committee representing this wider constituency rather than the population of the Governing Body they are drawn from.

Individual CCGs remain accountable for meeting their statutory duties, and the Joint Committee would undertake its delegated functions in a manner which complies with the statutory duties of the CCGs, as set out in the NHS Act 2006.

4. Background to the comprehensive stroke centre proposal

The case for change for a Comprehensive Stroke Centre is to ensure that hyper-acute stroke services across the North Mersey hospital system meet national clinical standards and best practice guidelines. The case for change is driven by a number of key challenges in meeting the stroke national clinical standards locally:

- None of the 3 current North Mersey Hyper Acute Stroke Units (HASUs) at the Royal, Aintree and Southport hospital sites admit patients to the clinical standard of 90% of patients treated within 4 hours;
- A stroke unit needs to undertake adequate volumes of activity to maintain clinical quality. North Mersey HASUs do not achieve the minimum recommended number of strokes per annum;
- 90% of stroke patients should remain on a stroke unit for 90% of their care to ensure specialist support. For North Mersey we achieve only 62%;
- There is insufficient number of stroke consultants and other specialist staff to ensure consultants assess 95% of patients within 24 hours.
- Following a brain scan, suitable patients should have thrombolysis within 1 hour of arriving at hospital. In North Mersey thrombolysis was provided to 7.2% of patients, the target in the NHS Long Term Plan is 20% by 2025
- Patients requiring medical thrombectomy should receive it as soon as possible and within 5 hours of arriving at hospital. In North Mersey 1.4% of patients received this in 2019/20, the NHS Long Term Plan target is 10% by 2022
- Patients should be transferred home as soon as possible with early supported discharge. In North Mersey, there is variation between CCG populations in quality of the early supported discharge pathway

A review of North Mersey hyper acute stroke services began in July 2019, with the intention of:

- Providing the best stroke service in the country;
- Enabling patients to receive the right care in the right place first time;
- Having a service that is sustainable clinically and financially;
- Improving patient outcomes;
- Giving patients the best possible experience.

The proposal that has emerged has been co-designed by clinical staff from the three trusts that currently provide stroke care locally - Liverpool University Hospitals NHS Foundation Trust (LUHFT), Southport and Ormskirk Hospital NHS Trust and The Walton Centre NHS Foundation Trust, which provides a thrombectomy service, which is part of the stroke pathway for some patients. Commissioners, patients who have experienced hyper acute stroke services and the Stroke Association have also been closely involved in the process, to ensure a collaborative, whole-system approach.

The preferred clinical model that emerged from an options appraisal process was for a centralised HASU on the Aintree site for the first 72 hours of care, co-located with specialist services provided by the Walton Centre and with post 72 hours care provided closer to home at either Aintree, Broadgreen or Southport hospitals. This clinical model would bring together stroke clinicians across the system into one networked team, providing a single comprehensive stroke service for this population.

The development of the proposal was paused during the Covid-19 pandemic. However, an interim service change was put in place during the first wave of Covid-19 to enable patients to receive urgent stroke care, with services temporarily relocated to the Walton Centre, with clinicians from both LUHFT

and The Walton Centre delivering stroke care. The service subsequently returned to LUHFT. This temporary change provided valuable learning to inform the proposal.

In the autumn of 2020, the North Mersey Stroke Board, which has overseen this programme, reconvened to take forward the proposal. The Pre-Consultation Business Case (PCBC) was updated with refreshed data and further clinical engagement was undertaken which reconfirmed the preferred option.

As part of the NHS England assurance process, this proposal has recently been reviewed by an independent Clinical Senate to ensure there is a sound clinical evidence base and compliance with best practice in relation to clinical quality. The feedback from the Clinical Senate will inform the final pre-consultation business case.

The programme is now at the stage to undertake the NHS England assurance process for major service reconfiguration proposals, followed by a decision by commissioners to put the proposal to patients, public and stakeholders in a formal public consultation.

The decisions that would be made by the Joint Committee, subject to approval by CCG Governing Bodies to delegate to the joint committee for this proposal would be to:

- Approve the pre-consultation business case;
- Approve a formal public consultation on the proposal;
- Approve the final business case, incorporating the findings and mitigations from the public consultation. This decision would enable the proposal to be implemented by providers.

5. Joint committee membership

The CCGs serving the populations of Knowsley, Liverpool, Southport and Formby, South Sefton and West Lancashire would form the membership of the Joint Committee to consider this specific proposal.

There is a track record of collaboration in commissioning across North Mersey. A Committee(s) in Common (CIC) was established across Liverpool, South Sefton and Knowsley CCGs in October 2014. Southport and Formby CCG joined the CIC in 2017. The CIC provides a commissioning forum for the development of collaborative service change proposals. It makes recommendations for decisions to each Governing Body or a joint committee, it is not a decision-making committee.

6. Membership and decision-making

The membership of the joint committee would be updated to reflect West Lancashire representation, purely for the consideration of this specific proposal.

The current membership comprises three representatives from each of the four North Mersey CCGs. For the purpose of the extended joint committee specifically for the stroke proposal, the membership would be extended to three representatives from West Lancashire CCG.

Each CCG Governing Body would receive assurance through representation on the committee as well as the submission of minutes to each Governing Body.

7. Next steps

The next steps and indicative dates for the progression of the stroke proposal are as follows:

- Undertake NHS England Assurance process to obtain support for the proposal and approval to go to formal public consultation – June 21
- Convene the joint committee to approve the pre-consultation business case and plans for a formal public consultation – July 21
- Engage with each local authority Overview and Scrutiny Committee (OSC), which will consider the establishment of a joint OSC for scrutiny of this proposal – July 21
- Formal public consultation to commence – July – Oct 21
- Findings from consultation will inform the full business case – Dec 21
- A final business case to be approved by commissioners and provider boards – Jan/Feb 2022

8. Financial implications and risk

The establishment of a joint committee does not have any financial implications in itself. However, the stroke proposal does potentially have financial implications for the system in respect of both revenue and capital consequences should the case be approved, with an anticipated increase in recurrent costs to deliver an enhanced, integrated service capable of realising improved health outcomes for people who experience stroke. The financial impact need will be incorporated into the pre-consultation business case for the system to consider with clear governance routes for sign off in respect funding availability and prioritisation of resources.

9. Conclusion

This proposal to extend the work programme and the membership of the Joint Committee to include West Lancashire CCG for this particular service proposal, is intended to streamline decision-making for a service change that will deliver improved health outcomes for people across this whole population.

Fiona Taylor
Chief Officer
June 2021

MEETING OF THE GOVERNING BODY June 2021

Agenda Item: 21/73	Author of the Paper: Terry Stapley Corporate Business Manager terry.stapley@southseftonccg.nhs.uk	Clinical Lead: N/A						
Report date: June 2021								
Title: CCG Published Registers								
Summary/Key Issues: The members are presented with the CCG's published registers as at 31 st March 2021. The report includes an update on the work undertaken and the next steps planned for 2021/22, as reported to the Audit Committee in April 2021								
Recommendation The Governing Body is asked to receive the report, noting the areas identified within the report and making recommendation for further consideration or improvement.		<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; text-align: center;">X</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	X	Approve		Ratify	
Receive	X							
Approve								
Ratify								

Links to Corporate Objectives 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			Audit Committee, 22 nd April 2021

Report to the Governing Body June 2021

1. Summary

The members are presented with an update on the published registers as at 31st March 2021 for:

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

2. Register of Procurements

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

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

Next steps: Update

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

Additional documentation is still being requested in support of any register updates including copies of approved minutes and meeting declaration forms. From 1st April 2021 the document will include a column with the name of the CCG Clinical Lead, the CCG Contract Manager, and the name of any other individuals with decision-making responsibility as per MIAA recommendation.

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

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

3. Register of Conflict Breaches

The register captures any CCG breaches as at 31st March 2021

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

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

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

4. Register of Sponsorship

CCG staff, governing body and committee members, and GP member practices may be offered commercial sponsorship for courses, conferences, post/project funding, meetings and publications in connection with the activities which they carry out for or on behalf of the CCG or their GP practices.

All known offers, whether accepted, declined or scheduled, have been included within the sponsorship registers.

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

Next Steps: Update

Work is continuing on the previous update provided to the committee.

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

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

Furthermore:

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

5. Register of Gifts and Hospitality

The register captures the current gifts and hospitality.

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

Next Steps: Update

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

6. Register of Interests

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

Process:

- Quarterly requests for updates
- Ad hoc interim updates as a result of meeting declarations or responses to queries or chasers for information
- Regular reminders of responsibilities via staff bulletin and information leaflets
- Reminders sent to those that facilitate meetings so as to ensure raised as a regular agenda item, forms circulated with agenda and/or meeting pack, minuted accordingly and that any such declarations are notified to the reporting officer

- Links provided to the policy and website information
- Improvements made to new starter and leaver process; information contained within the staff handbook, induction pack and leaver form.
- Updates made to the staff handbook
- Review of staff bulletin to capture any information on starters, leavers and any other changes
- Information requests made to HR for information on starters, leavers, changes, individuals on long term sick, secondments, etc.

Content

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

The latest version of the published registers, as at 31st March 2021, can be found on the CCG website here <http://www.southseftonccg.nhs.uk/about-us/our-constitution/>

Next Steps: Update

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

7. NHSE Conflicts of Interest Training

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

Module 1 of the training is mandatory for:

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

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

Next Steps: Update

As a recommendation from MIAA, compliance rates for mandatory conflicts of interest training will be reported to the Audit Committee on a regular basis.

8. Recommendations

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

Terry Stapley
Corporate Business Manager
June 2021

MEETING OF THE GOVERNING BODY June 2021

Agenda Item: 21/74	Author of the Paper: Terry Stapley Corporate Business Manager Terry.Stapley@southseftonccg.nhs.uk	Clinical Lead: N/A						
Report date: June 2021								
Title: Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map: Q4 2020/21								
<p>Summary/Key Issues:</p> <p>The members are presented with the updated Corporate Risk Register (CRR) and GBAF for Q4 2020/21 as at 31 March 2021. Also provided is a heat map which summarises the mitigated CCG risks scored 12 and above.</p> <p>The documents have been reviewed and updated by the respective risk leads and, following analysis by the respective committees, presented through the review and scrutiny process.</p> <p>Also presented is an update on the COVID-19 risks which have now been incorporated into the main CRR and the latest SEND Risk Register that is reviewed by the SEND Continuous Improvement Board.</p> <p>Leadership Team received and reviewed the GBAF and CRR and Debbie Fairclough advised of the moderation activities that took place at committee level to ensure that scoring was consistent and appropriate.</p>								
<p>Recommendation</p> <p>Following review and scrutiny, the Governing Body is asked to:</p> <ul style="list-style-type: none"> • receive the report content and actions • note the review, scrutiny and approval by the Audit Committee in April 2021 • make recommendation for any further updates and actions 		<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 5px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 30px;">X</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	X	Approve		Ratify	
Receive	X							
Approve								
Ratify								

Links to Corporate Objectives 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			Reviewed by the respective risk leads, committees, SMT and Leadership Team. Audit Committee 21/04/2021

Report to the Governing Body June 2021

1. Executive Summary

The paper provides an updated Corporate Risk Register (CRR), Risk Heat Map and Governing Body Assurance Framework (GBAF) as at 31st March 2021.

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

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

Also presented is an update on the COVID-19 risks which have now been incorporated into the main CRR and the latest SEND Risk Register which is reviewed by the SEND Continuous Improvement Board.

2. Position Statement 31st March 2021

2.1 Governing Body Assurance Framework (GBAF)

There are a total of 12 risks against the 6 revised and updated strategic objectives for 2020/21.

GBAF Risk Positions (*appendix A*)

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

GBAF Highlights

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

2.2 COVID/Corporate Risk Register (CRR) and Risk Heat Map

The COVID risks ('C' reference) have been incorporated into the Corporate Risk Register and aligned to the CCG committees to be presented through the review and scrutiny process. These will be

monitored to ensure aligned correctly and reviewed by the risk leads in terms of risk themes. Of the 16 COVID-19 risks, there are 4 rated as high (score of 12) or above and currently aligned to:

- Access to Services: 2
- Quality Assurance of Providers: 1
- Primary Care: 1

Of the 65 operational risks on the CRR as at 31st March 2021 (Q4 2020/21), there are 29 rated high (score of 12) or above:

- Financial Duties: 1
- Quality Assurance of Providers: 9
- Primary Care Services: 6
- Access to Services: 2
- Commissioning: 5
- Corporate Systems and Processes: 1
- COVID-19: 1
- Performance Targets: 4

The CRR presented (**appendix D**) now includes any risks reduced below the normal reporting threshold of 12 for one cycle. This is following discussion at Audit Committee of the process for removing risks from the register and to assure the committee on mitigation of that risk before removal, as included in the below:

Recent Movement of Operational Risks	
<ul style="list-style-type: none"> • 7 new risks 	<ul style="list-style-type: none"> • JC39: There is a risk that the COVID Mass Vaccine programme will not deliver the required number of vaccines resulting in continued and sustained risk of COVID19 infection within the community and in care home settings if workforce is not available. • QUA090: The Sefton LMC does not support the deployment of primary care high risk FIT due to the medico-legal implications for GPs. This could prevent rollout into Sefton primary care. • QUA091: There is a risk that acute providers do not engage in planned care transformation schemes due a lack of clarity regarding CCGs role in the post covid restoration and recovery programme and/or divergent priorities resulting in difficulties implementing QIPP schemes. • QUA092: Private & Confidential • QUA093: There is a risk that the proposed model of care at Stoddard House may not meet with the CCGs required standards due to lack of engagement with relevant CCG commissioning leads (No risk score) • QUA094: A number of cases awaiting assessment by Mersey Care NHS FT for review for consideration of CHC eligibility have been identified. These cases span the financial years of 2019/20 and 2020/21. It is unlikely these patients will be aware their assessment or review has not taken place in line with the national framework for CHC time limits. There is the risk that patients may have been exposed to financial harm in terms of having to have funded their own care, not having care needs met, current package of care deficit as well as the risk of reputational damage to the CCG. • JC41: Risk to the ability of PCNs to deliver service specifications due to lack of estates to operate from.

<ul style="list-style-type: none"> • 5 risks increased (12+) 	<ul style="list-style-type: none"> • QUA063: There is the risk of failure to provide emergency ambulance responses that meet the national ARP programme. At a local level delays in handover times at providers impacts on ARP and ambulance availability resulting in decreased standards of patient care and safety. There has been a refocus of target deadlines for the ARP programme following difficulty in implementing in 2018/19 <ul style="list-style-type: none"> ○ Rationale: No further update on above. Local reporting stood down again due to COVID pressures. • FR011a: There is a risk that the CCG will not fully deliver its planned QIPP target in 2020/21 caused by non-delivery of high risk QIPP schemes resulting in a failure to deliver required levels of savings. <ul style="list-style-type: none"> ○ Rationale: The F&R Committee agreed to increase the consequence residual score from 4 to 5. This is in line with the risk matrix rationale, as the CCG is almost certain to have missed its QIPP target by over £2m. 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. • QUA078: There is a risk to performance and quality at the AUH site LUHFT caused by the service reconfiguration due the merger resulting in potential adverse impact on care and outcomes. <ul style="list-style-type: none"> ○ Rationale: Coordinating Commissioner has formally requested CQC action plan from the Trust as not presented by beginning of March 21. • QUA075: There is a financial and quality of care risk to the CCG that patients requiring complex and specialist rehabilitation care needs are not being assessed by an appropriately skilled team while currently that direct patient case management support is being provided as an additional role to the existing Head of Urgent Care & Community Services portfolio. Inputs are required on an urgent basis and are time consuming in regard to development/agreement of appropriate support arrangements which often entail high cost placements / packages of care. Risks are at an individual level in terms of workload and as lone practitioner for complex cases. Organisationally there are issues in regard to information governance, service resilience, costs and ensuring quality of care. <ul style="list-style-type: none"> ○ Rationale: Support arrangements being embedded within CSU. Work proposed at C&M level for complex rehab with opportunity to develop peer support network for case manager roles across CCG areas - mitigate risks associated with sickness or annual leave. Post not agreed as yet to progress work on behalf of CCGs • QUA084: There is the Risk that children's and young people's mental health needs are not met due to an increasing demand for support and treatment as a result of Covid-19, which could be further exacerbated by lockdown 3 measures. Increased demand is being seen in CAMHS providers. Reported 20% increase in referrals for last 6 months of 2020 compared to same time in 2019. Reported increase in urgent referrals and an increase in complexity. <ul style="list-style-type: none"> ○ Rationale: CCG agreed additional resource in response to increasing demand due to covid-19. Meetings scheduled on implementation of additional CCG investment with CAMHS providers and progress towards stabilising waiting times.
<ul style="list-style-type: none"> • 19 risks remained static of which 2 have been recommended for 	<ul style="list-style-type: none"> • JC32: There is currently a shortage in access to phlebotomy within primary care and community care services. This will have an impact on the overall care for patients and the making of clinical decisions

removal:	<p>including prescribing of certain drugs</p> <ul style="list-style-type: none"> ○ Rationale: Situation improved, additional capacity remains in place. Proposal to close risk following review at PCCCIC ● JC37: There is a risk that the PCNs will be unable to administer the COVID Mass Vaccine programme if appropriate premises are not identified for the receipt, storage and administration of the vaccine resulting in continued and sustained risk of COVID19 infection within the community and in care home settings <ul style="list-style-type: none"> ○ Rationale: Proposal to close risk following review at PCCCIC
<ul style="list-style-type: none"> ● 2 risks have reduced to below the reporting level 	<ul style="list-style-type: none"> ● QUA085: Southport and Ormskirk Trust are currently not achieving the 95% of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E dept. causing overcrowding and the inability to practice safe social distancing <ul style="list-style-type: none"> ○ Rationale: AED delivery board identified work streams - Non elective demand management, Internal patient flow and intermediate care board. Work to progress regarding improving patient flow and discharge. NHS 111 First now fully operational and evolution meetings planned to develop service further. ● FR0011: There is a risk of non-delivery of the CCG's control total in 2020/21 due to emerging pressures on expenditure or non-delivery of its savings plan. <ul style="list-style-type: none"> ○ Rationale: The F&R Committee agreed to reduce the likelihood residual score and consequence residual score 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.
<ul style="list-style-type: none"> ● Of the risks below the reporting level of 12: 3 have been recommended for removal (see register) 	<ul style="list-style-type: none"> ● QUA080: There is a risk to the delivery and quality of phlebotomy service as it resumes business as usual in line with COVID restrictions - significant loss in capacity and potential increases in access times <ul style="list-style-type: none"> ○ Work underway to review service specification and delivery model to meet new ways of COVID working. Waiting times fluctuate with remedial action to resolve. Recommend removing from risk register and moving to business as usual. ● JC29: Non Medical Prescribing (NMP) . Risk that without robust NMP policy in place staff may be being asked to work outside the scope of their role. <ul style="list-style-type: none"> ○ Proposal to close risk following review at PCCCIC ● JC35: Private & Confidential
COVID Risks	
<ul style="list-style-type: none"> ● 0 risks have been recommended for removal 	N/A

COVID-19 Risk Positions (12+)

Risk	Score	Number of Risks
High	8-12	6

Risk	Score	Number of Risks
Extreme	15 – 25	4

CRR Operational Risk Positions (12+)

Risk	Score	Number of Risks
High	8-12	27
Extreme	15 – 25	17

Heat Map: CRR Details and Highlights

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

The Heat Map shows the position of the current operational risks and the movement since the last quarter.

3. SEND Risks

The Audit Committee is presented with a copy of the latest SEND Continuous Improvement Board (CIB) risk register as at 4th March 2021, which sits separate due to the differing risk score matrix.

4. Fraud, Bribery and Corruption Risks

The fraud risks devised by MIAA have been incorporated into the CCGs risk register and are all a low to moderate level. As part of the main register the risks are presented through the risk review process and will be monitored by the respective committee.

5. Risk Review: Process Monitoring

A review has been carried out on the process for the management of the risks. Further work will be done on this over the coming months and will include:

- Timeline of submission dates and mapping of process so as to ensure the risks are reviewed and updates submitted at each stage of the process
- Responsibilities of each committee lead/contact
- Review of content and process for each committee, ensuring continual review by each committee of 'all' risks within the register or their domain, which will now include:
 - COVID risks
 - Fraud, Bribery and Corruption risks
 - SEND risks (*sits as a separate document due to the differing risk matrix used*)
- Process and review support for risk owners and committee leads

6. Recommendation

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

- Review and if satisfied approve the risks for removal as listed in section 2:
 - QUA080, JC29, JC32, JC35 and JC37
- The Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map will be reviewed at Senior Management Team on a monthly basis for completeness.

7. Appendices

Appendix A – Governing Body Assurance Framework
Appendix B – Risk Heat Map
Appendix C – Risk Themes
Appendix D – Corporate Risk Register
Appendix E – Risk Matrix

Terry Stapley
Corporate Business Manager
June 2021

South Sefton CCG
Governing Body Assurance Framework
2020/21
Update as at: [Quarter 4 - 13.04.2021](#)

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

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

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
1. To support the implementation of the Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.	1.1 Diversion of supporting and recovering from COVID-19	Stephen Williams	12	9	<ul style="list-style-type: none"> ● Sefton2gether plan agreed by all partners ● Implementation plan prepared. ● Implementation suspended due to Covid-19 (national request) ● Recovery underway to incorporate Sefton2gether implementation ● Phase 3 planning includes recovery and focus on addressing health inequalities incorporating Sefton2gether objectives ● Planning underway for 2021/22 commissioning intentions to re-focus on Sefton2gether ambitions and objectives ● Maintain communications with all stakeholders ● Strategic Task & Finish Group launched in March in 2021 with senior representation from all key partners. ● In April 2021 the Group approved the development of a single plan with a single set of indicators that will incorporate the key elements of Sefton2gether and Living Well in Sefton. ● Operational Planning Guidance released in March 2021. Planning Leads identified across the CCGs.

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
	1.2 Reconfigurations of organisations detract from implementation agenda	Stephen Williams	9	9	<p>Work progressing to set out how key national aims will be delivered in Sefton.</p> <ul style="list-style-type: none"> • Successful vaccination programme in place allowing focus on restoration and recovery. • Review implementation approach alongside potential organisational changes • The development of a Sefton Integrated Care Partnership has been agreed with key structures being developed • HR framework is due to be released in summer 2021 covering CCG reconfiguration. All staff below Board level will have guaranteed roles. • A phased approach to aligning staff to the Sefton Integrated Care Partnership (ICP) has been agreed with the Council.
2. To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.	2.1 There is a risk that identified areas of adverse performance are not managed effectively or initially identified	Cameron Ward Martin McDowell	16	16	<ul style="list-style-type: none"> • Joint Quality and Performance committee meetings continuing • Review of performance and shortfall areas identified and pursued. • Covid-19 will impact on provider abilities to meet standards • Cancer Alliance supporting providers on cancer performance shortfalls
	2.2 Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category 2 responder.	Debbie Fairclough	16	8	<ul style="list-style-type: none"> • All arrangements below to remain in place until any official declaration that the incident has been stood down • Statutory Lead in place • NHSE approval of assurance against key standards. • Full incident management team and

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
	2.3 Failure to have in place plans in the event of a no-deal Brexit after the transition period may result in adverse consequences for patients due to potential medicines supply issues	Debbie Fairclough	20	4	<p>cell arrangements established in response to of C-19</p> <ul style="list-style-type: none"> • AO lead role for Sefton in wider system c-19 response • IMT continuing to operate with the focus solely on the Mass Vaccine effort • Sefton Mass Vaccine Strategic Group of stakeholders now established to co-ordinate a local response • Vaccine programme continues to successfully progress across Sefton <ul style="list-style-type: none"> • EU exit event attended • NHSE sitrep procedure now paused • NHSE EU exit webinars scheduled for forthcoming months for CCG leads • EU planning arrangements to be reinstated • Business continuity exercise for leadership team completed for February 2020 • EU Exit planning arrangements to recommence • UK left EU on 31.1.20 • NHSE will issue guidance in October 2020 setting out the NHS operational response requirements. • Interim Programme Lead – Corporate Services is the identified “UK end of transition SRO” for the CCG. • CCG liaises with LA in respect of traffic management risk assessments in the context of the supply of medicines not

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
	2.4 Failure to have in place care home provider failure plans could adversely affect continuity of care for patients.	Jane Lunt Chrissie Cooke	9	20	<ul style="list-style-type: none"> being disrupted particularly in relation to the COVID19 Mass Vaccine Programme • CCG responding to c-19 response through establishment of IMT and key cells • The UK exited the EU at the end of the transition period • NHSE Sitrep reporting was stood down with effect from 1.4.21 as a consequence of no adverse impacts transpiring due to EU Exit • Care home provider failure plan in place and has been tested • CCG and LA lead have met to consider and review risks and remain in contact to ensure any new risks are identified and managed • The COVID19 outbreak will have a significant and adverse impact on delivery of this objective. • CC-As we come out of restrictions for the pandemic we are also seeing a reduction in covid cases. However this is remains a high risk situation as the staffing for care homes remains fragile
3. To ensure delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider	3.1 Failure to deliver the CCGs overall QIPP plan	Martin McDowell	9	20	<ul style="list-style-type: none"> • The COVID19 outbreak will have a significant and adverse impact on delivery of this objective.
	3.2 There is a risk that financial pressures across health and	Tracy Jeffes	9	9	<ul style="list-style-type: none"> • Integrated Commissioning Group membership expanded and joint

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
Alliance, Acute Sustainability and the Integrated Commissioning Group.	social care impacts negatively on local services and prevents the future development of integrated commissioning and the implementation of integration plans. <i>(prev 6.1)</i>				<p>development programme commenced. established and plan for more ambitious joint working</p> <ul style="list-style-type: none"> • Pooled budget arrangements within BCF agreed and plan for more pooled budget arrangements • Working together on implementation plan for the Health & Wellbeing strategy and the 5 year plan • BCF steering group is actively reviewing commissioning activity in BCF plan • Accelerated joint working on the development of the Sefton Integrated Care Partnership. Strategic Task and Finish group established to steer the development of both integrated commissioning and provision. • ICG role and function review completed and workplan established with clear objectives for the three new joint commissioning posts. in place and AQuA sessions agreed. • New BCF approved by council and governing bodies with s75 agreed • Many areas of development are paused to enable c-19 response, however now recommencing.
4. To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).	4.1 Current work pressures reduce ability to engage on the transformation agenda.	Jan Leonard/ Tracy Jeffes	9	9	<ul style="list-style-type: none"> • On-going CCG support for development of PCNs. • Support for PCNs in relation to the C-19 vaccination programme in relation to staffing, finance and contractual requirements. • PCN expectation document completed

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
					<ul style="list-style-type: none"> • LQC for 2019/20 operational and schemes live components paused to enable C-19 response and rolled forward to 2021-22 • On-going recruitment by PCNs to deliver additional roles in primary care including social prescribing, first contact physio, care co-ordinators, physicians associates • PCN Social prescribing link workers commenced in post December and now supporting C-19 response for most vulnerable are working to further develop the service offer, but are constrained by more limited onward referral routes due to C-19. Two additional roles commenced and a further two in recruitment. • Social prescribing link workers commenced in post December and now supporting C-19 response for most vulnerable • Extended access schemes all live. Monitoring of impact. Proposal for Formby to be presented to JOG • Draft quality dashboard in place being presented to PCCiG • PCNs have been completed plans and a maturity matrix for NHSE which will assist with planning and support from the CCG • Many areas of the PCN DES are now suspended due to C-19 but work on care homes continues. <ul style="list-style-type: none"> • Collaborative work across Sefton with partners to deliver the PCN

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
					<p>care home DES is progressing</p> <ul style="list-style-type: none"> • PCNs with CCG co-ordination have submitted PCN additional roles allocation plans to NHSE. • PCN leads are key system partners in the emerging ICP.
<p>5. To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.</p>	<p>5.1 Lack of engagement of all providers in the development of the Provider Alliance.</p>	<p>Jan Leonard</p>	<p>12</p>	<p>12</p>	<ul style="list-style-type: none"> • Supporting the development of the Provider Alliance • Accelerated joint working on the development of the Sefton Integrated Care Partnership. Strategic Task and Finish group established to steer the development of both integrated commissioning and provision. • Supporting the development of the Provider Alliance into the Programme Delivery Group. • Work underway to further develop a Population Health Management approach to inform future priorities for delivery of the HWBB strategy and Sefton2tegher in an integrated approach. • Work on Integrated Care Teams and Children's work streams ongoing. • Producing a project initiation document and project plan for the development of the Provider Alliance • Supporting monthly meetings of the Provider Alliance and the Operational Group • CCG co-Charing (with Public Health) Falls Work Stream, Comms and Engagement and Social Prescribing • Work streams in place for falls and

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
	5.2 Ability and capacity of PCNs to develop and to contribute to the integration model.	Jan Leonard	16	16	<p>childrens and social prescribing</p> <ul style="list-style-type: none"> • Operational Delivery Group being reviewed to improve effectiveness • The COVID19 outbreak has had a significant and adverse impact on delivery of this objective but work has now recommenced <ul style="list-style-type: none"> • Phased development of PCNs • PCN progress reviewed by Prim • On-going CCG support for development of PCNs. • 3 PCNs now authorised • MOUs in place for Medicines Hub • Contractual monitoring in place for 7 day access service • Development sessions with Wider Group • The COVID19 outbreak will have a significant and adverse impact on delivery of this objective.
6. To progress a potential CCG merger to have in place an effective clinical commissioning group	6.1 Organisation reconfiguration detracts from strategic commissioning (prev 6.2)	Tracy Jeffes	9	9	<ul style="list-style-type: none"> • Working together on developing the Health & Wellbeing strategy and the 5 year plan • Ensuring the primacy of “place” within

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

Strategic Objective 1	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy			
Risk 1.1	Diversion of supporting and recovering from COVID-19			
Risk Rating	Lead Director			
Initial Score	3 x 4 = 12	Stephen Williams		
Current Score	3 x 3 = 9	Date Last Reviewed		
		13 April 2021		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Informal Senior Leaders Oversight Group established with independent facilitator Strategic Task & Finish Group established and chaired by the Elected Member for Health & Wellbeing Group has agreed the development of a single plan and single dashboard to support implementation of Living Well in Sefton and Sefton2gether. Regular liaison with partners including Board to Board meetings and co-ordination meetings Recovery groups in place for the S&O and Liverpool systems involving providers and commissioner Implementation Plan prepared Five year plan Sefton2gether agreed by partners. 		Action	Responsible Officer	Due By
		Preparing commissioning intentions for 2021/22	Stephen Williams	31.03.21
		Single implementation plan prepared and agreed	Stephen Williams	31.03.21 30.06.21
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Monthly IPR approach and reporting Review progress at Leadership Team Review progress at Health & Wellbeing Executive Group Review progress at Strategic Task & Finish Group 				
Additional Comments:		Link to Risk Register:		

Strategic Objective 1	To support the implementation of the Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.		
Risk 1.2	Reconfigurations of organisations detract from implementation agenda		
Risk Rating			Lead Director
Initial Score	3 x 3 = 9		Stephen Williams
Current Score	3 x 3 = 9		Date Last Reviewed
			13 April 2021
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):	
<ul style="list-style-type: none"> • Focussing on business as usual • Increased focussed on performance levels • Working in partnership with the Council and wider partners to develop a Sefton Integrated Care Partnership (ICP) • Aligning CCG staff (starting with Leadership Team roles) to working with the Council to design the future form of planning and delivery at place level • Working with the Cheshire & Merseyside ICS to influence the design process at system level • Developing a single set of priorities and implementation plan • Clarity of roles and responsibilities during times of change • Increased engagement and communications between partners 		Action	Responsible Officer
		Continuing to emphasise business as usual in all CCG dealings Progressing the development of a single implementation plan as the response to the pandemic allows Implementation of HR framework once released in June / July 2021	Stephen Williams Fiona Taylor
Assurances (how do we know if the things we are doing are having an impact?):			
<ul style="list-style-type: none"> • Single plan in place and supported by partners • Reviews of performance levels across the system and of individual organisations • Board to board meetings • Meetings within Cheshire & Merseyside Health & Care Partnership 			
Additional Comments:		Link to Risk Register:	

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

Strategic Objective 2	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.	
Risk 2.1	There is a risk that identified areas of adverse performance are not managed effectively or initially identified	
of actions <ul style="list-style-type: none"> • Integrated Performance Reports may show improved performance as a result of robust management by CCG • Performance continues to be maintained • Monthly check and challenge meetings with planned/unplanned care leads will become part of the QIUPP and Financial recovery meeting 		
Additional Comments:	Link to Risk Register:	

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

Strategic Objective 2	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
Risk 2.2	Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category 2 responder.

Strategic Objective 2	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.			
Risk 2.3	Failure to have in place plans in the event of a no-deal Brexit after the transition period may result in adverse consequences for patients due to potential medicines supply issues			
Risk Rating	Lead Director			
Initial Score	4x5=20	Jan Leonard-Debbie Fairclough		
Current Score	2x2=4	Date Last Reviewed		
		15 January 2021		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> CCG continues to participate in NHSE events on planning CCG MM lead is linked into national programme MM hub model will provide medicines resilience in primary care Communication from NHS England shared with practices and LMC asking for feedback on any specific issues. EU no deal NHSE Sitrep procedure now implemented EU exit lead attended planning workshop Business continuity plans and strategy have been updated and approved by LT 8.10.19 Business continuity exercise for leadership team held February 2020. The UK exited the EU at the end of the transition period 		Action	Responsible Officer	Due By
		NHSE sitrep procedure now paused.	Programme Lead for Corporate Services	tbc
		EU Exit planning arrangements to recommence		
		COVID19 outbreak will have a significant and adverse impact on delivery of this objective. The DH and NHSE have issued mandated models of care and delivery that have now been implemented. Impact assessments of how those models will affect the objective will be undertaken.		
		EU Sitrep daily process in place which enables continued vigilance on any post transition impacts	Debbie Fairclough	Daily
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
Additional Comments:		Link to Risk Register:		

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

Strategic Objective 3	To ensure delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.		
Risk 3.1	Failure to deliver overall QIPP plan		
Risk Rating Initial Score Current Score	3 x 3 = 9	Lead Director Martin McDowell Date Last Reviewed 30 September 2020	
	4 x 5 = 20	Controls (what are we currently doing about the risk?):	
<ul style="list-style-type: none"> STB with independent chair meets monthly to progress the transformation plan Working groups established to progress key aspects of the programme Maximising the existing resources and managing workloads within budget. Additional support staff now in place for Sefton provider Alliance, integrated commissioning, digital and Shaping Care Together. Recruitment underway for comms Additional links with Liverpool system Revisions to financial regime to be fully considered 	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
	Action	Responsible Officer	Due By
	Transition Plan for 2020/21 being considered with partners for associated staffing support being quantified.	Cameron Ward	
	Financial approaches to take into account service delivery	Cameron Ward	31.12.20
	Chief Officer oversight of transition continues with independent support	Fiona Taylor	31.12.20
	COVID19 outbreak will have a significant and adverse impact on delivery of this objective. The DH and NHSE have issued mandated models of care and delivery that have now been implemented. Impact assessments of how those models will affect the objective will be undertaken.		
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Monitoring performance of transformation programme milestones 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 3	To ensure delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.		
Risk 3.2	There is a risk that financial pressures across health and social care impacts negatively on local services and prevents the future development of integrated commissioning and the implementation of integration plans		
Risk Rating	Lead Director		
Initial Score	3x3=9	Tracy Jeffes	
Current Score	3x3=9	Date Last Reviewed	
		31 March 2021	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Health and wellbeing board executive in place Review of current BCF and Section 75 arrangements now complete; approved and signed off. Integrated Commissioning Group established and plan for more ambitious joint working Making It Happen – joint approach to integration approved, with implementation agreed. Pooled budget arrangements within BCF agreed and plan for more pooled budget arrangements Finalised iBCF and BCF and aligned to “Making it Happen” Implementation plan for the Working together on developing the Health & Wellbeing strategy and the 5 year plan Steering Group established to monitor and further develop the ambitions within the pooled budget Joint planning group established (refresh of HWB strategy and development of underpinning Sefton 5 year plan). ICG role and function review completed 	Action	Responsible Officer	Due By
	Working together on implementation plan for the Health & Wellbeing strategy and the 5 year plan	Cameron Ward	Complete
	Joint planning group continue to meet to refresh HWB approved by governing body and HWB Board. Joint delivery plan to de-agreed	Cameron Ward	July 2020
	Membership widened and arrangements strengthened. Joint commissioning posts in place, Aqua session planned and joint work programme established		July 2020
	New BCF approved by council and governing bodies and new S.75 now signed.	Tracy Jeffes	Complete
	Many areas of development are paused to enable c-19 response but recommencing in July 2020		Complete
	Review of joint integrated commissioning workplans	Stephen Williams	31.03.21
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Senior leader meetings Health & Wellbeing Executive meetings 	<ul style="list-style-type: none"> Capacity to deliver on all priority areas. 		
Additional Comments:	Link to Risk Register:		

Strategic Objective 4	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs)		
Risk 4.1	Current work pressures reduce ability to engage on the transformation agenda.		
Risk Rating Initial Score 3x3=9 Current Score 3x3=9	Lead Director Jan Leonard / Tracy Jeffes Date Last Reviewed 31 March 2021		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Delegated Commissioners of Primary Medical Care services Primary Care Commissioning Committee reviewed by MIAA LQC for 20/21 reviewed as a result of COVID and revised, changes agreed by Approvals Panel and scheme now live. Work plan for transformation in place New GP contract in place PCNs reauthorized with the merger of Crosby & Maghull PCN with Bootle PCN. Seaforth and Litherland continue. Medicines Hub operational and medicines offer to PCNs has been accepted. Engagement plans for PCN covering non participating practices to go to PCCC Contractual monitoring in place for 7 day access service Working with PCNs to support their development 	Action	Responsible Officer	Due By
	Additional roles reimbursement returns being worked through and plans in place with PCNs to support plans.	Jan Leonard / Tracy Jeffes	Complete and on-going
	Social prescribing remains in place	Jan Leonard / Tracy Jeffes	On going
	Changes to QoF being reviewed as local agreement with commissioners required for income protected indicators.	Jan Leonard	Nov 20
	IIF fund launched by NHSE in October 20. Targeted at PCNs, impact on non participating practices	Jan Leonard / Tracy Jeffes	complete
	Enhanced Health in Care Homes service to commence in October	Jan Leonard / Tracy Jeffes	On-going
	Plans to maintain and expand COVID response through winter being mobilised	Jan Leonard	complete
	PCN additional roles allocation plans submitted to NHSE/I	Tracy Jeffes / Jan Leonard	complete
Assurances (how do we know if the things we are doing are having an impact?):			
<ul style="list-style-type: none"> Primary Care Dashboard in development in Aristotle Transformation agenda monitored through Primary Care Commissioning Committee LQC Monitoring 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 5	To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.		
Risk 5.1	Lack of engagement of all providers in the development of the Provider Alliance.		
Risk Rating Initial Score Current Score	3 x 4 = 12 3 x 4 = 12	Lead Director Jan Leonard Date Last Reviewed 31 March 2021	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Supporting the development of the Provider Alliance and wider ICP development Supporting monthly meetings of the Provider Alliance and the Operational Group CCG co-Charing (with Public Health) Falls Work Stream Ensuring alignment of provider alliance priorities with work of Integrated Commissioning Group 	Action	Responsible Officer	Due By
	Work on priorities being reviewed post COVID	Jan Leonard / Tracy Jeffes	Nov 20
	New Chair in place presents opportunity to refocus group	Jan Leonard / Tracy Jeffes	Nov 20
	Establishment of Partnership Assembly via HCP reinforces importance of Place / Borough	Jan Leonard / Tracy Jeffes	Dec 20
	New Strategic Task and Finish Group in place to steer the future development of the ICP in Sefton	Fiona Taylor	February 2021
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Regular review by the STB of Provider Alliance progress 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 5	To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.		
Risk 5.2	Ability and capacity of PCNs to develop and to contribute to the integration model.		
Risk Rating Initial Score Current Score	4 x 4 = 16 4 x 4 = 16	Lead Director Jan Leonard Date Last Reviewed 31 March 2021	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Phased development of PCNs PCN progress reviewed by Primary Care Commissioning Committee 3 PCNs now authorised MOUs in place for Medicines Hub Contractual monitoring in place for 7 day access service MOU in place with SF Health to offer network services to non-participating practices 	Action	Responsible Officer	Due By
	Regular meetings in place with CDs to support PCN development, opportunity to expand to Sefton wide meetings	Jan Leonard / Tracy Jeffes	March 2021 - complete
	Work on ICT development with community provider recommenced post COVID	Jan Leonard / Tracy Jeffes	In progress
	Workforce support and Development being progressed	Jan Leonard / Tracy Jeffes	Ongoing
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Review of PCN progress 			
Additional Comments:	Link to Risk Register:		
Links to risk 4.1			

Strategic Objective 6	To progress a potential CCG merger to have in place an effective clinical commissioning group function.		
Risk 6.1 (prev 6.2)	Organisation reconfiguration detracts from strategic commissioning		
Risk Rating Initial Score 3x3=9 Current Score 3x3=9	Lead Director Tracy Jeffes Date Last Reviewed 31 March 2021		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Focussing on business as usual Increased focussed on performance levels Clarity of roles and responsibilities during times of change Working with neighbouring CCGs to design a larger CCG which ensured locally responsive planning / commissioning through clear governance arrangements. Ensuring the primacy of “place” within NHS guidance as the key planning and integrated commissioning footprint, regardless of larger commissioning footprints for some other services. Timescales for possible reorganisation of CCGs allows for the strengthening of place / integrated commissioning arrangements in advance of organisational change. Joint Integration Commissioning Workshop action plan complete. Paper presented to cabinet and governing body. Joint Commissioning Intention for 2020/21 developed and available Joint integrated commissioning posts now operational 	Action	Responsible Officer	Due By
	Paper to go to both cabinet and governing body recommendations for more integrated working.	Cameron Ward	Complete
	Joint commissioning intention for 2020/21 in development and to be available from February 2020.	Cameron Ward	Complete
	Integrated Commissioning Group plans to be progressed with support from HWBB Executive	Cameron Ward	June 2020
	Development work on hold to deal with Covid 19 but now recommencing	Stephen Williams	July 2020
	Integrated Commissioning workplans to be reviewed	Cameron Ward	31.03.21
	Strategic discussions underway regarding future configuration of CCGs	Fiona Taylor	On-going
	Publication of the white paper singles the creation of an ICS which will deliver on CCG functions. Development of ICP and place working to maintain local decision making	Fiona Taylor	October 2021
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Reviews of performance levels across the system and of individual organisations Board to board meetings 	Capacity to deliver on all priority areas.		
Additional Comments:	Link to Risk Register:		

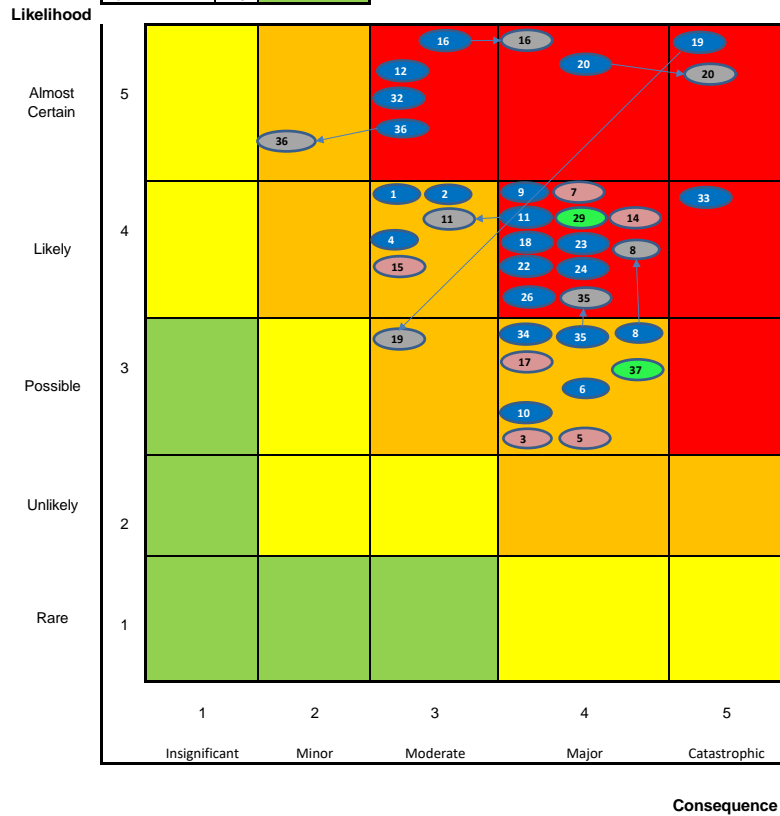
SOUTH SEFTON CCG - SUMMARY OF CORPORATE RISKS HEAT MAP Q4 2020/21
(MITIGATED SCORES - 12 AND ABOVE)

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



Significant Risks

- New to the Heat Map (new risk or an increase in risk score)
- Risk to be removed from heat map as reduced below 12+ threshold or closed/removed
- Change in risk score



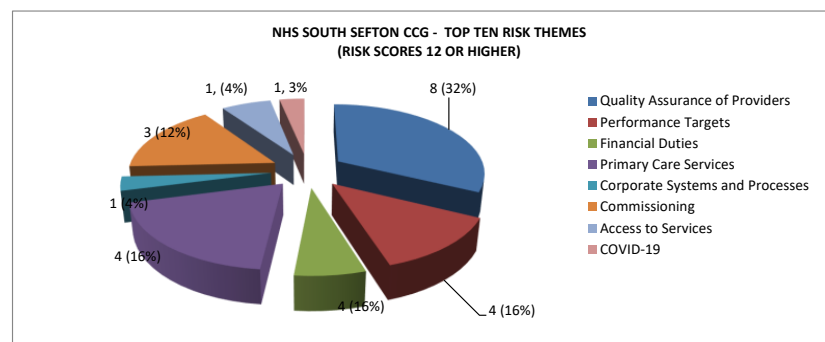
Key	Risks	CRR ID	Score	Risk Owner	Equivalent SS Key
1	Not delivering National KPI Access Psychological Therapies	QUA002	12 (4x3)	JL/GOC	1
2	There is a risk of not meeting the A&E target caused by an increase in demand on the service	QUA009	12 (4x3)	SW/JS	x (N)
3	There is a risk that the COVID Mass Vaccine programme will not deliver the required number of vaccines	JC39	12 (3x4)	JL	2
4	Extra service pressures due to lack of workforce planning and financial pressures	QUA026	12 (4x3)	TJ	6
5	The Sefton LMC does not support the deployment of primary care high risk FIT	QUA090	12 (3x4)	RmcD	4
6	Non delivery of SEND recommendations	QUA033	12 (3x4)	CC	7
7	Risk that acute providers do not engage in planned care transformation schemes	QUA091	16 (4x4)	BD/TH	5
8	Failure to meet national emergency ambulance responses - ARP	QUA063	16 (4x4)	SW/JS	9
9	Non delivery of GP medical services	JC03	16 (4x4)	JL	10
10	Records transfer issues.	JC05	12 (3x4)	JL	11
11	There is risk that Woodlands Hospice will not be able to sustain the level of provision	QUA068	12 (4x3)	MH	x (N)
12	Risk that the CCG will continue to fail the 62 day constitutional access target for cancer	QUA070	15 (5x3)	SW	x (N)
14	There is the risk that patients may have been exposed to financial harm	QUA094	16 (4x4)	CC JK	x (N)
15	Risk to the ability of PCNs to deliver service specifications	JC41	12 (4x3)	JL	x (N)
16	Performance and quality at AUH site LUHFT due to service reconfiguration from merger	QUA078	20(5x4)	BP	15
17	Risk that patients requiring complex rehabilitation are not being assessed appropriately.	QUA075	12 (3x4)	SW	x (N)
18	Risk to performance, quality and delivery of the CHC programme caused by COVID-19	QUA079	16 (4x4)	CC	17
19	Non delivery of CCG control total/savings plan in 2020/21 due to emerging pressures	FR0011	9(3x3)	MMcD	18
20	Not deliver planned QIPP target in 2020/21 due to non-delivery of high risk QIPP	FR0011a	25 (5x5)	MMcD	19
22	Increase in size of elective care waiting lists, caused by reduced activity due to COVID-19	C3	16(4x4)	BD/TH	21
23	Risk of reduced survival outcomes due to delays in diagnosis and treatment of cancer	C10	16(4x4)	SMc	22
24	Risk of delays to cancer diagnosis and treatment	C11	16(4x4)	SMc	23
26	Risk regarding primary care access to routine referrals into secondary care	C33	16(4x4)	AP	25
29	Shortage in access to phlebotomy within primary care and community care services	JC32	16(4x4)	JL	28
32	Adult ASD service, waiting times continue to remain under review	QUA081	15(5x3)	GJ	31
33	Adult Eating Disorder service has long standing challenges around achieving 18 week waits.	QUA082	20(4x5)	GJ	32
34	The risk that the health related targets of the SEND improvement plan will not be met due to the impact of covid-19	QUA083	12(3x4)	PW	34
35	There is the risk that childrens and young people's mental health needs are not met due to an increasing demand for support and treatment as a result of Covid-19	QUA084	16(4x4)	PW	35
36	Southport and Ormirkirk Trust are currently not achieving the 95% of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E dept. causing overcrowding and the inability to practice safe social distancing	QUA085	10(5x2)	SF	36
37	There is a risk that the PCNs will be unable to administer the COVID Mass Vaccine programme if appropriate premises are not identified for the receipt, storage and administration of the vaccine	JC37	12(3x4)	JL	38

Equivalent SS Key
x (N)
x (Y)

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

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

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



Key	Risks	CRR ID	Risk Owner	Theme
1	Not delivering National KPI Access Psychological Therapies	QUA002	JL/GOC	Quality Assurance of Providers
2	There is a risk of not meeting the A&E target caused by an increase in demand on the service	QUA009	SW/JS	Performance Targets
3	Risk that the COVID Mass Vaccine programme will not deliver the required number of vaccines	JC39	JL	Primary Care Services
4	Extra service pressures due to lack of workforce planning and financial pressures	QUA026	TJ	Quality Assurance of Providers
5	The Sefton LMC does not support the deployment of primary care high risk FIT	QUA090	RmcD	Commissioning
6	Non delivery of SEND recommendations	QUA033	CC	Performance Targets
7	Risk that acute providers do not engage in planned care transformation schemes	QUA091	BD/TH	Commissioning
8	Failure to meet national emergency ambulance responses - ARP	QUA063	SW/JS	Quality Assurance of Providers
9	Non delivery of GP medical services	JC03	JL	Primary Care Services
10	Records transfer issues.	JC05	JL	Corporate Systems and Processes
11	There is risk that Woodlands Hospice will not be able to sustain the level of provision	QUA068	MH	Quality Assurance of Providers
12	Risk that the CCG will continue to fail the 62 day constitutional access target for cancer	QUA070	SW	Performance Targets
14	There is the risk that patients may have been exposed to financial harm	QUA094	CC JK	Quality Assurance of Providers
15	Risk to the ability of PCNs to deliver service specifications	JC41	JL	Primary Care Services
16	Performance and quality at AUH site LUHFT due to service reconfiguration from merger	QUA078	BP	Performance Targets
17	Risk that patients requiring complex rehabilitation are not being assessed appropriately.	QUA075	SW	Quality Assurance of Providers
18	Risk to performance, quality and delivery of the CHC programme caused by COVID-19	QUA079	CC	COVID-19
19	Non delivery of CCG control total/savings plan in 2020/21 due to emerging pressures	FR0011	MMcD	Financial Duties
20	Not deliver planned QIPP target in 2020/21 due to non-delivery of high risk QIPP	FR0011a	MMcD	Financial Duties
22	Increase in size of elective care waiting lists, caused by reduced activity due to COVID-19	C3	BD/TH	Quality Assurance of Providers
23	Risk of reduced survival outcomes due to delays in diagnosis and treatment of cancer	C10	SMc	Access to Services
24	Risk of delays to cancer diagnosis and treatment	C11	SMc	Access to Services
26	Risk regarding primary care access to routine referrals into secondary care	C33	AP	Primary Care Services
29	Shortage in access to phlebotomy within primary care and community care services	JC32	JL	Primary Care Services
32	Adult ASD service, waiting times continue to remain under review	QUA081	GJ	Commissioning
33	Adult Eating Disorder service has long standing challenges around achieving 18 week waits.	QUA082	GJ	Commissioning
34	The risk that the health related targets of the SEND improvement plan will not be met due to the impact of covid-19	QUA083	PW	Quality Assurance of Providers
35	There is the risk that childrens and young people's mental health needs are not met due to an increasing demand for support and treatment as a result of Covid-19	QUA084	PW	Quality Assurance of Providers
36	Southport and Ormkirk Trust are currently not achieving the 95% of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E dept. causing overcrowding and the inability to practice safe social distancing	QUA085	SF	Quality Assurance of Providers
37	There is a risk that the PCNs will be unable to administer the COVID Mass Vaccine programme if appropriate premises are not identified for the receipt, storage and administration of the vaccine	JC37	JL	Primary Care Services

Details of Risk										Initial Score		Residual Risk Q4 2020-21		Lead Review Date		Comm Review Date		Mitigating Actions	Review					
Committee	Area/Team Ref	SS	date	Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Likelihood	Consequence	Score	Key controls and assurances in place (and actions completed) (What controls/ systems are already in place to prevent the risk from being realised...)	Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Proposed Action	Action Owner/Lead	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Trend to prior Q	Overall Trend	Theme
Quality and Performance Committee	C1	SS	Q1 15/4/20 (C-19)	Unplanned Care	Southport and Formby - Potential short fall in community nursing services and therapy services due to surge management and increased pressures within the system. Winter investment due to end March 31st 2021, community services remain in surge due to long COVID and EOL care	Stephen Williams/ Sharon Forrester	3	3	9	Weekly calls with LSCFT. Surge plan and service re-configuration information requested to understand if additional capacity has been created and redirected to support the urgent care pathway. Investment identified to support additional capacity which will be made available to the provider following recruitment. Provider could experience difficulty with recruitment. Investment and additional capacity in place until the 31st March 2021 to support surge management. Services currently in surge are Diabetes, District Nursing, Issue Viability and Continence. EOL care in the community has increased by 21%. Key control is a request to extend winter investment to manage existing surge.	3	3	9	Mar-21	Mar-21	Escalated to AO level. Request has for mutual aid pursued with Virgin Health Care and Mersey Care Foundation Trust. Capacity gap identified and business case developed. Additional investment required. LSCFT securing additional capacity via bank, agency and offering current core staff overtime. Assurances given by LSCFT that recruitment has been successful and the vacancy rate has reduced as a consequence. Needs to remain on the risk register due to unforeseen impact of Covid 19 on surge management and staff absence. Request to CCG to extend funding to support the impact of Long COVID 19 within community services.	Stephen Williams/ Sharon Forrester	N/A	9	9	9	↔	↔	Quality Assurance of Providers
Quality and Performance Committee	C3	SS	Q1 15/4/20 (C-19)	Planned care	There is a risk that an increase in size of elective care waiting lists, caused by reduced activity during COVID-19 pandemic, will have adverse effects on wait times for patients and possibly health outcomes.	Billie Dodd / Terry Hill	4	4	16	Weekly calls with Acute Trust (S&O) and neighbouring CCGs to understand impacts of COVID19 and signing strategies. S&O to provide elective care update, including date re-waiting lists (as waiting list numbers of 6 weeks behind current position). The CCG are working with its Acute/community providers on QIPP programmes area's under the auspices of the system management group to deliver transformational change that will bring about both reduced demand and improved productivity that will support recovery.	4	4	16	Mar-21	Mar-21	Understand potential size of waiting list in conjunction with capacity available within the system to deliver activity, and in line with developing recovery plans with providers. Deliver proposed QIPP transformational projects and support the trusts to release capacity that will reduce waiting lists. Trust has in place a process to contact services if conditions deteriorate. Trust is risk stratifying all the patients in line with the clinical validation work led nationally. No update	Billie Dodd/Terry Hill	N/A	16	16	16	↔	↔	Quality Assurance of Providers
Quality and Performance Committee	C9	SS	Q1 15/4/20 (C-19)	Planned care	There is a risk that a number of patients at S&O have been lost to follow up due to lost to follow up (S&O) - A number of patients identified at S&O as being lost to follow-up due to a technical issues with the PAS and lack of robust processes to ensure the trust are sited on patients due for a follow up, which could lead to patient harm. This is due in part to an issue with the trust PAS system and how it creates additional pathways for individual patients. The trust have approximately 140k pathways open (number of patients unknown as yet), that require validating to close pathways that are not required to be open. The trust had employed validators to review pathways and identify any further lost to follow up prior to COVID19.	Billie Dodd / Terry Hill/CCG	3	3	9	Issue identified pre-covid and followed Quality Assurance processes. S&O trust have employed validators to review all open pathways on PAS and close of pathways that have been identified are erroneous. Any patients that are identified has having been lost to follow up with follow RCA process and will have a harm review. Further clarity sort with provider that validation process continues during COVID19. Provider stated that additional secretarial and administrative staff have been utilised to validate pathways with an additional 10k pathways closed. Until PAS suppliers makes alterations to PAS, still risk that additional pathways are created. Manual processes in place to mitigate lost to follow up too.	2	2	4	Mar-21	Mar-21	Additional assurance to be sort as to timescales for completion of validation of pathways, with additional capacity redeployed within the trust to tackle this issue. Trust "Lost to follow up" action plan to be reviewed at CCF with a recommendation that the Trust provides us with an update on Progress CCG have requested the support of the Trust in a quality review of the PTL	Billie Dodd/Terry Hill	N/A	4	4	4	↔	↓	Quality Assurance of Providers
Quality and Performance Committee	C10	SS	Q1 15/4/20 (C-19)	Planned Care/Cancer	There is a risk of reduced survival outcomes due to delays in diagnosis and treatment of cancer	Sarah McGrath	5	4	20	Guidance on stratification for treatment Cancer Alliance SITREP weekly reporting referrals, waiting times and waiting list sizes Use of surgical hubs to provide safer capacity Established Endocopy Recovery Team- national cancer services recovery plan dec 2020	4	4	16	Mar-21	Mar-21	Introduction of use of symptomatic FIT testing to risk stratify colorectal patients Expectation of public facing comms to encourage primary care presentation with symptoms suspicious of cancer System overview being taken on serious incidents associated with harm resulting from delayed cancer diagnosis and treatment in patients waiting 104 days or longer from referral. March 21 risk to remain 16 until recovery plans are understood and there is a robust plan to address	Cancer Alliance NHSE	N/A	16	16	16	↔	↓	Access to Services
Quality and Performance Committee	C11	SS	Q1 15/4/20 (C-19)	Planned Care/Cancer	There is a risk of delays to cancer diagnosis and treatment from gaps in safety netting processes between primary and secondary care	Sarah McGrath	4	4	16	EMIS safety netting system communications to primary care	4	4	16	Mar-21	Mar-21	Need for consistent referral management processes across providers, work with Liverpool CCG Communications encouraging patients to take ownership and make contact if they have not heard from hospital or have worsening symptoms Work with Digital Strategy Lead re assurance on approach to referrals returned to primary care using eRS when these are rejected from cancer pathways due to not evidently meeting NICE guidelines or requiring more clinical information to enable triage or prioritisation. Assurance is required that re-referrals with additional information are using the same UBRN on eRS to preserve referral date. A review of practice cancer safety netting policies has also been undertaken by the CCG cancer clinical and managerial leads. Good practice to be shared with stakeholders	Sarah McGrath	N/A	16	16	16	↔	↔	Access to Services
Quality and Performance Committee	C12	SS	Q1 15/4/20 (C-19)	Planned Care/Ophthalmology	Evidence suggests that people are not seeking care for urgent eye conditions which could result in sight loss during COVID-19.	Amanda Gordon	4	4	16	GPI/Opom tel helpline in place/ weekly calls with CAM HCP/ weekly calls with LUFT and SOHT and commissioners. Advanced discussions in place to look to commission a service that will mitigate sight loss. National and local comms encouraging pts to access	3	3	9	Mar-21	Mar-21	Commission COVID-19 Urgent Eye Care Service (CUES) as directed by NHSE. A paper has been produced that will be presented to leadership team seeking support to commission a CUES for a minimum of 3 months that will mitigate risk of loss of sight in patients - further work on primary care eye services ongoing with decision to be made on the 22 Ongoing monitoring of waiting lists at both providers	Billie Dodd/Terry Hill/Amanda Gordon	N/A	9	9	9	↔	↓	Quality Assurance of Providers

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Committee	Area/Team Ref	SS	date	Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Initial Score		Key controls and assurances in place (What controls/ systems are already in place to prevent the risk from being realised...)	Residual Risk Q4 2020-21			Lead Review Date	Comm Review Date	Mitigating Actions	Review					Theme		
							Likelihood	Consequence		Score	Likelihood	Consequence				Score	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21		Trend to prior Q	Overall Trend
Finance and Resource	C17	SS	Q1 15/4/20 (C-19)	Finance	Risk to the continued operation of business as usual operational finance as a result of staff becoming incapacitated due to COVID related health/ family issues may lead to delays in payments/ ability to meet reporting deadlines	Alison Ormrod	3	4	12	2	2	4	Mar-21	Mar-21	<ul style="list-style-type: none"> MIAA CCG Governance checklist reviewed and reported to Finance and Resource Committee and presented to Audit OC in July 2020. Business continuity arrangements implemented; routine reporting, final accounts and year end audit process all progressed successfully in the April to June 2020 period. 	Alison Ormrod	N/A	4	4	4	→	↓	Corporate Systems and Processes
Finance and Resource	C20	SS	Q1 15/4/20 (C-19)	Finance	Internal controls may not operate as intended during the COVID period resulting in increased risk of irregularity or fraud	Alison Ormrod	3	4	12	2	2	4	Mar-21	Mar-21	<ul style="list-style-type: none"> Internal Controls reviewed as part of the implementation of working from home arrangements and business continuity plans. Advice sought from CCG internal auditors and MIAA CCG governance checklist reviewed and completed. Electronic authorisation extended wherever possible. 	Alison Ormrod	N/A	4	4	4	→	↓	Corporate Systems and Processes
Finance and Resource	C21	SS	Q1 15/4/20 (C-19)	Human Resources	There is a risk that the CCG's sickness absence rate will increase due to the direct (contracting the virus) and/or indirect (mental health, issues relating to home working) effects of COVID-19, resulting in capacity issues.	Debbie Fairclough	5	3	15	4	2	8	Mar-21	Mar-21	<ul style="list-style-type: none"> To continue to review all new guidance promptly once received and to implement associated actions where necessary. The CCG sickness absence levels continue to be monitored and at present COVID in terms of infection staff or mental health issues associated the outbreak are not adversely impacting on sickness absence levels. Staff continue to receive support from line managers and are subject to appropriate risk assessments. 	Debbie Fairclough	N/A	8	8	8	→	↓	Risk reducing as a consequence of controls in place and evidence from sickness level data
Finance and Resource	C22	SS	Q1 15/4/20 (C-19)	Human Resources	There is a risk that Covid-19 secure guidance cannot be fully implemented in Merton House or at Curzon Road due to the physical layout of both buildings, resulting in increased exposure for staff members.	Debbie Fairclough	3	5	15	2	5	10	Mar-21	Mar-21	<ul style="list-style-type: none"> To continue to work with Estates colleagues (GB Partnerships and NHS Property Services) to ensure that all guidance is fully implemented and staff are kept informed as part of weekly communications. This work is ongoing and COVID secure guidelines have been implemented. Staff are required to complete a risk assessment before any on site working or visit. There are regular updates in the bulletins to reinforce the CCGs position. Staff now advised to wear masks when walking through the offices. Risk assessments updated again following publication of new guidance on 5th November Update 7.1.21: Staff are continuing to follow guidance and there are regular updates in bulletins. Update 3.2.21: Whilst the likelihood residual score is low due to controls in place, the consequence residual score is to remain at 5 due to the impact if there was an outbreak. This will be reviewed again next quarter as the vaccine programme extends. 	Debbie Fairclough	N/A	15	8	10	→	↓	Risk reducing as a consequence of controls in place and evidence from sickness level data
Finance and Resource	C23	SS	Q1 15/4/20 (C-19)	Human Resources	There is a risk that staff do not feel engaged and/or supported while home working due to a lack of physical and/or face-to-face contact, resulting in low morale and disillusionment.	Debbie Fairclough	3	2	6	2	2	4	Mar-21	Mar-21	<ul style="list-style-type: none"> To work with staff Sounding Board so that two-way communication channels continue to be actively promoted and through staff representatives. Update 20.08.2020: The Sounding Board now meets more frequently to support increased staff engagement and two way communications. Staff continue to receive regular advice and update via the bulletin and are supported by line managers regularly. HR bulletins regularly feature advice and support relating to health and wellbeing and also advise staff of any changes to CCG work. Staff were advised w/c 2.9.20 of the move from Merton to Magdalene, Sounding Board will be heavily involved in that work. Update 7.1.21: No significant update - arrangements remain in place. New lockdown rules came into force first week in January 21 and managers will continue to support staff. Update 3.2.21: The likelihood residual score has been reduced from 3 to 2, as a consequence of the measures that have been put in place. The Sifton CCGs have now also appointed Wellbeing Guardians (Lay Members for Patient Experience and Engagement) who will be Governing Body champions for the wellbeing of staff. 	Debbie Fairclough / Lyn Cooke / Mark Scott	N/A	4	4	6	↓	↓	Corporate Systems and Processes
Finance and Resource	C24	SS	Q1 15/4/20 (C-19)	Human Resources	There is a risk that line managers do not adhere to current or revised HR policies due to multiple work pressures, resulting in non-compliance and a failure to support staff.	Debbie Fairclough	3	3	9	2	3	6	Mar-21	Mar-21	<ul style="list-style-type: none"> Line managers have been issued with guidance to support them to manage staff in a virtual environment. All HR policy revisions have been communicated to staff, including line managers. Two-way communication channels have been improved, with a generic HR mailbox created. The Corporate Support Officer produces regular reports on all aspects of HR management, which supports central monitoring. 	Debbie Fairclough	N/A	6	6	6	→	↓	Corporate Systems and Processes
Finance and Resource	C25	SS	Q1 15/4/20 (C-19)	Human Resources	There is a risk that there is insufficient capacity within the CCGs to manage HR as a business-as-usual function, given the increase in national guidance and local demands, resulting in a failure to adequately support staff.	Debbie Fairclough	5	3	15	2	2	4	Mar-21	Mar-21	<ul style="list-style-type: none"> Additional interim leadership support has been provided during the Covid-19 response by the Project Director (Place). This will continue on an interim basis until a decision regarding ongoing support is formally made. A review of the CCGs HR and OD function has been produced (May 2020) with a series of recommendations made to support a transition to business-as-usual activity and recovery. The CSU has started to provide fortnightly virtual HR support sessions for CCG staff and line managers. Clarification of roles and responsibilities between the CSU and CCGs is one of the report's recommendations. CCG continued to be supported by the CSU - no current risks identified 	Debbie Fairclough	N/A	12	12	6	↓	↓	Corporate Systems and Processes

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Finance and Resource	C26	SS	Q1 15/4/20 (C-19)	Human Resources	There is a risk that staff who are more vulnerable to Covid-19 are not identified and/or not adequately supported.	Debbie Fairclough	3	5	15	2	4	8	Mar-21	Mar-21	<ul style="list-style-type: none"> All staff have been risk assessed and are working from home with the exception of the Medicines Management Team who are working in Merton House (and where Covid-19 secure guidance has been implemented). 21 staff (21%) have been identified as being in the extremely vulnerable or at risk categories or live in a household with someone who is. Line managers have completed risk assessments and put in place additional control measures where necessary. Workforce intelligence has highlighted the CCGs have only a small proportion of BAME staff (five in total). Additional guidance is proactively sought from the Equalities and Diversity Team on a regular basis. Risks assessments continue, and E&D team continue to send out advice and information 	Debbie Fairclough	N/A	10	10	8	↔	↓	Corporate Systems and Processes
Quality and Performance Committee	C28	SS	Q1 15/4/20 (C-19)	Medicines Management	Lack of access to medicines during COVID 19	Susanne Lynch	4	3	12	3	3	9	Jan-21		<ul style="list-style-type: none"> Commissioning of COVID 19 Medicines Supply Service (incorporating 1 hour fast track delivery) from community pharmacy. SF hot sites have stock of morphine sulphate liquid, lorazepam and antibiotics. Working with community services to ensure electronic medicines administration documents in place. Assurance from OOH providers about access to medicines during OOH period. No change 	Susanne Lynch	N/A	9	9	9	↔	↓	Commissioning
Primary Care Commissioning Committee in Common	C33	SS	Q1 15/4/20 (C-19)	Primary Care	Risk regarding primary care access to routine referrals into secondary care	Jan Leonard	5	5	25	4	4	16	Mar-21	Mar-21	<ul style="list-style-type: none"> NHSE guidance to primary care is to continue referring as normal, however no similar instruction has been issued to trusts who were advised to stop elective activity at the beginning of the COVID outbreak. North Mersey CCGs are in discussion with LIFT and other Trusts to ensure all services are open again ASAP. Advice given to primary care regarding use of Advice and Guidance, adding as much detail as possible to referral letter to aid secondary care triage, use of 2w urgent pathways, and safety netting procedures within general practice 	Jan Leonard	N/A	9	16	16	↔	↓	Primary Care Services
Quality and Performance Committee	QUA002	SS	Jan 15: Q4 2014/15	Commissioning and Delivery	There is risk of patients being harmed or receiving inadequate care caused by failure to deliver against National Key Performance Indicator for IAPT (Improving Access to Psychological Therapies) resulting in the potential for reduced levels of patient care.	Karl McGilveray (Jan Leonard & Geraldine O. Carroll)	4	3	12	4	3	12	Mar-21	Mar-21	<ul style="list-style-type: none"> Monthly performance and contractual meetings and reporting process in place Enhanced open access provision for patients to self refer including easier on line referral. Group sessions and LTC pilot in place Business case for additional investment approved. Following procurement, Mental Health Matters have taken over the service from 1 January 2021. No further update 	Karl McGilveray (Jan Leonard & Geraldine O. Carroll)	12	12	12	12	↔	↔	Quality Assurance of Providers
Quality and Performance Committee	QUA009	SS	Apr 2015: Q1 2015/16	Commissioning and Delivery	There is a risk of not meeting the A&E target caused by an increase in demand on the service resulting in a decrease in the quality of the service. (SS)	Stephen Williams (Janet Spalten)	3	3	9	4	3	12	Mar-21	Mar-21	<ul style="list-style-type: none"> A&E delivery board in place to monitor and manage performance NM A&E subgroup in place Monthly contractual performance meetings Monthly Integrated Performance Report: reported to Governing Body. Operational Service level meetings held: DW: currently weekly MADE events, weekly DTOC Teleconference and bi weekly Purple to Gold meeting Monthly contractual Performance meetings Monthly Integrated Performance Report: reported to Governing Body. Monthly Quality meeting: reported to Governing Body. (SS) Pan Mersey Sub Group responsible for prescribing 24/6/20 - in addition to above system collaboration in place to review admission avoidance, alternatives to conveyance and discharge processes to reduce A&E activity and support timely patient flow within overall Trust. COVID D&A pathway in place which is enabling timely discharge. A&E activity has been reduced with high A&E performance. This has returned to previous levels pre-COVID with review underway to ensure processes which have worked effectively during COVID are maintained. Nationally work underway to look at NHS111 First to aim to triage and reduce A&E attendances. Aintree involved in local consideration of implementation. 11/8/20 - continuation of work above 9/11/20 - continuation of work above 4/1/21 - No significant change to above position. NHS111 First has now been implemented with diversion of relevant patients to other sites 		16	16	16	12	↔	↑	Performance Targets

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Quality and Performance Committee	QUA009	continued													24/6/20 - In addition to above an updated A&E Improvement plan submitted by Trust end of September. Areas of development reviewed with Trust and formal CCG response returned in January 2020. Improvement areas which have been progressed include: - Workforce plan to aid ongoing recruitment and retention - Review of primary care streaming model - Introduction of direct ambulance conveyancing to front door units e.g. FAU - Improved patient flow in main hospital to support timely admission NHSE trajectory agreed with LUHTT (Aintree and Royal) to progress to 89% by March 2020 not national target of 95%. Quarter 4 19/20 saw steady improvements to March position of 85.73%. There were no 12 hour breaches in Aintree throughout 19/20. 11/9/20 - MNHS111 First shadow implementation group in place with plans to go live November 2020. Work underway to determine patient charts and pathways with potential for diversion from A&E. Type 4 walk-in centre activity no longer able to contribute to Aintree target due to being revised in the main to planned through telephone triage and bookings. 4/1/21 No change to above										
Quality and Performance Committee	QUA020b	SS	Sep 2016: Q2 2016/17	Corporate	There is a risk of non-implementation of integration plans caused by financial pressures resulting in a negative impact on local services.	Tracy Jeffes	4	4	16	3	3	9	Mar-21	Mar-21	<ul style="list-style-type: none"> Joint working with LA in place Joint OD work with LGA planned to further strengthen integrated working within HWBB Executive to ensure collaborative working. Actioned from Health and Wellbeing Board Executive meeting Joint Commissioning priorities agreed by the Integrated Commissioning Group BGF and associated 975 in place and reviewed, signed and submitted Agreed BGF to improve rehabilitation services and raise home quality Establishment of Strategic Task and Finish group to progress development of ICP in Sefton 	Tracy Jeffes	9	9	9	9	↔	↓	Commissioning		
Quality and Performance Committee	QUA026	SS	Jun 2016: Q1 2016/17	Corporate	There is a risk that gaps in workforce across the healthcare system caused by insufficient national workforce planning and funding pressures resulting in additional pressure on services.	Tracy Jeffes	4	3	12	4	3	12	Mar-21	Mar-21	<ul style="list-style-type: none"> Link into C&M Healthcare Partnership Workforce Development work stream. Continue to work with Sefton Council on wider strategies to promote Sefton as a great place to work Development of workforce element in Sefton Transformation Programme Sefton work force group established and working on the development of a workforce plan for Sefton - paused for C-19 but will resume. 	Tracy Jeffes	12	12	12	12	↔	↔	Quality Assurance of Providers		
Quality and Performance Committee	QUA033	SS	Mar 2017: Q4 2016/17	Quality	There is a risk of non-delivery of recommendations from the joint SEND CCG/STED inspection caused by a lack of implementation and the CCG financial position resulting in loss of reputation and non-compliance.	Chrissie Cooke	3	3	9	3	4	12	Jan-21	Mar-21	<ul style="list-style-type: none"> Monitoring of SEND Action Plan via local and internal governance arrangements (including JQC) with regular progress updates being reported to Chief Officer Formal monitoring meetings established with DFE & NHS with outcome reporting to DoH in place. New model for DCO developed across the health system. Funding arranged from existing resource within the CCG and providers. Letter received from the Minister in March 2018 acknowledging the progress to date. ASD Diagnostic element of the pathway approved by CCG Health SEND strategic Group established and meet bi-monthly Financial position reported through to SMT, SLT and governing body. Commitment made for up to £100k recurrent for NDP / ASD / ADHD and up to £50k recurrent to support SLT reducing waiting lists / input into the NDP diagnostic pathway. Included as regular agenda item for governing body meetings, senior leadership team, leadership team and joint quality committee in order to monitor and review action plan and progress. SEND performance continues to be monitored by the SEND CIB. Interim DCO now in place 	Tracy Forshaw	12	12	12	12	↔	↑	Performance Targets		
Quality and Performance Committee	QUA044	SS	Sep 2017: Q2 2017/16	Quality	There is a risk that the decreased capacity within the quality team caused by secondment and resignation of team members & growing quality agenda will result in an inability to provide necessary internal and external quality assurance to the GB.	Chrissie Cooke	2	4	8	2	3	6	Jan-21	Mar-21	<ul style="list-style-type: none"> Mar 20 - more joined up working with Liverpool CCG Quality Team means workloads are covered. Risk to CCG has reduced and would not require entry onto CRR based on current risk level. Jun 20 - Joint working continues with LCCG team to review current work programmes and processes. It is anticipated that this risk score will increase due to expected changes within the two teams. Jul 20 - Recruitment process to be undertaken for roles and review of workstreams to be undertaken for Sefton CCGs and LCCG. Primary Care Quality Lead role increased to full time. Risk may need to be increased following review of roles/workstreams Oct 20 - Team currently running with 1 x quality vacancy and 1 x safeguarding admin vacancy which limits the capacity of the team with increasing demands due to COVID activity. Teams roles and functions have immediately been reviewed and will continue to be developed to meet future demand. Nov 20 - Safeguarding vacancy now out to advert January 21 - Safeguarding admin post recruited to and will start February 2021. Current Quality functions to be reviewed by Interim Chief Nurse. March 21 - Chief Nurse has restructured team function and roles to accommodate DCN secondment, restructuring underway following LT approval in February 21. No expected risk to delivery of Quality Team function. 	Chrissie Cooke	6	6	6	6	↔	↓	Commissioning		

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Quality and Performance Committee	QUA063	SS	Jun 2018: Q1 2018/19	Commissioning and Delivery	There is the risk of failure to provide emergency ambulance responses that meet the national ARP programme. At a local level delays in handover times at providers impacts on ARP and ambulance availability resulting in decreased standards of patient care and safety. There has been a refocus of target deadlines for the ARP programme following difficulty in implementing in 2018/19	Stephen Williams (Janet Spallen)	3	4	12	4	4	16	Mar-21	Mar-21	24/6/20 Ambulance Response Programme agreed (19/20) and range of initiatives introduced to improve service delivery: - Reprofitting vehicle fleet to increase response vehicles - Improving call pick up times in Emergency Operation Centres - Use of Manchester triage tool to support hear and treat and see and treat and reduce conveyances to hospital - Realignment of staffing resources to meet demand with roster review Local initiatives/pathways introduced to provide alternatives to conveyancing 11/9/20 - No further update on above due to COVID 19 stand down of formal reporting. Plans in place to return reporting to business as usual 8/11/20 - Plans in place as outlined in key controls and assurances but with no further updates on how actions progressing.	Stephen Williams (Janet Spallen)	12	12	12	12	↑	↑	Quality Assurance of Providers
Quality and Performance Committee	QUA063 continued	SS																					
Finance and Resource	FR007	SS	Q1 2018/19	Finance	There is a risk of reputational damage caused by incorrect treatment of payments to GP Governing Body members and Clinical Leads resulting in a potential for cost pressures.	Martin McDowell	4	3	12	4	2	8	Mar-21	Mar-21	• Seeking expert advice to ensure any changes are dealt with correctly. • Remuneration committee approval for changes. • Effective communications with those impacted. • Engagement of Ernst & Young to support and assure actions to be taken by the CCG in resolving this issue. • Learning around best practice and actions taken by other CCGs in the local health economy to be progressed.	Martin McDowell	8	8	8	8	↔	↓	Financial Duties
Primary Care Commissioning Committee in Common	JC03	SS	Mar 2017: Q4 2016/17	Commissioning	Pressure in primary medical care services resulting from workload, workforce and funding. Risk that GP Practices will be unable to continue to provide medical services.	Jan Leonard	4	4	16	4	4	16	Mar-21	Mar-21	International recruitment application due at end Nov 17. Primary care workshop planned for mid Nov to review Shaping Sefton plans. Views from localities to be gathered to build plan. 2 year LQC to be considered. LQC planning meetings scheduled. Further clinical pharmacist application to be submitted, specification for Extended Access (7 days services) near finalised, to be presented to GB Feb 18 ahead of procurement. Despite GPVJ roll out no reduction in pressure in practices. Clinical pharmacist application submitted. LQC being finalised. LQC has been approved via approvals panel. Clinical Pharmacy pilot bid successful. Plan to mobilise clinical pharmacists progressing. Bids for Primary Care Network funding being progressed. Pilot is being trialled in North locality for 3 months then will be rolled out to all localities. 7 day access live, monitoring appointment usage and impact on core hours. 7 of the 8 Localities have been successful in obtaining funds to develop Primary Care Networks. 7 day access Hub is now live and offering appointment between 5pm and 8pm weekday evenings and 10am to 1pm weekends. Staff include GP, ANP, PN and physio from November 2018. Working through implications of new GP contract and changes regarding PCN formation. IT will review applications on behalf PCCC. 7 PCNs have been authorised by the CCG and plans in place to cover populations of non PCN practice populations. PCNs asked to confirm plans to mobilise extended hours. CCG support offer made to PCNs for medicines management and social prescribing. Resilience funding secured for several practice with further application to be submitted by Sept 2019. PCNs have secured funding to enable a first five scheme and a last five scheme to be implemented which will support new GPs in their first five years and also GPs who are approaching retirement. 2nd C19 doses still need to be carried out so risk is still active	Jan Leonard	16	16	16	16	↔	↔	Primary Care Services

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											19/20	20/21	20/21					20/21						
Primary Care Commissioning Committee in Common	JC03	continued																						
Primary Care Commissioning Committee in Common	JC05	SS	Apr 2017: Q1 2017/18	Commissioning	Risk to continuity of patient care due to impact of delays in records transfers.	Jan Leonard	5	4	20	PCSE working groups, regular updates to practices. Discussed at Joint Committee and LMC liaison meetings.	3	4	12	Mar-21	Mar-21	Attendance at meeting by CCG reps. JL has written to NHSE regarding on-going situation and lack of progress, awaiting formal response. Issues raised at Regional Meeting, similar issues in other areas, await formal response. Issues continue with concerns over performers lists - meeting with NHSE Jan 18 to discuss actions. Issues continue to be raised and forwarded to NHSE / PCSE. JL to escalate to FT. No further update although PCSE staff now based within Regatta Place with NHSE which may help with resolving issues. Survey undertaken, poor response rate identified issues with pensions rather than operational issues. Issues continue, committee felt risk of likelihood has increased. Further incidents have been identified around children not being invited for screening. A subgroup has been set up to reduce further incidents. Practice views to be sought re current situation with PCSE in practice. It was agreed at PC/CIC that practices should be contacted on a quarterly basis to establish if problems are resolving with PCSE or if they continue. The first survey will take place in October 2019. The survey demonstrated that whilst some practices hadn't had an incident in recent months, those that did continued to struggle to get any resolution. Issue will be raised again with NHSE. The PC/CIC reviewed the survey and agreed that the risk can be reduced. Escalation process with T Knight at NHSE agreed. There is no escalation process in place at PCSE. Confirmation received that individual issues to be shared with NHSE on an individual basis. A further survey will be undertaken within general practice to establish current situation.	Jan Leonard	12	12	12	12	↔	↓	Corporate Systems and Processes
Quality and Performance Committee	QUA068	SS	Q4 - Mar 19	Quality	There is risk that Woodlands Hospice will not be able to sustain the level of provision caused by lack of financial resources resulting in the potential closure of Woodlands Hospice. Risk changed by lead: Woodlands have advised of piloting a new model of care to ensure the future of Woodlands Hospice. Feb 2021 Transfer of clinical services from Woodlands Hospice to LUFT - April 2021.	Moira Harrison	4	4	16	Integrated working Close monitoring Transparent communications This model will continue within the transfer of the clinical services	4	3	12	Mar-21	Mar-21	Woodlands Hospice have advised of the closure of 6 beds due to staff shielding and clinically vulnerable staff. Due to the latest government guidance re COVID-19 it is thought the closures will be for a limited (short) period. From July-September 2020, working in collaboration with LUFT and Mersey Care, Woodlands Hospice will be piloting a new model of care - IMPACT. This will mean utilising the Wellbeing and Support Centre to house the model. Patients from the Wellbeing Centre will be contacted virtually. Further details of plans between LUFT and Woodlands. Woodlands have contacted Hospice UK to see if there is any support available. They have also approached AUM to discuss finances. Leadership agreed to the change of use of the Wellbeing Centre and the close of 6 beds. The impact of both will need to be monitored closely. Impact of Community Services Impact of GPs bed requests Delayed Discharge Increased avoidable hospital admissions Quality COVID UPDATE - Woodlands have received funding as directed by DHSC and through NHSE nationally. Hospices are required to submit data on their hospice beds and community capacity on the National Capacity Tracker daily, including weekends and bank holidays. Woodlands are complying with this requirement. This risk remains in anticipation of plans for 21/22 Due to financial sustainability at Woodlands Hospice, Clinical Services are due to be transferred into the LUFT contract. This has been agreed in principal by South Sefton, Liverpool, and Knowsley CCGs. Final confirmation is still to be confirmed by the CCGs and this has been discussed with the contracting teams and finance teams within the CCGs. Woodlands Hospice and LUFT have advised the transfer will go ahead in April 2021. As Liverpool CCG are the Lead Commissioner of LUFT, this service will fall into their remit.	Moira Harrison	16	16	16	16	↓	↓	Quality Assurance of Providers
Quality and Performance Committee	QUA070	SS	refreshed 8.5.19	Commissioning and Delivery	There is a risk that the CCG will continue to fail the 62 day constitutional access target for cancer resulting in delays to cancer diagnosis and treatment and associated poorer clinical outcomes	stephen Williams (Sarah McGrath)	5	3	15	Aintree CRM and COPC (monthly) Aintree Planned Care Group (monthly) Aintree Cancer Improvement Group (quarterly) RLSUHT Collaborative Cancer Performance meeting (monthly) Strengthened process for sharing pathway level and 144 day breaches with CCG Internal to CCG HR meeting monthly fed through to Quality and Performance Committee and at NHSE performance calls through KLOES CRN issued (see sign agreement) Superceded by Covid arrangements led by Cheshire and Merseyside Cancer Alliance Weekly Smp reporting Focus on PTL size rather than performance Trajectories received for reduction of very long waiters > 104 days	5	3	15	Mar-21	Mar-21	Strengthened process for harm review of very long waiting cancer patients Cancer Alliance Restoration plan with focus on reducing numbers of patients waiting > 104 days and recovery of end of day services Trajectories received for reduction of very long waiters > 104 days		12	15	15	15	↔	↔	Performance Targets

Update: Q4 2020/21: 31 March 2021																							
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Committee	Area/Team Ref	SS	date	Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Initial Score		Residual Risk Q4 2020-21			Lead Review Date	Comm Review Date	Mitigating Actions	Action Owner/Lead	Review					Theme		
							Likelihood	Consequence	Likelihood	Consequence	Score					Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Trend to prior Q		Overall Trend	
Quality and Performance Committee	QUA075	SS	New Sept 19	Commissioning and Delivery	There is a financial and quality of care risk to the CCG that patients requiring complex and specialist rehabilitation care needs are not being assessed by an appropriately skilled team while currently that direct patient case management support is being provided as an additional role to the existing Head of Urgent Care & Community Services portfolio. Inputs are required on an urgent basis and are time consuming in regard to development/agreement of appropriate support arrangements which often entail high cost placements / packages of care. Risks are at an individual level in terms of workload and as lone practitioners for complex cases. Organisationally there are issues in regard to information governance, service resilience, costs and ensuring quality of care.	Stephen Williams (Janet Spallen)	3	3	3	3	9	Mar-21	Mar-21	CSU currently working through mobilisation plan - timescales for implementation to be confirmed. In interim CCG staff member retains responsibility for a cohort of complex patients with some significant issues which are being dealt with on a frequent basis within working week impacting on core role. Sept 2019 update CSU service commences 11th September. Nov 19 - staff in place and currently reviewing the patient cohort. Role has been implemented with tangible improvements seen in patient management and ability to review effectiveness and efficiency of individual support arrangements in regard to patient experience and utilisation of resources/financial benefits. Review of post pending to determine long term requirements. 11/20 - Permanent post agreed at 0.8 WTE and presently being recruited to. Need to monitor going forward if this is sufficient to manage caseload given increasing number of referrals. 9/1/20 - Support arrangements being embedded within CSU. Work proposed at CAM level for complex rehab with opportunity to develop peer support network for case manager roles across CCG areas - mitigate risks associated with sickness or annual leave. 4/1/21 No change to above. Post not agreed as yet to progress work on behalf of CCGs March 2021 No change to above.	Stephen Williams (Janet Spallen)	16	9	9	9	↑	↑	Quality Assurance of Providers	
Quality and Performance Committee	QUA080	SS	NEW 01.06.2020	Commissioning	There is a risk to the delivery and quality of phlebology service as it resource business to result in line with COVID restrictions - significant loss in capacity and potential increases in access times	Stephen Williams (Janet Spallen)	3	4	12	2	2	4	Mar-21	Mar-21	Collaborative project group established across Setton and Liverspool Local capacity and demand exercise underway. Opportunities to increase workforce short term being explored. Business more prominent in south Setton at present but Southport & Formby also included in scope as may also be affected as routine referrals to be incorporated into service going forward. Sept 2020 Detailed action being progressed with additional capacity created through COVID initiatives supported by GP Federations in S&F and SS. Focus on workforce, profiling future demand and capacity required to support. Nov 2020 Local action plan progressing well towards recovery of pre-COVID service capacity but has required intensive system approach with CCG support. Going forward service model being worked up to support future phlebology model that is sustainable for primary, community and acute needs with recognition of COVID social distancing and use of virtual consultations changing where patients are supported. Jan 2021 Operational delivery position significantly improved following local action plan to recover capacity and develop workforce. Waiting times mainly in line with KPIs as previous to COVID-19. March 2021 Work underway to review service specification and delivery model to meet new ways of COVID working. Waiting times fluctuate with remedial action to resolve. Recommend removing from risk register and moving to business as usual.	Stephen Williams (Janet Spallen)	N/A	9	12	4	→	↓	Commissioning
Quality and Performance Committee	QUA078	SS	Mar-20	Commissioning	There is a risk to performance and quality at the AUH site LHUFF caused by the service reconfiguration due the merger resulting in potential adverse impact on care and outcomes.	Brendan Prescott	4	3	12	5	4	20	Jan-21	Mar-21	Jun 20 - Enhanced Surveillance indicators agreed with Trust and Commissioners. Jul 20 - LCCG has revised the agenda and work plan for the COPG and Commissioning Forum (CF) meetings so as to focus on areas of greatest risk post COVID-19. The current administration arrangements have been revised to reduce risk and fragmentation of approach, with LCCG leading this. Oct 20 - enhanced surveillance indicators have been agreed with the trust to monitor the impact of the merger with both an operational and QD focus. The trust has experienced recent and intensive pressures on performance as a result of COVID with impact on both staffing and operational delivery. A single item QSG has been convened for October 20 to review stakeholder concerns. Nov 20 - Follow up SIGSG with regulators and commissioners planned once COC have published inspection report. This is expected December 2020. Focus areas at COPG to receive assurance on IPC, workforce and staffing, VTE, MARS, and Never Event thematic identification. January 21 - COC report published and highlighted issues with leadership, governance, culture and risk escalation. Report will be discussed through CCF and Exec COPG with LCCG as coordinating commissioner. March 21 - Coordinating Commissioner has formally requested COC action plan from the Trust as not presented by beginning of March 21	Tracey Forshaw	12	12	15	15	↑	↑	Performance Targets
Primary Care Commissioning Committee in Common	PC20	SS	25/02/2020	Commissioning	Non-Medical Prescribing (NMP) - Risk that without robust NMP policy in place staff may be being outside work outside the scope of their role.	Jan Leonard	3	3	9	3	3	9	Mar-21	Mar-21	NMP policy being reviewed - This will be presented through appropriate CCG governance process for approval and the LMC then shared with all GP Practices. Review of NMP policy delayed due to COVID, will now pick-up this work - Staff policy went to JMOG and LMC to review - LMC are in the process of reviewing this document. Policy to be presented to Quality Committee for approval. Proposal to close risk following review at PCCGIC	Jan Leonard	9	9	9	9	→	→	Commissioning
Quality and Performance Committee	QUA079	SS	Mar-20	Commissioning	There is a risk to performance, quality and delivery of the CHC programme caused by COVID-19 resulting people being lost in the system, care packages not being appropriate to patient need and a post Covid 19 backlog of referrals and assessments.	Christie Cooke	4	4	16	4	4	16	Jan-21	Mar-21	November 20 - Review of Setton deferred continues and is currently on trajectory to complete by March 2021. CSU colleagues working with LA to determine whether patients require CHC assessments or if needs have changed over the last 9 months. January 21 - Deferred assessment work for Setton cases still on track to complete despite 2 week suspension of work. Business as usual processes since September 2020 remain consistent with weekly ratification of cases. MIAA audit due for delivery February 2021. March 21 - MIAA audit returned to author following factual accuracy check and will be presented to Finance and Resource Committee. Deferred assessment cases on track to be completed by end of March 21. However, MCFI have identified a new cohort of cases which will require assessment. This will not be complete by end of March 21. Service spec for CHC pathway to be reviewed in March 21 and embedded in new contract 21/22. Performance activity report reviewed in March 21 and to be presented to providers in April 21 to provide further assurance on CHC performance.	Christie Cooke	16	16	16	16	→	→	COVID-19

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Finance and Resource	FR0011	SS	Q1 2020/21	Finance	There is a risk of non-delivery of the CCG's control total in 2020/21 due to emerging pressures on expenditure or non-delivery of its savings plan.	Martin McDowell	4	4	16	3	3	9	Mar-21	Mar-21	<ul style="list-style-type: none"> On-going review and monitor of cost behaviours to provide an early warning system regarding emerging financial pressures. Opening plan likely case deficit reported as £8.9m (£9.8m adrift from plan). Revised financial guidance for period April to July 2020 reduces risk to financial position as a consequence of non-delivery of QIPP schemes. Links established with D2A working group and with MLCU regarding discharge tracker and ongoing monitoring to ensure all COVID associated packages of care are captured and costs reported appropriately. Communications established to ensure that COVID related costs are notified to the Finance team. Monthly reporting of COVID costs and review of cost base to identify COVID related spend. Ongoing review of systems and processes across North Mersey via MLCU and CCGs during the emergency response period. Monthly reporting processes established via NHS England. Plan in place for Medicines Management QIPP work post COVID-19 support. 29/10/20 – the F&R Committee agreed to increase the consequence residual score from 4 to 5 as the overall financial pressure is now above £2m and the potential to make cash releasing savings is very limited. The committee also agreed to increase the likelihood residual score from 4 to 5, as it is almost certain that the CCG will not deliver its Control Total or statutory duty. The likelihood residual score may be subject to change at a later stage depending on the outcome of NHS related discussions taking place at a national level. 18/02/21 - the F&R Committee agreed to reduce the likelihood residual score and consequence residual score 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. 	Martin McDowell	N/A	16	16	25	↓	↓	Financial Duties
Finance and Resource	FR0011a	SS	Q1 2020/21	Finance	There is a risk that the CCG will not fully deliver its planned QIPP target in 2020/21 caused by non-delivery of high risk QIPP schemes resulting in a failure to deliver required levels of savings.	Martin McDowell/ Stephen Williams	4	4	16	5	5	25	Mar-21	Mar-21	<ul style="list-style-type: none"> CCG needs to continue to focus upon the delivery of new models of care arising from COVID arrangements and QIPP work plans to ensure mobilisation and inclusion in future contracting processes. QIPP Progression suspended during the COVID emergency response and revised financial regime implemented nationally. NHS England and Improvement published guidance on 15th September 2020 on the financial and contracting framework for the remainder of 2020/21. Contracting processes for 2020/21 have been suspended, which limits the scope to achieve cash releasing savings in 2020/21. Funding arrangements will be managed at system level with fixed system funding envelopes and the requirement for the CCG to achieve financial balance within these envelopes. PMO work to develop QIPP processes and governance arrangements has progressed in the year to date. 29/10/20 – the F&R Committee agreed to increase the likelihood residual score from 4 to 5 as it is almost certain that the CCG will not fully deliver its planned QIPP target in 2020/21. 18/02/21 - the F&R Committee agreed to increase the consequence residual score 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. 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. 	Martin McDowell	N/A	16	16	20	↑	↑	Financial Duties
Finance and Resource	FR0011b	SS	Q1 2020/21	Finance	There is a risk that the CCG will fail to contain expenditure against its opening budgets and reserves in 2020/21 caused by potential expenditure pressures. This may include long term changes to medium/long term health needs through the COVID period resulting in increased costs and a reduction in the ability to achieve its control total and SFD.	Martin McDowell/ Stephen Williams	3	3	9	3	3	9	Mar-21	Mar-21	<ul style="list-style-type: none"> Review of financial reporting to ensure continued relevance re. content and granularity of detail. Communications and engagement with CCG and Provider recovery cells will be key in determining the financial impact of future changes as part of QIPP work and contracting processes going forward. 	Martin McDowell	N/A	9	9	9	↔	↔	Financial Duties
Audit Committee	AC001	SS	13/04/2020	Line Managers/HR/ Finance	Risk of fraudulent abuse by employee of sickness / leave and false timesheet / overtime claims.	Line Managers/ HR/ Finance	2	2	4	2	1	2	Apr-21	Jan-21	<p>Sickness / leave abuse As staff are self-diagnosing symptoms without any requirement, in the first instance, to contact either their GP or 111, it will be difficult to identify any potential incidences where an individual may be using coronavirus as a false pretence for abusing sickness leave until a shielding letter or other correspondence is submitted.</p> <p>False timesheet / overtime claims Overtime must continue to be recorded and authorised, where possible in advance.</p> <p>Other measures that may be considered at an individual level to mitigate against sickness / leave abuse, false overtime and time recording fraud, for staff working from home in particular, include:</p> <ul style="list-style-type: none"> More regular contact between management and staff member HR reminder to staff of NHS organisation sickness absence policy Increased level of staff monitoring, activities undertaken and outputs achieved. <p>A fraud-focused reminder or bulletin to staff on the risks associated to sickness / leave abuse, timesheet / overtime fraud and working whilst off sick, in the context of the situation around coronavirus, may be considered appropriate.</p>	Line Managers/ HR/ Finance	N/A	2	2	2	↔	↓	Corporate Systems and Processes

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Committee	Area/Team Ref	SS	date	Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Initial Score		Key controls and assurances in place (and actions completed) (What controls/ systems are already in place to prevent the risk from being realised...)	Residual Risk Q4 2020-21			Lead Review Date	Comm Review Date	Mitigating Actions	Review					Theme		
							Likelihood	Consequence		Score	Likelihood	Consequence				Score	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21		Trend to prior Q	Overall Trend
Audit Committee	AC002	SS	13/04/2020	Line Managers/ HR	Risk of the fraudulent or corrupt recruitment, appointment or promotion of unsuitable temporary, casual or permanent NHS employees (be they genuine or fictitious)	Line Managers/ HR	2	4	Compliance with recruitment checks set out by NHS Employers; Due diligence checks; Compliance with NHS CFA Recruitment Guidance.	2	1	2	Apr-21	Jan-21	Pre-employment frauds Where individuals are already employed within the NHS (in England), NHS organisations should ensure there is a legal agreement to share substantive staff and bank workers and use digital systems, such as ESR or the digital staff passport which is being developed by NHSE&I, to avoid any unnecessary duplication of employment checks. NHS organisations must ensure that they obtain appropriate assurances that the person they interview online is actually the person presenting themselves for work, or is carrying out work on their behalf, if they will be working remotely. The applicant must present the original versions of these documents as soon as is practical, for example, when they come in for induction. All scanned and emailed documents must be retained on file. If the individual is both recruited and deployed remotely i.e. may be working from home, it is recommended that NHS organisations make a record that verification of documents has been carried out remotely and not through examining original documentation. Where appointing individuals to unregulated roles, NHS organisations will need to make an appropriate risk-based assessment to the priority given to that qualification in the person specification, and the assurances that may need to be gained as part of the check process. With regard to professional registration and qualification checks, NHS organisations should continue to seek online verification against the relevant professional register to confirm that the healthcare worker is registered to practice in the chosen profession. As a minimum, employers should seek at least one reference from the individual's current or previous employer either via email or over the phone.	Line Managers/ HR	N/A	2	2	2	↔	↓	Corporate Systems and Processes
Audit Committee	AC003	SS	13/04/2020	Finance/ Procurement	Risk of the fraudulent or corrupt manipulation of NHS finance and performance systems and data (including Bank mandate fraud, False accounting and Invoicing/procurement fraud) potentially or actually causing a loss to the NHS and/or a gain to another.	Finance/ Procurement	2	6	SFIs; SOs; Established Financial Controls; Audits of Financial Systems; Compliance with NHS CFA Guidance on Mandate Fraud, Invoice Fraud, Procurement Fraud Business continuity processes considered as part of the emergency COVID response - MIAA governance checklist considered and completed.	2	1	2	Apr-21	Jan-21	Bank mandate fraud Appropriate measures include: • If there should be a need to amend bank account details, suppliers should be sent a bank account amendment form for their finance director or company secretary to sign, confirming the change of bank account details. Information provided on the amendment form should be checked against the health body's existing records before any change is made. • A senior member of the finance team should always review any change of bank account details and formally authorise this. • All staff should be aware of and adhere to internal procedures and controls to minimise the risk of losses to this type of fraud. • There should be segregation of duties and an appropriate level of access with respect to accessing invoice processing tools in payment systems. False accounting NHS organisations should review the use of established financial controls that are in place to obtain robust evidence of all provider claims made in order to ensure that said claims are being paid correctly. NHS organisations' governing bodies need to put in place arrangements to be kept informed and maintain their monitoring role. Regarding COVID-19 spending decisions, the decision-making process should be documented along with those who made the decision. Appropriate procedures should be implemented to: • document approval • document decisions • correctly code COVID-19 costs	Martin McDowell	N/A	2	2	2	↔	↓	Corporate Systems and Processes Financial Duties
Audit Committee	AC004	SS	13/04/2020	Debbie Fairclough	Risk of bribery and corruption against the NHS through the failure to adopt appropriate governance requirements (adequate measures) or to effectively apply management controls.	Debbie Fairclough	2	6	SFIs; SOs; NHS England Guidance on Conflicts of Interest; Compliance with 'Adequate Measures' in accordance with Bribery Act 2010.	2	1	2	Apr-21	Jan-21	Conflicts of interests Appropriate measures include: • Reminders to NHS staff to check their own employer's policy and any temporary guidance in relation to gifts and hospitality. • Reminders to NHS staff to comply with the current gifts and hospitality guidance and make declarations as required by that guidance. • Reminders to NHS staff that it is not appropriate to set up and manage personal 'wish lists' or to solicit gifts and donations via their own social media pages. • NHS organisations should make it clear to the public how they can donate directly, and warn against donations through alternative routes. • Update 9.4.21 - The Whistleblowing / Raising Concerns - Freedom to Speak Up Policy was approved, implemented and shared widely March 2021. Conflicts of Interest / New Suppliers The NHS CFA has established a useful NHS CFA quick reference guide on fraud risks when buying goods and services directly from suppliers	Debbie Fairclough	N/A	2	2	2	↔	↓	Corporate Systems and Processes Financial Duties
Audit Committee	AC005	SS	13/04/2020	CCG Departments	Risk of the misuse or unauthorised removal / disposal of NHS assets / resources causing a loss to the NHS; or, the diversion of income intended for the NHS for private gain.	CCG Departments	2	4	SFIs; Oe; Asset Register Controls and Compliance Checks. Business continuity processes considered as part of the emergency COVID response. MIAA Governance checklist considered and completed.	2	1	2	Apr-21	Jan-21	Theft/fraud/disposal of NHS resources/assets and subsequent sale for private gain Due to limited likelihood of CCG making any significant purchases of PPE equipment (acknowledged that they may have made some) the need for enhanced stock checking procedures is limited. Where new items of IT equipment have been purchased these should be fully recorded/ controlled as part of the CCG asset management procedures if over ESR alongside any items of equipment which have been taken from offices to support agile working.	CCG Departments	N/A	2	2	2	↔	↓	Corporate Systems and Processes Financial Duties
Audit Committee	AC006	SS	13/04/2020	CCG Departments	Risk of genuine patients and ineligible individuals misrepresenting themselves as patients, defrauding the NHS in order to obtain benefits to which they are not entitled. (including Prescription fraud and false identity multi-registrations)	CCG Departments	2	4	Effective patient management, eligibility and verification arrangements; NHS CFA and DdH Guidance on Prescription Fraud, Identity Fraud, Overseas Patients etc.	2	1	2	Apr-21	Jan-21	False identity Multi-registrations NHS organisations should report any known individuals to NHS England and/or the Police in order for appropriate action to be taken. NHS organisations should remind staff to wear ID at all times whilst on-site, and to actively challenge anyone who is not and/or unfamiliar faces, particularly individuals in sensitive areas or around any store rooms containing vital equipment or supplies.	CCG Departments	N/A	2	2	2	↔	↓	Access to Services

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Audit Committee	AC007	SS	13/04/2020	CCG Departments/ Finance	Risks of third parties, external to the health body, attempting to defraud the NHS or NHS employees. (Caused by cyber frauds and scams)	CCG Departments/ Finance	3	2	6	3	1	3	Apr-21	Jan-21	Cyber frauds & scams MAAA is circulating regular (weekly) alerts to all NHS staff to warn them of current and up-to-date threats and remind them to remain vigilant to them. NHS organisations should consider circulating alerts to their vulnerable and elderly patients and clients to warn them of current and up-to-date threats, in particular the various doorstep scams. The baseline rating acknowledges that there is ongoing IT / Cyber Security work at a strategic and national level by NCS and NHS Digital, amongst other partners.	CCG Departments / Finance	N/A	3	3	3	→	↓	Corporate Systems and Processes Financial Duties
Primary Care Commissioning Committee in Common	JC32	SS	09/07/2020	Primary Care	There is currently a shortage in access to phlebotomy within primary care and community care services. This will have an impact on the overall care for patients and the making of clinical decisions including prescribing of certain drugs	Jan Leonard	3	3	9	4	4	16	Mar-21	Mar-21	A thorough wide meeting will be taking place to review the overall review of Phlebotomy services with Mersey Care CCG including Primary Care representative July update issue causing clinical delays - additional capacity being commissioned via Podiatrists, community services increasing routine provision - Accessibility, practices are starting to take an improvement in access to phlebotomy - A further practice in Boodle has indicated capacity to accept referrals from neighbouring practices which can be funded via the LDC. Situation improved, additional capacity remains in place. Issues remain with access to domiciliary service SF CCG. Risk reduced - Proposal to close risk following review at PCCCC	Jan Leonard	N/A	9	16	16	→	↑	Primary Care Services
Quality and Performance Committee	QUA081	SS	New Sep 20	Commissioning and Delivery	Adult ASD service, waiting times continue to remain under review. The high waits will also impact on SEND arrangement in particular the transition of CYP to adult services.	Gordon Jones	3	5	15	5	3	15	Mar-21	Mar-21	Provider has undertaken capacity and planning exercise Provider is developing investment case Investment will have to be considered by CCG and if approved funding can be released to reduce waits with an agreed improvement trajectory. Clinical Quality and performance meetings SEND relationship meeting with MCT In November the CCG approved a waiting list initiative for £100K to enable the service to target the long waits in lieu of the Business Case which was received in December 20 Business case has not yet been agreed, update to follow	Access to services	N/A	N/A	15	15	→	→	Commissioning
Quality and Performance Committee	QUA082	SS	New Sep 20	Commissioning and Delivery	Adult Eating Disorder service has had long standing challenges around achieving 18 week waits. In addition the service is not NICE compliant	Gordon Jones	4	5	20	4	5	20	Mar-21	Mar-21	Provider has developed investment case update this was done in December 2020 which will need to be considered by CCG Investment will have to be considered by CCG and if approved funding can be released to reduce waits with an agreed improvement trajectory. On 21 August a GAC slot was added describing the development of the slot to an effort to ensure all patients have equitable access to their medicines, prescribers are reminded NOT to over prescribe and community pharmacies are urged to NOT stockpile lithium medicines - joint risk with meds management. GERALDINE INVESTIGATING CURRENT POSITION CCGs (including Liverpool) have agreed that funding for eating disorders needs to be on a phased basis	Access to services	N/A	N/A	20	20	→	→	Commissioning
Audit Committee	AC009	SS	Aug-20	CCG Departments/ Procurement/Finance	Risk of commissioning fraud due to CCGs looking pragmatically at supporting their health economy and promoting new ways of working. This may have meant new contracts being established at short notice.	CCG Departments/ Procurement/Finance	3	3	9	2	2	4	Apr-21	Jan-21	The CCG has established systems and processes already in place via its Scheme of Reservation and Delegation (SORD) to authorise payments. In some CCGs, exceptional/ urgent payments due to COVID-19 have been authorised by their leadership teams and or committees established to approve urgent payments. In the event that urgent authorisation is required, payment, post authorisation by the leadership team, would be expected to follow established systems and controls with regard to urgent payments. It is important that the CCG maintains a log of urgent payments and seeks to review the payments made to ensure they have had scrutiny within the SORD constraints. If that is not the any case exceptions and hearing should be reported to the next Audit Committee. Where any instances of suspected fraud or corruption activity are identified this should be reported immediately to the LCFS. Given the change in the NHS financial regime CCGs are likely to be required to seek evidence, verification and assurance over extra funding requests from Trusts for COVID-19 expenditure. Significant sums of public money are highly likely to be involved and CCGs need to assure themselves over the probity of the claims received from NHS and where appropriate from private contractors. Where any concerns of fraud are identified the LCFS should again be contacted for advice and support.	CCG Departments/ Procurement/Finance	N/A	N/A	4	4	→	↓	Corporate Systems and Processes Financial Duties
Audit Committee	AC010	SS	Aug-20	MCLSU CHC team/ Quality/ Finance	Risk of CHC and PHB fraud due to lack of assessments and new ways of working.	MCLSU CHC team/ Quality/ Finance	3	3	9	3	2	6	Apr-21	Jan-21	SFIs; SOs; Established Financial Controls; Audits of Financial Systems. Compliance with NHS CFA Guidance on Mandate Fraud, Invoice Fraud, Procurement Fraud Business continuity processes considered as part of the emergency COVID response - MAA governance checklist considered and completed. Mandated Hospital Discharge Process implemented in year which suspended assessment processes between April and August 2020. Backlog assessment process involved with trajectory of clearing all suspended assessments before 31st March 2021. Data integrity review ongoing to ensure all COVID CHC cases captured and aligned to correct funding stream. Discharge to assess arrangements worked through by multi-disciplinary team as part of mandated response to hospital discharge programme. Data integrity review ongoing to ensure all data captured appropriately. Staffing capacity reviewed against funding provision and work directed to highest risk areas. Staff involved in reviews encouraged to discuss any suspicious claims with CCG's LCFS. Consideration to be given to this area for a local proactive detection exercise. Adoption of a risk based approach to completion of retrospective reviews in accordance with guidance from NHSE.	MCLSU CHC Team/ Interim Chief Nurse/ Chief Finance Officer	N/A	N/A	6	6	→	↓	Corporate Systems and Processes Financial Duties
Audit Committee	AC011	SS	Aug-20	Primary Care Team/ NHS E Primary Care Finance team/ CCG Finance	Risk of Primary Care Contractor Fraud, resulting in increased expenditure in Primary care services.	Primary Care Team/ NHS E Primary Care Finance team/ CCG Finance	3	2	6	2	1	2	Apr-21	Jan-21	NHS E Finance team provide support to the CCG for the proactive management of systems and controls in place with regard to delegated commissioning of General Medical Services. Other primary care services are dealt with centrally by PCSE. Management review process are in place to review in year spend against budgetary provision and exceptional areas will be investigated to establish reasons and/ or remedial actions required. An internal audit review has been conducted in this area as part of the internal audit plan for 2020/21. Expenditure for Primary Care Services is monitored following CCG budgetary control procedures and systems. Financial reports are provided to the Primary Care Commissioning Committee in Common bi-monthly. The CCG Finance team communicate regularly with the CCG Primary Care team and also with Finance colleagues at NHSE who provide support services to the CCG in relation to financial aspects of primary care contractors. Staff are aware of the need to report concerns to CCG management and the LCFS.	Primary Care Team/ NHS E Primary Care Finance team/ Chief Finance Officer	N/A	N/A	2	2	→	↓	Corporate Systems and Processes Financial Duties Primary Care Services

Update: Q4 2020/21: 31 March 2021										Review																			
Details of Risk										Initial Score			Residual Risk Q4 2020-21			Lead Review		Comm Review		Mitigating Actions					Review				
Committee	Area/Team Ref	SS	date	Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Likelihood	Consequence	Score	Key controls and assurances in place (and actions completed) (What controls/ systems are already in place to prevent the risk from being realised...)	Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Proposed Action	Action Owner/Lead	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Trend to prior	Overall Trend	Theme					
Quality and Performance Committee	QUA083	SS	NEW: 10/11/20 Updated: 10/3/21	Commissioning and Delivery	The risk that the health related targets of the SEND improvement plan will not be met due to the impact of covid-19 on progress and ability to deliver, specifically the waiting times for therapy services and CAMHS. This may impact on the provision of services to SEND CYP and result in reputational damage for the CCGs and SEND partnership. Lockdown 3 may impact on the provision of services to SEND CYP and result in reputational damage for the CCGs and SEND partnership. The SEND improvement plan targets for therapy waiting times were met in October 2020 and CAMHS improvement trajectories were also on track, a position that is currently being sustained, despite covid. However, since the 3rd lockdown the impact on continuing improvements and delivery of services is at risk, due to increasing levels of staff sickness, school closures etc.	Peter Wong	4	4	16	<ul style="list-style-type: none"> Monitored via the SEND partnership's governance structures ie: the SEND Continuous Improvement Board (SEND CIB) and subgroups Waiting times reported and monitored monthly via SEND Health Improvement Group and internal IPR process Covid-19 Business Continuity Plan agreed by SEND CIB and implemented - can be adapted and updated as required Covid-19 service recovery and restoration plans developed and implemented by providers - can be adapted and updated as required Additional CAMHS investment agreed by CCGs to provide extra capacity and resilience to the service - extra resource implemented January 2021 Case studies demonstrating impact and covid-19 adaptations have been collated - these practices and adaptations are in place to respond to impact of lockdown 3 on delivery of services. CCGs working jointly with Liverpool CCG to secure additional short term SEND funding to support priority areas as outlined in the improvement plan e.g: ASD post diagnostic support 	3	4	12	Mar-21	Mar-21	<ul style="list-style-type: none"> CCGs working collaboratively with providers and partners to monitor progress against the covid-19 recovery plans waiting time targets, identifying issues and mitigations Escalation of issues to CCGs' LT and SEND CIB when required. Consideration of additional resource where increasing demand due to covid-19 is an issue eg in the case of increase demand for mental health services CCGs working collaboratively with providers and partners to monitor progress against the covid-19 recovery plans waiting time targets, identifying issues and mitigations. Escalation of issues to CCGs' LT and SEND CIB when required. CCG agreed additional resource in response to increasing demand due to covid-19. Meetings scheduled on implementation of additional CCG investment with CAMHS providers and progress towards stabilising waiting times. 	Peter Wong	N/A	16	12	12	↔	↓	Quality Assurance of Providers					
Quality and Performance Committee	QUA084	SS	NEW: 10/11/20 Updated: 10/3/21	Commissioning and Delivery	There is the risk that children and young people's mental health needs are not met due to an increasing demand for support and treatment as a result of Covid-19, which could be further exacerbated by lockdown 3 measures. Increased demand is being seen in CAMHS providers. Reported 20% increase in referrals for last 6 months of 2020 compared to same time in 2019. Reported increase in urgent referrals and an increase in complexity.	Peter Wong	4	4	16	<ul style="list-style-type: none"> Alder Hey implemented the 24/7 crisis service following NHSE national mandate Alder Hey developed a covid-19 recovery plan which is being closely monitored and has been used to inform CCGs decision to provide additional short term CAMHS investment In November 2020, CCGs agreed additional short term investment to local CAMHS services, providing additional capacity and resilience Alder Hey introduced a new "COVID support team" in December 2020 to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic, on a term basis. Impact and provider performance being closely monitored via IPR, Alder Hey CQRM and SEND partnership governance structures Key CAMHS partners are members of the local Covid-19 mental health cell and Cheshire and Merseyside mental health hub and are working collaboratively across the north Mersey footprint to manage impact. Funding for Kooh has been agreed for a further 4 years, including an increase in capacity and an extension to the age range to 25 as per the enhanced covid-19 offer. The CAMHS partnership is collaborating to provide covid-19 specific resources and communications eg: an updated EHWB toolkit for schools and a CAMHS covid-19 bulletin. CCGs and partners continue to bid for additional short term covid-19 mental health funding where possible eg: CCGs successful in securing £30k Violence Reduction Partnership monies 	4	4	16	Mar-21	Mar-21	<ul style="list-style-type: none"> CCGs are considering additional short term funding to enhance the resilience of the locally commissioned CAMHS services Providers are managing increases in demand by using additional capacity in existing team and agency staff. In collaboration with LAs, the Kooh contract has been renewed and additional funding agreed to continue to provide the enhanced covid-19 service from 2021 - 2024. Using national lottery funding, Alder Hey is setting up a short term 'covid support team' for CYP across Liverpool and Sefton. The CAMHS partnership has been successful in securing £720k for 2 x Mental Health Support Teams which are being set up to support CYP mental health in schools. CCG agreed additional resource in response to increasing demand due to covid-19. Meetings scheduled on implementation of additional CCG investment with CAMHS providers and progress towards stabilising waiting times. 	Peter Wong	N/A	16	9	12	↑	↔	Quality Assurance of Providers					
Quality and Performance Committee	QUA085	SS	09/11/2020	Unplanned Care	Southport and Ormskirk Trust are currently not achieving the 95% of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E dept, causing overcrowding and the inability to practice social distancing superceeds risk 006	Stephen Williams/ Sharon Forrester	5	3	15	<ul style="list-style-type: none"> The trust have implemented a cohorting system within ED and on the wards to improve patients safety and reduce the risk of Covid-19 transmission. They are utilising streaming and assessment areas and discharging from ED where appropriate. Cohorting has reduced bed occupancy. A series of messages from the CCG has been issued to push heavily across social media to encourage people only to go to A&E in emergency situations - other healthcare professionals like pharmacists and GPs and use NHS111, SERV Car and Crisis response intermediate care commissioned, links with Frailty and falls pick up service. 	5	2	10	Mar-21	Mar-21	<ul style="list-style-type: none"> System Executive Management calls in operation, chaired by the AO of the CCG. Direct booking introduced in ED to control the flow and arrivals to the department. NHS 111 First due to go live in the S&O system on the 17th November. NHS 111 First now fully operational and evolution meetings in planned to develop service further. More capacity commissioned in... Direct team and based intermediate care for patients swabbing - we and -ve for Covid-19 Reablement capacity to support a home first ethics AED delivery board identified work streams - Non elective demand management, Internal patient flow and intermediate care board. Work to progress regarding improving patient flow and discharge. 	Stephen Williams/ Sharon Forrester	N/A	15	15	15	↓	↓	Quality Assurance of Providers					
Quality and Performance Committee	QUA087	SS	09/11/2020	Unplanned Care	NWAS unable to achieve 15 minute handover target and at times of increased pressure are at risk of >60 minute handover breaches caused by ED overcrowding and resulting in poor patient experience.	Stephen Williams/ Sharon Forrester	4	2	8	<ul style="list-style-type: none"> Ambulance holding bay operational at the trust with identified daily staff to take handover from NWAS. NWAS now able to stream directly to ambulatory/same day emergency care. SERV car operational to increase see and treat and reduce hospital conveyance, and patient in place. Target of less than 30 minute handover is in place no update 	3	2	6	Mar-21	Mar-21	<ul style="list-style-type: none"> Ecpi 2010 update - procurement advice taken to LT 4/20/19 and agreed to publish an expression of interest invitation to test market. Nov 10 - Ecpi being evaluated and will inform further procurement approach. Procurement complete with new provider to commence on 1st January 2021. New provider is mobilising and linking in with existing provider. Both GPs made decision to fund new IAPT service for 10% access rate in 2021/22 with additional resource being allocated if the provider was able to demonstrate achievement of 10%. The intention is to work with the provider to achieve 20% in 2022/23. NOW BAU Request case CRN and keep on team register. NWAS are working collaboratively with the acute trust and are at present able to achieve ambulance handover of <30 minutes enabling the crew to clear. no update 	Stephen Williams/ Sharon Forrester	NA	12	8	8	↓	↓	Quality Assurance of Providers					
Quality and Performance Committee	QUA088	SS	17/11/2020	Corporate Services	There is a risk that matters requiring escalation associated with complaints are missed as a result of ineffective complaints management arrangements being in place	Debbie Fairclough	4	4	16	<ul style="list-style-type: none"> Complaints Policy in place and approved by Q&P Complaints Policy being reviewed and updated following outcome of Niche report and will include guidelines on the management of compound complaints SOPs between CCG and CSU being developed Complaints data to be routinely reported to the Q&P committees 	3	3	9	Apr-21		<ul style="list-style-type: none"> Q&P to receive complaints reports CIB to receive complaints report New complaints policy approved in November 2020 and complaints oversight group established 	Debbie Fairclough	N/A	N/A	N/A	9	↔	↓	Corporate Systems and Processes					

Update: Q4 2020/21: 31 March 2021																																							
Details of Risk										Residual Risk Q4 2020-21										Mitigating Actions										Review									
Committee	Area/Team Ref	SS	date	Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Likelihood	Consequence	Score	Key controls and assurances in place (and actions completed) (What controls/ systems are already in place to prevent the risk from being realised...)	Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Proposed Action	Action Owner/Lead	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Trend to prior Q	Overall Trend	Theme															
Quality and Performance Committee	QUA009	SS	17/11/2020	Corporate services	There is a risk that there will be an increase in complaints following CHC appeals outcomes as a consequence of the CHC framework being stepped back up on 1st September 2020. This could result in a backlog of complaints as there is insufficient capacity within the corporate team to manage additional volumes	Debbie Fairclough	4	3	12	CCG recruiting a Band 5 CHC Complaints Manager that will work across both the corporate team and the Quality Team 9.4.21 - Additional Complaints lead now appointed December 2020 and is supporting complaints management function	3	3	9	Apr-21		The post is currently with the banding panel for confirmation of A/C Band CCG will advertise the post with a view to having new starter in place December 20 SOPs being developed between the CCG and CSU to ensure there are effective arrangements in place for the management and escalation of those complaints 9.4.21: CSU and CCG have joint complaints management action plan. CHC specification being finalised	Debbie Fairclough	N/A	N/A	N/A	8	↑	↓	Corporate Systems and Processes															
Primary Care Commissioning Committee in Common	JC32	SS	17/11/2020	Primary Care	There is a risk that the PCNs will be unable to administer the COVID-19 vaccine programme if appropriate premises are not identified for the receipt, storage and administration of the vaccine, resulting in continued and sustained risk of COVID-19 infection within the community and in care home settings	Jan Leonard	5	6	35	Mass Vaccine project team now established to oversee the Mass Vacc programme across all PCN areas. CCG is working with all PCN areas to identify premises across all PCN areas. These are being reviewed by NHSE for approval CCG Medicines Management Lead, Primary Care Lead, Mass Vaccine lead and Corporate Services lead represent the CCG on the Mass Vaccine cell SOPs for how the COVID-19 Mass Vaccine clinics will be managed now been shared with CCGs	3	4	12	Mar-24	Mar-24	CCG to continue to work with all relevant parties to ensure there is a robust response to the mass vaccine programme. Working with NHSE to understand requirements. Awaiting details of enhanced service. Proposal to close risk following review at PCCCIC	Jan Leonard	N/A	N/A	N/A	12	↔	↓	Primary Care Services															
Primary Care Commissioning Committee in Common	JC39 new	SS	21/01/2021	Primary Care	There is a risk that the COVID Mass Vaccine programme will not deliver the required number of vaccines resulting in continued and sustained risk of COVID-19 infection within the community and in care home settings if workforce is not available.	Jan Leonard	4	4	16	Mass Vaccine strategic group established to oversee the Mass Vacc programme across all PCN areas. Support from CCG Medicines Management Lead, Primary Care Lead, Mass Vacc lead and wider CCG team. CCG representation on the CCG on the C&M Mass Vaccine group. Systems in place to define keys roles within sites, rotas reviewed and risks to delivery escalated appropriately. Process in place to attract and increase workforce to sustain delivery longer term. Mutual aid also being explored. Plans for second doses under way. NHSE inviting sign up for cohort 10-12 delivery.	3	4	12	Mar-21	Mar-21	PCN groupings have worked through cohorts 1-8 for first doses. Targeted work has been undertaken for hard to reach groups. Expansion of offer as new groups bought into current cohorts. Guidance updated and adopted due to changes in vaccine SOPs. PCN groupings opted not to vaccinate cohorts 10+, CCG working with NHSE to look to bring in more provision for these cohorts.	Jan Leonard	N/A	N/A	N/A	13	↔	↓	Primary Care Services															
Quality and Performance Committee	QUA090 new	SS	10/02/2021	Planned Care	The Sefton LMC does not support the deployment of primary care high risk FT due to the medico-legal implications for GPs. This could prevent rollout into Sefton primary care.	Rob McDonald	3	4	12	Planned Care gastro lead working with CCG cancer leads and C&M cancer alliance to find a solution.	3	4	12	Mar-21	Mar-21	Planned Care gastro lead working with CCG cancer leads and C&M cancer alliance to find a solution.	Rob McDonald / Sarah McGrath	N/A	N/A	N/A	14	N/A	↔	Commissioning															
Quality and Performance Committee	QUA091 new	SS	11/03/2021	Planned Care	There is a risk that acute providers do not engage in planned care transformation schemes due a lack of clarity regarding CCGs role in the post covid restoration and recovery programme and/or divergent priorities resulting in difficulties implementing QIPP schemes.	Billie Dodd/Terry Hill	4	4	16	Planned care leads are linking in with acute providers to understand restoration and recovery plans, and understand how those plans align with CCG QIPP opportunities. Director of commissioning and strategy?? to liaise with Hospital Cell leads to understand CCG role in recovery, and with Neighbouring CCG AOs to discuss alignment of priorities.	4	4	16	Mar-21	Mar-21	Alignment of Priorities with that of neighbouring CCGs and understanding of the role that CCG has in acute recovery & restoration and during transition to ICS/ICP	Billie Dodd/Terry Hill	N/A	N/A	N/A	N/A	N/A	↔	Commissioning															
Quality and Performance Committee	QUA094 new	SS	Q1 2021/22	CHC	A number of cases awaiting assessment by Mersey Care NHS FT for review for consideration of CHC eligibility have been identified. These cases span the financial years of 2019/20 and 2020/21. It is unlikely these patients will be aware their assessment or review has not taken place in line with the national framework for CHC time limits. There is the risk that patients may have been exposed to financial harm in terms of having to have funded their own care, not having care needs met, current package of care deficit as well as the risk of reputational damage to the CCG.	Jane Keenan/Christie Cooke	4	4	16		4	4	16	Mar-21	Mar-21		Jane Keenan/Christie Cooke	N/A	N/A	N/A	N/A	N/A	↔	Quality Assurance of Providers															
Quality and Performance Committee	QUA093 new	SS	23/02/2021	Unplanned Care	There is a risk that the proposed model of care at Shottford House may not meet with the CCGs required standards due to lack of engagement with relevant CCG commissioning leads	Janet Spallen			0				0			No update on scoring received	Janet Spallen																						
Primary Care Commissioning Committee in Common	JC41 new	SS	11/03/2021	Primary Care	Risk to the ability of PCNs to deliver service specifications due to lack of estates to operate from.	Jan Leonard	4	3	12	initial review by estate team to identify gaps.	4	3	12	Mar-21	Mar-21	initial review by estate team to identify gaps.	Jan Leonard	N/A	N/A	N/A	N/A	N/A	↔	Primary Care Services															

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

Risk Ratings

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

↓ Significant Risks

Significant Risks

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

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

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

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

MEETING OF THE GOVERNING BODY June 2021

Agenda Item: 21/75	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southsefton.ccg.nhs.uk	Clinical Lead: N/A						
Report date: June 2021								
Title: Joint Committee of Cheshire and Merseyside CCGs: Overview of the establishment of the nine Cheshire and Merseyside CCGs								
Summary/Key Issues: This report is to provide members of the Governing Body with background, purpose, principles, responsibilities and representation of the Joint Committee of the nine Cheshire & Merseyside CCGs. It also outlines the key next steps over 2021/22 to support the ICS Statutory establishment								
Recommendation The Governing Body is asked to receive this report.		<table style="border: none;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; text-align: center;">X</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	X	Approve		Ratify	
Receive	X							
Approve								
Ratify								

Links to Corporate Objectives 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 June 2021

1. Executive Summary

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

In response to this, the nine Cheshire and Merseyside CCGs have established a Joint Committee of CCGs to make commissioning decisions 'at scale' across Cheshire and Merseyside.

2. Introduction and Background

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

There has been agreement to the establishment of a Joint Committee, the membership is currently being agreed. The outstanding issue is agreement on the proposed initial work plan. There is general agreement that Primary Care services, Community Care services and Voluntary Care services should continue to be commissioned at Place. There was also consensus that there was merit in exploring services that could be commissioned at scale and following initial discussions with CCGs Governing Bodies the revised work plan is now being shared for agreement.

An overview of the establishment of the Joint Committee is attached along with the revised work plan and draft Terms of Reference.

3. Next steps

Key next steps for the Joint Committee are to:

- Determine the required constitutional changes and CCG sign-off route, per CCG, engaging governance leads and/or legal support where required.
- Enact changes to CCG constitutions which includes:
 - Completion of variation request applications for NHS England/Improvement.
 - Receive authorisation letters from NHS England/Improvement.
 - Refinement of supporting Standard Financial Instructions and Scheme of Reservation and Delegation to allow the Joint Committee of CCGs to make binding decisions against agreed budgets.

4. Appendices

Appendix 1 - Overview of the establishment the Joint Committee of the nine Cheshire and Merseyside CCGs

Appendix 2 – Terms of Reference

Fiona Taylor
Chief Officer
June 2021

Joint Committee of Cheshire and Merseyside CCGs

Overview of the establishment the Joint Committee of the nine Cheshire and Merseyside CCGs

May 2021



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

Title	Establishment of the Joint Committee of the nine Cheshire and Merseyside CCGs		
Author(s)	Dianne Johnson, Lucy Davies		
Version	V0.2		
Target Audience	Cheshire & Merseyside Health Care Partnership Board		
Date of Issue	14/05/2021		
Document Status (Draft/Final)	Final		
Description	This document sets out the background, purpose, principles, responsibilities and representation of the Joint Committee of the nine Cheshire and Merseyside CCGs. It also outlines the key next steps over 2021/22 to support the ICS statutory establishment.		
Document History:			
Date	Version	Author	Notes
29/04/2021	0.1	Dianne Johnson/ Lucy Davies	Initial draft
14/05/2021	0.2	Dianne Johnson/ Lucy Davies	Final for HCP Board
Reviewed by:			Dianne Johnson

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1. Introduction

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

In response to this, the nine Cheshire and Merseyside CCGs have established a Joint Committee of CCGs to make commissioning decisions 'at scale' across Cheshire and Merseyside.

This document sets out the background, purpose, principles, responsibilities and representation of the Joint Committee of the nine Cheshire and Merseyside CCGs. It also outlines the key next steps over 2021/22 to support the ICS statutory establishment.

The purpose of this document is to provide C&M HCP with an update on the establishment of the Joint Committee of the nine CCGs across Cheshire & Merseyside.

2. Background & process

2.1 Background

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

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

Proposals for the purpose, principles, responsibilities, outline workplan, representation and terms of reference were taken to each of the 9 Governing Bodies for discussion and approval between December 2020 and March 2021. Included within this were 3 recommendations:

- I. It is recommended that the CCG Governing Body approves the proposed purpose and principles of the Joint Committee of Cheshire and Merseyside CCGs.
- II. It is recommended that the CCG Governing Body approves the proposed responsibilities, focus and outline initial workplan of the Joint Committee of Cheshire and Merseyside CCGs.
- III. It is recommended that the CCG Governing Body approves Option 3 for the representation of the Joint Committee of Cheshire and Merseyside CCGs and identifies the individuals it wishes to put forward.

The proposal and recommendations received a high-level of engagement and great feedback which has been utilised to refine the Joint Committee. All Governing Bodies supported the recommendation with caveats for further work required on the workplan and more detail needed around the representation. The inaugural Joint Committee was held on the 22nd April where the thematic responses were discussed and concluded (thematic responses can be found in Appendix A).



2.2 Process

In order to establish the Joint Committee of Cheshire and Merseyside CCGs, a process of engagement and discussion has been undertaken. This has included:

- 28 one-to-one discussions with system leaders were undertaken in October and November 2020. This included: CCG Accountable Officers, CCG Chairs, Local Authority Chief Executives and Place Leads and Health and Care Partnership leads.
- Participants were asked the following key questions:
 - What are your thoughts on the commissioning function(s) that should happen locally at Place?
 - What are your thoughts on the commissioning function(s) needed at a C&M level?
 - What are your thoughts on establishing a robust joint decision-making forum at a Cheshire and Merseyside level by April 2021?
 - What support would you need to help your membership or elective members consider and hopefully approve new arrangements by March 2021?
- Collective discussions were held at a workshop on the 4th November attended by 23 of these leaders.
- Follow-on discussions have taken place at the CCG Accountable Officer regular meeting on the 16th, 23rd, 30th November and 7th December 2020.

Using this engagement and a review of the Collaborative Commissioning Forum minutes, a list of potential services¹, which could be commissioned 'at scale' on a Cheshire and Merseyside footprint was developed, which was refined by the CCG Accountable Officers.

The list of services, outline workplan, proposed membership and Terms of reference for the Joint Committee were then shared for approval in each Governing Body between January 2021 and March 2021.

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

3. Joint Committee of Cheshire and Merseyside CCGs

3.1 Purpose

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

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

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

The nine CCGs in Cheshire and Merseyside are:

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

3.2 Principles

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

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

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

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

Figure 1: Principles

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

3.3 Responsibilities

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

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

3.4 Membership

The membership of the Joint Committee of Cheshire and Merseyside CCGs has been developed based upon constraints developed through discussion and is outlined in Figure 2.

Constraints:

- Each of the nine CCGs in Cheshire and Merseyside should be represented.
- Each CCG Accountable Officer(AO) must be part of the Joint Committee, where an AO is the AO of 2 CCGs then the CFO will act for one of the 2 CCGs.
- The Joint Committee will be NHS based with the decisions in the Joint Committee made by CCGs.

Figure 2: Joint Committee of Cheshire and Merseyside CCGs makeup

Roles: voting members
<p>Per CCG, one member with statutory duties</p> <ul style="list-style-type: none"> • CCG Accountable Officer (x7) • CCG Chief Finance Officer (x2)* <p>*When an AO is the AO of 2 CCGs</p> <ul style="list-style-type: none"> • x1 Chair** • x1 Vice Chair** <p>**To be appointed from Incumbent Chairs/Vice Chairs</p> <p>Each CCG to provide one of the following Governing Body roles</p> <ul style="list-style-type: none"> • x4 Clinical Leads • x1 Secondary Care Doctor • x1 Registered Nurse • x1 Lay Member – audit & governance • x1 Lay member - PPI • x 1 Quality Lead
In attendance
Healthwatch representative
Cheshire & Merseyside ICS representative
Public Health representative

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

3.5 Support to the Joint Committee of Cheshire and Merseyside CCGs

To enact the business of the Joint Committee of Cheshire and Merseyside CCGs and progress the workplan for agreed service areas, dedicated administrative resource will be required. This is in the process of being identified.

The Joint Committee of Cheshire and Merseyside CCGs will establish task and finish groups as well as subgroups as required to deliver the agreed workplan e.g. to ensure effective clinical commissioning expertise. The established Cheshire & Merseyside Collaborative Commissioning Forum provides a natural environment for some of development work required to continue supporting the Joint Committee over 2021/22.

3.6 Workplan

The Joint Committee of Cheshire and Merseyside CCGs outline workplan has been developed collaboratively. It is recognised that the Integration and Innovation White Paper “Working together and supporting integration proposals” is awaiting further detail and confirmation and therefore more service areas may be added to the work plan as the Joint Committee develops. Any such development will be aligned to the principles outlined in **Figure 1**. Any changes to the agreed workplan will need to be approved by the Governing Body of each CCG.

Figure 3: Outline initial workplan

Service area to be commissioned 'at scale'	Specific services to be included in the workplan of the Joint Committee of Cheshire and Merseyside CCGs
Mental Health Services	<ul style="list-style-type: none"> A. Children and Young People mental health services <ul style="list-style-type: none"> • Crisis services • Eating disorder services B. Agree common standards and develop a common workforce strategy to address widespread variation in access, provision, quality and outcomes C. Out of area placements
Acute services	<ul style="list-style-type: none"> A. Specialist Rehabilitation services (Neuro, Mental Health, Stroke, complex cases) B. Re-procure Bariatric services during 2021/22. C. Spinal services D. Standardise clinical policy e.g. IVF, interventions of low clinical priority E. Agree to adopt the National Specification for Stroke services across C&M.

It is important to note that commissioning at scale does not mean that the result will be a one size fits all solution when delivering at Place.



4. Next steps

As outlined in this paper the Joint Committee of Cheshire and Merseyside CCGs is now a functioning group with a clear purpose, principles, responsibilities and outline workplan. The Joint Committee will meet on a bi-monthly basis as outlined in the Terms of Reference and utilise the Collaborative Commissioning Forum to support the Joint Committee and to provide a forum to continue the development of the Joint Committee.

Key next steps for the Joint Committee are to:

- Determine the required constitutional changes and CCG sign-off route, per CCG, engaging governance leads and/or legal support where required.
- Enact changes to CCG constitutions which includes:
 - Completion of variation request applications for NHS England/Improvement.
 - Receive authorisation letters from NHS England/Improvement.
 - Refinement of supporting Standard Financial Instructions and Scheme of Reservation and Delegation to allow the Joint Committee of CCGs to make binding decisions against agreed budgets.

The C&M HCP Board are asked to:

- Note the information provided

Appendices

Appendix A: Governing Body thematic responses to Joint Committee proposals

A summary of the recommendations and the thematic responses from Governing Bodies is provided below:

Recommendation	Thematic response
It is recommended that the CCG Governing Body approves the proposed purpose and principles of the Joint Committee of Cheshire and Merseyside CCGs.	<ul style="list-style-type: none"> ▪ Approved the proposed purpose and principles outlined for the Joint Committee ▪ Request to further understand how the needs and scale of inequality will be addressed through this committee
It is recommended that the CCG Governing Body approves the proposed responsibilities, focus and outline initial workplan of the Joint Committee of Cheshire and Merseyside CCGs.	<ul style="list-style-type: none"> ▪ Approved the proposed responsibilities ▪ Majority approval of the workplan with requests for further refinement to cover: <ul style="list-style-type: none"> ○ Workplan needs to be more ambitious ○ How the work will be undertaken/conducted/resourced ○ More detail required on the scale and scope of the work plan and that services suggested have been assessed against the principles ○ One strong objection to Mental Health being commissioned at this level
It is recommended that the CCG Governing Body approves Option 3 for the representation of the Joint Committee of Cheshire and Merseyside CCGs and identifies the individuals it wishes to put forward. This option allows for a broad representation of different views from across a typical governing body.	<ul style="list-style-type: none"> ▪ Approved Option 3 for the representation of the Joint Committee with caveats detailed below: <ul style="list-style-type: none"> ○ Greater representation of clinical colleagues required ○ Consideration to be given to Healthwatch and Lay membership ○ How to ensure all current or future Governing Body roles are covered? ○ Independent Chair vs incumbent ○ Role of a vice-Chair ▪ It was also suggested that the JCCCG should be unitary board with equal representation of exec, non-executive and clinical and equality of representation across the existing 9 CCGs.

Other feedback themes included:

- Terms of reference require further significant development and to be brought back to Governing Bodies
- What is the engagement process pre and post JCC meetings for CCGs to consider the JCC papers so as to help provide the attendees with the considered opinion/position of their respective CCG?
- How do we agree the delegation of the budgets by each CCG against the services within the 3 themed areas or the principles or processes around then allocating the expenditure?
- Should a large CCG have the same voice of that with a much smaller population?
- If voting, does it have to be 100% unanimous and if not what is the quoracy required?

Appendix B: Examples of other Joint Committee structures

Lancashire and South Cumbria

Joint Committee of CCGs

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

(Terms of Reference, December 2019)

Cheshire CCGs

Joint Commissioning Committee (AHEAD OF MERGER)

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

(Terms of Reference, May 2019)

Joint Committee of the Cheshire & Merseyside Clinical Commissioning Groups

DRAFT Terms of Reference

May 2021



 <p>NHS Cheshire Clinical Commissioning Group</p>	 <p>NHS Halton Clinical Commissioning Group</p>	 <p>NHS Knowsley Clinical Commissioning Group</p>
 <p>NHS Liverpool Clinical Commissioning Group</p>	 <p>NHS Southport and Formby Clinical Commissioning Group</p>	 <p>NHS South Sefton Clinical Commissioning Group</p>
 <p>NHS St Helens Clinical Commissioning Group</p>	 <p>NHS Warrington Clinical Commissioning Group</p>	 <p>NHS Wirral Clinical Commissioning Group</p>

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Terms of Reference for the Joint Committee of Cheshire and Merseyside Clinical Commissioning Groups

1. Introduction


- 1.1 The Cheshire and Merseyside Health and Care Partnership (C&M HCP) is on a journey to be designated as an Integrated Care System (ICS) by April 2021. Key to this is developing the system architecture to support consistent operating arrangements for the future ICS. In response to this, Cheshire and Merseyside Clinical Commissioning Groups (CCGs) are seeking to establish a Joint Committee of the nine CCGs to make some commissioning decisions 'at scale' across Cheshire and Merseyside. The default principle, however, is that wherever possible, commissioning decisions should be made at 'Place' with only those commissioning decisions which make sense to do at scale being undertaken at a Joint Committee of CCGs across the Cheshire and Merseyside footprint.
- 1.2 The NHS Act 2006 (as amended) ("the NHS Act"), was amended through the introduction of a Legislative Reform Order ("LRO") to allow CCGs to form joint committees. This means that two or more CCGs exercising commissioning functions jointly may form a joint committee as a result of the LRO amendment to s.14Z3 (CCGs working together) of the NHS Act. Joint committees are statutory mechanisms which enable CCGs to undertake collective strategic decision making.
- 1.2 Health and Care Partnerships have been established nationally in accordance with the NHS Shared Planning Guidance requirements 2015/16, which required every health and care system to come together to develop plans to accelerate implementation of the NHS Five Year Forward View and the NHS Long Term Plan. CCGs are encouraged to form Joint Committees to facilitate effective, collaborative decision-making, where appropriate.

2. Establishment

- 2.1 The CCGs have agreed to establish and constitute a Joint Committee with these terms of reference to be known as the Joint Committee of the Cheshire and Merseyside Clinical Commissioning Groups (CCGs).

3. Role of the Joint Committee

- 3.1 The overarching role of the Joint Committee is to enable the Cheshire and Merseyside CCGs to work effectively together and make binding decisions on agreed service areas, for the benefit of the both the resident population and population registered with a GP practice in Cheshire and Merseyside.
- 3.2 Decisions will be taken by members of the Joint Committee in accordance with the delegated authority granted to them from each of their respective CCGs. As Joint Committee Members, individuals will represent the whole Cheshire and Merseyside population and make decisions in the interests of all patients.

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- 3.3 Decisions will support the strategic aims and objectives of the C&M HCP and will contribute to the sustainability and transformation of local health and social care systems at 'Place'. The strategic aims of C&M HCP are aligned to the NHS Long Term Plan (2019) and focus on improving and modernising our health and care services by:
- 3.1.1 Delivering safe and sustainable high-quality services;
 - 3.1.2 Improving the health and wellbeing of local communities and tackling health inequalities; and
 - 3.1.3 Delivering better joined up care closer to home.
- 3.4 The Joint Committee will at all times, act in accordance with all relevant laws and guidance applicable to the CCGs.

4. Remit of the Joint Committee of Cheshire and Merseyside CCGs

- 4.1 The Joint Committee will be responsible for making binding decisions on the agreed service areas (outlined in Appendix 1), for both the resident and registered with a GP Practice in Cheshire and Merseyside patient population. For these agreed service areas, to be jointly commissioned 'at scale' by the nine Cheshire and Merseyside CCGs, the responsibilities of the Joint Committee will include:
- 4.1.1 Population analysis of needs which should be addressed at a Cheshire and Merseyside level;
 - 4.1.2 Setting common standards across the agreed commissioned service areas, to be adhered to across Cheshire and Merseyside and aligned to where services are commissioned outside of Cheshire and Merseyside;
 - 4.1.3 Monitoring of these standards and providing assurance they are adhered to;
 - 4.1.4 Oversight and co-ordination of any public consultation or engagement required in relation to these agreed service areas (individual CCGs would undertake the public consultation and engagement and take collective accountability); and
 - 4.1.5 Allocation of spend related to the decisions made on the agreed service areas.
- 4.2 The services within scope will be defined in a workplan approved by each CCG, to be appended to the Terms of Reference. Given the changing NHS landscape there is a need to be flexible and be able to respond to change in year. It should be noted that any addition to the agreed annual workplan must be approved by each constituent CCG.
- 4.3 In addition, the Joint Committee will also provide a forum for the nine CCGs to consider national initiatives and/or new policy implementation which would/will impact on the delivery of CCG functions. Working collaboratively, the CCGs would review, determine at which level commissioning should take place i.e. C&M scale or at 'Place' and, where appropriate, agree common standards. The Joint Committee would form and submit any subsequent recommendations to each Constituent CCGs Governing Body for consideration.

5. Functions of the Joint Committee

- 5.1 The Committee is a Joint Committee of: NHS Cheshire CCG; NHS Halton CCG; NHS Knowsley CCG; NHS Liverpool CCG; NHS South Sefton CCG; NHS Southport and Formby CCG; NHS St Helens CCG; NHS Warrington CCG; and NHS Wirral CCG established through the powers conferred by section 14Z3 of the NHS Act 2006 (as amended). Its primary function is to make collective binding decisions on agreed service areas, for the Cheshire and Merseyside population within its delegated remit.
- 5.2 In order to deliver its delegated functions the Joint Committee will:
- 5.2.1 Make decisions to enable delivery of activities defined in a work plan, approved in line with the Joint Committee principles and responsibilities
 - 5.2.2 Agree and oversee an effective risk management strategy to support decision-making in all areas of business related to the Joint Committee's remit. These risks will be managed by the Joint Committee.
 - 5.2.3 Act as a decision-making body; authorising sub-groups to oversee and lead implementation of service changes
 - 5.2.4 Within the defined work plan, approve service models, specifications, and business cases up to the value as determined for the Governing Body by each constituent CCG's Scheme of Reservation & Delegation.
 - 5.2.5 Ensure appropriate patient and public consultation and engagement, which meets best practice standards and is compliant with CCGs' statutory responsibilities with regard to involvement, as set out in the NHS Health and Social Care Act 2012.
 - 5.2.6 Ensure compliance with public sector equality duties, as set out in the Equality Act 2010 for the purposes of implementation.
 - 5.2.7 Ensure appropriate consultation with the Overview and Scrutiny Committees and Health and Wellbeing Boards (or equivalent) established by the relevant Local Authorities
- 5.3 Whilst it is acknowledged that individual CCGs remain accountable for meeting their statutory duties, the Joint Committee will undertake its delegated functions in a manner which complies with the statutory duties of the CCGs as set out in the NHS Act 2006 and including:
- 5.3.1 Management of conflicts of interest (section 14O)
 - 5.3.2 Duty to promote the NHS Constitution (section 14P)
 - 5.3.3 Duty to exercise its functions effectively, efficiently and economically (section 14Q)
 - 5.3.4 Duty as to the improvement in quality of services (section 14R)
 - 5.3.5 Duties as to reducing inequalities (section 14T)
 - 5.3.6 Duty to promote the involvement of patients (section 14U)
 - 5.3.7 Duty as to patient choice (section 14V)
 - 5.3.8 Duty as to promoting integration (section 14Z1)
 - 5.3.9 Public involvement and consultation (section 14Z2)

- 5.4 In discharging its responsibilities the Joint Committee will provide assurance to each Governing Body through the submission of minutes, presented to Governing Body meetings, setting out key actions and decisions from each meeting and an annual report to inform constituent CCGs' annual governance statements.
- 5.5 The Joint Committee will conduct an annual effectiveness review which will be reported to each CCG's Audit Committee.

6. Membership

- 6.1 The Cheshire and Merseyside Joint Committee member organisations are:
- NHS Cheshire CCG
 - NHS Halton CCG
 - NHS Knowsley CCG
 - NHS Liverpool CCG
 - NHS South Sefton CCG
 - NHS Southport and Formby CCG
 - NHS St Helens CCG
 - NHS Warrington CCG
 - NHS Wirral CCG
- 6.2 A CCG member with statutory duties (Accountable Officer or Chief Finance Officer) of each full member organisation will sit on the Joint Committee. The CCG member with statutory duties will be a voting member of the Joint Committee.
- 6.3 Figure 1 depicts the Joint Committee membership

Figure 1: Membership

Roles: voting members
<p>Per CCG, one member with statutory duties</p> <ul style="list-style-type: none"> • CCG Accountable Officer (x7) • CCG Chief Finance Officer (x2)* <p>* When an AO is the AO of 2 CCGs</p> <ul style="list-style-type: none"> • x1 Chair** • x1 Vice Chair** <p>** To be appointed from Incumbent Chairs/Vice Chairs</p> <p>Each CCG to provide one of the following Governing Body roles</p> <ul style="list-style-type: none"> • x4 Clinical Leads • x1 Secondary Care Doctor • x1 Registered Nurse • x1 Lay Member – audit & governance • x1 Lay member - PPI • x 1 Quality Lead



In attendance
Healthwatch representative
Cheshire & Merseyside ICS representative
Public Health representative

- 6.4 Decisions made by the Joint Committee, within its remit, will be binding on its member Clinical Commissioning Groups.
- 6.5 Other organisations may be invited to send representatives to the meetings. In attendance members may represent other functions / parties/ organisations or stakeholders who are involved in the work plan of the Joint Committee and may provide support and advice to members.

7. Deputies

- 7.1 Each full member organisation will identify a named deputy member to represent members in the event of absence.
- 7.2 A named deputy will have delegated decision making authority to fully participate in the business of the Joint Committee.

8. Quoracy

- 8.1 The meeting will be quorate with at least one representative of each CCG (including the Joint Committee Chair/Deputy).
- 8.2 In the event of the Joint Committee making a formal decision which requires a vote, one voting member from each full member organisation/ CCG will be required for the meeting to considered quorate.
- 8.3 A duly convened meeting of the Committee at which quorum is present shall be competent to exercise all or any of the authorities, powers and directions vested in or exercisable by it.

9. Voting

- 9.1 The Joint Committee will aim to make decisions through consensus.
- 9.2 In the event of a requirement to make a decision by taking a vote, where a minimum of 75% of the voting committee membership, in attendance at the meeting, are in agreement; a recommendation or decision will be carried i.e. of the 9 voting members, where 7 voting members are in agreement.


- 9.3 Joint Committee members will make decisions in the best interests of the whole Cheshire and Merseyside population, rather than just the population of their constituent CCG.

10. Conflicts of Interest

- 10.1 A register of interests will be compiled and maintained for the Joint Committee which will require members (full and associate) to declare any interest in respect of their role across Cheshire & Merseyside in addition to their own CCG. This register shall record all relevant and material, personal or business interests, and management action as agreed by the individual's CCG. The Joint Committee register of interests will be published on each individual CCG's website and available for inspection at the offices of each CCG.
- 10.2 Each member and attendee of the Committee shall be under a duty to declare any such interests. Any change to these interests should be notified to the Chair as soon as they are known and no longer than 28 days from any change.
- 10.3 Where any Joint Committee member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) taking into account any management action in place at the individual's CCG and having regard to the nature of the potential or actual conflict of interest, shall decide whether or not that Joint Committee member may participate in the meeting (or part of meeting) in which the relevant matter is discussed. Where the Chair decides to exclude a Joint Committee member, the relevant CCG may send a deputy to take the place of that conflicted Joint Committee member in relation to that matter, as per section 7 'Deputies' above.
- 10.4 Should the Committee Chair have a conflict of interest, the committee members will agree a deputy for that item in line with NHSE guidance.
- 10.5 Any interest relating to an agenda item should be brought to the attention of the Chair in advance of the meeting, or notified as soon as the interest arises and recorded in the minutes.
- 10.6 Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the respective CCG's Conflicts of Interest Policy, the Standards of Business Conduct for NHS Staff (where applicable) and the NHS Code of Conduct.

11. Meetings

- 11.1 The Joint Committee shall meet bi-monthly and then as required in order to make decisions regarding the work plan. The Chair will have authority to call an extraordinary meeting with at least 5 days' notice.
- 11.2 Meetings will be scheduled to ensure they do not conflict with respective CCG Governing Body meetings.

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- 11.3 Meeting dates will be published on the nine CCG websites at least 5 working days before the meeting. Agendas and papers will be published on each of the nine CCG websites.
 - 11.4 The Joint Committee may appoint task and finish groups or sub-committees for any agreed purpose which, in the opinion of the Joint Committee, would be more effectively undertaken by a task and finish group or sub-committee. Any such task and finish group or sub-committee may be comprised of members of the CCGs or other relevant external partners, who are not required to be members of the Joint Committee. Minutes/reports of task and finish group or sub-committees will be promptly submitted to the Joint Committee.
 - 11.5 Joint Committee meetings will be held in public but are not public meetings. Members of the public may observe deliberations of the Joint Committee, with feedback encouraged through the public engagement or consultation process. Items the Joint Committee considers commercial in confidence or not to be in the public interest will be held in a private session (Part 2) of the meeting, which will not be held in public as per Schedule 1A, paragraph 8 of the NHS Act 2006.
 - 11.6 Members of the Joint Committee may participate in meetings in person or virtually via video, telephone, web link or other live and uninterrupted conferencing facilities.

12. Infrastructure/Organisational Support

- 12.1 To enact the business of the Joint Committee and progress the work plan for agreed service areas, dedicated administrative resource for the Joint Committee will be agreed by the nine CCGs.
- 12.2 Papers for each meeting will issued to Joint Committee members no later than five working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.

13. Review of Terms of Reference

- 13.1 These terms of reference shall be reviewed by the Joint Committee annually, with input from CCG Governing Bodies, and any amendments approved by each CCG.
- 13.2 They may also be amended by mutual agreement between the CCGs at any time to reflect changes in circumstances as they may arise.

14. Withdrawal from Committee

- 14.1 Should the Joint Committee arrangement prove to be unsatisfactory, the Governing Body of any member CCG can decide to withdraw from the arrangement, but has to give a minimum of six (6) months' notice to partners, with consideration by the Committee of the impact of a leaving partner – a maximum of 12 months' notice could apply.



15. Dispute Resolution

- 15.1 Where any dispute arises between the member CCGs or where the Joint Committee cannot reach a decision in accordance with its terms of reference, the member CCGs must use their best endeavours to resolve that dispute on an informal basis at the next meeting of the Joint Committee.
- 15.2 Where any matter referred to dispute resolution is not resolved under 14.1, any Party in dispute may refer the dispute to the Accountable Officers of the relevant CCG, who will cooperate in good faith to recommend a resolution to the dispute within ten (10) Working Days of the referral.
- 15.3 If the dispute is not resolved under Clauses 14.1 and 15.2, any CCG in dispute may refer the dispute to NHS England and each CCG will co-operate in good faith with NHS England to agree a resolution to the dispute within ten (10) Working Days of the referral.
- 15.4 Any referral to NHS England under Clause 15.3 shall be to Director of Commissioning Operations, NHS England.
- 15.5 Where any dispute is not resolved under Clauses 15.1. to 15.4, any CCG in dispute may refer the matter for mediation arranged by an independent third party and any agreement reached through mediation must be set out in writing and signed by the member CCGs in dispute.

Appendix 1: Joint Committee work plan

- A1.1 Discussions on the focus of the Joint Committee of Cheshire and Merseyside CCGs have been undertaken with system leaders, on a one-to-one basis (in October and November 2020), which included CCG Accountable Officers, CCG Chairs, Local Authority Chief Executives and Place leads, and Health and Care Partnership leads.
- A1.2 There was consensus on the need for the majority of commissioning to remain local at Place. There was general agreement that Primary Care services, Community Care services and Voluntary Care services should continue to be commissioned at Place.
- A1.3 There was also consensus that there was merit in exploring services that could be commissioned at scale and that CCGs should consider establishing a Joint Committee of Cheshire and Merseyside CCGs. Using the principles outlined in the figure below this list has been refined with the CCG Accountable Officers.

Figure 2: Principles

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

- A1.5 An outline initial workplan for the services is provided in Figure 3.

Figure 3: Initial outline workplan

Service area to be commissioned 'at scale'	Specific services to be included in the workplan of the Joint Committee of Cheshire and Merseyside CCGs
Mental Health Services	<ul style="list-style-type: none"> A. Children and Young People mental health services <ul style="list-style-type: none"> • Crisis services • Eating disorder services B. Agree common standards and develop a common workforce strategy to address widespread variation in access, provision, quality and outcomes C. Out of area placements
Acute services	<ul style="list-style-type: none"> A. Specialist Rehabilitation services (Neuro, Mental Health, Stroke, complex cases) B. To re-procure Bariatric services during 2021/22. C. Spinal services D. Standardise clinical commissioning policies e.g. IVF, interventions of low clinical importance E. Agree to adopt the National Specification for Stroke services across C&M.

- A1.6 More service areas may be added to the work plan as the Joint Committee of Cheshire and Merseyside CCGs develops, any such development will be aligned to the principles outlined in Figure 2 and will require approval from each CCG for any changes to the Committee's approved annual workplan.
- A1.7 It should be noted that commissioning at scale does not mean that the result will be a one size fits all solution when delivering at Place.

Key Issues Report to Governing Body

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

Chair:
Alan Sharples

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG is reporting that it is likely to deliver its statutory duty (breakeven) and its revised Control Total subject to confirmation of final allocations relating to IS and HDP in months 11 and 12. 	<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.

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

- The committee received an update on the review status of the Out of Hours / Lone Working Procedure.
 - Further information is required from the CCG before the procedure can be updated to reference the process in which a lone working device and conflict resolution training can be accessed. Work is ongoing to finalise the procedure.
- The committee received a CHC update and was notified of an emerging issue with Mersey Care NHS Foundation Trust (MCFT) in relation to a number of CHC cases awaiting assessment and potentially consideration for eligibility of CHC funding. In addition, there are also a number of cases awaiting review of care needs.

- The clinical, reputational and financial risks associated with this issue will be reviewed for inclusion within the CCG's Corporate Risk Register.
- Discussions between the CCG and MCFT have taken place and work is ongoing to resolve the issue as soon as possible.
- The committee received a report with a recommendation in relation to CHC fee rates for 2021/22. An extensive debate was held by the committee regarding the fee rate options that were presented.
 - The committee agreed to convene a single-item F&R meeting in April 2021 to consider further information in order to reach a decision regarding CHC fee rates for 2021/22. The committee will be presented with information on the quality tool within the Adam Dynamic Purchasing System and potential implementation. Information will also be presented on how other CCGs have implemented a tiered pricing approach within the care home and care at home setting.
- The committee received an update on prescribing expenditure at month 9 (December 2020).
 - The committee discussed key cost pressures including Category M drug prices and factors such as pain relief and laxatives. Further analysis and information on Category M drug costs will be included in the next prescribing report for May 2021.
- The committee approved the Pan Mersey APC recommendations to commission:
 - Galcanezumab injection (Emgality® ▼) for prevention of migraine.
 - Upadacitinib prolonged release tablets (RINVOQ® ▼) for treating severe rheumatoid arthritis.
 - Liraglutide injection (Saxenda®) for managing overweight and obesity.
- The committee approved the renewal of the Firmagon® (Degarelix) rebate scheme, noting that it was compliant with the CCG's policy.
- The committee received an update on the CCG's financial strategy.
 - The CCG's opening financial plan and budgets will be presented at an extraordinary Part II Governing Body meeting scheduled to take place on 25th March 2021.
 - Further guidance relating to the 2021/22 financial year is expected to be published on 26th March 2021.
- The committee received an update regarding QIPP.
 - Block contracting arrangements have limited the CCG's ability to reduce costs in 2020/21.
 - A review will be undertaken of the areas of QIPP opportunity that were identified following work on refreshed RightCare data and reported to the F&R Committee at its meeting in January 2021.
 - There is an intention to reinstate dedicated time for CCG staff to work on QIPP related projects and reporting, similar to the 'QIPP Weeks' that have been held previously.

- The committee approved the F&R Risk Register and agreed that no changes were required at this stage.
- The committee received a year-end update report on digital funding streams for 2020/21. The report included a forecast projection for the year-end.
 - The CCG has made progress in delivering its IT plan during the year although key programmes have been delayed due to the COVID-19 pandemic. The CCG will need to reflect this in both its 2020/21 financial out-turn position and its 2021/22 financial plan.
 - An update report on primary care digitisation will be presented at the F&R Committee meeting in May 2021.

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

21.76b

Joint Quality and Performance Committee held on 25th February 2021 Chair:
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
1. Q3 Safeguarding reports highlighted GPs in Level 3 training.	Staff competency on higher level training	Working with team to deliver virtually. Basic level of safeguarding training remain within target.
2. Increase in LeDeR cases for review. Link to improvement of outcomes for patients with LD and themes and lessons learned.	Risk of not completion reviews in mandated time. Potential gap in sharing improvement work on LD health checks.	Liaising with NHSEI on prioritisation of reviews. Detailed review on themes linked to LD health checks to be presented to JQPC.
3. LWH EMIS use gap.	Vital information of patient records will be missed	Formal CCG communication letter back to LWH to highlight the risk.
4. CAMHS waiting times remain below planned staged target	Children will not receive timely treatment	Extra resource to support waiting times has been made available to AHCH.
5. ILAC Ofsted review announced for Sefton		
6. NHSEI Quality assurance visits to vaccination sites announced for Sefton		

<p>7. Potential vaccine hub site closure discussed</p> <p>8. IPR report highlighting increase in long waits.</p> <p>9. Complaints policy approved</p> <p>10. Incident raised on STAR unit transfer to Byron unit</p> <p>11. Clinical concerns raised on relocation of ward 35 under Seacole bed establishment at Stoddart House</p>	<p>Risk of reducing numbers of vaccines taking place</p> <p>Risk of harm to patients due to care not being timely.</p>	<p>NHSEI clarification on site use without NHS status to be sought.</p> <p>Long wait harm reviews highlighted through CQPG/CQRM and establishment / extension of harm review panels.</p> <p>Learning for the organisation on index complaint and for independent review in September 2020 to assess improved processes.</p> <p>Patient follow up; StEIS process will now be followed and to be raised at MCT mental health CQPG.</p> <p>Concern noted, FLT in close contact with MCT and LUHFT on clinical consultation.</p>
<p>Information Points for South Sefton CCG Governing Body (for noting)</p>		
<ul style="list-style-type: none"> • none 		

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Joint Quality and Performance Committee held on 25th March 2021 Chair:
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
<p>1) Referrals to ERS. Not all pathways are accessibility via ERS.</p> <p>2) Increased numbers in respect of 52 week waits. CCGs to provide assurance to NHSEI in relation to the monitoring of waiting times.</p> <p>3) NHS South Sefton CCG Mental Health GP Clinical Lead gap due to Dr. Gough's retirement . Discussion to be held at the NHS South Sefton CCG Governing Body meeting.</p> <p>4) Southport and Ormskirk Hospitals NHS Trust are currently not supporting the cancer alliance recommendations for gastroenterology FIT testing for high</p>	<p>1) It is not possible to reach 100% compliance with lack of availability of pathways on ERS</p> <p>3) Gap in GP clinical lead for mental across South Sefton CCG</p> <p>4) Best Practice not being implemented, high risk patients not being appropriately triaged and investigated.</p>	<p>1) The KPI to be reviewed to ensure trusts are being monitored to ensure they are enabling referral pathways on ERS</p> <p>2) The CCGs submitted a response to NHS E/I on CCGs assurance in managing 52 week waits including harm review</p> <p>3) Discussion to be held at the NHS South Sefton CCG Governing Body meeting.</p> <p>4) Further discussions to take place with the trust and appropriate escalation.</p>

<p>risk patients.</p> <p>5) Southport and Ormskirk Hospital NHS Trust is not fully cognisant of their ophthalmology follow up waits, including sub-speciality.</p> <p>6) Mersey Care NHS Foundation Trust's lack of adherence to the CHC framework. Delays in assessments and reviews. This is being discussed at Directorate level and has been reported on StEIS.</p> <p>7) NHS Trust's staff resilience and the potential impact on COVID restoration work.</p> <p>8) Consideration to be made in relation to potential increase in complaints and incidents following restoration work.</p>	<p>5) Patients with high risks are not being prioritised with a risk of patient harm</p> <p>6) Financial and Reputational risk to the CCG and Mersey Care NHS Foundation Trust.</p> <p>7) NHS staff retention and recruitment, sickness and absence levels. Potential negative impact on the restoration to business as usual</p>	<p>5) Ophthalmology follow up waits is included as an agenda item at the March CCQRM, with a formal request for the overarching plan including breakdown by sub-speciality.</p> <p>6) Director and NHS E/I level discussions and meetings in place. The incident has been reported on STEiS. Plans are being monitored with agreed timescales. To be placed on the CCG risk register</p> <p>7) To be placed on Trust risk registers.</p> <p>8) Monitor the complaints and incident reports being received by the CCG and provided by the Trusts as part of the work plan.</p>
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<p>9) Ongoing sustainability of CAHMS waiting times. These are contained in the JTAI and SEND action plans. Mersey Care 18 to 25 year olds ASD pathway business case is being considered by the CCG. The trust is yet to submit the business case to support the 18 – 25 years ADHD pathway</p> <p>10) HealthWatch Sefton raised concern from Sefton residents being able to access to dental services. This is having an impact on primary care. There is a lack of clarity in relation to access to dental services for care home residents.</p>	<p>9) Children and young people are experiencing long waits to access mental health services.</p>	<p>9a) A report is to be presented to Leadership Team to consider potential further investment in the CAMHS service to support sustainability.</p> <p>9b) 18 to 25 year olds ASD pathway is being reviewed by the CCGs. A business case is expected to be received by Mersey Care NHS Foundation Trust for ADHD pathway. A review of mental health provision will take place during 2021/22.</p> <p>10) Access to dental services issues is being escalated to NHSEI and raised at QSG, including the provision of dental services for care home residents.</p>
<p>Information Points for South Sefton CCG Governing Body (for noting)</p>		
<ul style="list-style-type: none"> • none 		

Key Issues Report to Governing Body

Extraordinary Audit Committees in Common: Tuesday 30th March 2021
NHS South Sefton CCG

Chair: Alan Sharples

Key Issue	Risk Identified	Mitigating Actions

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

- An extraordinary Audit Committees in Common (CiC) meeting had been convened to review and approve an updated Whistleblowing / Raising Concerns Policy.
- The Audit CiC reviewed and approved the Whistleblowing / Raising Concerns Policy subject to amendments agreed at the meeting. Once finalised, the policy will be communicated to all CCG staff.
- A discussion took place regarding wider issues in relation to the policy.
 - It was agreed that an individual should be identified within the HR department to provide expert advice, if required, to the Freedom To Speak Up Guardians in terms of signposting to the appropriate policy depending on the type of concern raised.
 - It was agreed that the Sefton CCGs should have call-off agreements in place with vetted organisations that can undertake independent investigations. This would allow the CCGs access to a group of approved organisations should it be assessed that an external investigation is required.

NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committee in Common
Approved minutes 18th March 2021 – Part 1

Date: Thursday 18th March 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 SSCCG	JE
Richard Hampson	Primary Care Contract Manager SSCCG	RH
Eshan Haqqani	Primary Care Quality Team	EH
Minutes		
Susan Spofforth	Senior Administrator	SS

Attendance Tracker D = Deputy

✓ = Present

A = Apologies

N = Non-attendance

Name	Membership	Nov20	Jan 21	Mar 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	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	✓	✓	N			
Jane Elliott	Locality Manager SSCCG	✓	N	N			
Tracy Forshaw	SS&SFCCG Deputy Chief Nurse and Quality	N	A	N			
Sharon Howard	NHSE	N	N	N			
Non-Voting Attendees:							

Name	Membership	Nov20	Jan 21	Mar 21			
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	✓	✓	N			
Joe Chattin	LMC Representative	✓	N	N			
Debbie Fairclough	SS SF CCG Corporate Services	N	N	N			
Rebecca McCullough	SS SF CCG Finance	N	N	N			
Diane Blair	Healthwatch	✓	N	A			
Rob Smith	SS SF CCG Finance	N	✓	✓			

No	Item	Action
PCCiC 21/17.	<p>Introductions and apologies</p> <p>GB opened the meeting; apologies were received from DB.</p>	
PCCiC 21/18.	<p>Declarations of interest</p> <p>There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>	
PCCiC 21/19.	<p>Minutes of the previous meeting</p> <p>Date: Thursday 21st January 2021 agreed with no changes or issues raised.</p>	
PCCiC 21/20.	<p>Action points from the previous meeting</p> <p>The action tracker was reviewed and it was agreed that Healthwatch will not be closed as it was still worth reviewing. Admin to check numbering sequence and amend where necessary.</p>	Completed
PCCiC 21/21.	<p>Reports from the Joint Operational Group</p> <p>JL updated, that during the meeting in February a decision was made with Trinity Practice and North Park re the APMS contract – Michelle is currently working on this. There have been lateral flow testing kit issues but these have moved on. VP monitoring is no longer available in Community Pharmacy, JL linking with SL to discuss further.</p>	
PCCiC 21/22.	<p>Healthwatch Issues</p> <p>There was no representative from Healthwatch at the meeting today.</p>	

PCCiC 21/23.	<p>Primary Care Networks Update</p> <p>CG and KS gave update.</p> <p>Seaforth and Litherland PCNs are working well independently and together with the C19 programme taking priority,</p> <p>Bootle, Crosby and Maghull – one has decided to join from next year which leaves one not signed up to the PCN. The delay is because this practice feels that what PCN offer is not a good approach for general practices. CG will declare that interest as this will be a Risk for that practice.</p> <p>All Southport and Formby practices will be covered by one PCN from 1/4/21. Paperwork is currently in the drawing up stage because Ainsdale and Birkdale PCN could not exist due to low numbers. NHSE didn't agree for them to exist on their own so they joined North Venture and Formby PCN.</p> <p>JL stated it was worth noting that there will be representatives from each locality group and this will feed into the bigger PCN structure, doing this they will still retain a sense of identity.</p>	CG - Risk
PCCiC 21/24.	<p>Primary Care Finances</p> <p>South Sefton CCG – no issues from team.</p> <p>Southport and Formby CCG – page 18 Route Core Analysis Team. Report noted.</p>	
PCCiC 21/25.	<p>Primary Care Quality Dashboard</p> <p>RH advised that the next stage will be a meeting with Tom Roberts to pull together whenever the Dashboard comes up on agenda.</p> <p>As of 1/4/21 the plan is to start contract reviews with practices to update Dashboard. Team were happy for RH to produce a draft to circulate for their opinion.</p> <p>This will be on the Workplan for July and a more robust report should be available. The delay is caused by C19.</p>	
PCCiC 21/26.	<p>Workforce (strategy and planning)</p> <p>RH gave update on graphs and advised that due to the national directive of the C19 vaccination centres a more in-depth workforce update will be presented during the September 2021 PCCiC.</p> <p>S&FCCG - PCN overview similar to last report but from 1/4/21 this will look different. In Sept 21 there will be a better platform to represent new look on S&F CCG PCN. ARRS, PCN continuing to recruit but due to C19 lot of things put on hold. Sept 21 may have more detail on updates. Workforce really successful and PCNs have started to take lead with CCG supporting.</p> <p>SSCCG - PCN overview similar to S&F opportunity for more practices to be involved. ARRS similar to S&F national C19 has dominated workforce world, recruitment continues and will update when know more. PCN workforce same as S&F, supporting staff and running sites re C19. Will know more Sept 21.</p>	

PCCiC 21/27.	<p>Primary Care Workplan</p> <p>AP will recirculate as the section for May was missed off. These meetings are held every 2 months the first 5 items are regular at each meeting with individual items added throughout the year.</p> <p>May agenda has Estates Strategy and Planning and advised that this will be received by the Committee twice yearly.</p>	
PCCiC 21/28.	<p>Key Issues Log</p> <ul style="list-style-type: none"> • SS PCN stable and working independently and well together. Only one not signed up. • All S&F practices will be in one PCN with representatives from all. 	
PCCiC 21/29.	<p>Primary Care Risk Register Part 1</p> <p>The risk register was reviewed and updated.</p> <p>JL has closed non relevant risks.</p> <p>C33 – Primary Care Risk has been reduced but will leave on and update register.</p> <p>JC03 – Commissioning. 2nd C19 doses still need to be done and will be reflected in update.</p> <p>New risk re Estates in SS and lack of impact on ARRS recruitment for PCNs needs to be added.</p> <p>Team happy with comments.</p>	
PCCiC 21/30.	<p>Any Other Business</p> <p>JL updated on the C19 vaccination programme. PCN groupings are focusing on Cohorts 1-6 with the potential to extend to Cohorts 7-9. Sites seem to be struggling on getting patients in as the market is saturated with offers. If this continues there will be an issue with running costs.</p> <p>An email has been sent to NHSE and currently awaiting instructions on available appointments as the current vaccine batch ends this month. In the meantime she is approaching Council and Police for staff over 50 to be vaccinated.</p> <p>DD thanked both GB and CG for their input in these meetings and everyone agreed that they will be missed.</p> <p><i>Matters previously notified to the chair no less than 48 hours prior to the meeting.</i></p>	
Meeting Concluded.		
Date of Next Meeting: Thursday 20 th May 2021 10.00am-11.00am.		
Venue: MS Teams		

Key Issues Report to Primary Care Commissioning Committee in Common

South Sefton Primary Care Commissioning Committee Part 1, March 2021

Chair: Graham Bayliss

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

The committee noted the update from the Joint Operational Group.

The committee received an update on Primary Care Networks and noted that 3 practices had opted to join Bootle, Crosby and Maghull PCN in 21/22. The Network Contract Specification for 21/22 is due for publication by NHSE imminently.

The committee received the Primary Care Finance report and noted the underspend on Additional Role Reimbursement funding associated with PCNs.

The committee received an update on the Primary Care Quality dashboard.

The committee received an update on primary care workforce.

The committee noted the workplan for the coming year.

The risk register was reviewed.

Key Issues Report to Primary Care Commissioning Committee in Common

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

Chair: Dil Daly

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

The committee noted the key issues from the joint operational group.

The committee noted the change to the primary medical care services out of hours provider, with PC24 commencing on 1st April 21.

The committee ratified a decision made by the Leadership Team to suspend the Local Quality Contract during quarter 1 21/22 to enable General Practice to continue to support the COVID vaccination process. This will enable a review of both the Quality and Outcome Framework and the Investment and Impact Fund to ensure no duplication in the scheme for 21/22.

The risk register was reviewed.

Key Issues Report to Governing Body

Leadership Team meeting held on 16.02.2021

Chair: Fiona Taylor

Key Issue	Risk Identified	Mitigating Actions
<p>Item 21/87 – 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. Development of a single on-call rota for out of hours/emergency consultant cover 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. Implementation of the National Back Pain and Radicular Pain Pathway across Cheshire & Merseyside. Elective surgery should be performed at scale.</p> <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.</p>		

Recommendation – LT approved the above recommendations.

Item 21/89 – 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 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.

LT approved recommendation incorporating ceiling of £8k.

Item 21/94(i) – Community Cardiology S&F Health 20/21 Contract and Support

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
- The level of reputational risk
- Approve the financial

MMcD to ask Nadine Smith to map all contracts.

support to Southport & Formby Health

Approved by Leadership Team.

Leadership Team Meeting 24.2.21

Item 21/103 – 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 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 21/107 – 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

MMcD to liaise with CC re the requested £21k.

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.

Leadership Team Meeting 09.03.21

Item 21/125 – Practice Merger

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 to be obtained from IM – **ACTION**.

Recommendation – To approve merger – LT approved.

Item 21/129 – Imagine Independence

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

<p>looking to pull these together. Asking for funding to be rolled over whilst service is put out to procurement.</p> <p>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</p> <p>TJ asked if the £53k is part of the baseline contract for 2 years and £70k is non-recurrent. GJ advised £53k is currently on hold pending agreement. St Helens and Knowsley have agreed the funding for next year.</p> <p>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.</p> <p>Leadership Team Meeting 16.03.21</p> <p>Item 21/138 – Primary Care – Covid Support to General Practice</p> <p>JL gave an overview of the paper provided to LT describing the services which have been stood up to cover Covid.</p> <p>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.</p> <p>MMcD queried extended hours which JL confirmed are continuing.</p> <p>Recommendation A single COVID Hub remains accessible within each CCG to prevent patients unnecessarily being directed to AED. These</p>		<p>JL to obtain assurance from Imersey re confidentiality.</p> <p>Feedback from Marie Boles to be requested.</p>
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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 21/140 – Extending Winter Funding for Community Services

SF joined LT and gave an overview of the paper provided 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 Meeting – 13.04.21

Item 21/196 – Clinical Leadership

TJ gave an overview of the paper provided to LT. This will link into the work being done with the local authority to support the PCNs going forward. Senior Management can liaise with clinical leaders to hold them to account. CC advised that in provider organisations the director oversees clinical leads. If PCN's are to develop themselves as NHS providers and will require leadership which will not be medical and how this will be funded. MMcD

advised a funding stream would need to be created. Paper has been shared with finance team and status of the contract will be incorporated.

Recommendations

That LT supports the recruitment of clinical lead time for the redesign of pain services and the replacement of the mental health and primary care roles for South Sefton via a contract for services. LT also supports the extension of the EOL lead role for SFCCG for 12 months.

LT approved this approach.

Leadership Team Meeting 20.04.21

Item 21/208 – ADHD 18 – 25 Waiting List

Paper provided and GJ gave an update. MCFT are reporting that 682 individuals are on the waiting list of which 273 are aged 16-25. The average wait for the 16 - 25 cohort in February 2021 was 91.84 weeks. MCFT are requesting £137,850 in additional funding. The waiting list initiative would involve the number of new patients being seen increase from 1 per week to 4-5 equating to 160 – 210 service users in a 12 month period allowing for leave. This increased level of assessment will make a significant impact on the waiting list. The waiting list validation exercise may also impact on service waits which includes:

- A capacity and flow exercise to inform the future development of a more sustainable ADHD service model in Sefton going forward is being undertaken.
- The development of a pilot with Seaforth and Litherland PCN who are prepare to negotiate taking service users back from the service, as this will have the biggest impact

on creating a sustainable model moving forward.

The current investment is approximately £200k. CC asked if we can demonstrate that life achievement will be improved by providing this additional funding. CC also asked if follow ups can be carried out by qualified nursing staff whilst Consultants see new patients. JL concerned that there are people over 25 who are also waiting to be seen and would need sight of the revised model. Discharge pathway into primary care via shared care arrangements could be built in. GJ advised reviews are conducted by 'specialists'. SW advised that planning guidance asked for prioritising people due to deprivation and this also needs to be considered in South Sefton.

LT are not currently comfortable to accept this paper as it stands. There is an investment on a non-recurrent basis with caveats around value for money - cost per case, agreed trajectories etc. Need to ensure process is right and mirror pathway with senior clinician seeing patients at assessment and setting up plans then reviews being conducted by support staff. Quality to be pulled into the conversation with MCFT.

Recommendation: The Leadership Team is asked to approve the ADHD waiting list initiative. LT agreed the funding subject to the above caveats.

Item 21/212 – DBS for Medicines Management Team

JL provided a paper and gave an overview. Most organisations will have a system in place to review staff DBS checks and it is felt these should be updated regularly. Annual or three year check which will be funded by the CCG is recommended.

CC advised that there is a live system costing £10 per annum which can be accessed at any time for an update. MMcD supported the idea of having DBS checks. DFair supported that the CCG should pay, and individuals have a duty of disclosure. It was agreed that the CCG would pay for access to the live system

<p>for staff and refund any staff who have recently undertaken a DBS at their own expense.</p> <p>Recommendation – Live annual check will be funded by the CCG. LT agreed.</p>		
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Information Points for South Sefton CCG Governing Body (for noting)

<ul style="list-style-type: none">•

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Leadership Team meeting held on 27.04.2021

Chair: Fiona Taylor

Key Issue	Risk Identified	Mitigating Actions
<p>Item 227 – Ophthalmology Update</p> <p>(i) S&O Ophthalmology Update:</p> <p>AG attended LT and gave an overview of the paper provided. QIPP schemes information from S&O is not readily available. CCG not assured re this service and are we putting ourselves at risk. Issues have been on-going for the last 18 months. Trust currently advising we need to formally request an internal report. Only 27.9% were risk stratified with no indication of how the rest will be stratified. 562 SI's would need to be reported. Single Item Quality Meeting requested via Bridget Lees to understand the risk and CC will follow this up as no response received. Due process needs to be followed and MMcD to contact John Bennett. Need to document what our key issues are.</p> <p>Apparent disconnect with COO and ADO and seeming reluctance to share data need to be raised with the Trust, as there is a duty to co-operate. Letter expected from the Trust and draft response to be sent to Martin focussing on DQ in general and use ophthalmology as an example with concerns around glaucoma (risk, patient safety and compliance) ACTION - BD/AG.</p> <p>FLT advised call received from Trish Armstrong-Child today who advised Steve Christian has now left the Trust and Chrisella is acting up in the interim. Meeting needs to be arranged with FLT,</p>		<p>Single Item Quality Meeting requested via Bridget Lees to understand the risk and CC will follow this up as no response received</p> <p>Letter expected from the Trust and draft response to be sent to Martin focussing on DQ in general and use ophthalmology as an example with concerns around glaucoma (risk, patient safety and compliance) ACTION - BD/AG</p>

MMcD, CC, BL, BG, BD and JB for next week.

(ii) iSight

iSight have been charging for a day case procedure when it should be an outpatient price. Looking to write to start 1st July to save £200k for 2019/20. LT approved decision to pay for OPPROC as opposed to day case for intravitreal injections of anti VEGF drugs for age related macular degeneration as from 1st July 2021.

11th May 2021

Item 248 – Women & Children’s Hub in S&F

BD attended LT and gave an overview of the paper provided. Trinity Practice premises at Houghton Street identified to host the hub, but currently utilised as Covid Vaccination Site.

Recommendation:

CCG and SOHT continue to develop model of care as part of Shaping care together with intention of delivery of option 2 (full use of part of the Ground Floor at the Southport Health & Wellbeing Centre on Church Street and no capital giving partial hub model service delivery, excluding the birthing unit for a 12 month pilot) in the first instance, followed by phasing delivery of option 1 (full use of the self-contained horseshoe wing and GP reception on the Ground Floor at the Southport Health & Wellbeing Centre on Church Street plus capital giving full hub model service delivery, including the birthing unit for a 12 month pilot)

Leadership Team supported the recommendation and LC and DFair will be utilised in any consultations and engagement.

MMcD to ask Nadine Smith to map all contracts.

Information Points for Southport and Formby CCG Governing Body (for noting)

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Finance and Resource Committee Approved Minutes

Thursday 18th March 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
Dr Pete Chamberlain (Items FR21/44[part] – FR21/58)	GP Governing Body Member, SS CCG	PC
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	GP Governing Body Member, SS CCG	JW
Ex-officio Member*		
Fiona Taylor (Items FR21/40 – FR21/46[part])	Chief Officer, SS CCG	FLT
In attendance		
Jane Keenan (Items FR21/40 – FR21/45)	Interim CHC Programme Lead, SS CCG	JK
Apologies		
Jan Leonard	Director of Place - North, SS CCG	JL
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, SS CCG	TK

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

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

No	Item	Action
General business		
FR21/40	<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 Jan Leonard. It was noted that as Jan Leonard was director of place for the north of Sefton, her membership of the South Sefton F&R Committee would be reviewed with the Leadership Team.</p>	MMcD
FR21/41	<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. • <i>Item FR21/44: Continuing Healthcare Update</i> [The following declaration was made later in the meeting during item <i>FR21/44</i>, after PC had joined the meeting.] PC declared that he is undertaking a secondment at Mersey Care NHS Foundation Trust (MCFT) to assist in Community Services Transformation. He therefore had a conflict of interest with item <i>FR21/44</i>, the report for which informed the committee of an emerging issue with MCFT and CHC cases awaiting assessment. It was agreed that PC would not take part in discussion during this item. 	
FR21/42	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 18th February 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>	
FR21/43	<p>Action points from the previous meeting</p> <p>FR21/29 Out of Hours / Lone Working Procedure</p> <p>Gary Holmes (Health & Safety and Security Officer, Midlands & Lancashire CSU) met with SL and AOR to discuss the procurement of lone working devices and conflict resolution training on 15th March 2021. Action closed. He has confirmed, however, that following the meeting, further information is required from the CCG before the Out of Hours / Lone Working Procedure can be updated to reference the process in which a lone working device and conflict resolution training can be accessed. Therefore, the action for the procedure to be updated and sent to the Chair for approval (who had been provided with delegated authority at the last</p>	

No	Item	Action
	<p>meeting) is still open.</p> <p><i>It was noted that all other actions on the action tracker following the February 2021 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>	
Continuing Healthcare		
FR21/44	<p>Continuing Healthcare Update</p> <p>JK presented an update report on Continuing Healthcare (CHC).</p> <p>The report informed the committee of an emerging issue with Mersey Care NHS Foundation Trust (MCFT) in relation to a number of CHC cases awaiting assessment and potentially consideration for eligibility of CHC funding. In addition, there are also a number of cases awaiting review of care needs. The report provided the background to this emerging issue, the associated financial risks as well as the next steps the CCG intends to take.</p> <p>JK confirmed she would be liaising with the CCG's interim lead for corporate services regarding inclusion of the clinical, reputational and financial risks associated with this issue within the CCG's Corporate Risk Register.</p> <p>MMcD reported that the CCG needs to assess the MCFT backlog assessments that are within the parameters of the Hospital Discharge Programme (HDP) Scheme 1 so that these cases can be included for recovery of the associated funds from the HDP funding stream. He stressed that there is a possibility that the CCG may bear the financial risk if the information remained not validated before the CCG's month 12 financial submission to the Cheshire and Merseyside Health and Care Partnership.</p> <p><i>PC joined the meeting (PC declared an interest in relation to this item, the details of which and the action taken are recorded under item FR21/41).</i></p> <p>The committee discussed the CHC update, including the CCG's accountability for the oversight of the NHS Continuing Healthcare & NHS Funded Nursing Care Framework (2018), the CCG's responsibilities and statutory obligations in relation to the reported backlog issue as well as the importance of ongoing monitoring to ensure that the issue does not occur again. CC and JK provided an update on discussions that have taken place with MCFT regarding this issue, noting that work is ongoing to resolve the issue as soon as possible.</p> <p><i>The committee received this update report.</i></p>	
FR21/45	<p>Continuing Healthcare - Fee Rates 2021/22</p> <p>AOR presented a report, which outlined three options for Continuing Health Care (CHC) fee rates for the financial year 2021/22. The report detailed the strategic and operational context to fee setting, which included:</p> <ul style="list-style-type: none"> • commissioning intentions and the strategic context to the provision of CHC; • the approach to increased collaboration for joint working with the Local Authority; 	

No	Item	Action
	<ul style="list-style-type: none"> • the current operational context and the 2021/22 CHC work plan to review quality and value for money; • the impact of the Adam Dynamic Purchasing System (DPS) in the context of fee setting; • and the financial impact, risks and benefits associated with the fee rate options presented in the report. <p>Taking into account the risks and benefits associated with the three fee rate options presented in the report, the recommendation was to adopt option 1 – no proposed uplift in 2021/22 and therefore no cost impact to the CCG. It was noted that this was consistent with the approach in 2020/21 and with other CCGs which use the Adam DPS. The option takes into account the self-regulation of costs of DPS packages and the significant investment seen in care home fees over the last four years. Further explanation in relation to the rationale for option 1 was provided in detail to the committee. Members were informed that the CCG considers both the financial and quality perspective when making recommendations on fee rates.</p> <p>The Chair thanked AOR for a detailed report. An extensive and thorough debate was held by the committee regarding the fee rate options. A number of concerns were raised in relation to adopting option 1. Concerns were related to the level of risk associated with the option, significant issues that care homes have faced as a result of the COVID-19 pandemic, as well as the difficulties of moving to alternative models of care. Areas of discussion included issues currently facing the care home market, the draft Sefton Local Authority and Sefton CCGs Joint Care Home Strategy 2021-24, the affordability and viability of the fee rate options presented, acuity of patients as well as the impact of the prevailing circumstances of the cost of care provision. Members also enquired about benchmarking information and a comparison of fee rates with neighbouring CCGs.</p> <p>JK stressed the importance of demonstrating quality of service to support an uplift to care packages. The committee was informed about a quality tool within the Adam DPS. JK advised that implementation of the Adam DPS quality module as part of an uplift arrangement may provide the CCG with an enhanced opportunity to influence quality within the care homes.</p> <p>JK also reported on the emerging approach to locally negotiate packages of care costs called 'Tiered Pricing', further details of which were in the report received by the committee. Tiered pricing enables a range of care needs to be categorised, ranging from typical CHC care needs to extremely complex needs; a standard price is applied to that package of care, with the emphasis upon meeting the needs of the client.</p> <p>Further to discussion, the committee noted the difficulties of reaching a decision regarding CHC fee rates. MMcD reported that the Southport and Formby F&R Committee (which met on 17th March 2021) agreed to convene a single-item meeting for April 2021 to consider further information in order to reach a decision. It was agreed that this meeting could take place jointly with the South Sefton F&R Committee if both committees took the same approach. The South Sefton F&R Committee agreed with this approach; TK to arrange a joint F&R Committee single-item meeting for April 2021. It was noted that at this meeting, JK would present information on the quality tool within the Adam DPS and potential implementation. JK would also present information on how other CCGs have implemented a tiered pricing approach within the care home and care at home setting.</p>	TK

No	Item	Action
	<p><i>The committee received the report on CHC fee rate options for 2021/22 and agreed that further information was required for consideration before a decision could be made. A single-item meeting is to be arranged for April 2021 in order to consider the further information.</i></p> <p><i>JK left the meeting.</i></p>	
<i>Prescribing</i>		
FR21/46	<p>Prescribing Report – Month 9 2020/21</p> <p>SL presented an update report on prescribing expenditure at month 9 (December 2020). The total prescribing expenditure at month 9 is £21.910m and forecast to be underspent by £0.179m against a budget of £29.300m. The effect of COVID-19 on prescribing activity has resulted in further unexpected cost pressures this financial year. Prescribing activity will continue to be monitored by the CCG.</p> <p>The committee discussed the prescribing update and key cost pressures including Category M drug prices and factors such as pain relief and laxatives. SL confirmed that further analysis and information would be provided on Category M drug costs in the next prescribing report for May 2021. The discussion also covered cost pressures in relation to No Cheaper Stock Obtainable drug costs and the impact of EU exit.</p> <p><i>FLT left the meeting.</i></p> <p>AS enquired about the prescribing expenditure forecast for 2021/22 taking into account the current cost pressures. MMcD provided details of the prescribing expenditure assumptions that have been included in the draft budgets for 2021/22. SL explained the joint working process between the medicines management team and finance team in setting and managing prescribing budgets.</p> <p><i>The committee received this report.</i></p>	SL
FR21/47	<p>Pan Mersey APC Recommendations</p> <p>SL presented a report on Pan Mersey Area Prescribing Committee (APC) recommendations. She asked the committee to consider approving the recommendations to commission the following medicines:</p> <ul style="list-style-type: none"> • Galcanezumab injection (Emgality®▼) for prevention of migraine. • Upadacitinib prolonged release tablets (RINVOQ®▼) for treating severe rheumatoid arthritis. • Liraglutide injection (Saxenda®) for managing overweight and obesity. <p>Further information on all three medicines, which have been recommended by NICE technology appraisals, was in the report received by the committee. SL reported that Liraglutide injection (Saxenda®) has to be prescribed in secondary care by a specialist multi-disciplinary team tier 3 weight management service in order to be able to access the Patient Access Scheme discount. This is likely to present a capacity pressure on Liverpool University Hospitals NHS Foundation Trust, which will be the secondary care provider of this drug, and is being reviewed by the Trust.</p>	

No	Item	Action
	<p>The committee approved the Pan Mersey APC recommendations to commission:</p> <ul style="list-style-type: none"> • Galcanezumab injection (Emgality®▼) for prevention of migraine. • Upadacitinib prolonged release tablets (RINVOQ®▼) for treating severe rheumatoid arthritis. • Liraglutide injection (Saxenda®) for managing overweight and obesity. 	
FR21/48	<p>Prescribing Rebate Scheme: Firmagon® (Degarelix)</p> <p>SL presented a paper with the recommendation to approve the renewal of the Firmagon® (Degarelix) rebate scheme. Firmagon® (Degarelix) is an APC recommended drug.</p> <p>A typographical error was noted in the report in relation to the name of the drug, which SL confirmed would be corrected.</p> <p>The committee approved the renewal of the Firmagon® (Degarelix) rebate scheme.</p>	
<i>Finance</i>		
FR21/49	<p>Finance Report - Month 11 2020/21</p> <p>AOR provided an overview of the month 11 2020/21 financial position for South Sefton CCG as at 28th February 2021. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • The CCG has received additional allocations of £5.983m to date to support all COVID-19 related costs and other cost pressures up to month 6. The financial position to month 6 is breakeven. • The CCG's 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 breakeven position for 2020/21. • The month 11 financial position is an overspend of £0.326m. This 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 as a deficit of £0.461m at this stage, which includes cost pressures awaiting a retrospective allocation adjustment. The additional allocations when received will reduce the deficit to breakeven (reported as the CCG's most likely case scenario). <p>The committee discussed the finance update, including operational planning guidance and the position with historic debt. MMcD provided commentary in relation to the CCG's financial position and its most likely case scenario, as well as explanation of risks and mitigations.</p> <p>The committee received the finance report and noted the summary points as detailed within the recommendations section of the report.</p>	
FR21/50	<p>Finance Strategy Update</p> <p>MMcD provided an update on the CCG's financial strategy. The CCG's opening</p>	

No	Item	Action
	<p>financial plan and budgets will be presented at an extraordinary Part II Governing Body meeting scheduled to take place on 25th March 2021. It has been confirmed 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. It is expected that the arrangements will also be extended to the second quarter of 2021/22. Further guidance relating to the 2021/22 financial year is expected to be published on 26th March 2021.</p> <p><i>The committee received this verbal update.</i></p>	
FR21/51	<p>QIPP Update Report – March 2021</p> <p>AOR provided an update regarding QIPP and brought the following points to the committee's attention:</p> <ul style="list-style-type: none"> • 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 (months 7-12) of 2020/21, will continue into H1 (months 1-6) of 2021/22. Block contracting arrangements have limited the CCG's ability to reduce costs in 2020/21. • The next Joint QIPP Delivery Group meeting (scheduled for 30th March 2021) will include a session to discuss and provide feedback on the areas of QIPP opportunity that were identified following work on refreshed RightCare data and reported to the F&R Committee at its meeting in January 2021. • There is an intention to reinstate dedicated time for CCG staff to work on QIPP related projects and reporting, similar to the 'QIPP Weeks' that have been held previously. <p><i>The committee received this verbal update.</i></p>	
<i>Risk</i>		
FR21/52	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the F&R Committee Risk Register, which had been updated with the risk score changes agreed at the last committee meeting in February 2021. MMcD recommended that the risk scores remain unchanged at this stage, which was agreed by the committee. It was noted that the CCG's most likely case scenario of a year-end breakeven position is subject to reimbursement of cost pressures relating to the Hospital Discharge Programme and Local Independent Sector contracts.</p> <p><i>The committee approved the F&R Committee Risk Register.</i></p>	
<i>IT</i>		
FR21/53	<p>Update on Digital Funding Streams 20/21: Year-End Report</p> <p>MMcD presented a year-end update report on digital funding streams for 2020/21. The report included a forecast projection for the year-end.</p> <p>A detailed overview was provided in relation to the following funding streams, further information on which was included within the report received by the committee.</p>	

No	Item	Action
	<ul style="list-style-type: none"> • GPIT funding: funds have been made available in 2020/21 through three separate bidding rounds. Details of the bids submitted by the CCG together with their funding status were included in the report. • Digital First funding: The CCG submitted a joint bid with Southport and Formby CCG across a range of Digital First schemes. The CCGs received an allocation of £309k during the year and have developed an indicative plan (including expenditure on primary care websites, the ORCHA App Library, Telehealth and Ardens Software), which was outlined within the report. Due to the COVID-19 pandemic and changed priorities, however, the planned roll-out of these schemes have been delayed into the next financial year and NHS England and Improvement (NHSE/I) have been notified accordingly. Further schemes have also been identified following discussions with primary care colleagues and these remain under consideration for the 2021/22 financial year. • Primary Care Digitisation: In December 2020, NHSE/I indicated that there was an opportunity to bid for additional funding to extend the digitisation programme across more practices in both South Sefton CCG and Southport & Formby CCG. Both CCGs have made significant progress in the roll-out of digitisation of primary care records and received a further allocation of £325k to continue the programme. Due to a number of constraints including supplier availability, the second phase of the programme will start in the 2021/22 financial year and NHSE/I have been notified accordingly. • ETTF funding: this has been withdrawn in 2020/21 and used to support the COVID-19 response. <p>The committee discussed the digital year-end update. PC commented that development of GP practice website functionality as well as promotion of health apps was required in order to help maximise return on investment on the ORCHA App Library. He also provided positive feedback on the accuRx software in terms of patient care and enquired about future contracting arrangements. MMcD confirmed that a subscription service with accuRx has been extended to the end of December 2021; work will be undertaken to determine how to proceed after this period.</p> <p>SS enquired about the quality controls that are in place in terms of digitisation of primary care records. MMcD confirmed he would discuss this at the next IM&T Steering Group meeting and that an update report on primary care digitisation will be presented at the F&R Committee meeting in May 2021.</p> <p><i>The committee received this report.</i></p>	MMcD
Committee Governance		
FR21/54	<p>F&R Committee 2020/21 Attendance Tracker – Governing Body Members (For Annual Report)</p> <p>AS introduced this item, noting that information on committee attendance for Governing Body members will be included in the CCG’s annual report 2020/21, the draft version of which will be presented to the Audit Committee in April 2021. In preparation for this, the Governing Body members of the F&R Committee were being asked to formally approve their attendance record for F&R meetings to date in 2020/21 (included as Appendix 1) to help ensure the accuracy of information that will be included in the annual report.</p> <p><i>The Governing Body members of the F&R Committee approved their attendance record for F&R meetings to date in 2020/21.</i></p>	

No	Item	Action
Minutes of Steering Groups to be formally received		
FR21/55	<p>Minutes of Steering Groups to be formally received</p> <p>The committee received the minutes of the following steering / sub-group meetings:</p> <ul style="list-style-type: none"> • IM&T Steering Group – 10th November 2020 • Joint QIPP Delivery Group – 24th November 2020 	
Closing business		
FR21/56	<p>Any Other Business</p> <p><u>Graham Bayliss</u></p> <p>It was noted that GB would be leaving the CCG at the end of March 2021. The Chair thanked GB for his contribution and work with the committee. Members wished GB the best with his future endeavours.</p>	
FR21/57	<p>Review of Meeting</p> <p>AS asked members to provide feedback on the meeting today, particularly on the meeting process, content and behaviours.</p> <p>Members commented that there was a good level of debate at the meeting today, particularly during the CHC fee rates 2021/22 discussion.</p>	
FR21/58	<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 meetings:</p> <p>Single-Item Meeting – CHC Fee Rates 2021/22: TBC in April 2021</p> <p>Next Main F&R Committee Meeting: Thursday 20th May 2021 1pm to 3pm Microsoft Teams</p>	

Extraordinary Finance and Resource Committee Approved Minutes

Wednesday 14th April 2021, 10.00am – 11.30am
Microsoft Teams Meeting

Attendees (South Sefton F&R Committee Membership)		
Alan Sharples	Lay Member (F&R Committee Chair), SS CCG	AS
Chrissie Cooke	Interim Chief Nurse, SS CCG and S&F CCG	CC
Susanne Lynch	Head of Medicines Management, SS CCG and S&F CCG	SL
Martin McDowell	Chief Finance Officer, SS CCG and S&F CCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SS CCG and S&F CCG	AOR
Dr Sunil Sapre	GP Governing Body Member, SS CCG	SS
Dr John Wray	GP Governing Body Member, SS CCG	JW
Attendees (Southport & Formby F&R Committee Membership)		
Helen Nichols	Lay Member (F&R Committee Chair), S&F CCG	HN
Dil Daly	Lay Member (F&R Committee Vice Chair), S&F CCG	DD
Chrissie Cooke	Interim Chief Nurse, S&F CCG and SS CCG	CC
Jan Leonard	Director of Place, S&F CCG	JL
Susanne Lynch	Head of Medicines Management, S&F CCG and SS CCG	SL
Martin McDowell	Chief Finance Officer, S&F CCG and SS CCG	MMcD
Dr Hilal Mulla	GP Governing Body Member, S&F CCG	HM
Alison Ormrod	Deputy Chief Finance Officer, S&F CCG and SS CCG	AOR
Colette Riley	Practice Manager & Governing Body Member, S&F CCG	CR
Ex-officio Member*		
Fiona Taylor	Chief Officer, SS and S&F CCG	FLT
In attendance		
Jane Keenan	Interim CHC Programme Lead, SS and S&F CCG	JK
Apologies (South Sefton F&R Committee Membership)		
Dr Pete Chamberlain	GP Governing Body Member, SS CCG	PC
Tracy Jeffes	Director of Place – South, SS CCG	TJ
Minutes		
Alison Ormrod	Deputy Chief Finance Officer, SS CCG and S&F CCG	AOR

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

Name	Membership	May 20	June 20	July 20	Sept 20	Oct 20	Nov 20	Jan 21	Feb 21	Mar 21	Apr 21
Alan Sharples	Lay Member (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Graham Bayliss	Lay Member (Vice Chair) [Left CCG – end of March 2021]	✓	✓	✓	✓	✓	✓	✓	✓	✓	
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	✓	✓	✓
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chrissie Cooke	Interim Chief Nurse [Joined CCG in January 2021]							✓	✓	✓	✓
Tracy Jeffes	Director of Place – South [Joined committee in April 2021]										A
Jan Leonard	Director of Place – North [Left committee in April 2021]	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						
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	*	*	✓	✓	✓	✓	✓	✓	✓

No	Item	Action
General business		
FR21/60	<p>Apologies for absence</p> <p>An extraordinary Finance & Resource (F&R) Committee meeting had been convened with a single item agenda to consider further information in relation to Continuing Healthcare (CHC) fee rates for 2021. The meeting was held jointly with the Southport & Formby F&R Committee as agreed in the March 2021 meeting. It was agreed that Helen Nichols, Chair of the Southport and Formby F&R Committee would chair the meeting on behalf of both CCGs.</p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the F&R Committee meeting today was taking place via Microsoft Teams.</p> <p>Apologies for absence were received from the following South Sefton F&R Committee members: Dr Pete Chamberlain and Tracy Jeffes.</p>	
FR21/61	<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. 	
FR21/62	<p>CHC Fee Rates 2021/22 – Tiered Pricing Approach and Implementation of the Adam DPS Quality Tool</p> <p>MMcD introduced this item and briefed the committee on the background to the convened meeting. At the Finance & Resource Committee in March 2021 report FR21/45 Continuing Healthcare - Fee Rates 2021/22 was presented which discussed a number of options for fee setting in 2021/22 as follows:</p> <ul style="list-style-type: none"> Option 1 - Offer no uplift in 2021/22. Option 2 - Uplift of 1% to live packages of care as at 1st April 2021 which have been in existence for more than one year old – effective from April 2021. Option 3 - Uplift of 1.75% to live packages of care as at 1st April 2021 which have been in existence for more than one year old – effective from April 2021. This matches the Sefton Council proposed increase currently under consultation. <p>At the March 2021 meeting it was decided that the committee needed further information in relation to proposals discussed in the fee setting paper around the implementation of a tiered pricing approach and the Adam Dynamic Purchasing System (DPS) Quality Tool. The purpose of the meeting was to receive this</p>	

No	Item	Action
	<p>information to enable a decision to be reached in relation to CHC fees in 2021/22. JK gave a presentation on the Adam DPS Quality Tool and tiered pricing model. The presentation is summarised as follows:</p> <p>Quality Tool</p> <p>Quality with care providers is currently monitored via the Sefton MBC Care Home and Domiciliary Care service specification and CQC rating. It is acknowledged that current systems have limitations and that information is not always current.</p> <p>The ADAM DPS system functionality includes a quality monitoring tool which can be tailored as required to suit CCG needs. Quality indicators are defined by the CCG and once implemented; providers will be required to complete monthly monitoring information. A dashboard can be extracted from the Adam DPS by Midlands & Lancashire CSU for review and assurance purposes by the CCGs.</p> <p>It is intended that the quality tool output would feed into commissioning processes. This will help in determining and evaluating provider quality assurance when considering placements.</p> <p>Tiered Pricing</p> <p>Other CCGs using the Adam DPS have implemented a system of tiered pricing. The tiers reflect pre-defined levels of clinical need across a number of domains and weekly costs are determined with reference to these pre-defined levels. This means that costs are agreed with input from providers, there is a greater degree of control and expected costs can be more easily predicted.</p> <p>The system still allows for exceptionality, in that very complex packages of care will be arranged based on specific needs and costings agreed on a case by case basis for this cohort of individuals.</p> <p>In other areas where this approach has been implemented:</p> <ul style="list-style-type: none"> • A joint approach to alignment of costs to tiers has been agreed with Local Authority colleagues. • CCGs consider that significant contributions to cost improvement can be achieved. • Midlands and Lancashire Commissioning Support Unit (MLCSU) and Adam DPS have supported the implementation of the tiered pricing initiative with no cost implication to the CCG. <p>The approach to implementation was described as:</p> <ul style="list-style-type: none"> • Agreement of core elements included in each tier • Costing of care including one to one care completed to determine tiers • Development of implementation plans • Provider engagement events focussing on smaller groups and discussing case studies • Publication of proposed costs per tier. • Providers enrol to one or more tiers through the DPS which creates better definition of the market and types of care provided across the market. <p>HN invited questions and an extensive discussion took place. The main points are summarised as follows:</p>	

No	Item	Action
	<ul style="list-style-type: none"> • Careful consideration will need to be given to quality indicators to be included. Implementation of the tool is reliant on self-assessment and it is acknowledged therefore that further work is required to implement quality assurance monitoring and feedback mechanisms. • Timing of the implementation of the quality tool and tiered pricing is important given the likelihood of organisational change in 2022/23 and uncertainty surrounding the management of continuing healthcare in the Integrated Care system (ICS) going forward. The committee discussed immediate action to implement the quality tool and October 2021 was suggested as a provisional implementation date for tiered pricing. A cost benefit analysis of the tiered pricing mechanism is available and will be updated and shared. • The options described in the March 2021 paper were discussed. Factors taken into consideration include the CCG underlying deficit position, the significant levels of investment over recent years and the Adam DPS procurement system which provides care providers with opportunity to bid for packages at their current costs. Pricing incentives linked to quality performance indicators were also discussed. • The impact of the COVID-19 pandemic on care providers was discussed and the need for a wider discussion of this linked to the CCG's strategic intentions articulated through the draft Care Home strategy. It was agreed that this discussion should take place at Governing Body. <p>Actions agreed</p> <p>HN thanked committee members for all contributions to the productive discussion and summarised the actions to be addressed from the meeting. Agreed actions are as follows:</p> <ol style="list-style-type: none"> 1. The committee agreed that the Joint Care Home Strategy should be added to the agenda of the next Governing Body part II meeting to enable a wider multi-disciplinary discussion on the CCG strategic intentions around provision of care via care home and domiciliary care providers. The discussion will include the impact of the Care Home strategy across the health and social care system in Sefton. 2. It was agreed that the quality tool should be implemented. It was also agreed that input and review should be sought from GP members. The committee supported the introduction of tiered pricing and agreed that work on this should be started with a view to a potential implementation date of October 2021. 3. Oversight of the quality indicators for inclusion in the tool will be delegated to the Joint Quality and Performance Committee to ensure a cohesive approach involving health partners and ensuring that links to the Care Home strategy are maintained. 4. It was agreed that the original recommendation of no uplift to fee rates in 2021/22 would be replaced by option 2 of the paper presented to the March 2021 F&R Committee (FR21/45 Continuing Healthcare - Fee Rates 2021/22). The option below will be implemented with effect from 1st April 2021: <ul style="list-style-type: none"> • Option 2 - Uplift of 1% to live packages of care as at 1st April 2021 which have been in existence for more than one year old – effective from April 2021. 	<p>FLT</p> <p>JK / CC</p> <p>CC</p> <p>AOR</p>
	<p>Date of next meeting: Thursday 20th May 2021, 1pm to 3pm Microsoft Teams</p>	

Audit Committees in Common NHS South Sefton CCG Minutes

Wednesday 27th January 2021, 1.30pm to 4pm
Microsoft Teams Meeting

South Sefton CCG Audit Committee Members Present		
Alan Sharples	Lay Member (SS Audit Committee Chair)	AS
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
Southport and Formby Audit Committee Members Present		
Helen Nichols	Lay Member (S&F Audit Committee Chair)	HN
Dil Daly	Lay Member (S&F Audit Committee Vice Chair)	DD
Vikki Gilligan (A21/05[part] – A21/29)	Practice Manager Governing Body Member	VG
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
In attendance (Regular Attendees)		
Clare Ingram	Interim Chief Accountant, SSCCG and SFCCG	CI
Martin McDowell (A21/01-19 & A21/22-29)	Chief Finance Officer, SSCCG and SFCCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SSCCG and SFCCG	AOR
Andy Ayre	Manager - Audit, Grant Thornton	AA
Michelle Moss	Anti-Fraud Specialist, MIAA	MM
Adrian Poll	Audit Manager, MIAA	AP
In attendance (Guest Attendees)		
Chloe Howard (A21/06[part] – A21/07)	Information Governance Business Partner, MLCSU	CH
Tracy Jeffes (A21/01-06)	Director of Place – South, SSCCG and SFCCG	TJ
Gordon Jones (A21/01-05)	Mental Health Programme Manager, SSCCG and SFCCG	GJ
Terry Stapley (A21/07-29)	Corporate Business Manager, SSCCG and SFCCG	TS
Apologies (South Sefton CCG Audit Committee Members)		
Graham Bayliss	Lay Member (SS Audit Committee Vice Chair)	GB
Apologies (Regular Attendees)		
Joanne Brown	Partner - Audit, Grant Thornton	JB
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, SSCCG and SFCCG	TK

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

Name	Position	Apr 20	June 20	July 20	Oct 20	Jan 21
South Sefton Audit Committee Membership						
Alan Sharples	Lay Member (Chair)	✓	✓	✓	✓	✓
Graham Bayliss	Lay Member (Vice Chair)	✓	✓	A	✓	A
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	✓	✓	A	✓	✓
In attendance						
Martin McDowell	Chief Finance Officer, SSCCG	✓	✓	A	✓	✓
Alison Ormrod	Deputy Chief Finance Officer, SSCCG	✓	✓	✓	✓	✓
Clare Ingram	Financial Accountant, SSCCG [Joined CCG in September 2020]				✓	✓
Leah Robinson	Chief Accountant, SSCCG [On maternity leave from end of June 2020]	✓	✓			
Michelle Moss	Local Anti-Fraud Specialist, MIAA	✓			✓	✓
Adrian Poll	Audit Manager, MIAA	✓		✓	✓	✓
Joanne Brown	Partner - Audit, Grant Thornton	✓	✓	A	A	A
Andy Ayre	Manager – Audit, Grant Thornton	A	✓	✓	✓	✓

No	Item	Action
General Business		
A21/01	<p>Introductions and apologies for absence</p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the Audit Committees in Common (CiC) meeting today was taking place via Microsoft Teams.</p> <p>Apologies for absence were received from the following South Sefton Audit Committee members: Graham Bayliss.</p> <p>No apologies for absence had been received from Southport and Formby Audit Committee members.</p> <p>Apologies for absence were received from the following regular attendees: Joanne Brown (Grant Thornton).</p> <p>It was noted that Helen Nichols, Chair of the Southport and Formby Audit Committee, would chair this CiC meeting.</p>	
A21/02	<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 CCG.</p> <p>Declarations made by members of the South Sefton Audit Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest at today's meeting:</p> <ul style="list-style-type: none"> • JS declared he is a member of both of the respective Governing Bodies 	

No	Item	Action
	<p>and Audit Committees of South Sefton CCG and Southport & Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p> <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. 	
A21/03	<p>Minutes of the previous meetings and key issues: The South Sefton minutes of the Audit CiC meeting on 14th October 2020 were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from that meeting.</p>	
A21/04	<p>Action points from previous meetings</p> <p>A19/39 (S&F and SS): Whistleblowing Policy AS and HN met recently with Paul Bell from MIAA, where it was decided that the training already undertaken by both members in 2020 was sufficient for their respective roles as Governing Body Lay Member with responsibility for whistleblowing. Action closed.</p> <p>A20/86 (S&F and SS): Action points from previous meetings A20/11: Update on Follow Up Actions / Response from MLCSU re. HR Case MMcD has liaised with Pam Hughes (Associate Director at Midlands & Lancashire CSU) regarding a response to the follow up actions from the HR case reported at the Audit CiC meeting on 15th January 2020. The issue was due to be raised at the contract meeting between the Sefton CCGs and CSU in December 2020 but this meeting has been deferred. It was agreed for the action to remain open until a formal response has been received from the CSU, confirming that the follow up actions will be undertaken. Action to be updated on the tracker.</p> <p>A20/103 (S&F and SS): Governing Body Assurance Framework, Corporate Risk Register and Heat Map The risk to sustainability of General Medical Service due to COVID-19 (which had been proposed for closure on the Corporate Risk Register [CRR]) was discussed at the Primary Care Commissioning Committees in Common meeting on 21st January 2021. Given the mitigating factors noted on the CRR and the developing circumstances in relation to the COVID response, it was deemed appropriate to close this risk. It was noted that a greater risk has now emerged in relation to the Mass Vaccination programme. The Audit CiC noted that the CRR would be discussed further under item A21/21 and agreed to close this action.</p> <p><i>It was noted that all other South Sefton CCG related actions on the action tracker following the October 2020 Audit CiC meeting had been completed; updates were provided on the action tracker which were taken as read. No queries were raised in relation to the updates provided.</i></p>	

No	Item	Action
<i>Challenge Questions</i>		
A21/05	<p>Challenge Question: Mental Health Needs GJ presented a written response to the following Challenge Question:</p> <p><i>Have the CCGs reviewed their strategies for meeting the mental health needs of their local population?</i></p> <p>This Challenge Question had been selected by the Audit CiC from the summary of emerging national issues detailed within the last external audit progress report in October 2020.</p> <p>The written response provided an overview of national drivers and local opportunities in terms of mental health strategy. It reported that the local mental health strategy for Sefton is currently being developed through integration with the Local Authority. The strategy is being shaped by national drivers such as the NHS Long Term Plan and in particular, the focus on delivering integrated care for residents at a local level with the development of a new model for community mental health care.</p> <p>The report provided information on a Mental Health Community Transformation Bid (developed by Mersey Care, the Sefton CCGs and partners), which was submitted for mental health transformation funding on 20th January 2021. The bid outlines the principles of an integrated community model of care and aims to fundamentally redesign the purpose and function of Sefton community mental health services over the next three years, with a core focus on supporting mental health more effectively within primary care. The aim is to develop a network which provides specialist resource for those with complex needs - in partnership with the Local Authority, housing providers, the voluntary sector and people with lived experience.</p> <p>The Audit CiC discussed the response. A query was raised regarding whether the proposed further integration of mental health services would result in extra workload pressures for primary care. GJ explained that mental health transformation was aimed at supporting primary care in dealing with mental illness with in-reach services in order to remove current barriers between primary and secondary care. A query was raised regarding whether the local Voluntary Community and Faith (VCF) sector would receive funding through community mental health transformation. GJ noted that it was his understanding that the VCF sector would receive an element of funding through the bid.</p> <p><i>VG joined the meeting.</i></p> <p>Members queried and discussed the value of the Challenge Question exercise, whether the response had been produced specifically for the Audit CiC, whether it had created an extra workload pressure and how the mental health strategy issues would be reported to the respective Governing Bodies. GJ confirmed that the response had been produced specifically for the Audit CiC following its request in October 2020 but that it had been a useful exercise to undertake. He also confirmed that the local mental health strategy for Sefton (which is currently being developed through integration with the Local Authority) will be reported to the respective Governing Bodies. MMcD added that the Governing Body Developments Sessions involve a number of</p>	

No	Item	Action
	<p>programme reviews, which will include mental health.</p> <p>Members commented that the Challenge Question response was useful and informative, and thanked GJ for his work on the report.</p> <p><i>The Audit CiC received the written response to the Mental Health Needs Challenge Question.</i></p> <p><i>GJ left the meeting.</i></p>	
A21/06	<p>Challenge Question: Summary of We are the NHS: People Plan 2020/21 – Action For us All / Workforce Race and Inequalities and Inclusion in NHS Providers</p> <p>TJ presented a combined written response to the following two Challenge Questions:</p> <ul style="list-style-type: none"> • <i>Have the CCGs reviewed the People Plan?</i> • <i>What are the CCGs doing to address race inequalities?</i> <p>The Audit CiC had requested a combined response to the above two Challenge Questions, which had been selected from the summary of emerging national issues detailed within the last external audit progress report in October 2020.</p> <p>The written response provided an overview of the actions being undertaken by the Sefton CCGs in relation to the NHS People Plan, as well as work undertaken in relation to equality and workforce.</p> <p>The Audit CiC discussed the response. It was noted that the response was focussed on HR / workforce and had not included information on how the CCGs are addressing equality issues in terms of patients and provision. Further to discussion, it was noted that as the Audit CiC had requested a combined response to two Challenge Questions which included the NHS People Plan, the overall response was likely to be focussed on HR and workforce issues; therefore the request made by the Audit CiC had been met. It was also noted that work undertaken to address equality in terms of patients and provision is reported to the Sefton CCGs' respective Finance & Resource (F&R) Committees.</p> <p>The Audit CiC discussed the value of the Challenge Question exercise in relation to this written response. Members commented that the response was useful and informative. It was noted, however, that since the request was made by the Audit CiC in October 2020, the F&R Committees had received updates on the NHS People Plan. Therefore the information in the response would have been familiar to members common to both Audit and F&R Committees. The Audit CiC thanked TJ and Jo Roberts (Equality and Diversity Service - Merseyside CCGs) for their work on the report.</p> <p>Members discussed the general value of reviewing responses to Challenge Questions and agreed that they help to provide assurance on how CCG management is addressing the issues queried, and helps the Audit Committees to identify any gaps within the system.</p> <p><i>CH joined the meeting.</i></p>	

No	Item	Action
	<p>As the Audit Committee meetings in April and May / June would largely be focussed on annual accounts and annual report, it was agreed that the Audit CiC next consider Challenge Questions at its meeting in July 2021.</p> <p><i>The Audit CiC received the combined written response to the NHS People Plan and Race Inequalities Challenge Questions.</i></p> <p><i>TJ left the meeting.</i> <i>TS joined the meeting.</i></p>	
Governance		
A21/07	<p>Information Risk Work Programme - Asset Register Assurance</p> <p>CH presented an update report in relation to the Sefton CCGs' Information Risk Work Programme (IRWP) action plan ahead of the 2020/21 Data Security and Protection Toolkit (DSPT) submission.</p> <p>The DSPT submission date has been extended from 31st March 2021 to 30th June 2021. Although organisations can still submit their DSPT by the original submission deadline, both of the Sefton CCGs have opted to take advantage of the extension, which allows more time to ensure robust evidence is in place to support each submission.</p> <p>CH reported the progress made in terms of the IRWP action plan and asset registry since the last Audit CiC meeting in October 2020. Operational pressures, changing priorities and staff redeployment, as a result of the COVID pandemic second wave and roll out of the Mass Vaccination programme, have caused a delay in the action plan timeline. CH presented the anticipated next steps and plan ahead of the DSPT submission, which was detailed within the report received by the Audit CiC, and noted the importance of taking a flexible approach to information governance arrangements amidst the current situation with the pandemic.</p> <p>The Audit CiC requested that an exception report is presented to each Audit Committee at their respective meetings in April 2021. The report is to note any challenges / issues in terms of meeting the DSPT target.</p> <p><i>The Audit CiC received the IRWP update report.</i></p> <p><i>CH left the meeting.</i></p>	MMcD / CH
A21/08	<p>GP Pensions Update</p> <p>CI presented a verbal update on the issue in relation to GP pensions.</p> <p>In December 2020, the Sefton CCGs issued a letter to GPs believed to be affected by the GP pensions review, which provided an update on the current position of the CCGs and progress made by NHSE/I in relation to the issue. The letter requested consent for the CCGs to contact financial advisors (if consent had not already been supplied) to ensure that information and assumptions are correct. The majority of those contacted have supplied their consent and details of financial advisers.</p> <p>CI met today with Janet Knox from NHSE/I, who is leading the nationwide review on GP pensions; CI was informed that NHSE/I is planning to deliver GP</p>	

No	Item	Action
	<p>pensions roadshows either in late 2021 or 2022.</p> <p>The Audit CiC discussed the GP pensions issue. CI and MMcD noted the complexity of this issue and stressed that the Sefton CCGs need to work in line with NHSE/I national developments in order to resolve the issue. The CCGs are also liaising with the Local Medical Committee to work on a joint communications statement in relation to the issue.</p> <p>The Audit CiC agreed that GP pensions is to be added to the work plan as a standing agenda item; TK to action.</p> <p><i>The Audit CiC received this verbal update.</i></p>	TK
A21/09	<p>Losses, Special Payments and Aged Debt</p> <p>CI presented an update report on losses, special payments and aged debt for South Sefton CCG. Since the last report was presented to the Audit Committee in October 2020, no losses have been identified for write off and no further special payments have been made. Of the total debt outstanding as at 31st December 2020, there are 3 invoices above the £5k threshold to be reported which are greater than 6 months old.</p> <p>The committee discussed the aged debt invoice in relation to Sefton Metropolitan Borough Council (SMBC) and a recharge for 50% of 2019/20 staffing costs for Community Stores. CI confirmed the recharge of 50% should be in line with the agreement between the CCG and SMBC. Discussions are taking place to resolve this issue.</p> <p><i>The South Sefton Audit Committee received the Losses, Special Payments and Aged Debt Report.</i></p>	
A21/10	<p>Scheme of Delegation</p> <p>AOR presented a report with a recommendation to approve the following changes to the South Sefton CCG Scheme of Reservation and Delegation (SORD).</p> <ul style="list-style-type: none"> • The Interim Director of Strategy and Outcomes has left the Sefton CCGs and a Director of Strategic Partnerships has been appointed. An invoice approval limit is required for the current post holder to allow for operational invoices to be approved in a timely manner and for budgetary control purposes. The limits previously delegated of £20k are proposed to be applied. • The change in post holder of the Interim Chief Nurse role needs to be reflected in the SORD. The previous post holder needs to be removed and the new post holder added. It is proposed that the Interim Chief Nurse approval limit is unchanged at £20k, which is the limit associated with the substantive post holder. • In order to ensure efficient operational processing of invoices and consistency across the commissioning team, the Head of Commissioning has proposed that the limit of £5k previously approved in respect of the Senior Manager – Commissioning & Redesign is increased to £20k. This reflects the approval limits held by other invoice approvers within the commissioning team. 	

No	Item	Action
	<p>A query was raised regarding why a change in post holder would need to be reported to and approved by the Audit Committee when the invoice approval limit associated with the post was unchanged. AOR explained that any change to the SORD (including a change in post holder) would need to be reported to and approved by the Audit Committee.</p> <p>AOR provided an update on the review of delegation arrangements during the COVID-19 emergency response period, which was detailed in the report received by the committee.</p> <p><i>The South Sefton Audit Committee approved the proposed changes to the Scheme of Reservation and Delegation. The committee also noted the update regarding review of delegation arrangements during the COVID-19 emergency response period.</i></p>	
A21/11	<p>CCG Published Registers</p> <p>TS 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: Unpublished – Governing Body, Contractors and Employees • Appendix C: Register of Interests: Unpublished – Member Practices • Appendix D: Register of Interests: Published – Governing Body, Contractors and Employees • Appendix E: Register of Interests: Published – Member Practices <p>TS confirmed that a number of actions need to be undertaken in order to combine the Register of Sponsorship with the Gifts and Hospitality Register. Due to the nature of the actions, which were detailed in the report received by the committee, TS noted that it is difficult to provide an indicative completion date for the work at this stage. The Audit Committee will continue to be updated on progress with this work.</p> <p>TS provided an update on the current completion rate of the NHSE/I conflicts of interest mandatory training and the actions being undertaken to help achieve 100% completion by the deadline of 31st January 2021.</p> <p>Members discussed the Gifts and Hospitality Register and noted there was one entry above the £6 limit. The committee requested that a review 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. MM confirmed she would undertake this action.</p> <p>A query was raised as to whether the Published Registers needed to be</p>	MM

No	Item	Action
	<p>presented as a standing agenda item at every quarterly Audit Committee / Audit CiC meeting or whether the reporting frequency could be reduced. MMcD confirmed he would review this query with TS and the CCG's Interim Lead for Corporate Services.</p> <p><i>The South Sefton Audit Committee received the CCG published registers, noting the processes in place and the work undertaken.</i></p>	MMcD / TS
A21/12	<p>Policy Tracker</p> <p>MMcD presented the policy tracker, which provides an update on the review status of all CCG policies. The report for this item included a status update on the following five policies that have not been reviewed or updated in line with the review dates specified:</p> <ul style="list-style-type: none"> • Personal Health Budgets for NHS Funded Packages of Care for Adults and Children Policy & Practice Guidance • Disinvestment Policy & Procedure (Cessation and Significant Reduction of Services) • Grievance & Disputes Policy • Out of Hours/Lone Work Procedure • Complaints Policy <p>Committee members queried the delay with the review of the Grievance & Disputes Policy, noting the importance of an up to date approved policy ahead of impending organisational change. The Audit CiC stressed that this policy needed to be finalised as soon as possible.</p> <p>Members noted that a review needs to be undertaken of the Whistleblowing Policy (further details would be provided under item A21/26), which is to be reflected within the policy tracker. TK to inform the CCGs' Corporate Governance Manager to update the policy tracker accordingly.</p> <p><i>The Audit CiC received the policy tracker.</i></p>	TK
<i>Audit and Anti-Fraud Specialist</i>		
A21/13	<p>Audit Committee Recommendations Tracker</p> <p>CI presented the Audit Committee Recommendations Tracker, which provides an update on progress against recommendations made to the Audit Committees through reports and internal audit review procedures.</p> <p>The Audit CiC discussed the tracker and agreed the following changes, which are to be actioned:</p> <ul style="list-style-type: none"> • The first two actions within the table of recommendations from the Conflict of Interest Review (July 2019) should be rated amber and marked as 'ongoing' as neither action in relation to the Gifts and Hospitality Register has been completed. • The action for the CCGs to ensure that there are sufficient technical controls in place that prevent information from being inappropriately copied or downloaded, is to be changed from 'ongoing' to 'completed'. The rest of the narrative in the 'Completed / Outstanding' column for this action is to remain as is. <p><i>The Audit CiC received the Audit Committee Recommendations Tracker.</i></p>	CI

No	Item	Action
A21/14	<p>External Audit Progress Report</p> <p>AA presented the External Audit Progress Report, which summarises the year to date external audit progress for 2020/21 in relation to South Sefton CCG and Southport & Formby CCG respectively. The report also includes a summary of emerging national issues and developments which may be relevant to the CCGs as well as a number of Challenge Questions in respect of these emerging issues, which the Audit CiC may wish to consider.</p> <p>The following points were brought to the Audit CiC's attention:</p> <ul style="list-style-type: none"> • Grant Thornton has commenced work in relation to the 2019/20 Mental Health Investment Standard (MHIS) and is aiming to complete the work ahead of the 26th February 2021 deadline. • Discussions took place between Grant Thornton and the Sefton CCGs' finance team members to discuss arrangements for the 2020/21 final accounts preparation and audit reviews for each CCG. Discussions continue to take place in relation to emerging developments and to ensure the audit process is effective. • Grant Thornton's annual chief accountants workshop is scheduled to take place in February 2021 and will provide the opportunity for finance officers to liaise with peers and gain an understanding of the key changes impacting this year's accounts. • An overview was provided of the 2019/20 and 2020/21 audit deliverables, as detailed within the progress report. <p>AA referred to an HSJ article released today, which reports on NHSE's position regarding CCG mergers. MMcD confirmed that the merger of Cheshire & Merseyside CCGs was scheduled for April 2022.</p> <p><i>The Audit CiC received the External Audit Progress Report</i></p>	
A21/15	<p>Terms of Engagement Letters – 2019/20 Mental Health Investment Standard</p> <p>MMcD presented a Terms of Engagement letter in relation to the 2019/20 Mental Health Investment Standard (MHIS) Compliance Statement for South Sefton CCG, which was signed and returned to Grant Thornton on 13th January 2021.</p> <p><i>The South Sefton Audit Committee received the Terms of Engagement letter in relation to the CCG's 2019/20 MHIS Compliance Statement.</i></p>	
A21/16	<p>MIAA Internal Audit Progress Update</p> <p>AP presented the MIAA Internal Audit Progress Report for South Sefton CCG, which sets out progress against the Internal Audit Plan for 2020/21.</p> <p>Since the last Audit CiC meeting in October 2020, the following internal audit reviews have been finalised:</p> <ul style="list-style-type: none"> • Primary Care Commissioning: Finance (High Assurance) • Finance & Resource Committee Effectiveness (Substantial Assurance) <p>The recommendations from these reviews were detailed within the progress report and noted by the committee.</p> <p>The following reviews are currently in progress:</p> <ul style="list-style-type: none"> • Adam Dynamic Purchasing System post implementation review (draft 	

No	Item	Action
	<p>report)</p> <ul style="list-style-type: none"> Financial Systems Key Controls (draft report) <p>AP confirmed that no issues were anticipated in terms of completion of the internal audit plan by the end of the financial year.</p> <p><i>The South Sefton Audit Committee received the MIAA Internal Audit Progress Report</i></p>	
A21/17	<p>External Quality Assessment of MIAA</p> <p>AP presented an External Quality Assessment (of Conformance to the Public Sector Internal Audit Standards) report for MIAA, dated 14th November 2020. The report concludes that MIAA 'fully conforms to the requirements of the Public Sector Internal Audit Standards.'</p> <p><i>The Audit CiC received this report.</i></p>	
A21/18	<p>NHS Counter Fraud Authority - Fraud Prevention Assessment</p> <p>CI presented a report detailing the internal findings of the NHS Counter Fraud Authority (NHSCFA) Fraud Prevention Assessment. The assessment was undertaken in November 2020, covering the period July 2019 to September 2020. The report details the areas reviewed, potential weaknesses identified, mitigating actions being implemented and the measures reported to NHSCFA.</p> <p>The Audit CiC discussed the report. MM confirmed that this is a new assessment from NHSCFA and is expected to be an annual piece of work.</p> <p>MM thanked CI for the collation of information in order for the assessment to be submitted.</p> <p><i>The Audit CiC received this report, noting the identified weaknesses, mitigations and reported measures.</i></p>	
Risk		
A21/19	<p>Risk Management Strategy</p> <p>MMcD presented an updated Risk Management Strategy for the Sefton CCGs. Updates were shown via track changes.</p> <p>TS reported that the Terms of Reference for the Joint Quality and Performance Committee (JQPC), which had been included as Appendix G, were due for review and would be discussed at the JQPC meeting scheduled for 28th January 2021. He confirmed that Appendix G would be replaced with the updated Terms of Reference when ready.</p> <p>The Audit CiC discussed the strategy, including the section entitled <i>Legal Liabilities and Property Losses</i>, which notes that, 'In circumstances when an independent sector contractor goes into administration the commissioner would via Clinical Negligence Scheme for Trusts (CNST) inherit the liability.'</p> <p>MM noted that the strategy did not contain information on the risk based approach in relation to fraud, bribery and corruption. It was agreed for MM to provide text in relation to fraud, bribery and corruption to be included in the Risk Management Strategy; MM to liaise with TS and the CCG's Interim Lead</p>	<p>TS</p> <p>MM</p>

No	Item	Action
	<p>for Corporate Services to action this.</p> <p><i>The South Sefton Audit Committee and Southport & Formby Audit Committee approved the Risk Management Strategy subject to inclusion of an updated JQPC Terms of Reference and text in relation to the risk based approach to fraud, bribery and corruption (to be provided by the Anti-Fraud Specialist).</i></p> <p><i>MMcD left the meeting.</i></p>	
A21/20	<p>Audit Committee Risk Register</p> <p>AOR presented the Audit Committee Risk Register, which contains fraud, corruption and bribery risks that have been delegated to the Audit Committees to review and monitor. She explained the changes to the mitigating actions section since the risk register was last presented in October 2020.</p> <p>A query was raised regarding the assessment of residual scoring, with it being noted that a number of the risks (which could be considered to be common risks within the NHS) each had a low total residual score of 2. MM explained that the scores are assessed via MIAA in line with national and local risk and knowledge, and as such she was satisfied with the scoring as Anti-Fraud Specialist. She explained the risk review process undertaken by both MIAA and the Sefton CCGs to assess the fraud, corruption and bribery risks.</p> <p><i>The Audit CiC reviewed and approved the Audit Committee Risk Register.</i></p>	
A21/21	<p>Governing Body Assurance Framework, Corporate Risk Register and Heat Map</p> <p>AOR and TS presented the Governing Body Assurance Framework (GBAF), Corporate Risk Register (CRR) and Heat Map for South Sefton CCG. The Heat Map summarises all the mitigated risks for the CCG with a score of 12 and above. The latest risk register for Special Educational Needs and Disabilities (SEND) was also presented. The covering report for this item summarised the updates that have been made to the risk documents as well as the risks proposed for closure / removal since the last Audit CiC meeting in October 2020.</p> <p>Further to comments at the last Audit CiC meeting, TS explained the rationale behind the colour coding in the Heat Map.</p> <p>A discussion took place regarding risk QUA080 on the CRR, which notes that 'there is a risk to the delivery and quality of phlebotomy service as it resumes business as usual in line with COVID restrictions due to significant loss in capacity and potential increases in access times.' A query was raised regarding the total residual score of 4 (which had reduced from an initial score of 12) and whether there was assurance that the risk was at this reduced level, given the reported issues in relation to phlebotomy. Furthermore, it was noted that the movement in scoring for this risk was not in line with that of risk JC32 (which notes 'a shortage in access to phlebotomy within primary care and community care services'), the total residual score for which (16) had increased from an initial score of 9. TS to review this issue with the risk owners for QUA080 and JC32.</p> <p>The committee referred to principal risk 2.4 in the GBAF, which notes the 'failure to have in place care home provider failure plans could adversely affect</p>	TS

No	Item	Action
	<p>continuity of care for patients.' A query was raised regarding why the risk score had risen significantly from an initial score of 9 to a current score of 20, given the number of vacancies at care homes. TS and AOR to review this issue with the CCG's Interim Chief Nurse and Deputy Chief Nurse.</p> <p><i>The South Sefton Audit Committee approved the updates made to the GBAF, CRR and Heat Map subject to the reviews to be undertaken as noted above. The committee also approved the proposed closure of the risks detailed within the covering report.</i></p> <p><i>MMcD re-joined the meeting.</i></p>	TS / AOR
<i>Committee Governance</i>		
A21/22	<p>Audit Committees in Common Effectiveness Review</p> <p>AP presented a summary report and action plan following a self-assessment of committee effectiveness undertaken by Audit Committee members in November 2020.</p> <p>The Audit CiC reviewed the action plan and discussed the action to consider whether current information received from other committees (via key issues reports) provide sufficient levels of assurance. The Audit CiC agreed that the key issues documents did not always explicitly set out the impact on the Sefton CCGs' respective assurance frameworks. It was agreed, however, that this was mitigated via the receipt of the Governing Body Assurance Framework and the Corporate Risk Register, which included the risks managed by the CCG committees. It was therefore agreed that further assurances were not required from other committees in terms of impact on the assurance framework. It was noted that if further assurances were required in future from a particular department / committee, a representative could be invited to present at a future meeting.</p> <p>AP noted that the self-assessment responses were consistent and commented that both Audit Committees operate well.</p> <p>The Audit Committee Chairs thanked AP for his work on the summary report and action plan.</p> <p><i>The Audit CiC received the summary report and action plan following a self-assessment of committee effectiveness.</i></p>	
A21/23	<p>Audit CiC / Committee Work Plan 2021/22</p> <p>MMcD presented a plan of agenda items / issues to be addressed by the Audit CiC / Audit Committees during the financial year 2021/22. It was noted that 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>Members discussed the work plan and referred to the issue (highlighted through the committee effectiveness self-assessment) of the large number of items on meeting agendas. A recommendation from the MIAA summary report presented under item A21/22 was that the committee review the annual work plan in respect of current agenda items and whether this could be streamlined. Queries were raised as to whether the Losses, Special Payments and Aged</p>	

No	Item	Action
	<p>Debt item and CCG Published Registers item (which are both currently standing agenda items) could be reported less frequently. MMcD advised that the Losses, Special Payments and Aged Debt report should remain a standing agenda item due to the nature of the issues reported but that he would review whether the reporting frequency of the CCG Published Registers could be reduced (as noted under item A21/11).</p> <p>Members discussed the scheduling of private discussions with the external and internal auditors. It was agreed for a private meeting to be arranged directly before or after each Audit Committee meeting in April 2021 (for the duration of 15 minutes). TK to arrange.</p> <p>It was noted that Freedom to Speak Up reporting was currently marked as to be confirmed on the work plan. It was agreed for this to remain as to be confirmed until a review of the Whistleblowing Policy has been undertaken (to be discussed further under item A21/26).</p> <p><i>The Audit CiC approved the 2021/22 work plan subject to a review of the reporting frequency for the CCG Published Registers.</i></p>	TK
A21/24	<p>Audit CiC / Committee Meeting Dates 2021/22 The Audit CiC received a list of scheduled Audit CiC / Audit Committee meeting dates for the next financial year - 2021/22.</p> <p>As the year-end / account submission timetable had not been finalised at the time of scheduling the meeting dates, 'to be confirmed' dates had been arranged for April and May / June 2021. As the year-end timetable had now been confirmed, it was noted that these dates would be reviewed and the Audit Committees would be notified of the relevant changes; TK to action.</p> <p>AS confirmed that he is unable to attend the Audit CiC meeting scheduled for 13th October 2021. It was agreed to reschedule this meeting, potentially to take place on 19th or 20th October 2021, depending on availability; TK to action.</p> <p><i>The Audit Committees received the list of scheduled meeting dates for 2021/22 and agreed to reschedule the Audit CiC meeting on 13th October 2021.</i></p>	TK TK
Key Issues Reports From Other Committees - to be formally received		
A21/25	<p>Key Issues Reports From Other Committees - to be formally received The South Sefton Audit Committee received the key issues reports from the following committees:</p> <ul style="list-style-type: none"> • Finance and Resource Committee September and October 2020 • Joint Quality and Performance Committee September and October 2020 • Primary Care Commissioning Committee October and November 2020 	

No	Item	Action
Closing business		
A21/26	<p>Whistleblowing Policy</p> <p>HN reported that a meeting regarding Freedom to Speak Up had taken place between Audit Committee members after the Audit CiC meeting on 14th October 2020. It had been agreed at that meeting that the Whistleblowing Policy required further review. Due to the current pressures as a result of the COVID-19 response, the action to review the policy had not reached the appropriate department within the Sefton CCGs. HN and AS confirmed that they would discuss the review of the Whistleblowing Policy and next steps at the next Senior Leadership Team meeting, scheduled to take place on 16th February 2021.</p> <p><i>The Audit CiC received this verbal update.</i></p>	
A21/27	<p>Any other business</p> <p><u>Annual Report 2020/21</u></p> <p>AOR provided an update on the production of each of the Sefton CCGs' Annual Reports for 2020/21. An initial multi-disciplinary meeting has taken place between members of the governance, communications and finance teams to commence planning for the Annual Report production. Regular meetings will be scheduled to monitor progress of the Annual Reports through to submission.</p>	
A21/28	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues report to Governing Body.</p>	
A21/29	<p>Review of Meeting</p> <p>HN asked the Audit CiC for feedback regarding the meeting today.</p> <p>Members commented that the meeting had been chaired well particularly in view of the large number of agenda items. It was noted that further to feedback at the meeting today, future agendas would be reviewed to consider whether they can be streamlined.</p>	
	<p>Date and time of next meeting</p> <p>South Sefton Audit Committee Thursday 22nd April 2021, 9am-11am Microsoft Teams</p>	

Extraordinary Audit Committees in Common NHS South Sefton CCG Minutes

Tuesday 30th March 2021, 2.30pm to 3.30pm
Microsoft Teams Meeting

South Sefton CCG Audit Committee Members Present		
Alan Sharples	Lay Member (SS Audit Committee Chair)	AS
Graham Bayliss	Lay Member (SS Audit Committee Vice Chair)	GB
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
Southport and Formby Audit Committee Members Present		
Helen Nichols	Lay Member (S&F Audit Committee Chair)	HN
Dil Daly	Lay Member (S&F Audit Committee Vice Chair)	DD
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
In attendance		
Debbie Fairclough	Interim Programme Lead – Corporate Services, SSCCG and SFCCG	DF
Apologies (Southport and Formby CCG Audit Committee Members)		
Vikki Gilligan	Practice Manager Governing Body Member	VG
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, SSCCG and SFCCG	TK

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

Name	Position	Apr 20	June 20	July 20	Oct 20	Jan 21	Mar 21
South Sefton Audit Committee Membership							
Alan Sharples	Lay Member (Chair)	✓	✓	✓	✓	✓	✓
Graham Bayliss	Lay Member (Vice Chair)	✓	✓	A	✓	A	✓
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	✓	✓	A	✓	✓	✓
In attendance							
Martin McDowell	Chief Finance Officer, SSCCG	✓	✓	A	✓	✓	
Alison Ormrod	Deputy Chief Finance Officer, SSCCG	✓	✓	✓	✓	✓	
Clare Ingram	Financial Accountant, SSCCG [Joined CCG in September 2020]				✓	✓	
Leah Robinson	Chief Accountant, SSCCG [Maternity leave from end of June 2020]	✓	✓				
Michelle Moss	Local Anti-Fraud Specialist, MIAA	✓			✓	✓	
Adrian Poll	Audit Manager, MIAA	✓		✓	✓	✓	
Joanne Brown	Partner - Audit, Grant Thornton	✓	✓	A	A	A	
Andy Ayre	Manager – Audit, Grant Thornton	A	✓	✓	✓	✓	

No	Item	Action
A21/30	<p>Apologies for absence An extraordinary Audit Committees in Common (CiC) meeting had been convened to review and approve an updated Whistleblowing / Raising Concerns – Freedom to Speak Up Policy.</p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the meeting today was taking place via Microsoft Teams.</p> <p>It was noted that Alan Sharples, Chair of the South Sefton Audit Committee, would chair this CiC meeting.</p> <p>Apologies for absence were received from Vikki Gilligan (Southport & Formby Audit Committee). No apologies for absence had been received from South Sefton Audit Committee members.</p>	
A21/31	<p>Declarations of interest Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton CCG.</p> <p>Declarations made by members of the South Sefton Audit Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest at today's meeting:</p> <ul style="list-style-type: none"> • JS is a member of both of the respective Governing Bodies and Audit Committees of South Sefton CCG and Southport & Formby CCG. It was noted that these interests did not constitute any material conflict of interest with item A21/32 on the agenda. • [The following declaration was made later in the meeting under item A21/32 when the Chair had referred to MIAA Solutions in relation to an independent investigation for South Sefton CCG]. DF declared she is an associate of MIAA Solutions, which provides consultancy services including independent investigations or reviews. The declaration is documented within each of the Sefton CCGs' register of interests. It was noted that MIAA Solutions is separate to the internal audit / assurance department of MIAA. DF confirmed that her work with MIAA Solutions has not involved Sefton. It was agreed that this interest did not constitute any material conflict of interest with item A21/32. 	
A21/32	<p>Whistleblowing / Raising Concerns – Freedom to Speak Up Policy AS introduced this item, providing the relevant context and explaining the urgent requirement to review and approve an updated Whistleblowing / Raising Concerns - Freedom to Speak Up Policy .</p> <p>A meeting regarding Freedom to Speak Up (FTSU) had taken place between Audit Committee members after the Audit CiC meeting on 14th October 2020. It had been agreed at that meeting that the Whistleblowing Policy required further review. Due to pressures as a result of the COVID-19 response, the action to review the policy had not reached the appropriate department within the Sefton CCGs, which was reported at the Audit CiC</p>	

	<p>meeting in January 2021. A review of the policy has since taken place, led by DF and involving consultation with internal members of the Sefton CCGs (including the two FTSU Guardians) and Mersey Internal Audit Agency (MIAA), the Sefton CCGs' internal auditors.</p> <p>DF provided a summary of the updates to the Whistleblowing / Raising Concerns - Freedom to Speak Up Policy. The policy has been updated in line with best practice and national guidance, and is now a joint policy for both of the Sefton CCGs. In summary, the updates related to the following:</p> <ul style="list-style-type: none"> • The name of the policy, which has been amended to include the term 'raising concerns' as this is nationally more widely recognised. • The role of the Audit Committees in receiving and scrutinising reports and data. • Clarification on the establishment of investigations. • The escalation process to prevent victimisation. <p>The Audit CiC had a detailed discussion regarding the updates to the policy. AS reported on a recent issue at NHS South Sefton CCG which has been assessed as being under the Whistleblowing / Raising Concerns - Freedom to Speak Up Policy and has led to a requirement for an independent investigation. Members noted that AS is South Sefton CCG's Governing Body Lay Member with responsibility for whistleblowing/raising concerns. The MIAA Solutions team has been approached with regard to an external investigation [DF declared an interest at this point, the details of which are recorded under item A21/31]. AS provided an overview of the actions undertaken in response to the issue and explained the rationale; this context was taken into consideration during discussion of the policy. Members discussed the process involved in addressing issues that are under the Whistleblowing / Raising Concerns - Freedom to Speak Up Policy, including the role of the HR department.</p> <p>The Audit CiC agreed the following amendments / updates to the policy:</p> <ul style="list-style-type: none"> • Section 7.3. notes that, 'An investigation lead shall be identified and appointed within five working days of it becoming notified that a concern has not been resolved at line manager stage.' It was noted that whilst five working days should allow enough time to identify a lead for an internal investigation, it would not allow sufficient time for an external investigation. Further to discussion, it was agreed to change the timing to 'ten working days.' • The wording and grammar throughout the policy is to be reviewed and amended where required to ensure consistency in terms of it being applicable to both of the Sefton CCGs. • In section 6.5, mention of 'Southport and Formby CCG's Governing Body Lay Member with responsibility for whistleblowing' is to be updated to: 'Southport and Formby CCG's Governing Body Lay Member with responsibility for whistleblowing / <i>raising concerns</i>.' This would make it consistent with the mention of the equivalent role for South Sefton CCG. <p>DF confirmed she would update the policy with the agreed amendments and circulate to Audit CiC members. The final policy will be communicated to all staff.</p> <p>The Audit CiC also agreed the following actions that are to be undertaken in terms of wider issues in relation to the policy:</p> <ul style="list-style-type: none"> • Members stressed the importance of following the appropriate policy and process depending on the type of concern raised. It was noted that the 	DF
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	<p>FTSU Guardians would be the contacts (subject to further training) to signpost staff to the appropriate CCG policy. Further to discussion, it was agreed that an individual should be identified within the HR department to provide expert advice for the FTSU Guardians in terms of signposting to the correct policy. The importance of objectivity and confidentiality in this area was emphasised. DF confirmed she would identify a contact for the FTSU Guardians to consult if and when they required support and guidance.</p> <ul style="list-style-type: none"> In consideration of the time associated with procurement of external investigation services, it was agreed that the CCGs should have call-off agreements in place with vetted organisations that can undertake independent investigations. This would allow the CCGs access to a group of approved organisations should it be decided that an external investigation is required. DF to arrange. <p>Section 7.7 of the policy was reviewed, which detailed the role of the Audit Committees in receiving and scrutinising reports and data in relation to all concerns raised through this policy as well as contacts made to the FTSU Guardians. Members confirmed they were satisfied with the content in this section. It was noted that the Audit Committee Terms of Reference for each CCG is due for review and would be updated to reflect the committee's role outlined in the policy. The updated Terms of Reference will be presented at the next Audit Committee meetings in April 2021.</p> <p>It was noted that the Sefton CCGs' Chief Officer is the executive lead for this policy. DF provided the background information, explaining why the Chief Officer is in this role. She noted that the policy states in a number of areas that in the event of any conflict [in relation to the executive lead], issues should be escalated to the CCG's Lay Member for Governance. Members confirmed they were satisfied with this arrangement.</p> <p>DF referred to the NHS People Plan actions in connection with the policy. DD requested a report for the next Finance & Resource Committee meetings (scheduled for May 2021), which provides detail of discussions / consultation that have taken place with staff, as well as what support has been offered for staff morale and wellbeing in respect of the impending merger and restructure. DF to action.</p> <p><i>The Audit CiC approved the Whistleblowing / Raising Concerns - Freedom to Speak Up Policy subject to the amendments agreed at the meeting.</i></p>	<p>DF</p> <p>DF</p> <p>DF</p>
	<p>Date and time of next meeting South Sefton Audit Committee Thursday 22nd April 2021, 9am-11am Microsoft Teams</p>	

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

Thursday 25th February 2021, 9am to 12 noon
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
Billie Dodd	Deputy Director of Commissioning and Delivery SSCG/SFCCG	BD
Ex Officio Member		
Fiona Taylor	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
Tracey Forshaw	Assistant Chief Nurse, SSCCG/SFCCG	TF
Natalie Hendry-Torrance (for agenda item 21/30 only)	Designated Safeguarding Adults Manager	NHT
Apologies		
Susanne Lynch	Head of Medicines Management, SSCCG/SFCCG	SL
Stephen Williams	Director of Strategic Partnerships, SSCCG/SFCCG	SW
Jennie Piet	Programme Manager, Quality and Performance, SSCCG/SFCCG	JP
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)

Name	Membership	Feb 20	Mar 20	Apr 20	May 20	June 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Jan 21	Feb 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	✓	V	V	A	✓	✓	A	✓	A	A	✓
Karl McCluskey	Director of Strategy and Outcomes (Left CCG Sept 20)	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	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	V	V	✓	✓	A	✓	✓	✓	A	✓
Billie Dodd	Deputy Director of Delivery and Commissioning											A	✓
Chrissie Cooke	Interim Chief Nurse											✓	✓

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

No	Item	Action
General		
21/24	<p>Welcome and Apologies for Absence</p> <p>Apologies for absence were noted from Stephen Williams, Jennie Piet and Susanne Lynch.</p>	
21/25	<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. 	
21/26	<p>Minutes and Key Issues of the Previous Meeting</p> <p>With the following amendments the minutes from the previous meeting held on 28th January 2021 were deemed as an accurate reflection of the meeting:</p> <ul style="list-style-type: none"> Page 8 of the minutes, agenda item 21/05, Deputy Chief Nurse Report. Under the heading CQPG/CCQRM, The last two sentences to be amended to read:- <p>"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> <ul style="list-style-type: none"> The 3rd paragraph on page 10 of the minutes, under agenda item 21/ 06, Clinical Director Quality Update, to be amended to read:- <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".</p> <ul style="list-style-type: none"> Page 13, agenda item 21/12, Complaints Policy. The date in the action to be amended to March 2021. <p>The key Issues from the previous meeting were approved as being an accurate record.</p>	

No	Item	Action
21/27	<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 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> <p>Billie Dodd informed that she had contacted the Walton Centre and they advised that there were no referral issues. Following discussion it was suggested for Billie Dodd to obtain further information and examples from Dr Rob Caudwell and to then discuss them with Fiona Taylor to take forward.</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>	BD/FLT

No	Item	Action
	<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>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>Brendan Prescott informed that he had met with Marie Forshaw and IT regarding training for midwives to use EMIS. He asked how many staff had been trained and about the potential gap being filled by training from IMersey and will follow it up. GH stated the children’s clinical lead, Dr Wendy Hewitt should lead on this</p> <p>Following a discussion, it was noted that Chrissie Cooke will formally write to the Liverpool Women’s Hospital, copying in NHS Liverpool CCG to take the action forward.</p> <p>It was noted that the action had been on the tracker for an unacceptable lengthy period. It was suggested going forward, to include the date an action is initiated on the action tracker.</p> <ul style="list-style-type: none"> • Agenda Item 20/181, Electronic Palliative Care Co-ordination Systems (EPaCCS) Update 	<p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p>BP</p> <p>CC</p> <p>MD</p>

No	Item	Action
	<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>Dr Rob Caudwell informed of a group that has been established to discuss referral forms and templates. He noted that the forms should only refer to relevant information so that the form helps both the person completing it as well as the person processing it. As a result the issue should now be corrected as clinical systems are populating with the correct most recent versions. He suggested that if there are any out of date forms or templates in the system to inform him.</p> <p>It was noted that legacy forms cannot be removed on EMIS but can be archived. The user can set EMIS to not show archived forms.</p> <p>Action completed.</p> <p>Dr Gina Halstead suggested providing an update about out of date templates on EMIS via GP Communications.</p> <ul style="list-style-type: none"> • Agenda Item 20/187, Clinical Director Update <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>(i) 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. It appears that the issue was isolated and not a systems issue.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/03, Clinical Director Update <p>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 it was raised at the most recent LV Programme Leadership Group and an action was taken to ensure all staff are verified on arrival at sites and that they wear ID badges at all times.</p> <p>Action completed.</p> <p>Martin McDowell to follow up concern raised regarding elderly/frail patients in High town and Formby not being able to get to a local mass vaccination centre.</p>	<p>GH/RC</p>

No	Item	Action
	<p>Martin showed the Committee the practice level vaccinations statistics that show that there is no evidence that Formby or High Town or any other residents, are underrepresented in terms of access to vaccinations. However there may be some isolated cases. The CCGs treat all cases on an individual basis and engage with the relevant bodies to ensure that all patients can access the vaccination.</p> <p>Action completed.</p> <p>(ii) Helen Roberts to follow up the query raised in relation to how practices will know which of the vaccinations each patient will need for their repeat Covid 19 vaccination.</p> <p>Helen Roberts advised that this is obtained from Pinnacle at the site but will follow up with Susanne Lynch to ascertain information on the process.</p> <p>Action to remain on the tracker.</p> <p>(iii) Chrissie Cooke to follow up concern raised regarding obtaining lateral flow testing kits.</p> <p>Action completed.</p> <p>(v) Chrissie Cooke to confirm who is responsible for the distribution of blood pressure machines.</p> <p>It was noted that the responsibility lies with individual practices.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/07 Revised Joint Quality and Performance Committee Terms of Reference <p>Brendan Prescott to amend the terms of reference as per discussion at the last meeting.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/10 Performance and Quality Investigation Review Panel (PQIRP) Terms of Reference <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>Chrissie Cooke advised that following discussion with Debbie Fairclough a standardised approach to reflect changes is to be developed. Chrissie Cooke to enquire when this is likely to be completed.</p> <p>Action to remain on the tracker.</p>	<p>HR</p> <p>CC</p>

No	Item	Action
	<ul style="list-style-type: none"> • Agenda Item 21/11 Care Home Bi- Annual Report <ul style="list-style-type: none"> (i) Ehsan Haqqani to amend the care home bi annual report by inserting “aerosol generating procedures” next to the abbreviation “AGP”. <p>Action completed.</p> <ul style="list-style-type: none"> (i) Ehsan Haqqani to send the Healthwatch care home report to Chrissie Cooke. <p>Action completed.</p> • Agenda Item 21/12 Complaints Policy <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> <ul style="list-style-type: none"> (i) Lisa Gilbert to make reference to the Complaints Oversight Group in the complaints policy in section 26. (ii) Chrissie Cooke to present the Complaints Oversight Group Terms of Reference at a future meeting. Some inconsistencies were highlighted in the policy whereby reference LG CC February 2021 February 2021 21/27 Page 29 of 189 is made from a CCG perspective as well as from a patient perspective. These are to be separated. (iii) Lisa Gilbert to amend the complaints policy to ensure consistent content throughout. The Committee requested for amendments to be made to the policy as highlighted in the minutes 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. (iv) 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. (v) Lisa Gilbert to present the final version at the February 2021 meeting. 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. (vi) Lisa Gilbert to check that the delay in approval of the complaints policy does not fall outside of the deadline contained in the plan. 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. It was noted that the Committee will receive a complaints report at the next meeting. (vii) Chrissie Cooke to present a complaints report at the next meeting. <p>All above actions completed. The revised complaints policy is on the agenda.</p> 	
21/28	<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 January 2021.</p>	

No	Item	Action
	<p>The report was taken as being read and the following salient points were noted:-</p> <p><u>Liverpool University Hospitals NHS Foundation Trust</u></p> <p>The Care Quality Commission published its inspection report of the trust in January 2021. The trust has been given actions it must take to comply with legal obligations Trust-wide and also in medical care, surgery and urgent and emergency care at the Aintree site with enforcement regulations relating to safe care and treatment of patients; good governance and staffing.</p> <p>The trust will complete a CQC action plan which will be monitored through future CQPGs and will be incorporated into similar areas of work resulting from the SIQSG in 2020 with the Trust in enhanced surveillance.</p> <p>In relation to nosocomial outbreaks, a slight decline in numbers was noted compared to the previous month.</p> <p><u>Southport and Ormskirk NHS Hospital Trust</u></p> <p>A recommendation to step down the surveillance status of the trust from “enhanced “ to “routine” was supported at the NHSEI facilitated Cheshire and Mersey Quality Surveillance Group in February 2021.</p> <p><u>Alder Hey Hospital NHS Trust</u></p> <p>Following concerns raised by commissioners in relation to patient waiting times, an external review of the trust’s waiting times was undertaken, The trust has reported issues with the management of inpatient, outpatient and scheduled follow up appointments.</p> <p>From the review 83 patients have been identified so far as waiting greater than 52 weeks (66 inpatient, 17 outpatients). A standard operating procedure for clinical review is in place, with all of the inpatient long waiters having been reviewed and 11 of the 17 outpatients, with no harm identified. It was noted that from the 66 inpatients, 4 are from South Sefton and from the 17 outpatients, 4 are from South Sefton. Dr Rob Caudwell enquired when the clinical reviews would take place. Tracey Forshaw advised that although the numbers are low, there will be a number of others from other areas. The CCGs will be working with the trust and NHS Liverpool CCG in relation to the level of any harm.</p> <p>The trust has been in communication with all the identified affected patients and has carried out a series of staff briefings to inform staff about the Safe Waiting List work and the reasons behind it. Changes are underway with Meditech with the roll out of training package for all appropriate staff. A full report is expected to be tabled at the next CQRM including breakdown of patients by CCG.</p> <p>Dr Rob Caudwell requested an update on the children and young people who were under the care of the previous Paediatric Consultant Neurologist who was not practicing in line with guidelines. Brendan Prescott informed that a report on the actions being taken is being presented to the Cheshire and Mersey Quality Surveillance Group. Tracey Forshaw advised that the trust has a mechanism in place where by all referrals will go to general paediatrics for review. They are then triaged appropriately to either other specialists or managed via the trust’s general paediatric department.</p>	

No	Item	Action
	<p><u>CHC Deferred Assessment</u></p> <p>Following the recent revision of deferred cases, the recovery trajectory to ensure all deferred assessments are completed and patients to be assigned to the correct funding pathway is currently on track to deliver by 31st March 2021</p> <p><u>Covid 19 and Care Homes</u></p> <p>Since the report was written there are 29 care homes in Sefton reporting a Covid 19 outbreak of 2 or more cases.</p> <p>A nursing home in Southport with 35 residents has experienced 15 Covid 19 related deaths since 19th January 2021. Only 2 of the remaining residents have not tested positive. This has been escalated and the CCGs are working with local authority colleagues to ascertain why an earlier intervention was not made and to look at the lessons learned.</p> <p><u>JTAI Plan Progress Update</u></p> <p>From a total of 44 actions there are 6 actions outstanding. One action is RAG rated as red and relates to CAMHS waiting times of children being assessed and treated by 18 weeks. The expected target completion date of December 2020 has not been met with latest performance at 85% of children assessed for referral, against the staged target of 92%. This is due to a rise in demand and referral into the service as a result of Covid 19. The situation is being closely monitored by commissioners, with initial assessments being prioritised and clinical risk being managed by CAMHS. Extra resource has been provided including short term additional investment from the CCG; however the situation is not expected to improve over next few months and will be escalated to the Leadership Team.</p> <p>Dr Rob Caudwell highlighted that the number of children with mental health issues is rapidly increasing and he enquired what is being put in place to plan ahead. It was noted that a regional review being undertaken which aims to identify gaps across Cheshire and Merseyside via a benching marking exercise and to identify issues in responding to children and young people in crisis.</p> <p>Chrissie Cooke informed that CAMHS performance is being discussed at the Mersey Care and Alder Hey CQRM and at the SEND Health Performance Improvement Group, where an improvement in the access to CAMHS services was noted.</p> <p>Chrissie Cooke suggesting having a focused report brought to the Committee in April 2021 in relation to the quality of mental health care for children and young people and to outline the objectives for 2021/22.</p> <p><i>Action: A mental health care report in relation to the quality of care provided for children and young peoples including the CCGs objectives for 2021/22 to be presented to the Committee in April 2021.</i></p> <p>It was noted that the JTAI actions outstanding relate to the SEND action plan and that there are discussions taking place in relation to the possibility of transferring them to the SEND Performance Improvement Group.</p>	<p>CC</p>

No	Item	Action
	<p>Chrissie Cooke informed that an announcement has been made in relation to an imminent Ofsted Inspection.</p> <p>It was noted is that there are to be site visits undertaken at the mass vaccination centres. These are to be made by the Clinical Quality Lead.</p> <p>Chrissie Cooke informed that Brendan Prescott is to undertake a patient safety lead role at Southport and Ormskirk Hospital NHS Trust as a 12 month developmental secondment from March 2021. Chrissie wished to thank Brendan for his support to herself, the team and the Committee. The Committee wished him well in his new role.</p> <p>Outcome: The Committee noted the Deputy Chief Nurse Report.</p>	
21/29	<p>Clinical Director Quality Update</p> <p>Dr Doug Callow highlighted the following issues:-</p> <p>Southport and Ormskirk Hospital NHS Trust Interface meetings are to recommence, however a meeting date has not yet been confirmed. Dr Rob Caudwell to suggest a meeting date to take this forward.</p> <p>Action: Dr Rob Caudwell to suggest a meeting date for the interface meeting.</p> <p>The ambulatory emergency care referral process is not working as it should. Patients are not being contacted in a timely manner or sometimes not at all. As a minimum patients should be contacted the same day.</p> <p>Liverpool University Hospitals NHS Trust is continuing to refer patients to back to primary care to undertake a variety of tasks including blood tests and scan requests. This results in a delay in patient care. The issue appears to be worsening. It was noted that this has been raised previously via the contractual route, also via primary care colleagues copying in the LMC to their letters to the trust, however not all are being tracked and also via the Primary Secondary Care Interface Group.</p> <p><u>Joint health</u></p> <p>Discharge letters are not coming through to GPs, the information can be viewed via the extended notes, however the extended notes are not routinely accessed, therefore posing a safety issue. Terry Hill has been asked to address this issue, but it has not been resolved.</p> <p>There is an issue in relation to patient choice with regards to accessing the community pain clinic. Patients are more often than not being signposted to Renacres Hospital and not to the community pain service in Ainsdale.</p> <p>Action: Dr Rob Caudwell to raise the issue Emma Bingham.</p> <p>There are long waits for MSK physiotherapy assessments at Aintree and there is an absence of communication coming back through to primary care.</p> <p>NHS 111 - inappropriate triages being made to primary care.</p>	<p>RC</p> <p>RC</p>

No	Item	Action
	<p><u>Covid 19 Mass Vaccination Update</u></p> <p>Dr Gina Halstead suggested having vaccination statistics available at this meeting.</p> <p>Dr Gina Halstead raised concerns regarding the potential loss of a vaccine hub in Bootle i.e. North Park. Options in relation to alternatives sites are being explored and the following suggestion was made that when doing in house vaccinations, if they can deliver other practices vaccinations from their site.</p> <p>Action: Helen Roberts to raise the suggestion of sites that are doing in house vaccinations being able to deliver other practice's vaccinations with Susanne Lynch.</p> <p>Outcome: The Committee noted the Clinical Director Update.</p>	HR
21/30	<p>Q3 Safeguarding Report</p> <p>Natalie Hendry –Torrance presented the Safeguarding Report which seeks to provide the Committee with developments and updates in respect of the safeguarding adults and children agendas during Q3, 2020 to 2021.</p> <p>Apologies were made in relation to the standard of the report which had not been through the quality assurance process, this issue will be addressed.</p> <p>It was noted that during this quarter there have been further local restrictions and a 2nd national lockdown since 5th November 2020. Due to ongoing NHS pressures the virtual site visits have been delayed, however full safeguarding KPI submissions have continued to ensure oversight of safeguarding throughout the health economy.</p> <p>The safeguarding services across Sefton's and Liverpool CCGs facilitated a further virtual meeting with safeguarding leads within commissioned health services to support reviewing training offers during the 3rd national lockdown. A training session has been commissioned from NHS Informatics Merseyside to support safeguarding trainers in the use of Microsoft Teams and its many functions to support interactive training opportunities, including use of breakout rooms, polls and whiteboard facilities.</p> <p><u>LeDeR</u></p> <p>A mandate was in place to ensure all cases on the system were to be signed off by December 2020. There were a total of 79 cases open, 2 of which remained open in relation to NHS South Sefton CCG and 3 of which remained open in relation to NHS Southport and Formby CCG. All the cases have now closed. From a system and CCG perspective, performance is 100% compliant.</p> <p>Since January 2021 a rise in deaths was reported on the system. From the 6 cases reported, 4 were Covid 19 related deaths. The cases were prioritised and only one had not been allocated to a reviewer. This was highlighted to NHSEI. Any trends and themes will be reported back.</p>	

No	Item	Action
	<p>Dr Rob Caudwell enquired about assurance in relation to the mandatory safeguarding training being undertaken by the acute trusts. Natalie Hendry-Torrance advised that the basic level 1 safeguarding training provides assurance in terms of safety of services. It is the higher levels of safeguarding training that require face to face training.</p> <p>It was noted that there is an action plan in place and it is being monitored. It was suggested to include the evidence base learning in the quarter 4 safeguarding report.</p> <p>Action: Evidence based learning to be included in Q4 safeguarding report.</p> <p>Fiona Taylor and Dr Gina Halstead wished to formally thank Tracey Forshaw and the safeguarding team for their work in relation to the reviews.</p> <p>It was noted that trends and themes are shared with the panels. There is a gap in relation to the recommendations being made which does not relate to one organisation. This is being discussed with NHS Liverpool CCG colleagues. The LeDeR strategy will focus on the learning and help drive through improvements.</p> <p>Consolidating learning disabilities and vaccinations was suggested in order to review the contributing causal factors.</p> <p>It was noted that the LeDeR co coordinator post is in place for 12 months. There is a gap across Liverpool in terms of the absence of a deputy LAC function. The North Mersey approach was noted as being preferable.</p> <p>It was highlighted that safeguarding training is on the Southport CCQRM meeting agenda.</p> <p>Developing a 7 minute briefing to disseminate the LeDeR learning was suggested.</p> <p>Also suggested was for the Committee look in detail at annual health checks for learning disability patients.</p> <p>Chrissie Cooke suggested bringing a comprehensive learning disabilities performance report to the next meeting to showcase the work that is being undertaken, provide some reassurances to the Committee and to establish a trajectory for 2021/22.</p> <p>It was highlighted that spikes in data can often be seen when annual reports are produced at the end of a period and interpreting the final numbers is more beneficial.</p> <p>Action: Learning Disabilities Performance Report to be presented at the next meeting.</p> <p>Tracey Forshaw noted that a report has been submitted to the national leads in relation to the potential changes in relation to LeDeR. Tracey advised that she will keep the Committee sighted on progression. A business case is to be submitted by Mersey Care NHS Foundation Trust in respect of there being no permanent LeDeR resource in place for the Sefton CCGs.</p>	<p>NHT/HC /KG</p> <p>CC</p>

No	Item	Action
	<p>Dr Gina Halstead suggested inviting Bryony Kendall, GP Safeguarding Adults Lead, to the next meeting by way of an introduction and to be part of the discussion in relation to the learning disability performance report.</p> <p>Action: Bryony Kendall to be invited to the next meeting.</p> <p>Outcome: The Committee noted the Quarter 3 Safeguarding Report.</p>	<p>MD</p>
<p>Quality and Performance</p>		
<p>21/31</p>	<p>Integrated Performance Report</p> <p>Ally Dwyer presented the integrated performance report providing the Committee with month 9 performance data.</p> <p>It was noted that national data information had been included in the report to compare the CCGs' performance against the national picture. The CCGs are reporting above most of the national levels compared to other CCGs.</p> <p>The following salient points were noted:-</p> <p><u>Planned Care</u></p> <ul style="list-style-type: none"> • E Referrals – updated to November, continuing to fail the 100% plan. • Diagnostics – there has been further improvements overall in performance for NHS South Sefton CCG (SSCCG) and both Liverpool University Hospitals NHS Foundation Trust (LUHFT), slight decline for NHS Southport and Formby CCG (SFCCG) and Southport and Ormskirk Hospital NHS Trust (S&O). (SSCCG 15.84%, LUHFT 22.19%, SFCCG 18.44% and S&O 13.43%). The CCGs are well below the national level being at 29.2%. • RTT – December saw a small decline both CCGs and LUHFT for RTT compared to last month this was anticipated, S&O had a small improvement (SSCCG 63.96%, LUHFT 64.70%, SFCCG 80.69%, and S&O 84.36%). Measuring against the national level, SSCCG is reporting below, but SFCCG is reporting well above, national level being at 67.8%. • RTT 52 week waiters – new plans are being used to measure the 52 week waiters as part of the phase 3 response (as for waiting lists) there is further decline in over 52 week waiters for both CCGs and trusts. (SSCCG Actual 647/plan 306, SFCCG Actual 112/plan 84). To note: For SSCCG the breaches represent 4.5% of the total waiting list in December, and for SFCCG the breaches represent 1.4, both being below the national level of 5%. • RTT waiting list - as above, new plans have started unfortunately both CCGs are over the new plan, but the trusts remain under. Important to note these plans were done prior to the second wave of Covid 19 and current lockdown. • Cancer measures – there has been a further decline in month for these measures for the CCGs, but both CCGs are above the national level for 62 days of 78.5% (SSCCG is at 80% and SFCCG is at 81.74%). Still no date when the FDS target will be measured from this has been followed up. The over 104 day breaches - LUHFT is under the trust planned trajectory but S&O is slightly over plan by 3 patients. 	

No	Item	Action
	<ul style="list-style-type: none"> Smoking at Time of Delivery – both CCGs are failing the ambition of 6% by 2022 of maternities where mother smoked. SSCCG reporting 10.59% and SFCCG 8.76%, but both have seen an improvement from previous quarter. <p><u>Unplanned Care</u></p> <ul style="list-style-type: none"> A&E 4 hour – is still under the 95% target for both CCGs and Trusts, again good news that measuring against the national level of 78.5% both CCGs are above at 82.66% for SSCCG and 81.74% for SFCCG. For S&O the unplanned care lead reports clear improvements despite not hitting the 95% target i.e. there has been no cases of corridor care since March 2020, along with improved handover times, also average time to triage being less than 10 minutes. Trust 12 hour Breaches – only S&O had 12 hour breaches in December reporting 23, due to bed pressures caused by Covid 19, on review from quality team no patients came to any harm. Handovers – there have been further increases in handover breaches for both 15-30 and 15-60 minutes for LUHFT but comparing to previous year is down, so an improvement, improvements have been seen at S&O from previous month, and big improvements from previous year. Stroke – S&O are failing the indicator again in December but have shown an improvement from 42.9% in Nov to 56.3% in December. LUHFT have not reported for last 2 months on stroke and acknowledge the deterioration and a report will be done in the new year from the Trust (not received anything as yet). HCAI – there was 1 new case of MRSA for SSCCG in December which is being review at the IPC meeting, C diff remain over plan at S&FCCG, S&O and LUHFT and under plan for SSCCG. For E coli SSCCG are now under plan, but SFCCG remain over. <p><u>Mental Health</u></p> <ul style="list-style-type: none"> Mental Health Eating Disorders – both CCGs are failing the measure still, and are showing a decline from last year. Long standing issues remain. These are covered in the full reports. IAPT Access – both CCGs are still failing the measure. IAPT Recovery – SSCCG have shown a bit improvement reporting 46.1% against the 50% target, SFCCG continue to achieve recovery. Dementia – remains under plan for both CCGs. <p><u>Children’s Health</u></p> <ul style="list-style-type: none"> Children and Young People Eating Disorders – Alder Hey queried the published data for Eating Disorders but this has been now included in the reports. Both CCGs are reporting above plan and achieving. ASD – continue to achieve. ADHD – is now failing for 12 weeks and achieving for 30 weeks. Jo explained that the 12 weeks marker being more an internal measure its 30 weeks the assessment needs to be completed by, which is being achieved. 	

No	Item	Action
	<ul style="list-style-type: none"> • CAMHS – has seen a decline in December for both measures. This is due to increase in demand for the service and the ongoing impact of the pandemic on increasing high risk and complex cases, the Trust and CCGs are closely monitoring the situation. The CCG has agreed additional short term investment to support service resilience to ensure no further deterioration in waiting times. • Children’s Community measures – SALT, dietetics, occupational therapy and continence are all now included in the report as we are getting new reports from the provider, and are all achieving the RTT % waiting with 18 weeks. <p>Dr Gina Halstead highlighted the 31 day cancer patients receiving subsequent treatment for cancer is showing as red instead of green. Ally Dwyer advised that she would follow this up and amend accordingly.</p> <p>Dr Gina Halstead suggested indicating in the next report the start date of the new IAPT provider.</p> <p>Action: Ally Dwyer to amend the 31 days cancer reporting RAG rating and indicate the start date of the new IAPT Provider in the report.</p> <p>Dil Daly raised a question in relation to the impact on patients and how many potential deaths could occur as a direct impact of long waits. Chrissie Cooke advised by way of providing reassurance that there is a system in place with providers to review long wait patients, this includes investigating if any have suffered harm as a direct result. There is a serious incident reporting system in place, cancer harm review panels and clinical reviews being undertaken.</p> <p>Martin McDowell noted the following areas requiring a focus; 52 week waits-reports being discussed regularly at the Senior Management Team meetings, 2 week cancer indicators – these are being monitored, dementia screenings - further information is required on what is being put in place to mitigate the risks.</p> <p>Dr Rob Caudwell highlighted IAPT data for the CCGs and raised a concern in relation to the numbers decreasing when they should be increasing as fewer patients are being seen. Waiting times have reduced which is to be expected if seeing fewer patients.</p> <p>A concern raised was in relation to the absence of wheelchair data in the report. It was suggested including the reason behind the decision to pause the data to be included in the report.</p> <p>It was noted that there had been an issue with workforce capacity at LUHFT resulting in long cancer waits, however a recovery plan is in place.</p> <p>A note of caution was highlighted when bench marking performance with other organisations as it can potentially lead to normalising poor practice.</p> <p>Outcome: The Committee noted the Integrated Performance Report.</p>	AD

No	Item	Action
21/32	<p>Serious Incident Report</p> <p>Mel Spelman presented the serious incident report which seeks to provide the Committee with a quarter 3 update on the performance of serious incident management for the CCG in line with the National Serious Incident Framework. The following salient points were noted:-</p> <p>NHS Southport and Formby CCG</p> <p><u>Southport and Ormskirk Hospital NHS Trust</u></p> <p>It was noted that there were 3 incidents were reported in quarter, with no Never Events reported. There is no clear explanation for the reduction. Internal SIRG panel meetings have been taking place.</p> <p>As a result of Covid 19 and in anticipation of increased pressures on services within the provider, the CCG, with agreement from NHSE/I and in line with other CCGs, agreed to relax the requirements around the serious incident framework. However the provider opted to adhere to the process and did so with a clear focus strongly maintained on patient safety and subsequently lessons learned.</p> <p><u>Lancashire Care and South Cumbria NHS Foundation Trust</u></p> <p>It was noted that 1 serious incident was reported in quarter 3 with no Never Events.</p> <p><u>NHS Southport and Formby CCG</u></p> <p>It was noted that there were 2 serious incidents reported by the CCG on behalf of Isight and Renacres Hospital.</p> <p>The report included trends and themes which will be expanded upon further in future reports.</p> <p>NHS South Sefton CCG</p> <p><u>NHS South Sefton CCG</u></p> <p>It was noted that 1 serious incident was reported by NHS South Sefton CCG on behalf of Isight.</p> <p><u>DMC Healthcare</u></p> <p>The CCG issued a contract performance notice in March 2020 to DMC Healthcare and an action plan was submitted. The individual incidents have been reviewed by NHS South Sefton CCG and further recommendations following on from the resubmission of the RCAs were monitored through SIRG. The contract performance notice remains open and work is being undertaken with the provider.</p> <p>Mental Health - It was highlighted that there is representation on the panels. There is potential gap as Sue Gough retires imminently.</p> <p>It was noted that there are issues in relation to quality of NWAS RCAs, these are being escalated to NHSEI.</p>	

No	Item	Action
	<p>It was highlighted that the SIRG meetings had been stepped down in February 2021 to support the mass vaccination programme. The meetings will recommence in March 2021.</p> <p>Trends and themes are to be included in the next report.</p> <p>Outcome: The Committee noted the Serious Incident Report.</p>	
21/33	<p>Complaints, PALS, MP Report - 2020 – 2021 - Quarters 1, 2 & 3</p> <p>Chrissie Cooke presented the report which provides details of the contacts with both CCGs for Quarter 1, 2 & 3 of 2020/2021 from patients, families, public and professionals.</p> <p>Chrissie Cooke informed the Committee that going forward the report will be presented in a different format; it will include Ulysses data and there will be a clear dashboard showing the complaints received and how they are being processed.</p> <p>Outcome: The Committee noted the Complaints, PALS, MP Report.</p>	
21/34	<p>Development of CCG Complaints Process</p> <p>Chrissie Cooke informed that she had reviewed the complaints process following the discussion at the last Committee meeting and has re written the complaints policy making it more patient and public facing. The amended policy was noted as being on the agenda for approval by the Committee which includes approval for the Complaints Oversight Sub Group terms of reference. The sub group will meet monthly and will be chaired by the Chief Nurse. The meeting objective is to review the complaints data, identify trends and themes and oversee the quality of the complaints handling process. A representative from EPEG is to be identified.</p> <p>Outcome: The Committee noted the Development of CCC Complaints Process update.</p>	
Policies for Approval/Ratification		
21/35	<p>Complaints Policy</p> <p>Chrissie Cooke presented the complaints policy which has been reviewed and re-written following an external review of complaints and governance processes, and feedback from last month's Committee. A summary of the changes has been included in the report.</p> <p>The Committee were asked to approve the policy and the Complaints Oversight Sub Group terms of reference.</p> <p>It was noted that in addition to the complaints policy being available on the CCGs' websites, there will be an accompanying leaflet made available.</p> <p>It was highlighted that complaints training is part of a suite of training being delivered to CCG staff which incorporates guidance on how to respond to complainants.</p>	

No	Item	Action
	Outcome: The Committee approved the Complaints Policy and the Complaints Oversight Sub Group Terms of Reference.	
For Information		
21/36	<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 27th November 2020.</p> <p>It was noted that improvements have been in made in relation to therapy wait times and initial health assessments for children in care.</p> <p>The adult's service for 18 to 25 year olds waiting times has improved. An investment of £100k was made. A mental health review is to be undertaken to transform mental health care for all ages across Sefton.</p> <p>Outcome: The Committee received the SEND Performance Improvement Group Minutes and Key Issues.</p>	
21/37	<p>JTAI Improvement Plan Meeting Minutes and Key Issues</p> <p>The Committee noted the JTAI Improvement Plan Meeting minutes and key issues from the meeting held on 21st December 2020.</p> <p>Outcome: The Committee received the JTAI Improvement Plan Meeting Minutes and Key Issues.</p>	
21/38	<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 19th November 2020.</p> <p>Outcome: The Committee received Primary Care Committees in Common Minutes and Key Issues.</p>	
21/39	<p>IPA Operational and Performance Meeting Minutes and Key Issues</p> <p>The Committee noted the IPA Operational and Performance Meeting minutes and key issues from the meeting held on 20th July 2020. Subsequent meetings had been cancelled due to the pandemic. However the meeting has reconvened and discussions have taken place in relation to merging the meeting to form an IPA CQPG meeting with new meeting terms of reference in place.</p> <p>Outcome: The Committee received the IPA Operational and Performance Meeting Minutes and Key Issues.</p>	

No	Item	Action
Closing Business		
21/40	<p>Any Other Business</p> <p>Tracey Forshaw informed of an incident raised in relation to the STAR unit transfer to the Byron unit at the Winwick site. Excessive use of restraints relating to Mersey Care staff were noted and a number of safeguarding referrals were made. The LCCG team are sighted on it. The CCG has met with the associated resident. Issues have been raised in relation to training and how the service was transferred across.</p> <p>This is to be discussed at the next CQPG Mersey Care Mental Health meeting. There is work taking place in relation to staff training with regards to the reporting of incidents and safeguarding.</p> <p>Fiona Taylor suggested introducing a standing agenda item at the end of the meeting for the Committee to reflect on the meeting.</p> <p>Action: Meeting reflection to be introduced as a standing agenda item.</p> <p>A question was raised by Dil Daly in relation to the Niche report and the feedback following the CCG's response to the complainant. Fiona Taylor advised that the CCGs had written to the complainant twice. The complainant was satisfied with the CCG's response. The CCGs have met with the relevant MP and in addition there will be regular contact between the MP and the CCGs. The MP has agreed to provide some master class sessions with the CCGs.</p> <p>Fiona Taylor informed about a complaint whereby she was not satisfied with the response and has therefore revisited it and will review the lessons learned, the outcome of which will be shared with the Committee.</p> <p>It was noted that the Niche report is on the next Governing Body development session agenda. A further visit will be made by Niche in the early autumn.</p> <p>Dr Gina Halstead informed about new intermediate care beds being branded Seacole beds at LUHFT. A discussion is to take place with Dr Gina Halstead and Chrissie Cooke following the meeting. An internal investigation as to why it had not been communicated for inclusion at Leadership team is to be undertaken. Fiona Taylor requested that if the Committee has any clinical concerns to inform her so that they can be discussed at Leadership team meeting.</p> <p><u>Meeting Reflection</u></p> <p>Dr Gina Halstead suggested that the meeting should routinely finish ten minutes early thus allowing for a comfort break.</p> <p>Chrissie Cooke suggested re-structuring the meeting agenda with focus on data and risks at the start of the meeting, followed by a deep dive and a review of the risks being posed to patients, using patient experience and clinical effectiveness information. A quality dashboard is to be established. The overall meeting purpose should be to make strategic decisions.</p>	MD
21/41	<p>Key Issues Arising From This Meeting</p> <p>The following key issues were noted by the Committee:-</p>	

No	Item	Action
	<ol style="list-style-type: none"> 1) Q3 safeguarding reports highlighted GPs in level 3 training. 2) Increase in LeDeR cases for review. Link to improvement of outcomes for patients with learning disabilities and themes and lessons learned. 3) Liverpool Women's Hospital EMIS use gap. 4) CAMHS waiting times remain below planned staged target. 5) ILAC Ofsted review announced for Sefton. 6) NHSEI quality assurance visits to vaccination sites announced for Sefton. 7) Potential vaccine hub site closure discussed. 8) Integrated performance report highlighted increase in long waits. 9) Complaints policy approved. 10) Incident raised in relation to STAR unit transfer to Byron unit. 11) Clinical concerns raised on relocation of ward 25 under Seacole bed establishment at Stoddart House. 	
21/42	<p>Date of Next Meeting:-</p> <p>Thursday 25th March 2021, 9am to 12noon via MS Teams.</p>	

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

Thursday 25th March 2021, 9am to 12 noon
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
Tracey Forshaw	Deputy Chief Nurse and Head of Quality and Safety, SSCCG/SFCCG	TF
Chrissie Cooke	Interim Chief Nurse, SSCCG/SFCCG	CC
Graham Bayliss	Lay Member, SSCCG	GB
Dil Daly	Lay Member, SFCCG	DD
Billie Dodd	Deputy Director of Delivery and Commissioning, SSCCG/SFCCG	BD
Ex Officio Member		
Fiona Taylor (for part of the meeting)	Chief Officer, SSCCG/SFCCG	FLT
In attendance		
Mel Spelman	Programme Manager for Quality and Risk, SSCCG/SFCCG	MS
Helen Roberts	Lead Pharmacist, SSCG/SFCCG	HR
Ally Dwyer (for agenda item 21/47 only)	Senior Business Intelligence Analyst	AD
Apologies		
Susanne Lynch	Head of Medicines Management, SSCCG/SFCCG	SL
Dr Jeff Simmonds	Secondary Care Doctor, SFCCG	JS
Stephen Williams	Director of Strategic Partnerships	SW
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)
Lay member (SS)
CCG Officer (SF)
CCG Officer (SS)
A governing body clinician (SF)
A governing body clinician (SS)

Name	Membership	Mar 20	Apr 20	May 20	June 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Jan 21	Feb 21	Mar 21
Dr Rob Caudwell	GP Governing Body Member (Chair)	✓	V	V	✓	✓	✓	✓	✓	✓	A	✓	✓
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	V	V	✓	✓	✓	A	✓	✓	✓	✓	✓
Dil Daly	Lay Member for Patient & Public Involvement	✓	V	V	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	V	V	A	✓	✓	A	✓	A	A	✓	✓
Karl McCluskey	Director of Strategy and Outcomes	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	✓	V	V	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Jeffrey Simmonds	Secondary Care Doctor	A	V	V	A	A	A	A	A	A	✓	✓	A
Jane Lunt	Chief Nurse	✓	V	V	✓	✓	✓	✓	✓	✓			
Brendan Prescott	Deputy Chief Nurse and Head of Quality and Safety (on Secondment)	✓	V	V	✓	✓	✓	✓	A	✓	✓	✓	
Tracey Forshaw	Interim Deputy Chief Nurse												✓
Fiona Taylor	Chief Officer Ex-officio member of JQPC Committee	A	V	V	✓	✓	A	✓	✓	✓	A	✓	✓
Billie Dodd	Deputy Director of Commissioning and Delivery										A	✓	✓
Chrissie Cooke	Interim Chief Nurse										✓	✓	✓

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

No	Item	Action
General		
21/43	<p>Welcome and Apologies for Absence</p> <p>Apologies for absence were noted from Dr Jeff Simmonds, Stephen Williams and Susanne Lynch. It was noted that Billie Dodd was representing Stephen Williams at the meeting.</p>	
21/44	<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. 	
21/45	<p>Minutes and Key Issues of the Previous Meeting</p> <p>With the following amendment to be made, the minutes from the previous meeting held on 25th February 2021, were deemed as an accurate reflection of the meeting:</p> <ul style="list-style-type: none"> Last sentence on page 13 of the minutes, agenda item 21/30, Q3 Safeguarding Report, to read "<i>A business case is to be submitted by Mersey Care NHS Foundation Trust in respect of there being no permanent LeDeR resource in place for the Sefton CCGs</i>". <p>The key Issues from the previous meeting were approved as being an accurate record.</p>	
21/46	<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>	

No	Item	Action
	<p>Cameron Ward to meet with Sam James in August 2020 to pursue the query with the Walton Centre. 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> <p>Billie Dodd informed that she had contacted the Walton Centre and they advised that there were no referral issues. Following discussion it was suggested for Billie Dodd to obtain further information and examples from Dr Rob Caudwell and to then discuss them with Fiona Taylor to take forward.</p> <p>Dr Rob Caudwell informed that a referral triage service is in operation whereby patients are given an appropriate appointment by the Neurology Department. He advised that he would enquire what the waiting time would be for an urgent or routine appointment and feedback 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 that 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.</p>	RC/BD

No	Item	Action
	<p>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.</p> <p>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 would 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>Brendan Prescott informed that he had met with Marie Forshaw and IT regarding training for midwives to use EMIS. He asked how many staff had been trained and about the potential gap being filled by training from IMersey and will follow it up. Dr Gina Halstead stated the children's clinical lead Dr Wendy Hewitt, should lead on this.</p> <p>Following a discussion, it was noted that Chrissie Cooke would formally write to the Liverpool Women's Hospital, copying in NHS Liverpool CCG to take the action forward.</p> <p>It was noted that the action had been on the tracker for an unacceptable lengthy period. It was suggested going forward, to include the date an action is initiated on the action tracker.</p> <p>Chrissie Cooke informed that the key person liaising with Brendan Prescott had been absent due to sickness and had since returned. There is a new Director of Nursing in post that is following up the issues raised. Chrissie explained that she had written to Liverpool Women's Hospital NHS Trust. The response she received is that the Trust has advised that the IT new system being put in place will be linked with EMIS and that they will attend a PLT session to explain the system in detail. Chrissie has requested further information from the Trust in relation to what is being put in place to address the current issues and is awaiting a response.</p>	

No	Item	Action
	<p>Chrissie suggested convening a meeting with the Trust to take it forward. Dr Gina Halstead confirmed that she would meet with the Trust and Chrissie.</p> <p>A new action was noted for Chrissie Cooke and Dr Gina Halstead to meet with Liverpool Women's Hospital NHS Trust to directly address the current issues raised by the Committee.</p> <ul style="list-style-type: none"> • Agenda Item 20/181, Electronic Palliative Care Co-ordination Systems (EPaCCS) Update <p>Dr Gina Halstead had suggested providing an update about out of date templates on EMIS via GP Communications.</p> <p>Dr Rob Caudwell advised that he would follow this up with the Communications Team.</p> <ul style="list-style-type: none"> • Agenda Item 21/03, Clinical Director Update <p>Helen Roberts to follow up the query raised in relation to how practices will know which of the vaccinations each patient will need for their repeat Covid 19 vaccination.</p> <p>Helen Roberts advised that she had followed up the action with Susanne Lynch. Susanne informed that that she would update the Covid 19 vaccination consent form by asking the patient to confirm which Covid 19 vaccination they have received. She also informed that the information can be obtained from Pinnacle and this will be printed on to coloured paper and attached to the consent form.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/28, Deputy Chief Nurse Report <p>A learning disability report in relation to the quality of care included in the CCG's objectives for 2021/22 is to be presented to the Committee in April 2021.</p> <p>Action to remain on the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 21/29, Clinical Director Update <p>(i) Dr Rob Caudwell to suggest a meeting date for the Southport and Ormskirk Hospital NHS Trust Interface Meeting.</p> <p>Dr Rob Caudwell advised that an informal meeting initially is being convened which will take place on either 8th or 15th April 2021. A discussion is to take place in relation to convening a formal interface meeting.</p> <p>Action completed.</p> <p>(ii) Dr Rob Caudwell to raise the issue regarding patient choice in respect of patients being directed to access the community pain clinic in Ainsdale with Emma Bingham, Programme Manager.</p> <p>Action deferred to the next meeting.</p> <p>(iii) Helen Roberts to raise with Susanne Lynch the suggestion of sites that</p>	<p>CC/GH</p> <p>RC</p> <p>RC</p> <p>TF/GoC</p> <p>RC</p>

No	Item	Action
	<p>are doing in house vaccinations being able to deliver to other practices.</p> <p>Helen Roberts informed that she had discussed this with Susanne Lynch and she agreed.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/30, Q3 Safeguarding Report <p>(i) Evidence based learning to be included in Q4 Safeguarding Report.</p> <p>It was noted that the Q4 Safeguarding Report was not yet due.</p> <p>(ii) A comprehensive learning disabilities performance report to be presented the next meeting to showcase the work that is being undertaken, provide some reassurances to the Committee and to establish a trajectory for 2021/22.</p> <p>It was noted that the learning disabilities performance report would be presented at the April Committee meeting. This was noted earlier in the action tracker update.</p> <p>(iii) Bryony Kendall to be invited to the next meeting by way of an introduction and to be part of the discussion in relation to the learning disability performance report.</p> <p>It was noted that Bryony Kendall is unable to attend as she has other commitments which fall at the same time as the Committee meeting. The invitation was extended as an open invitation. Also noted was that Bryony has already met with various CCG colleagues via the Senior Management Team Meeting.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/31, Integrated Performance Report <p>Ally Dwyer to amend the 31 days cancer reporting RAG rating and indicate the start date of the new IAPT provider in the integrated performance report.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/40, Any Other Business <p>Meeting reflection to be introduced as a standing agenda item.</p> <p>Action completed.</p>	<p>NHT/HC /KG</p>
21/47	<p>Integrated Performance Report</p> <p>Ally Dwyer presented the integrated performance report providing the Committee with month 10 performance data. The report was taken as being read and the following points were highlighted:-</p>	

No	Item	Action
	<p>Compared to the previous month there has been some deterioration against national level performance at the CCG's namely RTT / 52 weeks (for NHS South Sefton CCG) Cancer 62 day and A&E (for NHS South Sefton CCG and NHS Southport and Formby CCG).</p> <p>It was noted that a short update on the vaccination programme has been incorporated in to the report and will be included in each report.</p> <p><u>Planned Care</u></p> <ul style="list-style-type: none"> • E Referrals – updated to December, continuing to fail the 100% plan. • Diagnostics – as expected in January, there has been a decline overall in performance for both CCGs and Trusts. (SSCCG 17.25%, LUHFT 25.01%, SFCCG 21.10% and S&O 17.04%). Comparing against the national picture the CCGs are well below the national level being at 33.3%. <p>Dr Gina Halstead highlighted that weight management services are not on ERS. Ally Dwyer advised that she would raise the issue and obtain some feedback.</p> <p>Action: Ally Dwyer to raise the issue of weight management services not being on ERS and obtain some feedback.</p> <ul style="list-style-type: none"> • RTT – January saw a small decline for both CCGs and Trusts RTT compared to last month, this was anticipated (SSCCG 62.25%, LUHFT 63.86%, SFCCG 75.05%, and S&O 82.40%). Measuring against the national level, SSCCG is reporting below, but SFCCG is reporting well above, national level being at 66.16%. • RTT 52 week waiters – there is further decline in over 52 week waiters for both CCGs and Trusts. (SSCCG Actual 1,025/plan 537, SFCCG Actual 226/plan 90). To note, SSCCG the breaches represent 6.7% of the total waiting list in January slightly above the national level of 6.6%, and for SFCCG the breaches represent 2.4%, just SFCCG being well below the national level of 6.6%. • RTT waiting list - as above, new plans have started, both CCGs are over the new plan, but the Trusts remain under. Important to note these plans were done prior to the second wave of Covid 19 and current lockdown. • Cancer measures – the CCGs are achieving 3 out of 9 measures year to date. Also after the decline in 2 week wait and 2 week breast measures in the previous 2 months, there has been an improvement in January but both still below the 93% target. In terms of a recovery update, the CCGs have received an update from LUHFT for 2 week breast symptomatic, the early invalidated position is showing improved position in February and recovery in March, of 97% for performance for breast symptomatic, which over the 93% target. Both CCGs are below the national level for 62 days of 71.18% (SSCCG is at 65.71% and SFCCG is at 70.59%). The over 104 day breaches remain the same as previous month i.e.16 S&O reported 4, 2 less than last month. <p><u>Unplanned Care</u></p> <ul style="list-style-type: none"> • A&E 4 hour – is still under the 95% target for both CCGs and Trusts, but measuring against the national level of 78.5% both CCGs are now below at 75.75% for SSCCG and 77.74% for SFCCG. 	<p>AD</p>

No	Item	Action
	<p>Last month both CCGs were above the national level of 78.5%.</p> <ul style="list-style-type: none"> Trust 12 hour Breaches – only S&O had 12 hour breaches in January reporting 19, due to bed pressures caused by Covid 19, on review from quality team no patients came to any harm. <p>Chrissie Cooke highlighted that the 12 hour breaches are being monitored and were deemed as being clinically appropriate and that there was no corridor care.</p> <ul style="list-style-type: none"> Handovers – there have been further increases in handover breaches for both 15-30 and 15-60 minutes for LUHFT but comparing to previous year is down which is an improvement, S&O saw similar breaches compared to previous month, and big improvements from previous year. Stroke – S&O are failing the indicator again in January but have shown an improvement from 56.3% in December to 63.6% in January. LUHFT have not reported for last 3 months on Stroke due to reporting issues. It appears that reporting quarterly may be a better option and hopefully we will get an update for the next report. HCAI – there was 1 new case of MRSA for SSCCG at the Aintree site in January and 1 new case for SFCCG at S&O, which will be review at the IPC meeting. CDiff remain over plan at SFCCG, S&O and LUHFT and under plan for SSCCG. For E coli SSCCG is now under plan, but SFCCG remain over. <p>Tracey Forshaw highlighted that there is work to be under taken to fully understand the impact from Covid 19 in terms of subsequent secondary infections and vulnerability of people and suggested that may be where the rise in infections is being seen.</p> <p><u>Mental Health</u></p> <ul style="list-style-type: none"> Mental Health Eating Disorders – both CCGs are failing the measure and are showing a decline from last year. Long standing issues remain. IAPT Access – both CCGs are still failing the measure. The new provider Mental Health Matters has now taken over the service from January. IAPT Recovery – SSCCG have shown a small decline reporting 44% in January after 46.1% last month against the 50% target. SFCCG are now also failing the target reporting 38.2%, but are achieving year to date at 50.3%. There are several factors that contributed to the underperformance in January given by the Trust detailed in the performance reports. <p>Dr Gina Halstead enquired what the provider’s response is in relation to the IAPT recovery decline. Ally Dwyer noted that the provider is new and there are several contributing factors; for example, agreement from CCG to deliver staff training in January instead of December and honouring staff annual leave prior to the transfer will affect performance.</p> <p>Martin McDowell advised that this issue had been noted recently by the Senior Management Team. He informed that a number of the workforce did not transfer with the service. The gaps are being recruited to and an update is to be received by Senior Management Team in a fortnight. Martin suggested presenting the IAPT service update at the next Committee meeting.</p>	

No	Item	Action
	<p>Dr Gina Halstead requested current CCG Covid 19 performance data which was presented later in the meeting. Martin McDowell advised that the current position will be presented to Governing Body.</p> <p>Outcome: The Committee noted the Integrated Performance Report.</p>	
21/48	<p>Corporate Risk Register Update</p> <p>Mel Spelman presented the corporate risk register report which was taken as being read.</p> <p>It was noted that the corporate risk register has currently got 36 risks assigned to the Joint Quality and Performance Committee. This has reduced from 50 risks that were presented to the Committee in October 2020.</p> <p>Following the last update in October 2020, the corporate risk register was been reviewed and cleansed, there were 17 risks agreed for closure by the Audit Committee. There have been 3 new risks added which are detailed in the report.</p> <p>The Committee noted that since the last meeting, 1 further risk has been requested for closure. This relates to a legacy Continuing Health Care risk QUA028 which has subsequently been overridden by QUA079 regarding quality and delivery of the Continuing Health Care programme caused by Covid 19. The rationale for closure is that the original risk was exacerbated by the Covid19 pandemic and the mitigating actions being applied are the same for both risks.</p> <p>Dr Rob Caudwell referred the Committee to one of the new risks added to the risk register in relation to the Sefton LMC not supporting the deployment of primary care high risk FIT due to the medico-legal implications for GPs. However this has since been resolved. Rob added that Southport and Ormskirk Hospital NHS Trust have responded to the CCG they will not be supporting the deployment of high risk FIT testing and that this has been escalated.</p> <p>Dr Gina Halstead enquired if the report could be presented in a different format to make it easier to read from a lap top. Mel Spelman suggested transferring key sections of the risk register on to a Word document for the purposes of the Committee meeting. She highlighted that it would however, provide only a screen shot of the information and would therefore not be live data. This was deemed as being acceptable for the purposes of the Committee.</p> <p>Action: Risk register report format to be amended for presentation at future Joint Quality and Performance Committee meetings.</p> <p>Dil Daly referred the Committee to the second new risk i.e. there is a risk that acute providers do not engage in planned care transformation schemes, due a lack of clarity regarding CCG's role in the post Covid 19 restoration and recovery programme and/or divergent priorities resulting in difficulties implementing QIPP schemes. Dil expressed a concern in relation to providers not engaging in QIPP. Billie Dodd advised that the CCG's priorities going forward are to be discussed at the next QIPP meeting and that it is not that Trusts are not engaging in QIPP. There is a need to prioritise Covid 19.</p> <p>Chrissie Cooke noted a caution in relation to placing pressure on provider trusts when they are already significantly pressurised and the impact restoration will have upon the workforce.</p>	MS

No	Item	Action
	<p>Chrissie also noted that when people have had time to reflect, that there could potentially be an increase in complaints and incidents as the system returns to business as usual, this needs to be factored in.</p> <p>Martin McDowell advised that there is need to expand and understand all of the elements of QIPP i.e. quality, innovation, prevention and productivity. There is an opportunity to work with providers in relation to innovation and productivity, for example the FIT testing, as part of the gastroenterology pathway. Guidance in relation to providing people with the tools to self-manage some of the conditions will be part of the collaborative work that will be undertaken and risks will be managed along the way.</p> <p>Dil Daly suggested that the risk to the staff base as a whole system should be reflected more explicitly on the risk register.</p> <p>Action: Staff base as a whole system to be reflected in the risk register.</p> <p>Outcome: The Committee noted the Corporate Risk Register Update.</p>	MS
21/49	<p>Deputy Chief Nurse Report</p> <p>Chrissie Cooke presented the chief nurse report and wished to highlight the following key points:-</p> <ul style="list-style-type: none"> • 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 NHS Foundation Trust; • The current position regarding Continuing Health Care. <p>Chrissie Cooke informed that Mersey Care NHS Foundation Trust reported in February 2021, a large number of patients who have not received; an assessment or review under Continuing Health Care Framework within the required timeframe. Following this, a data cleansing process has taken place. There are significant concerns in relation to the operation of the service i.e. lack of understanding by the service in respect of the framework requirements. The concerns have been escalated to the Regional Director of Nursing. The CCG's have requested for those highlighted to have had an assessment by the end of May 2021 and have also requested for an investigation report by mid-April 2021 and for the Trust's recommendations on how the process should be improved. The restoration process is being closely monitored.</p> <p>Dr Gina Halstead queried the abbreviation "PTL" which was contained in the report. This was explained as being a patient tracking list.</p> <p>Dr Gina Halstead highlighted that there are some workshops to be arranged in relation to process of merging of the Mersey Care NHS Foundation Trust Community and Mental Health CQRM meetings.</p> <p>Dil Daly highlighted the Covid 19 outbreak Parklands Lodge. Chrissie Cooke noted that in that care home and some other care homes, when there have been issues, local management replace the care home manager, however that does not address the issues.</p>	

No	Item	Action
	<p>Therefore strategy meetings with the Local Authority and the care home owners are taking place to address the issues fully.</p> <p>Chrissie Cooke asked the Committee to consider this discussion later in the meeting, when the Committee reflect on the meeting and identify new risks.</p> <p>Outcome: The Committee noted the Deputy Chief Nurse Report.</p>	
21/50	<p>Clinical Director Quality Update</p> <p>Dr Doug Callow noted that Southport and Ormskirk Hospital NHS Trust is discharging Monoclonal gammopathy of undetermined significance (MGUS) patients from the haematology clinic and requesting that primary care undertake their monitoring. Doug enquired what system is in place at Aintree Hospital site. Dr Gina Halstead advised that at Aintree Hospital site, the haematology nurse clinician monitors the MGUS patients.</p> <p>Dr Doug Callow noted that providers are considering 2 week wait referrals as a cancer exclusion service and are referring patients back to primary care. He noted that this is not a new issue but one that is worsening and should therefore be challenged.</p> <p>Dr Rob Caudwell informed that he had escalated the issue to Jan Leonard and the LMC to follow up with the Trust. Dr Rob Caudwell to forward the email he had sent on to Billie Dodd to take forward.</p> <p>Action: Billie Dodd to follow up the email sent by Dr Rob Caudwell to Jan Leonard and the LMC in relation to the MGUS patients at Southport and Ormskirk Hospital NHS Trust, being discharged from the haematology clinic and referred on to primary care.</p> <p><u>Covid 19 Mass Vaccination Update</u></p> <p>Dr Rob Caudwell noted that a decision to be made imminently in relation to who will be involved in administering the vaccinations to the next cohort.</p> <p>Martin McDowell provided a current update on Covid 19 vaccinations for both CCGs and advised that he would share the data with the group.</p> <p>The following was noted:-</p> <p><u>NHS Southport and Formby CCG</u></p> <p>61.2% of adults have received their first dose of the Covid 19 vaccination and 3.2% have received their second dose as at 24th March 2021.</p> <p><u>NHS South Sefton CCG</u></p> <p>55.1 % of adults have received their first dose of the Covid 19 vaccination and 2.9% have received their second dose as at 24th March 2021.</p> <p>Fiona Taylor informed that 3.365 million adults have received a Covid 19 vaccination in the north west, of that number 1.28 million relates to Cheshire and Merseyside and 78% have been administered by the PCNs.</p>	BD

No	Item	Action
	<p>Fiona advised that there will be a reduction in the supply of the vaccine over the next few weeks and therefore the focus will be on ensuring second doses are administered.</p> <p>There will be no vaccination deliveries made over the Easter period which is a key risk. Fiona wished to thank all of those involved in the vaccination programme.</p> <p>Action: Martin McDowell to circulate the current CCG Covid 19 vaccination data with the Committee.</p> <p>Fiona Taylor advised that she regularly meets with the Clinical Directors, Hospital and Local Authority colleagues in relation to the vaccination programme. She noted that the Local Authority is pleased with the work that has been undertaken to vaccinate the local population.</p> <p>Outcome: The Committee noted the Clinical Director Update.</p>	MMcD
21/51	<p>Commissioner Quarterly Controlled Drug Report to NHS England</p> <p>Helen Roberts presented the quarter 3 controlled drug report covering the period from October to December 2020.</p> <p>Helen informed that she is monitoring regional prescribing data rather than at practice level due the demands on the team during the pandemic. She is working on the implementation of controlled drugs safety searches for EMIS for the practices and is hoping to get that up and running soon.</p> <p>Tracey Forshaw referred the Committee to the data in some of the tables contained in the report, depicting a low number of controlled drugs being used by NHS Southport and Formby CCG and enquired if there was an issue relation to prescribing end of life care drugs or the end of life care pathway.</p> <p>Helen Roberts explained that the controlled drugs used are part of the treatment of misuse and the NHS South Sefton and NHS Southport and Formby CCG's prescribing data sits within the service for that, resulting in NHS South Sefton and NHS Southport and Formby CCGs appearing different to that of the other CCGs in the report. Methadone and Buprenorphine are not illustrated in the NHS South Sefton and NHS Southport and Formby CCG's data.</p> <p>Dr Rob Caudwell asked if Methadone and Buprenorphine drugs could be removed from the report to provide more comparable data for the Committee.</p> <p>Helen Roberts advised that she will request the analysts to remove the data in respect of Methadone and Buprenorphine from the report.</p> <p>Action: Helen Roberts to amend the controlled drugs report for the next quarter by removing Methadone and Buprenorphine drugs data to allow for more comparable data.</p> <p>Dr Doug Callow made a plea on behalf of primary care colleagues in relation to 28 day prescribing as it impacts on primary care workload. He suggested it be changed to 56 days for stable patients that are prescribed to take 4 or less drugs.</p>	HR

No	Item	Action
	<p>Helen Roberts informed that she would take Dr Doug Callow's suggestion to her prescribing lead colleagues at the next JMOG meeting and report back.</p> <p>Action: Helen Roberts to take the suggestion of introducing 56 day prescribing for stable patients on 4 or less drugs to her prescribing lead colleagues at the next JMOG meeting and report the outcome back to the Committee.</p> <p>Outcome: The Committee noted Commissioner Quarterly Controlled Drug Report to NHS England.</p>	HR
21/52	<p>Joint Quality and Performance Committee Membership Attendance Approval for Annual Report</p> <p>The Committee reviewed the meeting membership attendance for the last 12 months and confirmed that it was correct.</p> <p>Outcome: The Committee approved the Joint Quality and Performance Committee Membership Attendance Approval for Annual Report.</p>	
For Information		
21/53	<p>SEND Health Performance Improvement Group Minutes and Key Issues</p> <p>The Committee noted the SEND Health Performance Improvement Group Minutes and Key Issues from the meeting held on 29th January 2021 and the following points were highlighted.</p> <p>Tracey Forshaw advised that a report was due to be presented to Leadership Team in relation to CAMHS waiting times and sustainability. A business case is expected to be provided by Mersey Care in relation to the ADHD pathway for 18-25 year olds.</p> <p>Substantive DCO interviews are scheduled for 26th March 2021.</p> <p>A parent carer's survey has been undertaken and the results are due in April 2021.</p> <p>A paper in relation to Personal Health Budget awareness raising was presented to SENDCIB where it was well received. It has been suggested for the paper to be presented to the Children's Integrated Commissioning Group.</p> <p>Tracey Forshaw has replaced Kerrie France as Chair of the SEND Performance Improvement Group meeting.</p> <p>Outcome: The Committee received the SEND Health Performance Improvement Group Minutes and Key Issues.</p>	
21/54	<p>JTAI Improvement Plan Meeting Minutes and Key Issues</p> <p>The Committee noted the JTAI Improvement Plan Meeting minutes and key issues from the meeting held on 15th February 2021 and the following was highlighted.</p>	

No	Item	Action
	<p>Tracey Forshaw informed that there were many commonalities with that of the JTAI improvement plan and the SEND Health plan.</p> <p>There are 5 open actions remaining on the JTAI improvement plan.</p> <p>A proposal to transfer the JTAI plan to the SEND meeting is to be presented to the Leadership Team.</p> <p>Outcome: The Committee received the JTAI Improvement Plan Meeting Minutes and Key Issues.</p>	
21/55	<p>Engagement and Patient Experience Group (EPEG) Key Issues</p> <p>The Committee noted the EPEG Key Issues from the meeting held on 10th March 2021 and the following were highlighted.</p> <p>Dil Daly highlighted that the Improving Information Group had noted that the average reading age in Sefton is 7 years old and the national figure is 8 years old. He suggested being mindful of that when circulating written information to the public.</p> <p>Dil Daly expressed a concern in relation to Healthwatch receiving 12 complaints a day at the time of the last EPEG meeting, this was with regard to patients being unable to access dental services and that there were only 2 practices accepting NHS patients.</p> <p>Tracey Forshaw informed that NHSEI are aware of the issue in relation to patients not being able to access dental services and that it is to be included in the report being presented to Quality Surveillance Group. Also noted was a concern around access to dental services for nursing home residents which will be discussed at the next Quality Surveillance Group.</p> <p>The Committee received the Engagement and Patient Experience Group (EPEG) Key Issues.</p>	
21/56	<p>Serious Incident Review Group (SIRG) Minutes and Key Issues</p> <p>The Committee noted the minutes and key issues from the SIRG meetings held on 6th January 2021. The following points were highlighted.</p> <p>Tracey Forshaw noted that an issue had been highlighted in relation to the quality of reports received from NWS. The CCG's fed this back directly to Blackpool as part of the quality assurance process. The CCG's will monitor this and ascertain if there are any trends or themes with a view appropriate escalation.</p> <p>The Committee received the Serious Incident Review Group (SIRG) Minutes and Key Issues.</p>	
21/57	<p>Joint Medicines Operation Group (JMOG) Key Issues</p> <p>The Committee noted the key issues from the JMOG meetings held on 5th February and 5th March 2021 and the following were highlighted.</p>	

No	Item	Action
	<p>Dr Rob Caudwell highlighted a concern in relation to patients moving to a new area that are prescribed to take shared care drugs, but have not been transferred to an appropriate specialist. The wait for the transfer is extensive.</p> <p>It was noted that the issue impacts more so on patients that require drugs specifically for mental health issues.</p> <p>It was observed that often patients that experience mental health issues can fail to attend their appointments, the reasons why they fail to attend clinic do not appear to be taken in to consideration.</p> <p>It was noted that the issues above relate to the SEND action plan and to the ADHD pathway. There is a business case being submitted in relation to ADHD.</p> <p>Dr Gina Halstead noted the reduction in waiting times and the increased focus on young adults with ADHD and commended the work being undertaken to achieve this.</p> <p>It was noted that there are transfer mechanisms in place for patients that fall under the auspices of the community mental health team. Alder Hey Hospital NHS Trust was highlighted as an example of where this works well.</p> <p>It was also noted that the initial backlog will be cleared by the end of June 2021. A lot of work has been undertaken by the partnership and improvements have been made. There is still work to be undertaken, including the modernisation of the pathway. A mental health review is being undertaken.</p> <p>The Committee received the Joint Medicines Operation Group (JMOG) Key Issues.</p>	
Closing Business		
21/58	<p>Any Other Business</p> <p>There were no items noted.</p>	
21/59	<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) Referrals to ERS. Trust to ensure accessibility to pathways. 2) Increased numbers in respect of 52 week waits. CCGs to provide assurance to NHSEI in relation to the monitoring of waiting times. 3) NHS South Sefton CCG Mental Health GP Clinical Lead gap. Discussion to be held at the NHS South Sefton CCG Governing Body meeting. 4) Southport and Ormskirk Hospitals NHS Trust are currently not supporting the cancer alliance recommendations for gastroenterology FIT testing, to determine prioritisation for endoscopy for high risk patients. 	

No	Item	Action
	<p>5) Southport and Ormskirk Hospital NHS Trust is not fully cognisant of their ophthalmology follow up waits. This is to be discussed at CCQRM. A plan is to be put in place.</p> <p>6) Mersey Care NHS Foundation Trust's lack of adherence to the CHC framework. Delays in assessments and reviews. This is being discussed at Directorate level and has been reported on StEiS.</p> <p>7) NHS Trust's staff resilience and the potential impact on restoration work.</p> <p>8) Consideration to be made in relation to potential increase in complaints and incidents following restoration work.</p> <p>9) Ongoing sustainability issue in relation to CAHMS waiting times. These are contained in the JTAI and SEND action plans. A report is to be presented to Leadership Team to consider potential investment.</p> <p>10) Mersey Care 18 to 25 year olds ASD business case is being considered by the CCG. The trust is yet to submit the business case to support the 18 – 25 years ADHD pathway</p> <p>11) Issues in relation to access to dental services and the impact on primary care. These are being escalated to NHSEI and raised at QSG. Clarity required in relation to access to dental services for care home residents.</p>	
21/60	<p>Meeting Review</p> <p>The Committee noted that Graham Bayliss was leaving the organisation and wished to thank him for his work. The recruitment process has commenced appoint to the role of Lay Member.</p> <p>Tracey Forshaw was congratulated in gaining the interim Deputy Chief Nurse role.</p> <p>Discussions to be held in relation to the potential extension of Chrissie Cooke's contract as interim Chief Nurse.</p> <p>The Committee reflected on the meeting and noted the following:</p> <p>Incorporating a break in the meeting was deemed as being beneficial. It was therefore agreed to ensure there is a meeting break at each Joint Quality and Performance Committee meeting going forward.</p> <p>Dr Gina Halstead noted that her suggestion of taking of including CCG Covid 19 vaccinations data in the Integrated Performance Report was taken forward and thanked Martin McDowell for sharing current Covid 19 vaccination data for both CCGs.</p> <p>An action was noted in relation to the issue discussed earlier in the meeting regarding the average reading age in Sefton being low. A discussion is to take place at Leadership Team with a plan of action for how the CCG's consider this going forward when engaging with the public.</p>	

No	Item	Action
	<p>This is to be included in the next Chief Nurse report. Billie Dodd advised that she would raise the concerns at the next Integrated Commissioning Team meeting.</p> <p>Action: Leadership Team to discuss the plan of action in relation to the average reading age in Sefton and how the CCG's will consider this when engaging with the public.</p> <p>Action: Plan of action following Leadership Team discussion to be included in the next Chief Nurse Report.</p> <p>Action: Billie Dodd to raise the issue of the low average reading age in Sefton at the next Integrated Commissioning Team meeting.</p> <p>Dil Daly reflected on the blocks in the system to quality and the suggestions made to address them. He noted that positive feedback in relation to Alder Hey Hospital NHS Trust had been highlighted and also positive feedback in relation to the mass vaccination programme roll out. He expressed that the meeting had fulfilled its purpose.</p> <p>Chrissie Cooke suggested discussing how strategic connections are to be made to quality improvement and quality assurance via a development session and to understand how it fits in to the overall strategy for improved quality.</p> <p>Action: A development session to be convened to better understand how strategic connections can be made to quality improvement and quality assurance.</p> <p>Chrissie Cooke advised that the Quality Team plan will be presented to the Committee in April/May 2021, this will help inform the overall Committee work plan. A status report in respect of learning disabilities health care performance is to be presented at the next Committee meeting. This will assist in formulating high level objectives that correspond with the national plan.</p> <p>Fiona Taylor suggested considering the lessons learned from organisations when services have been transitioned and this will assist with the CCG's transition to ICS and Place. Chrissie Cooke noted that discussions are on-going with other CCG Chief Nurses in relation to how the quality agenda will be reflected in ICS and Place.</p> <p><u>Quality Risk Register Review</u></p> <p>It was agreed to add the following 2 risks to the quality risk register; workforce resilience to overall quality and Continuing Health Care delivery issues.</p> <p>Action: Workforce resilience to overall quality and CHC delivery issues to be added to the Quality Risk Register.</p> <p>It was noted that the issues in relation to Stoddart House will go on the Corporate Risk Register.</p> <p>Action: Issues at Stoddart House to be added to the Corporate Risk Register.</p>	<p>Leadership Team</p> <p>CC</p> <p>BD</p> <p>CC</p> <p>MS</p> <p>FLT</p>

No	Item	Action
21/61	Date of Next Meeting:- Thursday 29 th April 2021, 9am to 12noon via MS Teams.	

NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committee in Common
Approved minutes 18th March 2021 – Part 1

Date: Thursday 18th March 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 SSCCG	JE
Richard Hampson	Primary Care Contract Manager SSCCG	RH
Eshan Haqqani	Primary Care Quality Team	EH
Minutes		
Susan Spofforth	Senior Administrator	SS

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

Name	Membership	Nov20	Jan 21	Mar 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	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	✓	✓	N			
Jane Elliott	Locality Manager SSCCG	✓	N	N			
Tracy Forshaw	SS&SFCCG Deputy Chief Nurse and Quality	N	A	N			
Sharon Howard	NHSE	N	N	N			
Non-Voting Attendees:							

Name	Membership	Nov20	Jan 21	Mar 21			
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	✓	✓	N			
Joe Chattin	LMC Representative	✓	N	N			
Debbie Fairclough	SS SF CCG Corporate Services	N	N	N			
Rebecca McCullough	SS SF CCG Finance	N	N	N			
Diane Blair	Healthwatch	✓	N	A			
Rob Smith	SS SF CCG Finance	N	✓	✓			

No	Item	Action
PCCiC 21/17.	<p>Introductions and apologies</p> <p>GB opened the meeting; apologies were received from DB.</p>	
PCCiC 21/18.	<p>Declarations of interest</p> <p>There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>	
PCCiC 21/19.	<p>Minutes of the previous meeting</p> <p>Date: Thursday 21st January 2021 agreed with no changes or issues raised.</p>	
PCCiC 21/20.	<p>Action points from the previous meeting</p> <p>The action tracker was reviewed and it was agreed that Healthwatch will not be closed as it was still worth reviewing.</p> <p>Admin to check numbering sequence and amend where necessary.</p>	Completed
PCCiC 21/21.	<p>Reports from the Joint Operational Group</p> <p>JL updated, that during the meeting in February a decision was made with Trinity Practice and North Park re the APMS contract – Michelle is currently working on this.</p> <p>There have been lateral flow testing kit issues but these have moved on.</p> <p>VP monitoring is no longer available in Community Pharmacy, JL linking with SL to discuss further.</p>	
PCCiC 21/22.	<p>Healthwatch Issues</p> <p>There was no representative from Healthwatch at the meeting today.</p>	

PCCiC 21/23.	<p>Primary Care Networks Update</p> <p>CG and KS gave update.</p> <p>Seaforth and Litherland PCNs are working well independently and together with the C19 programme taking priority,</p> <p>Bootle, Crosby and Maghull – one has decided to join from next year which leaves one not signed up to the PCN. The delay is because this practice feels that what PCN offer is not a good approach for general practices. CG will declare that interest as this will be a Risk for that practice.</p> <p>All Southport and Formby practices will be covered by one PCN from 1/4/21. Paperwork is currently in the drawing up stage because Ainsdale and Birkdale PCN could not exist due to low numbers. NHSE didn't agree for them to exist on their own so they joined North Venture and Formby PCN.</p> <p>JL stated it was worth noting that there will be representatives from each locality group and this will feed into the bigger PCN structure, doing this they will still retain a sense of identity.</p>	CG - Risk
PCCiC 21/24.	<p>Primary Care Finances</p> <p>South Sefton CCG – no issues from team.</p> <p>Southport and Formby CCG – page 18 Route Core Analysis Team. Report noted.</p>	
PCCiC 21/25.	<p>Primary Care Quality Dashboard</p> <p>RH advised that the next stage will be a meeting with Tom Roberts to pull together whenever the Dashboard comes up on agenda.</p> <p>As of 1/4/21 the plan is to start contract reviews with practices to update Dashboard. Team were happy for RH to produce a draft to circulate for their opinion.</p> <p>This will be on the Workplan for July and a more robust report should be available. The delay is caused by C19.</p>	
PCCiC 21/26.	<p>Workforce (strategy and planning)</p> <p>RH gave update on graphs and advised that due to the national directive of the C19 vaccination centres a more in-depth workforce update will be presented during the September 2021 PCCiC.</p> <p>S&FCCG - PCN overview similar to last report but from 1/4/21 this will look different. In Sept 21 there will be a better platform to represent new look on S&F CCG PCN. ARRS, PCN continuing to recruit but due to C19 lot of things put on hold. Sept 21 may have more detail on updates. Workforce really successful and PCNs have started to take lead with CCG supporting.</p> <p>SSCCG - PCN overview similar to S&F opportunity for more practices to be involved. ARRS similar to S&F national C19 has dominated workforce world, recruitment continues and will update when know more. PCN workforce same as S&F, supporting staff and running sites re C19. Will know more Sept 21.</p>	

PCCiC 21/27.	<p>Primary Care Workplan</p> <p>AP will recirculate as the section for May was missed off. These meetings are held every 2 months the first 5 items are regular at each meeting with individual items added throughout the year.</p> <p>May agenda has Estates Strategy and Planning and advised that this will be received by the Committee twice yearly.</p>	
PCCiC 21/28.	<p>Key Issues Log</p> <ul style="list-style-type: none"> • SS PCN stable and working independently and well together. Only one not signed up. • All S&F practices will be in one PCN with representatives from all. 	
PCCiC 21/29.	<p>Primary Care Risk Register Part 1</p> <p>The risk register was reviewed and updated.</p> <p>JL has closed non relevant risks.</p> <p>C33 – Primary Care Risk has been reduced but will leave on and update register.</p> <p>JC03 – Commissioning. 2nd C19 doses still need to be done and will be reflected in update.</p> <p>New risk re Estates in SS and lack of impact on ARRS recruitment for PCNs needs to be added.</p> <p>Team happy with comments.</p>	
PCCiC 21/30.	<p>Any Other Business</p> <p>JL updated on the C19 vaccination programme. PCN groupings are focusing on Cohorts 1-6 with the potential to extend to Cohorts 7-9. Sites seem to be struggling on getting patients in as the market is saturated with offers. If this continues there will be an issue with running costs.</p> <p>An email has been sent to NHSE and currently awaiting instructions on available appointments as the current vaccine batch ends this month. In the meantime she is approaching Council and Police for staff over 50 to be vaccinated.</p> <p>DD thanked both GB and CG for their input in these meetings and everyone agreed that they will be missed.</p> <p><i>Matters previously notified to the chair no less than 48 hours prior to the meeting.</i></p>	
Meeting Concluded.		
Date of Next Meeting: Thursday 20 th May 2021 10.00am-11.00am.		
Venue: MS Teams		

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

Date: Wednesday 21st April 2021

Venue: MS Teams due to Covid-19 Pandemic

Members		
Dil Daly	S&F CCG Lay Member (Co-Chair)	DD
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Alan Sharples	SS CCG Lay Member	AS
Helen Nichols	S&F CCG Lay Member	HN
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
Non-Voting Attendees:		
Dr Kati Scholtz	GP Clinical Representative	KS
Richard Hampson	Primary Care Contract Manager SSCCG	RH
Jennifer Piet	Primary Care Quality Team	JP
Debbie Fairclough	Interim Programme Lead – SS SF CCG Corporate Services	DF
Joe Chattin	LMC Representative	JC
Diane Blair	Healthwatch	DB
Rob Smith	SS SF CCG Finance	RS
Minutes		
Susan Spofforth	Senior Administrator	SS

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

Name	Membership	Nov 2020	Jan 2021	Mar 2021	Apr 2021	May 2021							
Members:													
Dil Daly	SF CCG Lay Member (Co Chair)	✓	✓	✓	✓								
Fiona Taylor	S&F SS CCG Chief Officer	✓	N	N	A								
Martin McDowell	S&F SS CCG Chief Finance Officer	✓	✓	✓	✓								
Alan Sharples	SS CCG Lay Member	✓	✓	✓	✓								
Helen Nichols	S&F CCG Lay Member	✓	✓	✓	A								
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	✓	✓	N	✓								
Tracy Forshaw	SS&SFCCG Deputy Chief Nurse and Quality Lead	N	A	N	A								
Non-Voting Attendees:													
Dr Kati Scholtz	GP Clinical Representative	✓	✓	✓	A								
Richard Hampson	Primary Care Contracts Manager	✓	✓	✓	✓								
Joe Chattin	LMC Representative	✓	N	N	N								
Debbie Fairclough	SS SF CCG Corporate Services	N	N	N	D								
Diane Blair	Healthwatch	✓	N	A	✓								
Rob Smith	SS SF CCG Finance	N	✓	✓	N								
Jennifer Piet	Programme manager – Quality & Performance	N	N	N	✓								

No	Item	Action
PCCiC 21/31.	<p>Introductions and apologies</p> <p>DD opened the meeting; apologies were received from HN, KS, FT and TF. DF deputising for FT.</p>	
PCCiC 21/32.	<p>Declarations of interest</p> <p>There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>	
PCCiC 21/33.	<p>Minutes of the previous meeting</p> <p>Date: Thursday 18th March 2021 agreed with no changes or issues raised.</p>	
PCCiC 21/34.	<p>Reports from the Joint Operational Group - JL</p> <p>March</p> <ul style="list-style-type: none"> • JOG has received a list closure application which requires further clarification in order to consider • An application to extend a GP retainer was approved • Protected learning time plans will be discussed by a task and finish in light of the closer working with PCNs <p>No questions were asked</p> <p>April</p> <ul style="list-style-type: none"> • PC24 have taken over Out of Hours provision from 1st April. The feedback from Stakeholders has been positive. • LQC 20/21 is currently being refreshed • The process for improvement grants was discussed • Feedback was received on LEDER reporting and safeguarding issues. <p>No questions were asked</p>	
PCCiC 21/35.	<p>LQC – AP</p> <p>AP provided attachment re local quality contract.</p> <ul style="list-style-type: none"> • LQC Phase 6 began in July 2020, the introduction had been delayed due to the COVID pandemic • Phase 6 was suspended in January 2021 to enable primary care to focus on the COVID vaccination programme • The vaccination programme is still continuing with 2nd doses being more complex to organise/administer due to availability of two different vaccinations, the time period needed between doses and the volume of queries from patients • There has been a delay in information from NHSE regarding national changes to QOF and DES's. A Phase 7 scheme is in development, but is reliant on knowing what is in the national schemes to avoid duplication • In March 2021 the Leadership Team agreed a proposal to extend the suspension of Part 1 LQC schemes until the end of Quarter 1. 	

	<ul style="list-style-type: none"> JL stated that they will bring a paper with suggested new LQC proposal going forward for discussion at the next meeting in May. <p>Reason for paper today, is for this Committee's ratification of a decision made in March by the Leadership Team to suspend Phase 6 LQC Part 1 schemes until the end of Quarter 1 , with the introduction of a new LQC from Quarter 2.</p> <ul style="list-style-type: none"> Group ratified to suspend LQC. 	
PCCiC 21/36.	<p>Primary Care Risk Register Part 1</p> <p>The risk register was reviewed and updated.</p> <p>C33 – Primary Care / Secondary interface, has improved more of an issue in South Sefton than S&F CCG. A number of issues arose from the interface. GPs did feel was improving but not sufficiently to reduce the risk. The committee decided to keep this risk on as still problematic.</p> <p>JC03 – General Practice pressure, this is not mitigated. Significant work around 2nd doses of COVID vaccine. Access remains an issue, despite a significant increase in appointments (on line, via telephone) and via different service offerings, the expectation from the general public would appear to be regarding face to face appointments. Further work to be done to understand the issues.</p> <p>JC05 - PCSE – no update, issues continue.</p> <p>JC39 - Vaccination Programme is much more stable now, with better access to staffing and workforce as sites developed.</p> <p>Care home 2nd doses and housebound has been difficult due to patient movement. Both CCGs doing well in terms of vaccine uptake.</p> <p>JC41 – Estates in South Sefton. A meeting has taken place and actions have been identified. Further meetings planned going forward.</p> <p>AS said risks JC05 and JC41 the narrative gives reference to 2018 in both of them, would like to know when the earlier narrative will be dropped if no longer relevant.</p> <p>DF advised that this has previously been discussed but resolution delayed due to the pandemic.</p>	
PCCiC 21/37.	<p>Any Other Business</p> <p>None discussed</p> <p><i>Matters previously notified to the chair no less than 48 hours prior to the meeting.</i></p>	
Meeting Concluded.		
Date of Next Meeting: Thursday 20 th May 2021 10.00am-11.00am.		
Venue: MS Teams		