

Governing Body Meeting (Part I) Agenda

Date: Thursday 3rd February 2022, 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
Jane Lunt	Interim Chief Nurse	JLu
Martin McDowell	Chief Finance Officer	MMcD
Dr Alison Rowlands	GP Clinical Director	AR
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

Quorum: Majority of voting members.

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
GB22/1	Patient Story (ADHD Story)	Ingrid Bell - Mersey Care NHS Foundation Trust	Verbal	Receive	20 mins
General					13:20hrs
GB22/2	Apologies for Absence	Chair	Verbal	Receive	20 mins
GB22/3	Declarations of Interest	Chair	Verbal	Receive	
GB22/4	Minutes of previous meeting – 4 th November 2021	Chair	Report	Approve	
GB22/5	Action Points from previous meeting – 4 th November 2021	Chair	Report	Approve	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
GB22/6	Business Update	Chair	Verbal	Receive	
GB22/7	Chief Officer Report	FLT	Report	Receive	
Quality					13:40hrs
GB22/8	Chief Nurse update	JL	Report	Receive	15 mins
Finance and Quality Performance					13:55hrs
GB22/9	Chief Finance Officer update	MMcD	Report	Approve	20 mins
GB22/10	Integrated Performance Report	MMcD	Report	Receive	
Governance					14:15hrs
GB22/11	ICS and ICB update	FLT	Verbal	Receive	15 mins
GB22/12	Published Registers 2021/22	AS	Report	Receive	5 mins
GB22/13	Governing Body Assurance Framework, Corporate Risk Register and Heat Map: Q3 2021/22	AS	Report	Receive	5 mins
Key Issues Reports to be received for “review, comment and scrutiny”:					14:50hrs
GB22/14	Key Issues Reports: a) Finance & Resource Committee b) Quality & Performance Committee c) Audit Committee d) C&M Finance & Resource Committee e) Primary Care Commissioning Committee PTI	Chair	Report	Receive	5 mins
GB22/15	Approved Minutes: a) Finance & Resource Committee b) Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI e) C&M Joint Committee	Chair	Report	Receive	
Closing Business					14:55hrs
GB22/16	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB22/17	Date of Next Meeting Thursday 7th April 2022 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 4th November 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

Dr Peter Chamberlain	Chair & GP Clinical Director	PC
Alan Sharples	Deputy Chair & Lay Member for Governance	AS
Bill Bruce	Health Watch Chair	BB
Steven Cox	Lay Member for Patient & Public Engagement	SC
Jane Lunt	Interim Chief Nurse	Jlu
Dr Gina Halstead	GP Clinical Director	GH
Martin McDowell	Chief Finance Officer	MMcD
Alison Rowlands	GP Clinical Director	AR
Dr Sunil Sapre	GP Clinical Director	SS

In Attendance

Terry Stapley	<i>Minute Taker</i>	TS
Debbie Fairclough	Interim Programme Lead – Corporate Services	DF

Apologies

Jeff Simmonds	Secondary Care Doctor	JS
Deborah Butcher	Director for Adult Social Care (Sefton Council)	DB
Dr John Wray	GP Clinical Director	JW
Helen Armitage	Public Health, Sefton MBC (<i>co-opted member</i>)	HA
Fiona Taylor	Chief Officer	FLT

Name	Governing Body Membership	Feb 21	Apr 21	Jun 21	Sept 21	Nov 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	✓	✓	A
Director or <i>Deputy</i>	Director of Social Service & Health, Sefton MBC	✓	A	A	A	A
Graham Bayliss	Lay Member for Patient & Public Engagement	✓				
Dr Peter Chamberlain	GP Clinical Director	✓	✓	✓	✓	✓
Gina Halstead	GP Clinical Director	A	✓	✓	✓	✓
Maureen Kelly	Chair, HealthWatch (<i>co-opted Member</i>)					
Bill Bruce	Chair, HealthWatch (<i>co-opted Member</i>)	✓	A	✓	A	✓
Steven Cox	Lay Member for Patient & Public Engagement			✓	A	✓
Jane Lunt	Interim Chief Nurse					✓

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

*Standing meeting clash

Quorum: Majority of voting members.

No	Item	Action
GB21/142	<p>Apologies for Absence</p> <p>Apologies were received from Bill Bruce, Jeff Simmonds, Steven Cox, Dr John Wray and Deborah Butcher.</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>	
GB21/143	<p>Declarations of Interest</p> <p>The members were reminded of their obligation to declare any interests they may have in relation to any items on the agenda and any issues arising at governing body meetings which might conflict with the business of NHS South Sefton CCG.</p> <p>Those holding dual roles across both South Sefton CCG and Southport & Formby CCG declared their interest; Fiona Taylor, Martin McDowell, Chrissie Cooke, Tracy Jeffes and Tracey Forshaw.</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>	
GB21/144	<p>Minutes of Previous Meeting 2nd September 2021</p> <p>The members approved the minutes of 2nd September 2021 as a true and accurate record.</p>	
GB21/145	<p>Action Points from Previous Meeting</p> <p><u>GB21/108 Complaints Report</u></p>	

	<ul style="list-style-type: none"> • CC to provide information on the total number of complaints received to AS. <p>Resolution: Close</p> <p><u>GB21/110(i) Integrated Performance Report</u></p> <ul style="list-style-type: none"> • PC asked whether it is possible to breakdown the diagnostics data into speciality. MMcD to check and bring back to the next GB. <p>Resolution: Close</p> <p><i>Update:</i> To be discussed as part of the IPR item on the agenda.</p> <p><u>GB21/110(ii) Integrated Performance Report</u></p> <ul style="list-style-type: none"> • IAPT recovery deep dive to be carried out and brought back to the next development session. <p>Resolution: Close</p> <p><u>GB21/113 Primary Care Committee in Common Terms of Reference</u></p> <ul style="list-style-type: none"> • In relation to the PCCiC TOR, AS suggested reinstating the Vice Chair as part the quorum (Page 184). <p>Resolution: Close</p> <p><i>Update:</i> TOR amended</p> <p><u>GB21/115 Key Issues Reports</u></p> <ul style="list-style-type: none"> • PC ,MMcD, LMC to write a letter regarding concerns in relation to lost records due to digitisation to NHS digital. <p>Resolution: Open</p> <p><i>Update:</i> Joint Quality Committee received updates following Audit Committee. Details of the letter to brought back through the governing body for information.</p>	
GB21/146	<p>Business Update</p> <p>The Chair provided his business update to the governing body members, which included a update in relation to the pressures which are still being felt within Primary Care. A number of practices have fed back that their limits of tolerability are being pushed, especially with a gradual reduction in GPs along with an increase in population.</p> <p>PC noted that GPs are managing the backlog of patients who are waiting for hospital provision caused by the pandemic, which is now causing a significant strain on the community urgent care system.</p> <p>In relation to the blood bottle crisis which was noted in the previous meeting, this has now been resolved following a delivery of 7 million bottles from America.</p> <p>The PCN are continuing to strive to try to increase provision of other roles, namely pharmacists, physio scheme and social prescribers through the ARRS scheme and the CCG will be endeavouring in the next few weeks to</p>	

	<p>ensure that the respective allocation of the Winter Access Fund for general practice to help support general practice through the winter.</p> <p>PC noted that LUHFT is working hard to address the CQC section 31 requirements under the new interim executives, Liverpool Women Hospital is seeking to address their consultant and midwifery staff deficits and Alder hey Children Hospital has brought in extra capacity to deal with what has been unprecedented A&E attendances, likely driven by those non COVID viral surges.</p> <p>The CCG is continuing to work closely with the Council in supporting vaccine uptake in local populations, which are still lower than expected or desired, and the local provision of the booster vaccination program has commenced and is moving forward positively. The CCG is continuing our engagement in progressing the transition towards ICS with a particular focus now starting up on supporting staff.</p> <p>Resolution: The members received the update.</p>	
GB21/147	<p>Chief Officer Report</p> <p>MMcD presented the Chief Officer report which focussed on those items not covered on today's agenda.</p> <p>The CCG continues to work closely with Sefton Council and other partners to increase uptake of the COVID-19 vaccine. We continue to encourage and support all vaccination sites in promoting real time availability on the national 'Grab a jab' website. Wide ranging communications and engagement activities continue to support the programme. The most recent initiative has included targeted pilots in wards where rates are lower than other areas. This has seen us secure clear opening times and availability of community pharmacy vaccine clinics for this targeted work, including flyer production and leaflet drops around key postcodes.</p> <p>In relation to section 3, NHS Digital hosted a webinar for CCGs and ICBs to clarify where responsibilities will lie in relation to the 2021-2022 Data Security and Protection Toolkit (DSPT) submission given the forthcoming transition. They confirmed responsibility to complete a DSPT submission for 2021-2022 lies with the ICB, should the ICB be established on 1st April 2022.</p> <p>If for any reason the ICB is not established on this date, the responsibility to submit a 21-22 DSPT will be with the individual CCGs. It is understood that the ICBs that submit between April – 30th June 2022 can submit with standards not met and have improvement plans in place as they are new organisations.</p> <p>Therefore, the 2021-2022 DSPT submission and the Internal Audit of the DSPT will be voluntary for all CCGs. If a CCG chooses to submit a DSPT, the ICB will still be required to submit before 30th June 2022.</p> <p>This has been discussed with other CCGs across Cheshire and Merseyside that have decided that a formal submission will not be made, however, leads have also agreed to continue to collate relevant evidence in the event that the responsibility for submission returns to the CCGs. It is recommended that the CCG adopt the same approach. The governing body is asked to approve that approach.</p> <p>In relation to Sefton Integrated Care Partnership, work on the development of the Sefton Integrated Care Partnership has continued at pace. A check-point</p>	

	<p>meeting was held with the ICS Interim Chair and Chief Officer in September, who acknowledged the progress that has been made and set out a commitment to working together to ensure the governance arrangements, as they develop, will result in a strong and enduring partnership between the ICS and Sefton.</p> <p>Programmes of work are fully mobilised with the CCGs Leadership team active members across all programmes. Work with Hill Dickinson to develop a memorandum of understanding for Sefton partners is nearing completion and will underpin the future governance arrangements.</p> <p>MMcD advised members that the Cheshire & Merseyside Heath Care Partnerships (HCP) wrote to the CCG confirming the launch of the engagement process regarding the constitution of the new Integrated Care Board for Cheshire and Merseyside. The letter set out the proposals for the composition of the Board and invites feedback from organisations by Friday 5th November to enable the HCP to meet rapidly moving national timescales. DFair advised that this date has now changed and responses are due back by 10th November 2021.</p> <p>Finally in relation to section 10 of the report, NHS South Sefton Clinical Commissioning Group has received interest from a number of different providers to take on the running of Hightown Village Surgery. It follows the CCG's approval of the request to release the current provider, Chapel Lane Surgery in Formby, who has held the contract for Hightown since 2018, from running the practice. Local practices will be invited to express their interest in managing Hightown to provide continuous care for its small community of under 2,000 patients on a temporary basis whilst a long term provider can be found. A re-procurement exercise such as one for Hightown Village Surgery would expect to take around six to nine months.</p> <p>Resolution: The members received the report and approve the recommendation noted within section 3 of the report.</p>	
GB21/148	<p>Chief Nurse update</p> <p>JLu 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>JLu reiterated the discussions previously in relation to the pressures within the system, particularly since the lifting of some COVID restrictions in July, and how that's increase the Community infection rates and lead to greater bed occupancy within the trust. Bed occupancy in trusts has been greater than 90% at times and there is persistent increased demand on services including primary care, community services and Maternity services.</p> <p>A single CQPG has been established for Mersey Care NHS Foundation Trust with Liverpool CCG as the lead commissioner. There has been agreement for the service to be placed on a period of enhanced surveillance as a supportive measure due to potential risks to the quality and safety of delivery of services. This will include patient and staff experience metrics to identify any areas of deterioration. Separate CCG contract meetings will remain in place.</p> <p>JLu noted that waiting times for therapies for CAMS for autistic spectrum disorder and attention deficit hyperactivity disorder services continues to be monitored via the SEND health performance group, and the CCG has provided additional funding to manage some issues in the interim to support better access for young people. But there are still challenges in the longer</p>	

	<p>term around those services.</p> <p>Members were briefed on the Joint Targeted Area Inspection (JTAI) Action Plan, four actions remain open on the action plan. One is rated red, which relates to Children and Adolescent Mental Health (CAMHs) waiting times. The CAMHs waiting times are also cited in the Special Educational Needs and Disability (SEND) action plan. The remaining three are amber. The action plan continues to be monitored and updated at the SEND health improvement group.</p> <p>In relation to the Cheshire and Merseyside Maternity Escalation and Divert Policy. The policy was reviewed at the C&M Maternity Escalation & Divert Policy Task & Finish Group. With representation from NHSE/I Nursing & Quality, NHSE/I Emergency preparedness and resilience and response (EPRR), CCGs, Local Maternity System (LMS), Maternity Providers & NWS. Agreement was achieved on the updated policy, which was published and took effect from 01 September 2021.</p> <p>The policy supports improved communication across the system, to ensure the safe transfer of pregnant women between maternity providers. The CCGs serious incident policy has been updated to reflect the changes which was submitted to JQPC in September for approval.</p> <p>Finally, JLu noted that BPAS was served a Section 31 notice under the Health and Social Care Act on 6th August 2021. Notifying them of the decision to impose restrictions on the registration in respect of the activity that they provide including: Termination of pregnancy's, Family planning services, treatment of disease and disorder injury, surgical procedures, and diagnostic and screening procedures.</p> <p>The notice applied to services across: Doncaster, Merseyside and Middlesbrough. The Deputy Director of Nursing at Halton and Warrington CCGs, is liaising across with all areas to discuss the best way to monitor the plan, seek assurance and to reduce any duplication.</p> <p>Subsequently Halton and Warrington CCGs, as the lead commissioner have met with the provider. A CQC action plan has been developed, although there exist some concerns as to the limited evidence of the immediacy within the plan. This has been feedback to the provider.</p> <p>GH raised an emerging risk in relation to LUHFT emergency department communications to primary care. This relates to the new patient electronic records system (the initial triage diagnosis is made by the nurse who sees the patient when they arrive is transported through to the final discharge letter to their GP with no supporting clinical details. GH noted she had picked this up with Dr John Wray who has escalated it through to the trust. JLu noted it had been discussed previously at the CQPG in October 2021 and is being looked at by the trust.</p> <p>Members noted their concerns in relation to the collapse of the local CQPG MerseyCare forums into one forum. Effectively, the trust is now managing 5 areas and it's expanded massively, but the actual amount of time being put in for escalation, critique and scrutiny as actually reduced. Noting there is a big risk that people's concerns on the ground are just going to get lost.</p> <p>Resolution: Members received the report.</p>	
GB21/149	<p>COVID-19 Equality Briefing Version 15</p> <p>DFair provided the Governing Body with an overview of the COVID-19 Equality Briefing Version 15.</p>	

	<p>This briefing is in an ongoing way since the pandemic to make sure that the CCG is discharging its equality duties. It's regularly reviewed and is reviewed at our senior management team, but there is a requirement for members to receive the briefing and be assured that the CCG is continuing to discharge our responsibilities, particularly around the administration of the vaccine. Any changes from the previous briefing are shown in yellow.</p> <p>AS commented that an impact assessment isn't always being completed or there isn't evidence that one has been completed, noting the CCG can not become complacent as we must meet our legal responsibilities when asking members of committees to approve a change.</p> <p>DFair noted that anything the CCG does should have an equality, impact assessment completed, and she will pick this up outside of the meeting with Jo Roberts and Andy Woods from the Equality and Diversity Team.</p> <p>BB noted his concerns in relation to the pressures on both primary care and the system in general. BB asked what is the CCG doing to mitigate the issues and how are we managing patient expectations.</p> <p>PC advised that GPs have filmed some communications in relation to the life of a GP which will be going out via the communications team. PC suggested bringing the issues around pressures on GP practices back into the next Development Session to discuss in detail.</p> <p>Action – Agenda item for Development Session “Pressures on primary care” with input from Sefton LMC.</p> <p>Resolution: Members received the report.</p>	JLe
GB21/150	<p>Chief Finance Officer update</p> <p>MMcD presented the Governing Body with an overview of the Month 6 financial position for NHS South Sefton Clinical Commissioning Group as at 30th September 2021.</p> <p>The standard business rules set out by NHS England require a 1% surplus in each financial year, however the usual financial framework has been replaced with temporary financial arrangements in response to the COVID-19 pandemic. The temporary arrangements include additional funding for COVID related costs including a continuation of the Hospital Discharge programme. Additional funding has also been provided for Mental Health investments and recovery in Elective Care and Mental Health services.</p> <p>NHS Planning Guidance was published for April – September 2021 (H1) and the CCG agreed a financial plan for this period. The draft financial plan identified a deficit of £3.290m, following review with system partners, a revised distribution of system resources was agreed, and South Sefton CCG received a further allocation of £1.786m.</p> <p>The revised financial Plan for April – September 2021 (H1) was break even. The QIPP requirement to deliver the revised plan was £1.600m and was agreed at 2.9%.</p> <p>Planning guidance has been published for the remainder of the financial year (October – March 22 or H2). A funding settlement was announced, and CCG allocations have been issued for the period. Further work is required to agree the distribution of system funding allocations and to confirm the revised financial plans.</p>	

	<p>The Month 6 financial position is an overspend of £0.945m which reflects costs for the Hospital Discharge Programme which are yet to be reimbursed, there are also cost pressures in other areas which will need to be addressed and the CCG should progress QIPP schemes and other mitigating actions to manage expenditure within the available resource for the remainder of the financial year</p> <p>Resolution: The Governing Body approve the proposed budgets for H1 2021/22, noting the following key points:</p> <ul style="list-style-type: none"> • Temporary financial arrangements implemented in response to the COVID pandemic remain in place for the 2021-22 financial year. • Additional funding is available for COVID related costs and recovery of Elective and Mental Health services. • The draft financial plan for H1 identified a deficit of £3.290m; this was revised to break even following revised distribution of system funding and agreement of CCG QIPP targets. • Delivery of the break-even position required QIPP efficiency savings of £1.600m and this was achieved in H1. • NHS Planning Guidance for October – March 2022 (H2) was published on 30th September. The CCG is working alongside other organisations within CM HCP to confirm the final plan prior to submission in mid-November • The additional funding available to the NHS in H2 is less than in H1 and this will result in an efficiency requirement. • The Month 6 financial position is an overspend of £0.945m. Following reimbursement of costs for the Hospital Discharge Programme, the CCG will achieve a break-even position. 	
GB21/151	<p>Integrated Performance Report</p> <p>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.</p> <p>MMcD noted that on page 89 of the pack (Summary Performance Dashboard) the table shows some improvement has taken place around RTT and the number of patients waiting at period end for incomplete pathways >18 weeks, although performance for incomplete pathways >6 weeks has deteriorated in the first part of the year.</p> <p>MMcD went through a selection of slides to show the CCGs diagnostic levels by test. Which described the which areas are causing the main issues in meeting the constitutional standards.</p> <p>In relation to the cancer section on page 90 and the CCG cancer performance compared to other areas is reasonably good. The one metric that is significantly letting us down at this point is the first definitive treatment for cancer within two months within 62 days, the CCG have met the constitutional standards one time in this this this financial year.</p> <p>Secondary care referrals were below historic levels across all referral sources</p>	

for the majority of 2020/21. With a focus on elective restoration, referral numbers in 2021/22 have been significantly higher than in the equivalent period of the previous year. At provider level, Aintree Hospital saw the highest numbers of monthly referrals since October-19 in June-21. Referrals have then decreased in July-21 and August-21 but remain above an average for the last 12 months. However, year to date referrals remain below pre-pandemic (i.e., 2019/20) levels by -16.4%. GP referrals at Aintree Hospital are reporting a -21.9% decrease when comparing to the previous month. Also, considering working days, further analysis has established there have been approximately -20 fewer GP referrals per day in August-21 when comparing to the previous month. In terms of referral priority, all priority types have seen an increase at month 5 of 2021/22 when comparing to the equivalent period in the previous year.

The Eating Disorder service has reported 11.4% of patients commencing treatment within 18 weeks of referral in August, compared to a 95% target. Just 4 patients out of 35 commenced treatment within 18 weeks, which shows another significant decline on last on month (25.7%). Demand for the services continues to increase and to exceed capacity. The CCG approved of £63k (£112k in total) of recurring investment within the Eating Disorder Service as part of its overall Mental Health Long Term Plan 2021 /22 investment plan. This investment is part of a 3-year phased approach (2021/22 – 2023/24) to developing a NICE compliant Eating Disorder Service. The service is planning to recruit for a dietician and psychology posts, however recruitment for a First episode Rapid Early Intervention (FREED) clinical Psychologist has been successful as a part of the Trust's Community Mental Health Transformation Programme.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.72% in August, below the monthly target standard of 1.59%.

In relation to SEND Sefton has also been successful in its joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative which will also positively impact waiting times.

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.

GH asked that within the executive summary we include the national performances, to see how the CCG aligns to its counterparts.

Members noted that the figures in relation to children's ASD/ ADHD referrals are going beyond what is commissioned, even though the CCG had invested extra money to bring it up to Nice guidance. PC asked if there is a reason why this is occurring? GH suggested there is a whole mixture of reasons why referrals are going up, one being that referrals had dropped due to school nurses not seeing children in schools thus that pathway had stopped for a time being.

MMcD noted that the trust have undertaken a review of the service and the report is due to be completed at the end of October 2021. Once the CCG has received the report we can look to see if we would undertake a waiting list initiative to try and help with some of the delays.

Action – MMcD to bring some information back through the development session in relation to referrals into the independent sector.

MMcD

	Resolution: The Governing Body received the report.	
GB21/152	<p>Annual Audit Report</p> <p>The members were presented with the Annual Audit Report for 2020/21. The report concludes that the CCG's financial position for 2020/21.</p> <p>The report has been ratified at the Audit Committee and comes to the Governing Body for good practice and to receive any additional comments.</p> <p>PC thanked for the finance team for their work which meant Grant Thornton could provide assurance that the CCG finances give a true and Fairview of the position and the accounting has been done in line with international standards and National Health Service Act 2006.</p> <p>Resolution: The Governing Body received the report.</p>	
GB21/153	<p>ICS (ICB) and ICP update</p> <p>MMcD provided the members with a brief verbal update on ICS/ICB.</p> <p>The ICS/ICB Chief Executive process is still ongoing, with the outcome expected to be received within the coming weeks. There is a commissioner workshop which is due to take place today, which may start to determine place-based services / commissioning.</p> <p>Action – Feedback from the task and finish group in relation to local developments to be brought back to the development session in December 2021.</p> <p>Resolution: The Governing Body received the update.</p>	MMcD
GB21/154	<p>Closedown and Transfer progress update</p> <p>DF and MMcD briefed members on the which informs the Governing Body of the Closedown and Transfer progress. The work is overseen by the closedown and Transfer Group that meets fortnightly. Those involved report in weekly to the CCGs leadership team and provide verbal updates and when required DFair will provide a summary report of progress.</p> <p>There are particular milestones for Audit committee to receive further reports and assurances for our internal auditors. The main things members should be aware of in terms of progress are noted within the report. The group have also been reviewing the CCGs contract repository, which includes all of our contracts and corporate contracts, things such as our shredders and photocopiers. But also the smaller level and service level agreements. The team are in the process of creating a spreadsheet of all of those ready for transfer.</p> <p>The key areas of progress are noted on pages 115-116 of the pack and show all aspects are on track.</p> <p>DFair noted there is an extend piece of work which will look at staff contracting arrangements for those staff on fixed term contracts and those staff who are acting up. Any proposals will go into the remuneration committee on 12th November 2021 with specific recommendations on how to deal with those contracts.</p> <p>Resolution: The Governing Body received the update.</p>	

GB21/155	<p>Emergency Preparedness, Resilience and Response (EPRR) Assurance</p> <p>The Governing Body were presented with a copy of the full Emergency Preparedness, Resilience and Response (EPRR) submission.</p> <p>The EPRR assurance process for 2020/21 took place throughout September with a submission deadline of 1st October 2021. NHS England agreed that for this year's submission, and in recognition of the schedule of governing body meetings across the system, that it was acceptable for a member of the leadership team to sign off the submission to meet the deadline.</p> <p>The CCG's Interim Programme Lead – Corporate Services, and the EPRR lead from MLCSU undertook the assessment against the relevant standards with an overall outcome of fully compliant.</p> <p>The assessment was signed off the CCG's Chief Officer and submitted to NHSE on 1st October.</p> <p>Resolution: The Governing Body received the update.</p>	
GB21/156	<p>Key Issues Reports:</p> <ul style="list-style-type: none"> a) Finance & Resource Committee b) Quality & Performance Committee – Members noted the ongoing CHC issues which are being dealt with via JQPG. c) Audit Committee d) Primary Care Commissioning Committee PTI e) Leadership Team <p>Resolution: The Governing Body received the key issues reports</p>	
GB21/157	<p>Approved Minutes:</p> <ul style="list-style-type: none"> a) Finance & Resource Committee b) Audit Committee c) Joint Quality & Performance Committee d) Primary Care Commissioning Committee PTI: <p>Resolution: The Governing Body received the approved minutes.</p>	
GB21/158	<p>Any Other Business</p> <p>None noted.</p>	
GB21/159	<p>Date and Time of Next Meeting</p> <p><u>Future Meetings:</u> The Governing Body meetings are held on the first Thursday of the month.</p> <p>Dates for 2021/22 are as follows:</p> <p>Thursday 3rd February 2022, 13:00hrs</p> <p>All PTI public meetings will commence at 13:00hrs, format to be confirmed.</p>	
Meeting concluded		15:00hrs

PTI meeting concluded using the Teams platform.	
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Motion to exclude the public:

Due to the format of the meeting the motion to exclude the public was not required.

Draft

Governing Body Meeting in Public Action Points

Date: Thursday 4th November 2021

Item	Item and action	Lead	Update
GB21/115	<p><u>Key Issues</u></p> <ul style="list-style-type: none"> PC ,MMcD, LMC to write a letter regarding concerns in relation to lost records due to digitisation to NHS digital. 	MMcD	Joint Quality Committee received updates following Audit Committee. Details of the letter to brought back through the governing body for information.
GB21/149	<p><u>COVID-19 Equality Briefing Version 15</u></p> <ul style="list-style-type: none"> Agenda item for Development Session “Pressures on primary care” with input from Sefton LMC. 	JLe	Complete discussed at the Development Session in December
GB21/151	<p><u>Integrated Performance Report</u></p> <ul style="list-style-type: none"> MMcD to bring some information back through the development session in relation to referrals into the independent sector. 	MMcD	
GB21/153	<p><u>ICS (ICB) and ICP update</u></p> <ul style="list-style-type: none"> Feedback from the task and finish group in relation to local developments to be brought back to the development session in December 2021. 	MMcD	

MEETING OF THE GOVERNING BODY FEBRUARY 2022

Agenda Item: 22/7	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@Southsefton.ccg.nhs.uk 0151 317 8366	Clinical Lead: N/A						
Report date: February 2022								
Title: Chief Officer Report								
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's bi-monthly update.								
Recommendation The Governing Body is asked to <ul style="list-style-type: none"> Receive the update 		<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 30px;">X</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; 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				
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

Report to the Governing Body February 2022

A personal message from the Chief Officer – celebrating 40 years in the NHS.

This month marks a significant milestone in my personal journey in the NHS as this month I reached my 40th year. I first joined the NHS in 1982 as a trainee nurse, aged just 17 - one of the youngest trainees in my cohort and I have since spent my entire adult life working to improve healthcare for patients across the north of England.

I have enjoyed a varied NHS career, beginning in Salford with a variety of clinical roles in nursing, midwifery and health visiting before stepping into management roles from 1992 onwards. In 2012 I was appointed as chief officer of NHS South Sefton CCG and NHS Southport and Formby CCG, a position I have now held for 10 years.

I was incredibly proud to be recognised for my work for the CCGs during the coronavirus pandemic, in 2021 I was shortlisted for a Parliamentary Award for leadership in fostering innovative and patient-centred work around medicines management.

COVID19 update

1. Vaccine as a condition of employment

On 9 November 2021, the Department for Health and Social Care laid out regulations that require public facing members of NHS staff in organisations involved in CQC regulated activity to be vaccinated against COVID-19 by 1 April 2022. This means that by 3 February 2022, eligible workers must have received their first dose of the vaccination, or they will be redeployed or could have their contracts terminated. There are exemptions to this

The CCG is working with staff and general practice to understand what the implications may be for our organisations.

2. COVID19

The NHS in Sefton continues to encourage people to come forward for their booster jab. Rollout of the booster was accelerated in the face of the Omicron variant. The UK Health Security Agency reported in December that there is a significant drop in effectiveness against the Omicron variant after two vaccines. However, analysis shows a third, 'booster' dose typically gives around 75% protection against COVID-19 symptoms. Whilst numbers have slowed during the period following the festive holidays, uptake rates in Sefton are good. The best way to get a booster is to book an appointment at a local site. This can be done two months on from a second dose – a month in advance of becoming eligible to receive the jab. If you are invited for your booster, book an appointment as soon as possible. Alongside this, work continues in Sefton to encourage anyone eligible who still hasn't had a

first or second dose that it is not too late and to come forward as soon as possible. We continue to work with partners to promote uptake in areas with the lowest numbers of people vaccinated, including considering further pop-up vaccine sites.

The vaccination programme was recently extended to include 5 to 11 year olds in a clinical risk group or who are a household contact of someone who is immunosuppressed. Our GP practices are currently identifying these children from their patient lists and will be inviting them to book a vaccine shortly.

General local and national updates

3. NHS England and Improvement ICB establishment timeline

In late December 2021, NHS England and Improvement formally confirmed a change to the go live date for new integrated care structures and the closedown of clinical commission groups (CCGs). These system changes are set out in the Health and Care Bill, which is currently being considered by parliament. A new target date of 1 July 2022 will allow sufficient time for the remaining parliamentary stages for new arrangements to take effect – putting Integrated Care Systems (ICSs) on a statutory footing and Integrated Care Boards (ICBs) to be legally and operationally established. This replaces the previous target date of 1 April 2022. This new target date will provide some extra flexibility for systems preparing for the new statutory arrangements and managing the immediate priorities in the pandemic response, while maintaining momentum towards more effective system working. We continue to prepare for the closure of CCGs and the establishment of NHS Cheshire and Merseyside Integrated Care Board, working towards the new target date.

Recruitment to executive director roles for the ICB is taking place during January and February. Locally, the CCGs continue to work at pace with Sefton Council and other partners in developing place based partnership (PBP) arrangements through our Sefton Partnership. The PBP will work as part of the ICS and strengthen local arrangements to improve health and care and deliver the priorities of our Health and Wellbeing Strategy and the local plan for the NHS, Sefton2gether.

Visit the Cheshire and Merseyside Health and Care Partnership website for latest progress on the ICB development <https://www.cheshireandmerseysidepartnership.co.uk/>

4. Priorities and operational planning guidance 2022-23

The priorities and operational planning guidance sets out 10 overarching priority areas for systems to focus on including investing in workforce, responding ever more effectively to COVID-19, delivering more elective care to tackle backlogs and reduce long waits and improving timely access to primary care.

You can find the guidance on the NHSE/I website <https://www.england.nhs.uk/publication/2022-23-priorities-and-operational-planning-guidance/>

5. Headquarters – returning to on-site working

The CCG's Interim Programme Lead for Corporate Services is continuing to oversee the return to office base working at Magdalen House, Bootle. Several challenges have been encountered not least as a consequence of the pandemic and the application of government infection control guidelines, but also as a result of delays in the provision of building materials and the installation of IT networks.

Now that government guidelines are being relaxed the CCG will now focus on the establishment of a hybrid/agile model of working and implement plans to support on-site working at Magdalen House.

6. Sefton Council- executive director of children's social care and education

Sefton Council has appointed a new Executive Director of Children's Social Care and Education. After a thorough recruitment process, the Council has appointed **Martin Birch**, who is currently Director of Children's Social Care at Together for Children, in Sunderland

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

7. Shaping Care Together

The Shaping Care Together programme continues to progress with a real focus on clinical engagement and leadership, ensuring there is a robust approach to communication and engagement and that the work is underpinned by strong strategic partnerships.

There has been a moderate delay in the communications launch and public stakeholder events for options appraisal process to enable a programme refresh accommodating strategic partners input. Detailed models of care have now been produced and a clinical leadership and engagement framework has been developed.

The SCT committee will continue to preside over the programme during 2022 and regular updates will be provided to the governing body.

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

8. Cheshire and Merseyside Joint Committee and sub-committees

In December 2021, the governing body resolved to disestablish the finance and resources committee and the joint quality and performance committee. In doing so the governing bodies further delegated the majority of the respective responsibilities to the newly established C&M sub-committees; finance and resources committee, quality committee and performance committee. Those committees have all now met on at least one occasion and are reporting into the C&M joint committee.

The joint committee is continuing to focus on the delivery of its work plan at its meeting in January received proposals in respect of the Cheshire and Merseyside CCGs Tier 4 Bariatric Surgery Procurement Options and Covid Virtual Ward & Respiratory Virtual Ward

9. Transition board

The transition board is continuing to oversee the transition to the ICB. Leads across the system have been supporting the creation of handover documents for the respective functions of governance, quality, contracting and procurement, communications and engagement and workforce with the first drafts being submitted by the 31st January 2022.

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

10. Finance update

The CCG remains on target to deliver its financial duty for the year (break-even position) and is working collaboratively with other CM CCG's to support delivery of the overall ICS financial target. A full report detailing performance to the end of December 2021 is provided within the GB pack. The CCG continues to work closely with local healthcare partners to improve the efficiency and effectiveness of services to address future financial sustainability issues.

A full report will be made by the deputy chief officer/chief finance officer later on the agenda.

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

11. PCNs – supporting our vaccine programme

Locally two of our primary care network (PCN) run sites in Southport Centre for Health and Wellbeing and Netherton Health Centre will be offering vaccinations to this age group.

The best way to book a vaccination is to go online www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/ or call 119.

More eligibility and booking information can be found on our websites, including booking details for all three of our PCN vaccination sites at:

- NHS South Sefton CCG <https://www.southseftonccg.nhs.uk/get-informed/latest-news/walk-in-or-book-a-covid-19-vaccine/>
- NHS Southport and Formby CCG <https://www.southportandformbyccg.nhs.uk/get-informed/latest-news/walk-in-or-book-a-covid-19-vaccine/>

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

12. Sefton Integrated Care Partnership

A second review meeting was held with the ICS Interim Chair and Chief Officer Designate in December. The feedback from the meeting was positive, with the ICS assured that significant progress had been made since the previous meeting in September. A programme plan has been developed to support the partnership's progress against the ICS maturity development framework. The plan is focused on three key areas: governance, enablers and delivery.

From a governance perspective work to develop the place-based arrangements continue to advance with the support of Hill Dickinson. In particular, attention is focused on how a Sefton Partnership Board could operate in terms of its functions and membership. From an enabling perspective the

borough's approach to population health management is receiving greatest attention as this is the only area that was assessed as level one or emerging in the maturity development framework.

The work of the Programme Delivery Group, as the key place-based provider forum, has been delayed due to the necessary focus on combatting the Omicron variant although a dedicated session on patient flow and discharge was held and led by the Director of Strategy at LUFT in November. The Group's next meeting will focus on solutions to the challenges that were presented and which impact across all partners.

13. Recommendation

The Governing Body is asked to

- *Receive this report.*

Fiona Taylor
Chief Officer
February 2022

MEETING OF THE GOVERNING BODY FEBRUARY 2022

Agenda Item: 22/8	Author of the Paper: Jane Lunt Chief Nurse	Clinical Lead: Dr Gina Halstead GP Governing Body Member and Clinical Quality Lead South Sefton CCG
Report date: February 2022		

Title: Chief Nurse report

Summary/Key Issues:

The Chief Nurse Report highlights the key quality issues related to commissioned services and also any other issues associated with the Chief Nurse Portfolio.

Keys risks to draw to members attention are:

- There has been agreement across all CCGs, for Mersey Care NHS Foundation Trust (Mersey Care) to move across to NHS EI enhanced surveillance as a supportive measure.
- At the beginning of January 2022, Mersey Care confirmed they have moved into business continuity as a result of the impact of COVID Omicron. The CCG is supporting Mersey Care to ensure there is a focus on essential meetings.
- The CCG has requested Midlands and Lancashire Commissioning Support Unit (MLCSU) to provide gap analysis for patients who are under section of the mental health act (MHA), placed in an independent provider, who require case management. This should inform the CCGs of a potential commissioning gap, and to consider how this can be managed.
- Southport and Ormskirk Hospitals NHS Trust (SOHT) reported an incident on StEIS on 4 January 2022, which is subject to police investigation. NHS EI have oversight, with consideration of whether the case will meet the threshold for mental health homicide review (MMH). A joint investigation will be undertaken by SOHT and Mersey Care.
- Liverpool University NHS Foundation Trust (LUHFT) is being managed under segment 4 of the NHS system oversight framework. A system improvement board has been set up to support the monitoring of improvements, with the first meeting taking place in December 2021. The representation from South Sefton CCG is to be confirmed, with acknowledgement of the Chief Nurse role across both areas.
- LUHFT are undertaking a whole patient pathway review for pancreatic cancer, following reporting of serious incident on StEIS.
- Liverpool CCG submitted a Situation, Background, Action, Recommendation (SBAR) to NHS EI in December 2021, following the in-patient death in LUHFT of a Sefton resident with a learning disability. Quality of quality of care issues were indicated. The case has been reported on StEIS and on the national learning Disability Mortality Review System (LeDeR)
- The CCG were notified at the beginning of December 2021 of a GMC referral for a safeguarding adult allegation for a Sefton GP safeguarding lead. A professionals strategy meeting was convened and recommendations submitted to NHS EI professional advisory group. The practice have agreed with the recommendations which will be followed by the CCG to seek assurance of safeguarding adult practice. The CCG has raised the delay in notification of the allegation with NHS EI.

Recommendation	Receive <input checked="" type="checkbox"/>
The Governing Body is asked to receive this report.	Approve <input type="checkbox"/>
	Ratify <input type="checkbox"/>

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		X	

Report to the Governing Body February 2022

1. 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 June 2021.

The key risks to draw the members attention to are:

Summary/Key Issues:

The Chief Nurse Report highlights the key quality issues related to commissioned services and also any other issues associated with the Chief Nurse Portfolio.

Keys risks to draw to members attention are:

- There has been agreement across all CCGs, for Mersey Care NHS Foundation Trust (Mersey Care) to move across to NHS EI enhanced surveillance as a supportive measure.
- At the beginning of January 2022, Mersey Care confirmed they have moved into business continuity as a result of the impact of COVID Omicron. The CCG is supporting Mersey Care to ensure there is a focus on essential meetings.
- The CCG has requested Midlands and Lancashire Commissioning Support Unit (MLCSU) to provide gap analysis for patients who are under section of the mental health act (MHA), placed in an independent provider, who require case management. This should inform the CCGs of a potential commissioning gap, and to consider how this can be managed.
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- Liverpool University NHS Foundation Trust (LUHFT) is being managed under segment 4 of the NHS system oversight framework. A system improvement board has been set up to support the monitoring of improvements, with the first meeting taking place in December 2021. The representation from South Sefton CCG is to be confirmed, with acknowledgement of the Chief Nurse role across both areas.
- LUHFT are undertaking a whole patient pathway review for pancreatic cancer, following reporting of serious incident on StEIS.
- Liverpool CCG submitted a Situation, Background, Action, Recommendation (SBAR) to NHS EI in December 2021, following the in-patient death in LUHFT of a Sefton resident with a learning disability. Quality of quality of care issues where indicated. The case has been reported on StEIS and on the national learning Disability Mortality Review System (LeDeR)
- The CCG were notified at the beginning of December 2021 of a GMC referral for a safeguarding adult allegation for a Sefton GP safeguarding lead. A professionals strategy meeting was convened

and recommendations submitted to NHS EI professional advisory group. The practice have agreed with the recommendations which will be followed by the CCG to seek assurance of safeguarding adult practice. The CCG has raised the delay in notification of the allegation with NHS EI.

2. System report

The local system continues to experience pressure in terms of elective waiting and urgent care. This is covered in more detail in the Integrated Performance Report. Particularly the system has seen pressures resulting in diverts from maternity units. The system protocol for mutual aid has been enacted with good effect. This is under daily review by the local system.

2.1 Integrated Care System (ICS) / Integrated Care Partnership (ICP) Quality Development:

The C&M Chief Nurses/Directors of Quality group continues to work on developing the new structure for the ICS and at Place. In recent weeks interviews have taken place for the Chief Finance Officer, Medical Director and Associate Medical Director. The post for the Director of Nursing, Quality and Safety is to be re-advertised, as the post was not appointed.

2.2 Infection and Prevention Control:

Clostridium Difficile rates increased at Liverpool University Hospital NHS Trust, although they remain under trajectory in October. Southport and Ormskirk NHS Trust has reported over trajectory with additional cases being reported in October. Post infection reviews continue with any key themes/learning identified monitored through the trusts action plans and infection control and prevention meetings.

Methicillin-resistant staphylococcus aureus (MRSA): One community onset community acquired MRSA was reported in Southport and Formby. This brings the total to 3year to date and as MRSA is zero tolerance the CCG will not be able to achieve the 0 target. All cases reviewed for any lapses in care through provider mechanisms and through the CCG Serious incident review group (SIRG).

The North Mersey Gram Negative Blood Stream Infection group continues to progress with the action plan and reporting to the Cheshire and Mersey Antimicrobial Resistance (including Gram negative bloodstream infections) oversight and improvement group.

Capacity within provider organisations to attend the North Mersey meeting remains difficult. At the last meeting it was agreed to send the plan to all providers with a request for them to complete on progress to date. A benchmarking exercise will then be undertaken, and any learning can be shared across the group.

2.3 Special Education Needs and Disability (SEND) Update: Waiting times for SEND: Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactive Disorder (ADHD) continue to be monitored at the CCGs SEND health performance improvement group. The CCG has provided additional non recurrent investment as part of the waiting list initiatives for; Alder Hey Children's Hospital NHS Foundation Trust ASD waiting times and Mersey Care NHS Foundation Trust ADHD waiting times. Further activity is being explored to look at the increase in referrals from schools across Sefton for ASD, and Mersey Care's ADHD discharge pathway.

2.4 Continuing Health Care (CHC): The CCGs remain under scrutiny by NHS EI C&M in relation to the management and performance of CHC services. The contract performance notice remaining in place for Mersey Care. Consideration is being given as to whether to issues a Contract Performance Notice to MLCSU. A paper will come to LT with recommendations. NHS EI C&M have set out

requirements for all outstanding reviews across the 'all age' pathways to be completed by the end of March 2022, to reduce the financial risk being transferred across to the ICB. The CCGs Continuing Healthcare Programme Lead continues to have system oversight.

2.5 Young Person A action plan: The updated action plan was presented to the NHS EI C&M Transforming Care Partnership Board on 3 December 2021, where the progress against the actions was well received. The majority of actions have now been completed and are now considered business as usual. Further meetings are set up in the New Year, to bring partners together to; confirm the standard operating procedure (SOP) is in place, organisations are signed up to the SOP, and to share a copy of the SOP to support wider learning across the wider C&M area. An update was presented to Senior Leadership Team on 14 December 2021.

2.6 Mental Health s117 Case: The CCG has identified a potential commissioning gap for the case management of individuals who are; held under the mental health act, placed in an independent provider under the management of Midlands and Lancashire Commissioning Support Unit (MLCSU) and are not known to Mersey Care community mental health services. This came to light when difficulties were experienced with transferring a gentleman who required alternative placement, who was an increased risk to self and others. MLCSU have been requested to submit a proposal to the CCG for consideration.

2.7 Children in Care (CiC): The National Transfer Scheme (NTS) for Unaccompanied Asylum-Seeking Children (UASC) is to become mandatory for a temporary period (period undermined). Local authorities will be expected to take a number of UASCs which is equivalent to 0.07% of their total children population. For Sefton, who currently have 6 UASC,s it is anticipated that the local authority will be expected to take around 40 UASCs. This is likely to have an impact on health services, including primary care.

2.8 Sefton MBC Mersey Care NHS Foundation NHS Trust Overview and Scrutiny Report – Mental health Issues Working Group: A report was recently shared by the Sefton Local Authority, Mental Health Issues Working Group, looking at services provided to residents of Sefton against the backdrop of the Covid-19 pandemic. The Working Group sought the views of providers, service users and Adult Social Care managers in Sefton in establishing the main issues concerning the local provision of services and interventions for people with mental health issues. They also considered possible preventative measures to avoid the exacerbation of issues and laid out several recommendations.

The CCG has since shared the report including the recommendations with Mersey Care, who had not received this. The CCG are awaiting feedback from Mersey Care, before completing the gap analysis and responding formally to Sefton MBC. The CCGs Director of Strategic Partnerships has oversight.

2.9 Southport and Ormskirk Hospitals NHS Trust (SOHT)

- The trust has been experiencing challenges in the AED due to patient flow out of the trust. There have been difficulties securing packages of care. This has resulted in a number of AED trolley wait breaches. Root Cause Analysis (RCA's) will be received to provide assurance that no harm has occurred. To date all RCA's received have confirmed no harm has occurred
- The trust cancer improvement plan has been received. The trust continue to be challenged with endoscopy for the GI cancer pathways, and are working to resolve these via the trust endoscopy improvement board. A number of 104-day cancer breaches have occurred since April 2021, with the RCA's yet to be received to provide assurance of learning. The CCG is working with the trust who have been adversely affected by COVID to receive the RCA's.
- The trust reported a serious incident on 4 January 2022, for an incident that occurred on 31 December 2022. The incident resulting in a patient being arrested by the police and sectioned under the mental health act and is currently in a medium secure setting. A police investigation is in progress. NHS EI are fully sighted with a meeting taking pace to determine whether the case meets the threshold for a mental health homicide. A joint investigation will take place between SOHT and Mersey Care.

2.10 Mersey Care NHS Foundation Trust (MCFT)

- There has been agreement for the trust to be placed on enhanced surveillance following the acquisition of North West Boroughs Healthcare on 1 June 2021, as a supportive measure.
- A piece of work is progressing to have one overarching Mersey Care serious incident review meeting, by both the Liverpool and Sefton CCGs quality teams. This would incorporate all CCGs across the Merseyside footprint.
- The trust has initiated business continuity measures at the beginning of January 2022, due to the COVID Omicron variant. The trust is experiencing high level of sickness and absence across both community, local divisions and bank staff. The greatest impact being across secure services and learning disability services This is placing pressure on services across the system.
- The management of age 12 years community phlebotomy services is expected to transition across from Alder Hey to Mersey Care in April 2022.

2.11 Liverpool University Hospitals NHS Foundation Trust (LUHFT)

- The trust has moved across to segment 4 NHS System Oversight Framework. The System Improvement Board (SIB) is in place with membership from the trust, NHS EI, CQC, CCGs, Royal Colleges, HEE, Mersey Care and Liverpool City Council. The first meeting took place in December 2021. A request has been made to NHS E I for Sefton CCGs to be included in the membership which will be raised at the next SIB. However it was noted the Chief Nurse for Liverpool CCG also provides the role and function for South Sefton CCG.

There are five overarching improvement themes being monitored as part of SIB. Three of the workstreams have commenced. Of the remaining two, one refers to operational performance management which requires a whole system flow programme including support from NHS EI. The other covers integration and the new build, with work underway.

- The trust Never Event plan is progressing, although not yet completed. Further work is being conducted across the trust in terms of human factors training and implementing SMART actions. A further Never Event was reported in October 2021, the learning will be incorporated into the overarching improvement plan.
- Following the reporting of a number of pancreatic cancer cases on StEIS, the trust is undertaking a whole patient pathway review for pancreatic cancer, which has been supported by CCGs.
- The trust remains challenged in relation to 12 hour AED waiting times. The CCGs have requested assurance in relation to patient safety and dignity. This was discussed at the CQPG on 19th January and will be a regular agenda item. Following the discussion the CCGs are more assured.
- In December 2021, the trust reported an in-patient death on StEIS, of a Sefton resident with a learning disability where quality of care issues had been identified. The death has also been registered on the national Learning Disability Mortality system. Liverpool CCG as the lead commissioner submitted an situation, background, action, recommendations (SBAR) to NHS EI to share across the Cheshire and Merseyside area to support identification and oversight of people with a learning disability whilst receiving treatment as an in-patient.

2.12 Liverpool Women's Hospital NHS Foundation Trust (Liverpool Women's)

- IT interoperability system with primary care: An audit is being conducted with the support of the CCGs Named GP for Safeguarding Children to explore the interoperability with EMIS, the trusts K2 system, including templates which can be added to the system, to support information in real time. A wider piece of work is being carried out as part of the trusts IT systems, with share point as a long term solution.

2.13 Alder Hey Children's Hospital NHS Foundation Trust (Alder Hey)

- A request was made at the December CQPG, for the trust to support the financial query to support the increase for the Designated Doctor from 2 sessions to 4 sessions per week, in line with intercollegiate document. Additional funding has already been confirmed by the CCG.
- The trust has successfully recruited to the Named Nurse for Children in Care.
- The CCGs Designated Doctor for Children in Care left his post in December 2021. An alternative has been identified with ongoing discussions between the trust and the CCGs. The Designated Doctor, continued to support the initial health assessments (IHA's), to enable the trust in meet the 28 day target, the trust had expected to meet the target by the end of December 2021 although this has been deemed to be ambitious. Performance of IHA's is likely to be adversely affected once the National Transfer Scheme (NTS) for Unaccompanied Asylum-Seeking Children (UASC) becomes mandatory.

2.14 Primary Care:

- The CCG were notified on 3 December 2021 of a GMC referral for a safeguarding allegation for a safeguarding GP lead for one of the practices. The initial referral having made in October 2021. A professionals strategy meeting was convened, with a number of recommendations being made. The recommendations have been submitted to NHS EI to support the decisions for the Professional Advisory Group. The CCG has meet with the practice, and the recommendations have been agreed. The CCG will follow up with the practice to ensure all actions have been completed. The CCG has raised the delay in notification of the allegation with NHS EI.

Recommendations

Governing Body members are asked to note the update as set out.

Jane Lunt
Chief Nurse
February 2022

**MEETING OF THE GOVERNING BODY
CCG FINANCIAL POSITION
FEBRUARY 2022**

Agenda Item: 22/9	Author of the Paper: Martin McDowell Chief Finance Officer martin.mcdowell@southseftonccg.nhs.uk	Clinical Lead: n/a
Report date: February 2022	Rebecca McCullough Deputy Chief Finance Officer rebecca.mccullough@southseftonccg.nhs.uk	

Title: Financial Position of NHS South Sefton Clinical Commissioning Group – Month 9 2021/22

Summary/Key Issues:

This paper presents an overview of the Month 9 financial position for NHS South Sefton Clinical Commissioning Group as at 31st December 2021.

The standard business rules set out by NHS England require a 1% surplus in each financial year, however the usual financial framework has been replaced with temporary financial arrangements in response to the COVID-19 pandemic. The temporary arrangements include additional funding for COVID related costs including a continuation of the Hospital Discharge programme. Additional funding has also been provided for Mental Health investments and recovery in Elective Care and Mental Health services.

NHS Planning Guidance was published for April – September 2021 (H1) and the CCG agreed a financial plan for this period. The draft financial plan identified a deficit of £3.290m which was reduced to £1.600m following a revised distribution of system resources. The revised financial plan for H1 was break even and this included a QIPP requirement of £1.600m.

NHS Planning guidance for the remainder of the financial year was issued on 30th September 21 and the CCG and system financial plans were agreed in November 2021. The draft financial plan identified a deficit of £3.327m which was reduced to £2.0m following a revised distribution of system resources, the CCG will need to address the deficit via QIPP schemes which have been identified in the revised financial plan.

Additional funding is available to support continuation of the Hospital Discharge Programme and the Elective Recovery Programme as well as supporting the current expenditure run rates and contracting arrangements to continue.

The Month 9 financial position is an overspend of £0.258m relating to costs for the Hospital Discharge Programme which are due to be reimbursed in Month 10. Once the costs are reimbursed, the CCG will achieve a break even position.

<p>Recommendation</p> <p>The Governing Body is asked to receive this report and to note:</p> <ul style="list-style-type: none"> • Temporary financial arrangements implemented in response to the COVID pandemic remain in place for the 2021-22 financial year. • Additional funding is available for COVID related costs and recovery of Elective and Mental Health services. • The draft financial plan for H1 identified a deficit of £3.290m; this was revised to break even following revised distribution of system funding and agreement of CCG QIPP targets. • Delivery of the break-even position for H1 required QIPP efficiency savings of £1.6m and this was achieved in H1. • The draft financial plan for H2 identified a deficit of £3.327m and the CCG has a revised QIPP plan of £2.0m following distribution of additional system funding. • The revised financial plan for H2 is break-even after the CCG identified schemes to deliver its QIPP plan. • The revised financial plan for H2 is break even including a QIPP target of £2.0m. • The Month 9 financial position is an overspend of £0.258m relating to costs for the Hospital Discharge Programme which are expected to be reimbursed in Month 10. 	<table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Receive</td> <td style="text-align: center; width: 30px;">X</td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="width: 30px;"></td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="width: 30px;"></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.
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Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement			X	
Clinical Engagement			X	
Equality Impact Assessment			X	
Legal Advice Sought			X	
Quality Impact Assessment			X	
Resource Implications Considered	X			
Locality Engagement			X	
Presented to other Committees		X		

Report to the Governing Body February 2022

1. Executive Summary

This report focuses on the financial performance of South Sefton CCG as at 31st December 2021.

Table 1 – CCG Financial Position

	Annual Budget	Budget To Date	Actual To Date	Variance To Date	Forecast Outturn	Forecast Variance
	£000	£000	£000	£000	£000	£000
Acute Care	154,459	115,694	115,684	(10)	154,481	22
Mental Health	30,600	23,111	23,681	570	31,489	889
Continuing Care	17,595	13,181	13,098	(84)	17,763	167
Community Health	37,785	27,853	27,648	(205)	37,616	(169)
Prescribing	30,886	22,722	22,722	0	30,886	0
Primary Care	36,105	25,643	24,929	(715)	35,461	(645)
Corporate Costs & Services	2,929	2,159	1,877	(282)	2,638	(291)
Other CCG Budgets	9,780	7,267	7,239	(28)	9,770	(10)
Total Operating budgets	320,139	237,630	236,877	(753)	320,102	(37)
Reserves	(114)	(1,011)	0	1,011	430	544
In Year (Surplus)/Deficit	0	0	0	0	0	0
Grand Total (Surplus)/ Deficit	320,025	236,619	236,877	258	320,532	507
Retrospective Allocation - HDP	0	0	0	(258)	(507)	(507)
Retrospective Allocation - ERF	0	0	0	0	0	0
Revised (Surplus)/Deficit	320,025	236,619	236,877	0	320,025	0

Month 9 Financial Position

The Month 9 financial position is an overspend on £0.258m. The Mental Health budget is reporting an overspend due to an increase in Section 117 packages of care, the Continuing Care budgets are underspent due to costs for the Hospital Discharge Programme awaiting reimbursement and an underspend on Funded Nursing Care and Adult Fully Funded packages of care.

The Primary Care budget is underspent relating to slippage on recruitment to additional roles, and the Corporate and Support services budget underspent due to vacancies.

The CCG will achieve a break even position when the costs of the Hospital Discharge Programme are reimbursed.

2. Finance Dashboards

1. Finance Key Performance Indicators				Commentary
Report				
Report Section	Key Performance Indicator		This Month	<ul style="list-style-type: none"> The standard business rules set out by NHS England require CCGs to deliver a 1% surplus. The 0.5% Contingency reserve and the 0.5% Non-Recurrent reserve were not required in H1 2021/22. The CCGs financial plan for April – September 2021 (H1) was breakeven. The QIPP target for H1 2021/22 was £1.600m and was achieved. The draft financial plan for October – March (H2) achieves a breakeven position. BPPC targets have been achieved with the exception of NHS and Non-NHS by volume. Performance will continue to be closely monitored with the aim of achieving this target.
1	Business Rules	1% Surplus	n/a	
		0.5% Contingency Reserve	n/a	
		0.5% Non-Recurrent Reserve	n/a	
		2020/21 Control Total (April-September)	✓	
		2020/21 Control Total (October - March)	✓	
2	Breakeven	Financial Balance	✓	
3	QIPP	QIPP delivered to date <i>(Red reflects that QIPP delivery is behind plan)</i>	✓	
4	Running Costs	CCG running costs < 2021/22 allocation	✓	
5	BPPC	NHS - Value YTD > 95%	99.72%	
		NHS - Volume YTD > 95%	93.24%	
		Non NHS - Value YTD > 95%	96.84%	
		Non NHS - Volume YTD > 95%	94.02%	

2. CCG Financial Position – Month 9 2021/22																									
Report	Commentary																								
<p style="text-align: center;">South Sefton CCG Forecast Outturn at Month 9</p> <table border="1"> <caption>South Sefton CCG Forecast Outturn at Month 9 Data</caption> <thead> <tr> <th>Cost Area</th> <th>Variance (£'000)</th> </tr> </thead> <tbody> <tr> <td>PLANNED DEFICIT</td> <td>2,580</td> </tr> <tr> <td>MENTAL HEALTH S117</td> <td>948</td> </tr> <tr> <td>INDEPENDENT SECTOR</td> <td>193</td> </tr> <tr> <td>OUT OF HOURS</td> <td>113</td> </tr> <tr> <td>OTHER</td> <td>119</td> </tr> <tr> <td>INTERMEDIATE CARE</td> <td>(119)</td> </tr> <tr> <td>HIGH COST DRUGS</td> <td>(131)</td> </tr> <tr> <td>LOCAL ENHANCED SCHEMES</td> <td>(235)</td> </tr> <tr> <td>CORPORATE & SUPPORT SERVICES</td> <td>(291)</td> </tr> <tr> <td>DELEGATED CO-COMMISSIONING</td> <td>(359)</td> </tr> <tr> <td>QIPP / MITIGATION</td> <td>2,580</td> </tr> </tbody> </table>	Cost Area	Variance (£'000)	PLANNED DEFICIT	2,580	MENTAL HEALTH S117	948	INDEPENDENT SECTOR	193	OUT OF HOURS	113	OTHER	119	INTERMEDIATE CARE	(119)	HIGH COST DRUGS	(131)	LOCAL ENHANCED SCHEMES	(235)	CORPORATE & SUPPORT SERVICES	(291)	DELEGATED CO-COMMISSIONING	(359)	QIPP / MITIGATION	2,580	<ul style="list-style-type: none"> • The forecast financial position is breakeven overall. • The financial plan for months 7-12 identified a deficit of £3.3m and further risks of £1.3m. The pressures are partly supported with system funding of £2m. • The remaining deficit is £2.580m and this is planned to be addressed with QIPP schemes and other mitigations. • The main cost pressures at Month 9 are as follows: <ul style="list-style-type: none"> ○ Section 117 Mental Health packages ○ Independent Sector ○ Out of Hours services <p>The cost pressures are offset with underspends in:</p> <ul style="list-style-type: none"> ○ Primary Care delegated commissioning ○ Corporate Services ○ Primary Care LQC ○ High Cost Drugs ○ Intermediate Care
Cost Area	Variance (£'000)																								
PLANNED DEFICIT	2,580																								
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3. Risk Adjusted Position				
Report				Commentary
Risk Adjusted Position:				
South Sefton CCG	Best Case £m	Likely Case £m	Worst Case £m	
CCG Planned Deficit - H1	(3.290)	(3.290)	(3.290)	
Risks	(0.953)	(0.953)	(0.953)	
Mitigations	4.243	4.243	4.243	
Surplus / (Deficit) - H1	-	-	-	
CCG Planned Deficit - H2	(3.327)	(3.327)	(3.327)	
Further Risks				
S117 Mental Health Packages	(0.300)	(0.300)	(0.500)	
CHC	(0.500)	(0.500)	(0.500)	
High Cost Cases	(0.500)	(0.500)	(1.000)	
Sub Total	(1.300)	(1.300)	(2.000)	
Mitigations				
System Funding Allocation	2.047	2.047	2.047	
CCG QIPP				
- Central Programme Slippage	0.500	0.500	0.500	
- Prescribing	0.500	0.500	0.500	
- Other / Technical Adjustments	0.300	0.300	0.300	
- Non-Recurrent items	0.700	0.700	0.700	
Other Mitigations	0.580	0.580	0.580	
Sub Total	4.627	4.627	4.627	
Surplus / (Deficit)	-	-	(0.700)	

- The CCG draft financial plan for Months 1-6 identified a deficit of £3.290m.
- System funding of £1.786m was received in H1, the revised financial plan was break even with a QIPP target of £1.600m and this was achieved
- Cost pressures in S117 Mental Health packages were supported with non-recurrent efficiencies in H1 but will need to be addressed if the CCG is to manage costs within available resources for the remainder of the financial year.
- There is a risk relating to a high cost package of care which is under review. The risk has been mitigated in H1 with efficiencies in other budgets.
- The draft financial plan for H2 identified a deficit of £3.327m.
- The revised draft plan is breakeven following distribution of system resources of £2.047m and an agreed QIPP target of £2.0m.
- Schemes have been identified to deliver the QIPP requirement although further work is required to confirm expected savings in H2.
- There are further risks identified in the worst case scenario relating to increased costs of packages of care. Risks have reduced in Month 9 as the CCG approaches the year end.

4. Statement of Financial Position					Report	Commentary
Summary working capital:					<ul style="list-style-type: none"> The non-current asset balance relates to assets funded by NHS England for capital projects. The movement in balance relates to depreciation charged during the financial year. The receivables balance includes invoices raised for services provided along with accrued income and prepayments. Outstanding debt in excess of 6 months old is currently £0.463m. There are 2 notable invoices in excess of £0.005m, with a combined total value of £0.410m. A breakdown of the invoices can be found in the table. Discussions remain ongoing with other parties to resolve. At month 9, the CCG had drawn down £212.700m and made payments via NHS Business Services Authority of £24.400m, totalling £237.100m (73.7%) of its Annual Cash Drawdown Requirement (ACDR). The target cash balance at this point in the year is £241.212m (75.0%). 	
Working Capital and Aged Debt	Quarter 1	Quarter 2	Quarter 3	Prior Year 2020/21		
	M3 £'000	M6 £'000	M9 £'000	M12 £'000		
Non-Current Assets	26	17	7	36		
Receivables	4,116	3,833	2,633	2,177		
Cash	(454)	2,702	1,654	59		
Payables & Provisions	(28,019)	(29,116)	(26,059)	(24,259)		
Value of Debt> 180 days	106	459	463	95		
Customer Name	Number of Invoices	Value of Invoices (£m)				
NHS East Lancashire CCG	1	£0.072m				
Sefton MBC	1	£0.338m				

5. Recommendations

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

- Temporary financial arrangements implemented in response to the COVID pandemic remain in place for the 2021-22 financial year.
- Additional funding is available for COVID related costs and recovery of Elective and Mental Health services.
- The draft financial plan for H1 identified a deficit of £3.290m; this was revised to break even following revised distribution of system funding and agreement of CCG QIPP targets.
- Delivery of the break-even position for H1 required QIPP efficiency savings of £1.6m and this was achieved in H1.
- The draft financial plan for H2 identified a deficit of £3.327m and the CCG has a revised QIPP plan of £2.0m following distribution of additional system funding.
- The revised financial plan for H2 is break-even after the CCG identified schemes to deliver its QIPP plan.
- The revised financial plan for H2 is break even including a QIPP target of £2.0m.
- The Month 9 financial position is an overspend of £0.258m relating to costs for the Hospital Discharge Programme which are expected to be reimbursed in Month 10.

MEETING OF THE GOVERNING BODY FEBRUARY 2022

Agenda Item: 22/10	Author of the Paper: Martin McDowell Deputy Chief Officer Email: Martin.McDowell@southseftonccg.nhs.uk Tel: 0151 317 8350						
Report date: February 2022							
Title: South Sefton Clinical Commissioning Group Integrated Performance Report							
<p>Summary/Key Issues: This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group.</p> <p>Please note the effects of COVID-19 are noticed in month 8 across a number of performance areas.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to receive this report.</p>	<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 30px;">x</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
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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.
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	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

Integrated Performance Report Summary – November 2021

Summary Performance Dashboard

Metric	Reporting Level		2021-22												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 currently															
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													
		Actual													
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Diagnostics & Referral to Treatment (RTT)															
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					
		Actual	8.05%	12.71%	14.14%	15.02%	16.55%	19.19%	16.89%	16.64%					
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					
		Actual	63.70%	66.71%	66.29%	64.45%	63.16%	59.82%	57.59%	57.84%					
		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					
		Actual	1,422	978	912	1,017	1,082	1,231	1,390	1,382					
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
Cancellations for non-clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Liverpool University Foundation Hospital Trust	RAG	R	R	R	R	R	R	R	R				R	
		Actual	2	2	1	7	19	14	5	4					55
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Liverpool University Foundation Hospital Trust	RAG	G	G	R	G	G	G	G	G				R	
		Actual	0	0	1	0	0	0	0	0					1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times															
% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	R	R	G	R	R	R	R					R
		Actual	94.74%	91.88%	92.13%	93.89%	92.04%	90.95%	79.15%	74.81%					88.24%
		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	R	R	G	G	G	R	R	R					R
		Actual	90.91%	92.00%	97.78%	94.34%	95.00%	84.85%	47.50%	28.57%					77.36%
		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	G	G	G	G	G	R	R	G					G
		Actual	100%	96.92%	100%	97.33%	96.88%	93.02%	95.29%	97.73%					97.12%
		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	G	R	G	R	R	R	R	R					R
		Actual	100%	83.33%	100%	82.35%	92.31%	90%	90%	92.31%					90.65%
		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	R	R	G	G	G	G	G	G					G
		Actual	95%	95.24%	100%	100%	100%	100%	100%	100%					99.01%
		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	G	G	G	G	G	G					G
		Actual	95.24%	96.15%	100%	100%	100%	100%	100%	100%					98.97%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	G	R	R	R	R	R	R					R
		Actual	61.11%	85.71%	75%	76.09%	71.79%	71.05%	54.05%	63.89%					70.22%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	R	R	R	R	G	R	R	R					R
		Actual	75%	75%	40%	60%	100%	75%	60%	84.62%					72.00%
		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								
		Actual	100%	71.43%	70.42%	80%	90%	52.38%	56.00%	75.00%					70.31%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level		2021-22												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	R	R	R	R	R	R	R					R
		Actual	85.48%	73.86%	71.29%	66.63%	67.75%	65.90%	65.40%	64.99%					70.16%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
MSA															
Paused from April 2020 due to COVID-19 – resumed October 2021															
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	G	G					G
		Target	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	G	G					G
		Target	0	0	0	0	0	0	0	0					0
HCAI															
Number of MRSA Bacteraemia Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G	G	R	R	R	R	R	R					R
		YTD	0	0	1	1	1	1	1	1					1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of C. Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R
		YTD	7	13	16	22	26	31	36	39					39
		Target	6	10	14	18	22	27	31	35	41	45	49	54	54
Number of E. Coli Incidence of E. Coli (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G	G	G	G	G	G					G
		YTD	6	18	34	45	61	75	85	94					94
		Target	17	33	47	59	70	80	91	103	116	130	144	156	156

Metric	Reporting Level		2021-22												
			Q1			Q2			Q3			Q4			YTD
			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	G	G	R					G
		Actual	100%	100%	100%	100%	100%	100%	100%	92.3%					98.7%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Episode of Psychosis															
First episode of psychosis within 2 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
		Actual	64.3%			90.9%									76%
		Target	60%			60%			60%			60%			60%
Eating Disorders															
Eating Disorders Services (EDS) Treatment commencing within 18 weeks of referrals	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R
		Actual	34.38%	30.30%	36.10%	25.70%	11.40%	29.5%	20%	33.3%					27.6%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
IAPT (Improving Access to Psychological Therapies)															
IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R
		Actual	0.56%	0.54%	0.72%	0.90%	0.72%	1.11%	0.87%	0.94%					6.36%
		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%	19%
IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R
		Actual	43.3%	41.4%	36.8%	42.3%	33.3%	47.7%	47.1%	40.5%					42.81%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
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	R					G
		Actual	96%	100%	92%	88%	88%	79%	85%	70%					87.25%
		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	R					G
		Actual	100%	100%	100%	100%	100%	100%	100%	94%					99.3%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Metric	Reporting Level		2021-22												
			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
Estimated diagnosis rate for people with dementia		Actual	57.88%	57.74%	58.5%	59.3%	59.7%	59.8%	59.3%	59.2%					58.9%
		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
		Actual	6.09%			20.21%									21.21%
		Target	18%			35%			52%			70%			70%
Severe Mental Illness - Physical Health Check															
Rolling 12 month as at end of quarter															
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%)	South Sefton CCG	RAG	R			R									
Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.		Actual	20.8%			21.1%									
		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									G
Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service		Actual	20.3%			8%									48.3%
		Target	8.75%			8.75%			8.75%			8.75%			35.00% YTD
Children and Young People with Eating Disorders															
The number of completed CYP ED routine referrals within four weeks	South Sefton CCG	RAG	R			R									R
The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)		Actual	69.6%			47.7%									58.7%
		Target	95%			95%			95%			95%			95%
The number of completed CYP ED urgent referrals within one week	South Sefton CCG	RAG	G			R									R
The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)		Actual	100%			75%									87.5%
		Target	95%			95%			95%			95%			95%

Metric	Reporting Level	2021-22													
		Q1			Q2			Q3			Q4			YTD	
		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	R	R					R
		Actual	81.4%	62.5%	54.2%	56.5%	38.2%	37.8%	40.3%	45.9%					52.1%
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
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
		Actual	57.1%	42.3%	72.2%	45.5%	25.0%	68.2%	61.5%	67.7%					54.9%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
Percentage of Autism Spectrum Disorder (ASD) assessments started in 12 weeks - Alder Hey	Sefton	RAG	G	G	G	G	G	G	G	G					G
		Actual	96%	98%	100%	100%	100%	100%	100%	100%					99.3%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Autism Spectrum Disorder (ASD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	R	R	R	R	R	R	R	R					R
		Actual	85%	83%	77%	72%	62%	63%	63%	60%					71.1%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments started within 12 Weeks - Alder Hey	Sefton	RAG	G	G	G	G	G	G	G	G					G
		Actual	99%	98%	100%	100%	100%	99%	100%	100%					99.5%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	G	G	G	G	R	R	R	R					R
		Actual	98%	93%	91%	90%	88%	85%	85%	85%					89.4%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Average waiting times for Autism Spectrum Disorder (ASD) service <u>in weeks</u> (ages 16 - 25 years) - Mersey Care	Sefton	RAG													
		Actual	8.1	12.2	5.3	6.4	9.1	8.3	8.1	8.6					
		Target													
Average waiting times for Attention Deficit Hyperactivity Disorder (ADHD) service <u>in weeks</u> (ages 16 - 25 years) - Mersey Care	Sefton	RAG													
		Actual	90.5	77.0	78.4	63.8	62.9	65.0	63.7	61.9					
		Target													

Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 8 of 2021/22 (note: time periods of data are different for each source).

Constitutional Performance for November & Quarter 2 2021/22	CCG	LUHFT
Diagnostics (National Target <1%)	16.64%	11.80%
Referral to Treatment (RTT) (92% Target)	57.84%	57.40%
No of incomplete pathways waiting over 52 weeks	1,382	6,004
Cancer 62 Day Standard (Nat Target 85%)	63.89%	62.55%
A&E 4 Hour All Types (National Target 95%)	64.99%	63.98%
A&E 12 Hour Breaches (Zero Tolerance)	-	0
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	559
Ambulance Handovers 60+ mins (Zero Tolerance)	-	168
Stroke (Target 80%)	-	see report
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	0	0
CPA 7 Day Follow Up (95% Target) 2021/22 - Q2	100.0%	-
EIP 2 Weeks (60% Target) 2021/22 - Q2	90.9%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.94%	-
IAPT Recovery (Target 50%)	40.5%	-
IAPT 6 Weeks (75% Target)	70.0%	-
IAPT 18 Weeks (95% Target)	94.0%	-

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 Delayed Transfers of Care (DToC), cancelled operations, occupied bed days, 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 South Sefton COVID-19 vaccination programme has now successfully fully vaccinated the majority of patients in cohorts 1-9 and continues to offer booster vaccinations to eligible patients in these cohorts. Seaforth Village Surgery continues to offer dose 1, 2 & booster vaccinations to the local population. The vaccination programme continues to offer vaccines to eligible patients in cohorts 1-12 through community pharmacies, hospitals and national vaccination sites. Patients between the ages of 16-17 and 12-15 are now eligible. At the end of November-21 there have been 107,026 (or 78.5%) first dose vaccinations and 99,152 (72.7%) second dose vaccinations. Phase 3 Booster vaccinations for vulnerable and at-risk populations continue and there have been 43,055 (31.6%) booster vaccinations given at the end of November-21.

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 the context of responding to the ongoing challenges presented by COVID-19, while also restoring services, meeting new care demands and tackling health inequalities, Elective Recovery Funds (ERF) have been made available to systems that achieve activity levels above set thresholds. In Cheshire & Mersey Hospital Cell (established to co-ordinate acute hospital planning resulting from the COVID-19 pandemic), the delivery of activity both at Trust and system level is being assessed against agreed trajectories for H2 (Half year 2).

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. Increased staff sickness/absence has also led to an increase in waiting list size. Cheshire and Merseyside Hospital Cell has set out principles for elective restoration with a proposed recovery approach. The approach is focused on development of system level waiting list management both in diagnostic and surgical waits to maximise the capacity available and to standardise waiting times where possible, with priority given to clinically urgent patients and long waiters (52 week plus). Outpatient validation is another expected area of focus to support elective recovery over the coming months. Elective recovery will continue to be supported by the independent sector facilitated by the procurement of services via the Increasing Capacity Framework (ICF).

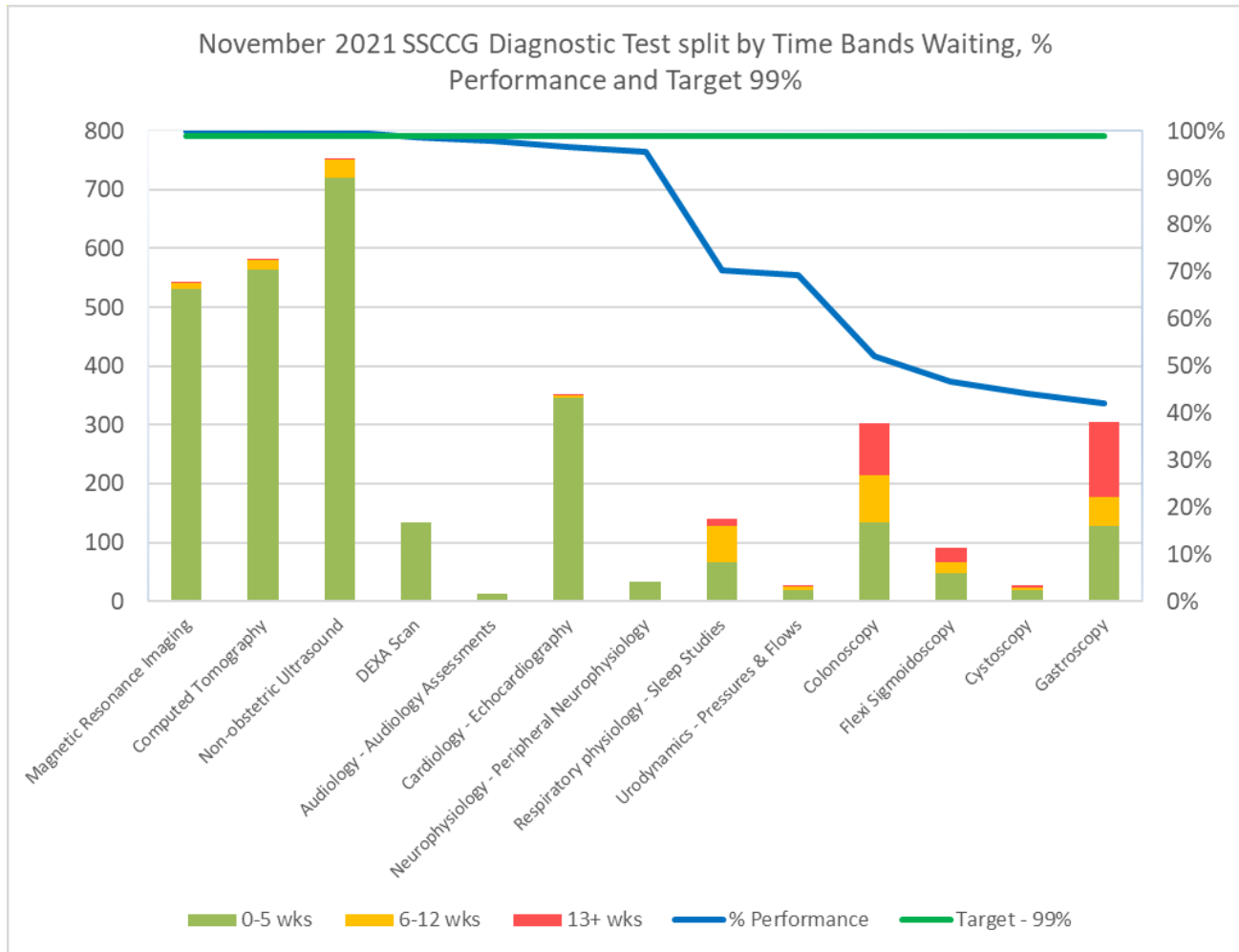
Secondary care referrals were below historic levels across all referral sources for the majority of 2020/21. With a focus on elective restoration, referral numbers in 2021/22 have been significantly higher than in the equivalent period of the previous year. At provider level, Aintree Hospital saw the highest numbers of monthly referrals since October-19 in June-21. Referrals in November-21 have increased from the previous month and represent the second highest total since the pandemic began for this site. Referrals to Aintree Hospital are significantly higher when comparing to the equivalent period in the previous year but remain -9.3% below pre-pandemic (i.e. 2019/20) levels. At CCG level, GP referrals have seen significant increases in 2021/22 to the previous year with referrals in November-21 also increasing from the previous month (representing the second highest monthly total year to date). GP referrals are also 11% above 2019/20 (pre-pandemic) levels year to date. However, this can be attributed to new referrals in 2021/22 being recorded within the Physiotherapy and Rehabilitation Services at Aintree Hospital. Excluding these services results in total GP referrals being -14% below 2019/20 levels. In terms of referral priority, the majority of priority types have seen an increase at month 8 of 2021/22 when comparing to the equivalent period in the previous year. The largest variance has occurred within routine referrals; however, analysis suggests a recovery of two week wait referrals with the 991 reported in September-21 representing the highest monthly total of the last three years with the Dermatology and Breast Surgery services making up much of this increase followed by Gastroenterology.

Reporting has been suspended on the e-Referral Service (e-RS) metric as e-RS capacity has been removed to ensure equity of provision. The current e-RS pathway is for all patients to be referred via the Appointment Slot Issue (ASI) functionality or via a Referral Assessment Service (RAS) for Trusts to manage the waiting lists fairly and according to clinical need. Therefore, reporting of e-RS utilisation will show a low conversion rate to bookings, as patients will be booked outside of e-RS. As system waiting lists reduce, there will need to be a transition plan to open capacity for direct booking via e-RS. However, until that point, e-RS reporting will be suspended.

The CCG has failed the target of less than 1% of patients waiting 6 weeks or more for their diagnostic test with 16.64% in November - this being similar performance to last month (16.89%). Despite failing the target, the CCG is measuring well below the national level of 25%. Liverpool University Hospital Foundation Trust (LUHFT) performance was 11.80% in November, slightly higher than last month when 10.16% 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.

Figure 1 – November CCG Diagnostics Chart and Table



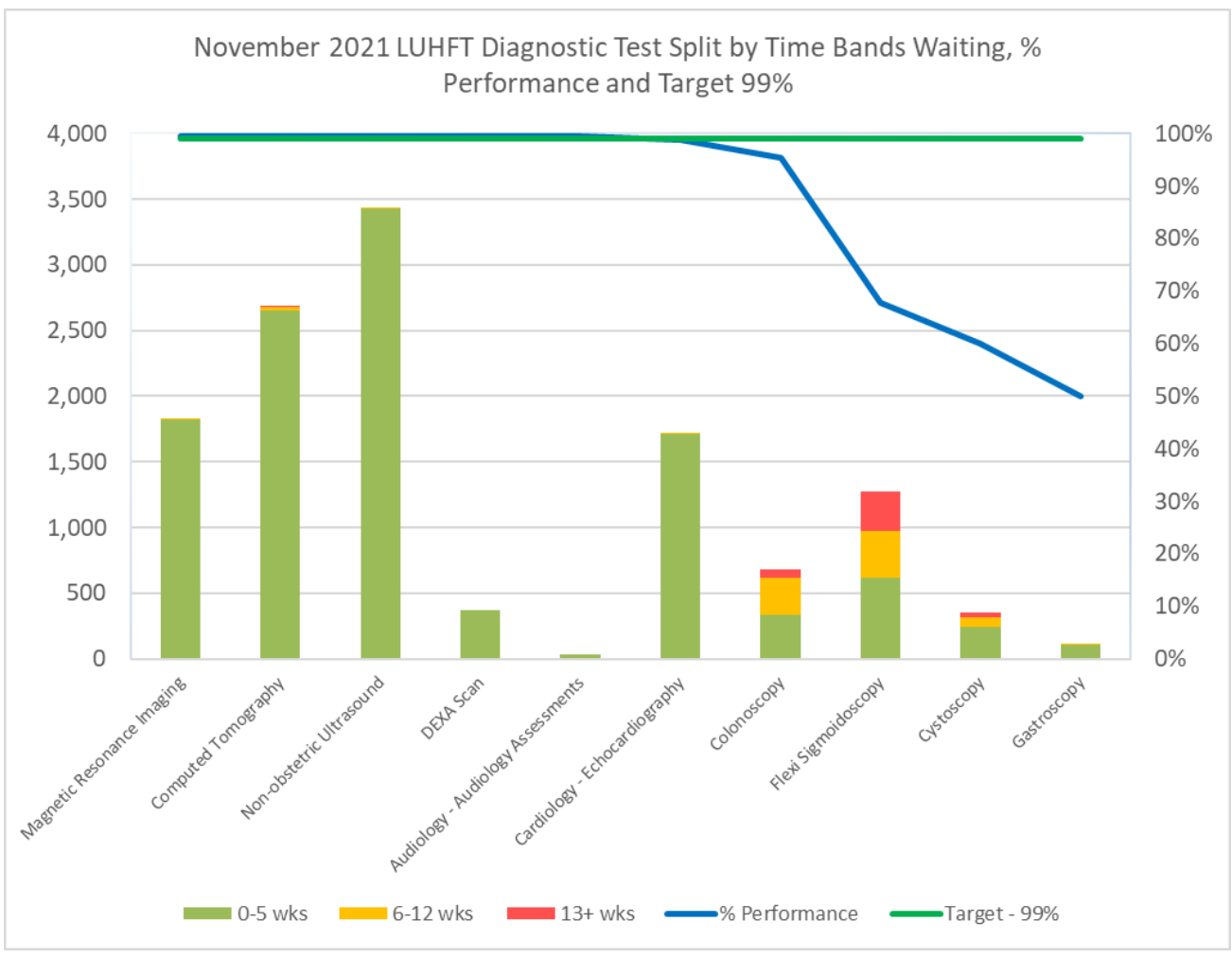
Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Magnetic Resonance Imaging	531	10	1	100.00%	99%
Computed Tomography	563	17	3	100.00%	99%
Non-obstetric Ultrasound	720	31	3	100.00%	99%
DEXA Scan	134	0	0	98.58%	99%
Audiology - Audiology Assessments	13	0	0	97.97%	99%
Cardiology - Echocardiography	346	4	1	96.57%	99%
Neurophysiology - Peripheral Neurophysiology	33	0	0	95.49%	99%
Respiratory physiology - Sleep Studies	66	62	13	70.37%	99%
Urodynamics - Pressures & Flows	19	5	3	69.23%	99%
Colonoscopy	133	82	87	52.22%	99%
Flexi Sigmoidoscopy	47	19	24	46.81%	99%
Cystoscopy	18	4	4	44.04%	99%
Gastroscopy	128	50	126	42.11%	99%
Total	2,751	284	265	83.36%	99%

Overall, the CCG is reporting 83.36%, below target of greater than 99% seen within 6 weeks. Significant levels waiting over 13 weeks in Colonoscopy and Gastroscopy compared with other tests.

Six North Mersey gastro pathways have been launched into primary care in early October across North Mersey (South Sefton, Southport & Formby, Liverpool and Knowsley CCGs) covering dyspepsia, IBS, suspected liver disease, suspected anaemia, CIBH diarrhoea, CIBH constipation. The pathways detail for GPs what approaches/tests to consider prior to potential advice & guidance (A&G)/referral and recommend the usages of A&G as appropriate instead of automatic referral. It is expected the launch of the pathways across North Mersey will have a significant impact on the number of scopes delivered and therefore, in time reduce demand on gastro services have an impact on the performance.

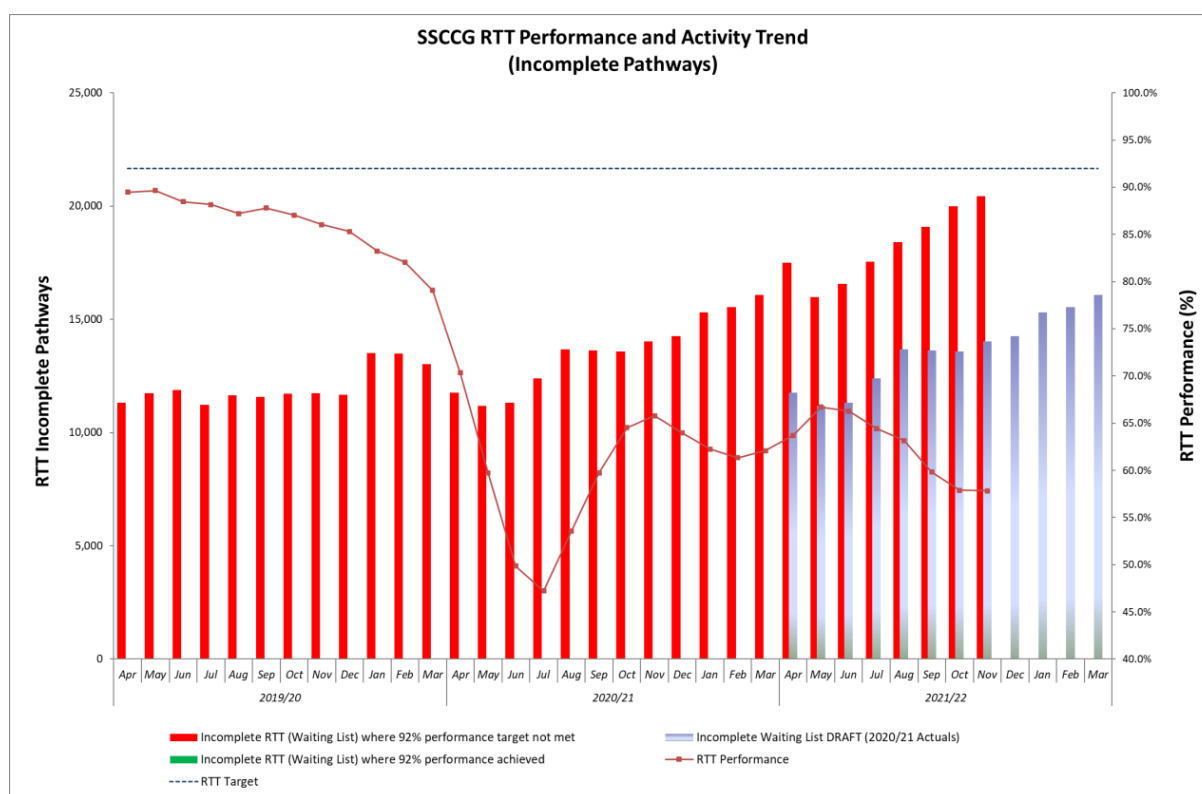
National levels overall are currently at 74.98% and the proportion waiting over 13 weeks nationally is at 9.33%. South Sefton CCG is performing better on both counts.

Figure 2 – November LUHFT Diagnostics Chart and Table



Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Magnetic Resonance Imaging	1,826	9	0	99.51%	99%
Computed Tomography	2,650	29	2	100.00%	99%
Non-obstetric Ultrasound	3,427	1	0	100.00%	99%
DEXA Scan	375	0	0	99.97%	99%
Audiology - Audiology Assessments	38	0	0	99.53%	99%
Cardiology - Echocardiography	1,709	8	0	98.84%	99%
Respiratory physiology - Sleep Studies	338	282	57	95.33%	99%
Colonoscopy	621	352	305	67.89%	99%
Flexi Sigmoidoscopy	241	72	42	60.13%	99%
Cystoscopy	102	5	0	49.93%	99%
Gastroscopy	665	188	253	48.59%	99%
Total	11,992	946	659	88.20%	99%

Figure 2 – CCG RTT Performance and Activity (Incomplete Pathways)



For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in November was 57.84%, similar to last month's performance (57.89%). Unfortunately, the CCG is reporting below the national level of 65.5%. LUHFT reported 57.40% which is also a similar performance to last month when 57.59% was reported. 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. Increases in the number of COVID positive patients and sickness absence has led LUHFT to request further mutual aid. This request is being facilitated by the lead commissioner, Liverpool CCG.

There were a total of 3,304 South Sefton CCG patients waiting over 36+ weeks, the majority at LUHFT. Of the total long waiters, 1,382 patients were waiting over 52 weeks, a decrease of 8 on last month when 1,390 breaches were reported. The majority of these patients were at LUHFT (1,220) with the remaining 162 breaches spanned across 14 other Trusts.

The 1,382 52+ week wait breaches reported for the CCG represent 6.76% of the total waiting list in November 2021 which is just above the national level of 5.12%.

Included in the long waiters there were 64 patients waiting over 104 weeks. Liverpool CCG, as Lead Commissioner for LUHFT review Root Cause Analyses (RCAs) and harm reviews submitted by the provider for 104 days breaches and long waiters. Feedback has been provided to the Trust regarding those submitted and no serious harms have been identified. Additionally, the Deputy Chief Operating Officer has established a weekly review group to address patients waiting over 104 days (along with patients waiting on the 62-day cancer pathway).

Overall waiters increased by 433 this month with a total 20,431 South Sefton patients now on the RTT waiting list in November 2021. This is compared to 14,029 patients waiting in the equivalent period of the previous year and 19,998 in October 2021. The monthly waiting list position is increasing month on month at CCG and Trust, mirroring the national trend. The CCG is conducting further trend analysis into RTT incomplete pathways, which will be reported to the CCG Senior Management Team (SMT) in January 2022.

LUHFT had a total of 6,004 52-week breaches in November 2021, showing a small decrease of - 1.03% (-62) from previous month when the Trust reported 6,066.

Figure 4 – RTT Incomplete Pathways, 52 weeks waiters v Plan

South Sefton CCG

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)*	11,751	11,179	11,311	12,389	13,682	13,626	13,657	14,029	14,265	15,308	15,541	16,076	14,029
2021/22	17,491	15,977	16,576	17,537	18,395	19,085	19,998	20,431					20,431
Difference	5,740	4,798	5,265	5,148	4,713	5,459	6,341	6,402					6,402
52 week waiters - Plan (last year's actuals)*	8	46	106	171	198	247	349	503	647	1,025	1,374	1,548	
52 week waiters - Actual	1,422	978	912	1,017	1,082	1,231	1,390	1,382					
Difference	1,414	932	806	846	884	984	1,041	879					

LUHFT

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)*	41,822	39,838	39,096	41,292	42,299	40,417	42,570	43,605	44,536	46,052	47,414	49,055	43,605
2021/22	51,649	55,528	58,134	61,222	63,996	66,130	69,501	70,127					70,127
Difference	9,827	15,690	19,038	19,930	21,697	25,713	26,931	26,522					26,522

*NB. Plans were not required for 2021/22 Operational Planning. Therefore, previous year being used for comparative purposes.

The Trust has reported 4 cancelled operations in November. No further details given by the Trust, only that the breaches are investigated and lessons learned are disseminated across the organisation. All patients who have had their operation cancelled, on or after the day of admission for non-clinical reasons are to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.

The Trust has reported 4 cancelled operations in November. No further details given by the Trust, only that the breaches are investigated and lessons learned are disseminated across the organisation. All patients who have had their operation cancelled, on or after the day of admission for non-clinical reasons are to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.

The CCG is achieving 3 of the 9 cancer measures year to date and 3 in November. LUHFT are achieving 1 year to date and 1 in November.

The CCG and Trust are still failing both 2 week wait measures in month and year to date.

The 2-week breast symptom measure has reached the lowest reported position since this measure was introduced reporting 28.57% in November, out of 49 patients only 14 were seen within 2 weeks for the CCG, the median wait for November for this indicator was 19 days. LUHFT reported 27.11% having 199 breaches out of a total of 273 patients. The main reason for the breaches for both measures is inadequate outpatient capacity associated with increased demand. Demand increased

significantly in month. This is a national position estimated at 15-20% additional referrals and it is considered that this is likely due to a combination of Breast Awareness Month, pause in the national screening programme during the early days of the pandemic and the death of a celebrity from breast cancer. The provider is also experiencing challenges with capacity due to gaps in radiology workforce. Pathway changes are being worked through to prioritise radiology capacity for those with most cancer risk, recognising that a significant number of breast cancers are also identified through the breast symptomatic (cancer not initially suspected) pathway. Communications have gone out to primary care aimed at managing demand for breast services and ensuring full information to enable risk stratification is shared.

For Cancer 62 Day standard the CCG is measuring below the national level of 67.5% recording 63.89% in November, also well below the operational standard of 85%. Most challenged specialties are urology, upper and lower GI and breast. Current focus on reducing 62-day backlogs means pathways are being closed for the longest waiting patients but by definition performance against 62 days will not be achieved for such pathways.

For patients waiting over 104 days, the CCG reported 4 patients in November. Of the 4, there was 1 urological patient who waited 155 days - first seen and first treatment Trust being LUHFT. The second and third breaches were lower gastro patients who waited 155 days and 132 days respectively - first seen and first treatment Trust was LUHFT. The fourth breach was a urological patient who waited 155 days - the first seen Trust and first treatment Trust being LUHFT. New North West guidance has been issued to ensure any patients who experience a long wait are reviewed to ensure no harm has occurred as a result of the long wait.

The 2022/23 Priorities and Operational Planning Guidance urges systems to complete any outstanding work on the post pandemic recovery objectives set out for 2021/22. These include:

- Return the number of people waiting longer than 62 days to the level in February 2020.
- Meet the increased level of referrals and treatment required to meet the shortfall in number of first treatments.

Systems are now expected to meet the new Faster Diagnosis Standard (FDS) from Q3, at a level of 75%. In November 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. 28 Day FDS overall reporting for November is 63.72% and 66.64% year to date, under the proposed 75% target. It is recognised that the current focus on the 62-day backlog will close pathways for long waiting patients but that such long pathways will not by definition meet the 28-day standard. There is therefore likely to be a lag in achieving the operational standard for 28 days.

Performance against recovery trajectories demonstrates that in November the CCG is exceeding plan for numbers of first outpatients seen following an urgent referral and for patients receiving a first cancer treatment within 31 days of a decision to treat.

LUHFT Friends and Family Inpatient test response rate is above the England average of 18.9% in October 2021 at 25.9% (latest data reported). The percentage of patients who would recommend the service has remained at 91%, which is below the England average of 94% and the percentage who would not recommend is at 5% and is still above the England average of 3%. The Quality Team continue to monitor trends and request assurances from providers when exceptions are noted. Updates are provided via the CCG's Engagement & Patient Experience Group (EPEG) meetings and Clinical Quality Performance Group (CQPG) and discussed with rationale for dips in performance provided by the Trust.

For planned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. This was a direct consequence of the COVID-19 pandemic and subsequent 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. For 2021/22 there is a focus on restoration of elective services as set out in the NHS Operational

Planning Guidance. At month 8 of 2021/22, this has resulted in a 17% increase in planned care activity (incorporating inpatients and outpatients) when compared to the equivalent period in the previous year but is -15% below that seen during 2019/20 (pre-pandemic). Total planned care activity (incorporating day case, elective and outpatient attendances) during November-21 increased from the previous month and represents approximately 93% of that reported in November-19.

Figure 5 – Planned Care All Providers - Contract Performance Compared to 2019/20

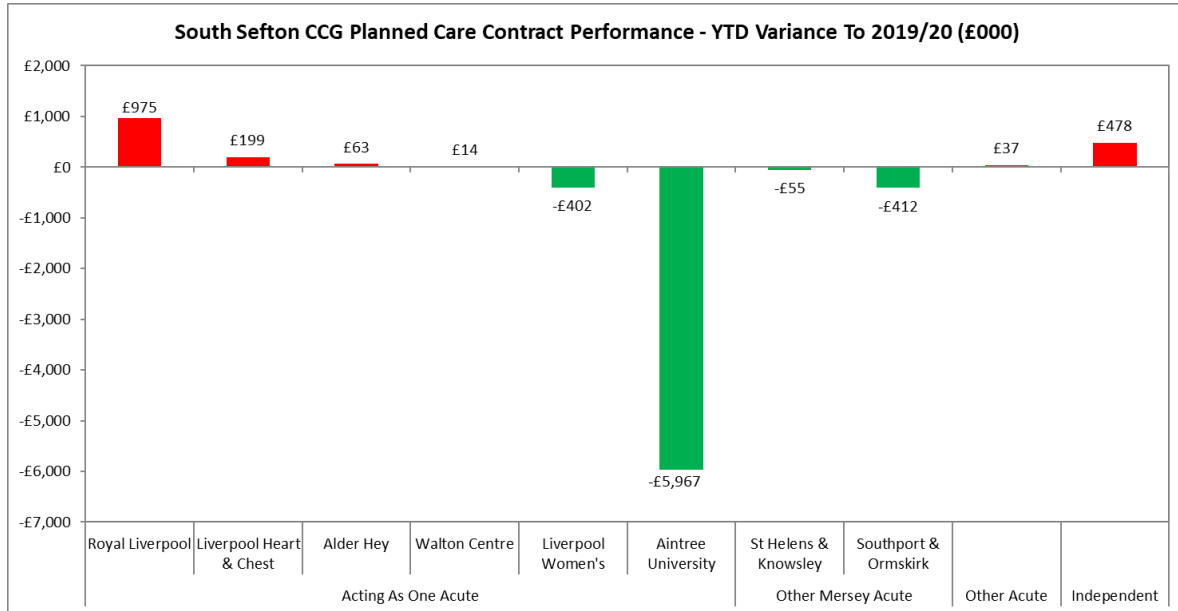


Figure 6 - Planned Care Activity Trends

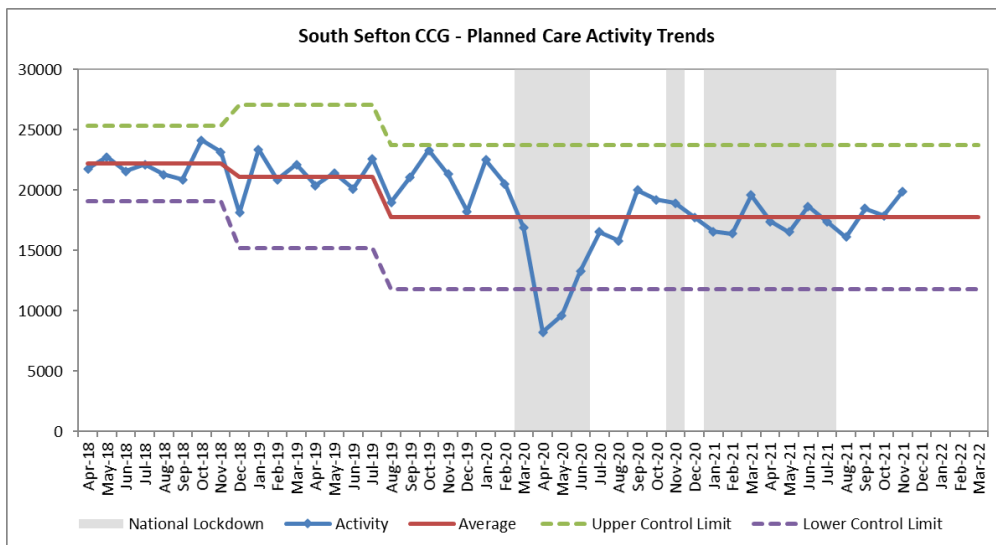


Figure 7 – Elective Inpatient Variance against Plan (i.e. Previous Year)

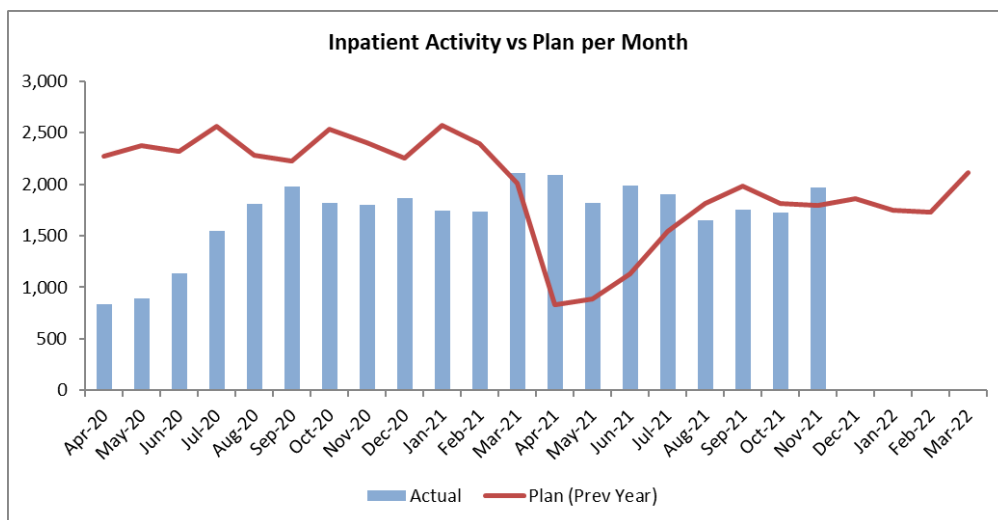
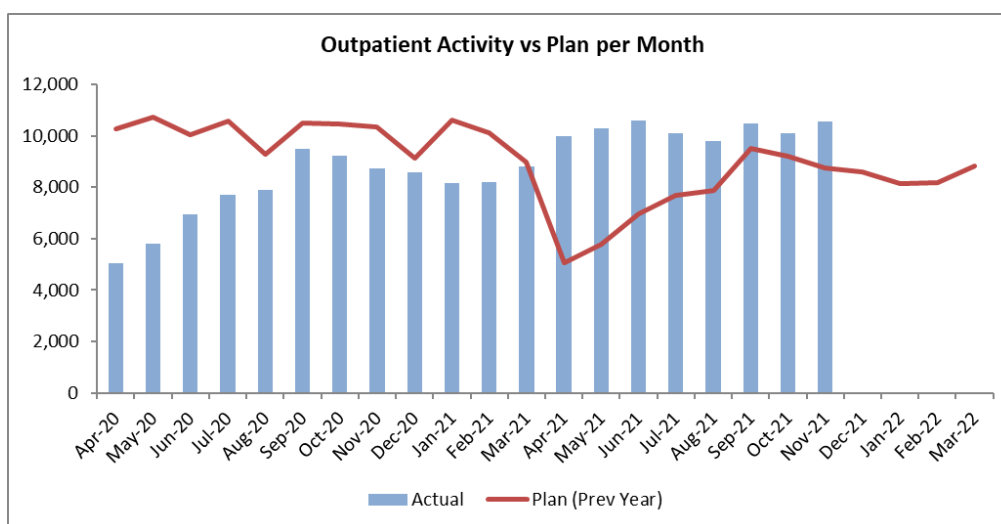


Figure 8 – Outpatient (First and Follow Up) Variance against Plan (i.e. Previous Year)



Unplanned Care

In relation to A&E 4-Hour waits for all types, the CCG and LUHFT have failed the 95% target in November, reporting 64.99% and 63.98% respectively. This shows a small decrease from the previous month and the CCG and Trust performance is lower than the nationally reported level of 74.01%. Despite the unprecedented and prolonged surge in demand for unplanned care services, the CCG continue to work with system partners to redirect flow to appropriate non-AED services via the capacity and flow and NHS 111 First groups as well as progressing work streams to improve pathways into other urgent care services such as Walk-In Centres, the Clinical Assessment Service and 2-hour community response services. Fortunately, COVID admissions remain low. The CCG is still seeing a huge demand in general practice activity which is having a negative impact on AED due to increases in patient expectation to be seen the same day. However, more patients are being referred or redirected to community pharmacies, dentists and opticians from a variety of sources to direct patients to the most suitable service and relieve pressure on urgent care services. The CCG is also working with several AEDs to implement the NHS Digital Emergency Department Streaming tool that will be launched prior to winter in both LUHFT ED's to try and redirect lower acuity presentations into the community and provide a consistent offer to patients accessing urgent and emergency care services. Mersey Care will be reopening the Liverpool city centre walk-in centre (WiC) in December that will add additional capacity around the North Mersey area and is expected to support Litherland UTC and both LUHFT AEDs.

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. The latest available data is for November-21, when the average response time for South Sefton was 8 minutes, 28 seconds over the target of 7 minutes for category 1 incidents. Category 2 incidents had an average response time of 1 hour, 2 minutes against a target of 18 minutes. The CCG also failed the category 2, 3 and 4 90th percentile, but these have shown improvements from the previous months. 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. Also, the Ageing Well Programme will look to support NWAS by improving access to urgent community response including referrals from NWAS and the community teams taking directly off the ambulance stack.

For ambulance handovers, LUHFT reported a small improvement in performance for ambulance handover times in November (for handovers of 30 and 60 minutes) which decreased to 559 from 687 last month. Those above 60 minutes decreased to 168 from 233. Work continues in collaboration with NWAS to improve processes to support achievement of the handover targets, which includes the adoption of the ED Checklist to support turnaround times within ED. There have been changes to processes since the pandemic and a need for patients to enter A&E through revised estate reconfigurations due to COVID and Infection Prevention Control (IPC) restrictions. NWAS are deploying additional operational staff to support with handovers at sites struggling with long handover times to provide additional capacity and leadership.

The mixed sex accommodation (MSA) collection was previously paused due to COVID-19 in April 2020 to release capacity across the NHS. The collection has now resumed. The plan is zero, published data shows the CCG and Trust reported no breaches in November.

For stroke, the CCG's lead provider LUHFT have not provided any further performance update this month. In terms of CCG actions, the extensive work of the Merseyside Stroke Board continues and the public consultation period has now commenced led by Liverpool CCG.

The CCG and Trust reported no new cases of MRSA in November but have failed the zero-tolerance plan for 2021/22 due to 1 case reported in June. All incidents are reviewed as part of the Infection Prevention Control (IPC) meeting on a monthly basis, which the CCG attend.

For C difficile, the CCG reported 3 new cases of C difficile cases in November (39 year to date) against a year-to-date target of 35 so are above the planned trajectory. The CCG now have the new objectives/plans for C. Difficile for 2021/22, year-end target is 54 cases. LUHFT reported 11 new cases in November (93 year to date) against a year-to-date target of 99 and are achieving. Post infection reviews are undertaken in all cases of healthcare associated infections, with any key themes/learning identified and monitored through the Trust's Action Plan and Infection Control & Prevention Meetings.

NHS Improvement and NHS England (NHSE/I) originally set CCG targets for reductions in E. coli in 2018/19, the CCG have the new objectives/plans for E. coli for 2021/22 along with new Trust objectives to monitor. In November there were 9 new cases (94 year to date), against a year-to-date target of 103 so achieving the target currently, year-end target is 156. LUHFT reported 13 new cases in November (128 year to date) against their year-to-date plan of 155 so are also achieving. The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings has now merged with the Antimicrobial resistance (AMR) Group to provide a more joined up approach and meet every 6 weeks, although due to COVID they had been stood down in December and January. Post Infection Reviews (PIR) are undertaken on all cases of Hospital Onset Hospital Acquired (HOHA) cases of E. Coli and themes include lack of catheter insertion, monitoring and timely diagnostic testing.

LUHFT’s Hospital Standardised Mortality Ratio (HSMR) was reported at 103.65 in November by the Trust, just 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.

LUHFT Friends and Family A&E test response rate is above the England average of 9.7% in October 2021 at 18.6% (latest data available). The percentage of patients who would recommend the service has remained at 55%, which is below the England average of 75%. The percentage who would not recommend also remained at 34% and above the England average of 17%. The Trust continue to work with the Care Quality Commission (CQC) and the CCG on the AED Improvement Plan. The improvements include increasing staff capacity and patient flow in AED which aims to have a positive impact on waiting times and therefore patient experience. Implementation of the plan and progress continues to be monitored by the CCG via monthly Clinical Quality Performance Group (CQPG) meetings and the Commissioning Collaborative Forum (CCF) and the System Improvement Board (SIB) which is led by NHSE/I. The Trust are due to present their Patient Experience update to the CCG via Patient Experience Group (PEEG) in May 2022.

For unplanned care finance and activity, 2020/21 saw 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 national response whereby the public guidance was to ‘stay at home’. Recent trends, particularly in Q1 of 2021/22, have shown considerable increases in total unplanned care activity, which incorporates A&E attendances, non-elective admissions and attendances at Litherland walk-in centre (now operating on a pre-booked appointment basis). Total activity during May-21 was a historical high for South Sefton CCG and although the following months have seen a general decline, urgent care activity levels remain above the average for 2020/21. Focussing specifically on A&E type 1 attendances, activity during November-21 has decreased from the previous month with total attendances being -9% below that in November-19. CCGs were expected to plan for 100% of 2019/20 activity levels being achieved during 2021/22.

Figure 9 – Unplanned Care All Providers - Contract Performance Compared to 2019/20

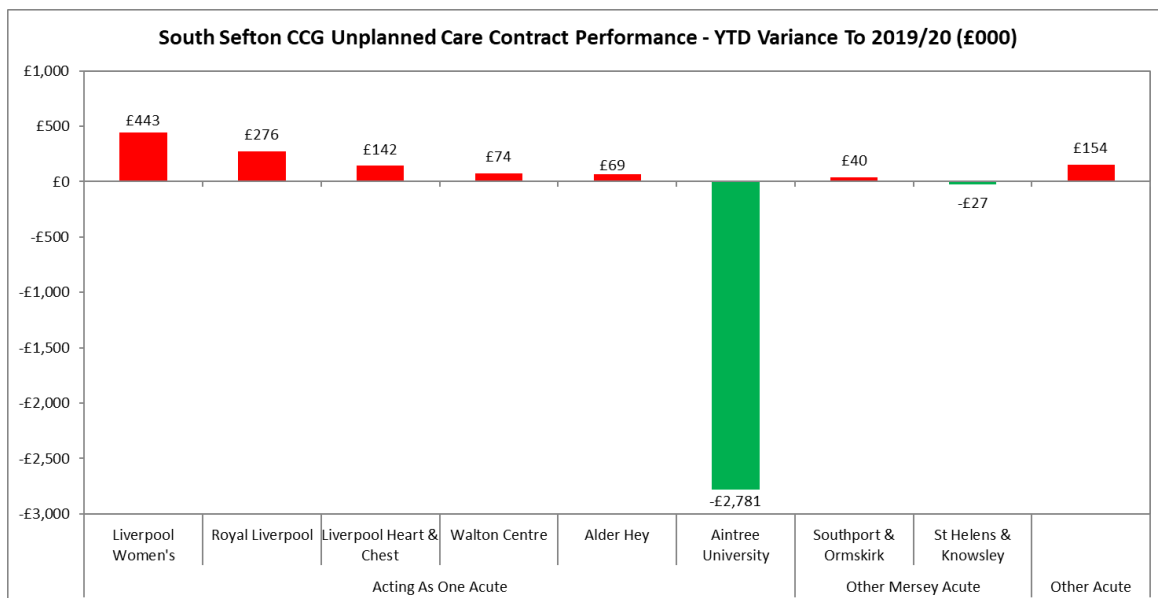


Figure 10 - Unplanned Care Activity Trends

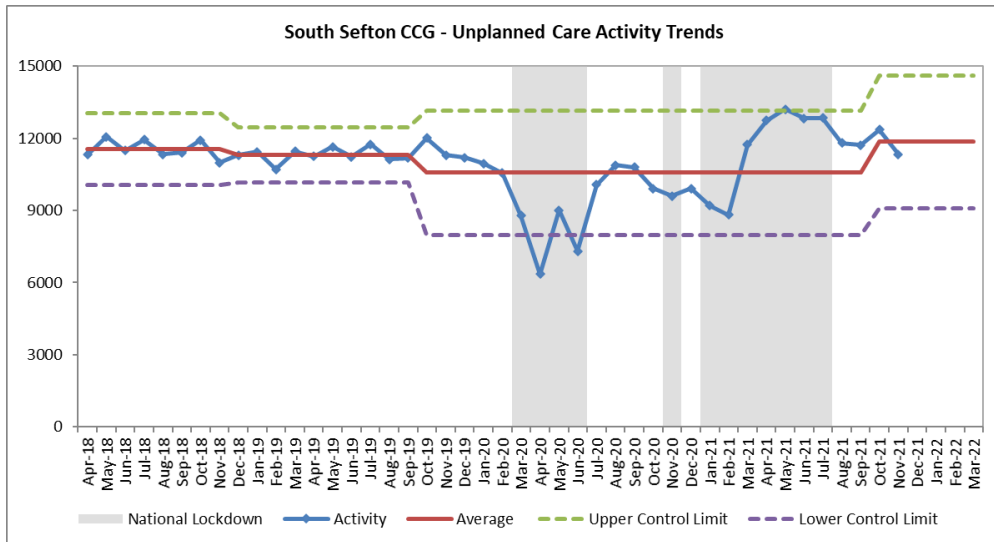


Figure 3 - A&E Type 1 against Plan (Previous Year)

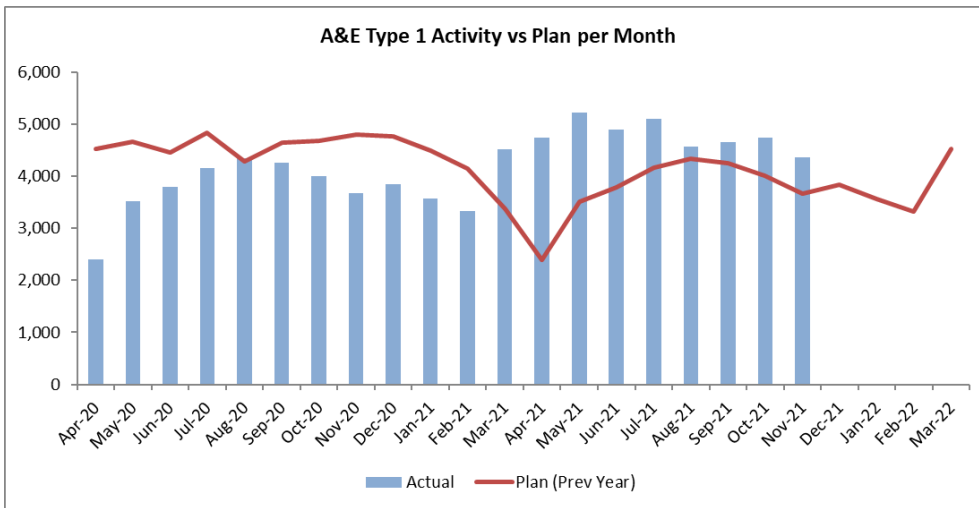
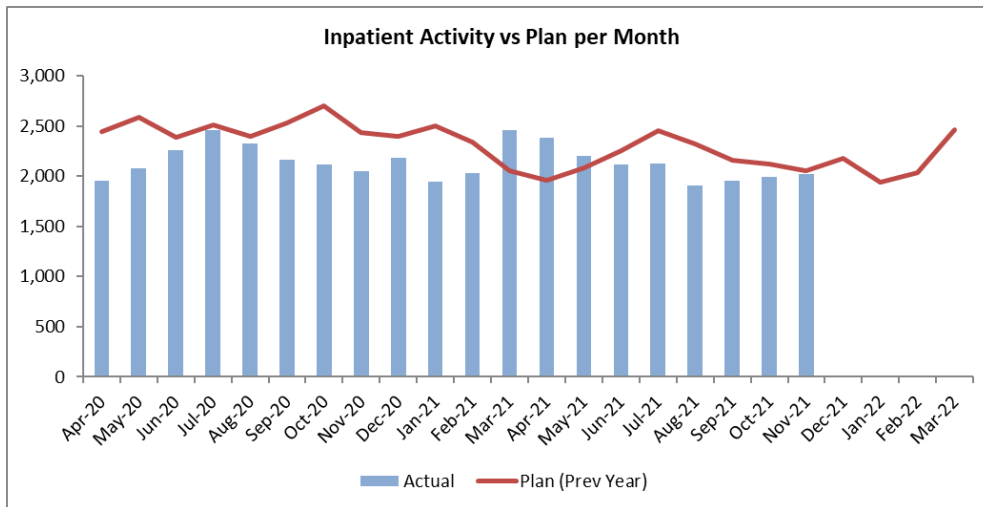


Figure 4 - Non-elective Inpatient Variance against Plan (Previous Year)



Mental Health

For patients on CPA discharged from inpatient care follow up within 7 days the Trust report under the 95% target, having 1 breach out of a total 13 patients reporting 92.3%. No further info given on this breach from the Trust. Overall, the Trust are achieving the target.

The Eating Disorder service has reported 33.3% of patients commencing treatment within 18 weeks of referral in November, compared to a 95% target. Just 16 patients out of 48 commenced treatment within 18 weeks, which shows an improvement on last month (20%). Demand for the services continues to increase and to exceed capacity. The Trust and CCG recognise that considerable investment is required for the Eating Disorder (ED) 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. Both CCGs have agreed £112k of investment in 2021/22. The service has recruited the following posts: Assistant psychologists, Band 7 Nurse Therapist, Band 7 Dietician along with some Cognitive Behavioural Therapists posts advertised in November.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.94% in November, below the monthly target standard of 1.59%. The service has recruited several trainee Psychological Wellbeing Practitioners (PWP) and High Intensity Therapists (HIT) who have commenced in post. The Cheshire & Merseyside system level work has identified 22 additional trainee posts (15 x PWP and 7 x HIT) for the Sefton service, of whom 4 PWPs who also recently commenced, with 7 HITs to commence training in January 2022 with the remaining 11 PWPs to commence in March 2022.

The percentage of people who moved to recovery was 40.5% in November against the target of 50%, which is a decline to 47.1% reported last month. Long internal waits within the IAPT service are a major contributing factor to recovery rates. The provider has recruited 2/5 agency HITs from internal slippage to address the long waiters. The established resource is working to prevent additional internal waiters “tip” over the 18-week threshold.

For IAPT 6 week waits to enter treatment, this measure has failed for the first time reporting 70%, which is under the 75% target. The provider is also reporting under target for 18 week waits to enter treatment with 94% (just under the 95% target). Dipping below national target in respect of cases discharged in the month being seen with 6/18 weeks at the start of treatment. This percentage relates specifically to the time waiting for an assessment. As the CCG is aware, Talking Matters Sefton Psychological Wellbeing Practitioners (PWPs) team has been significantly understaffed, a situation that is reflected nationally. It is this team that predominantly carry out assessments. As a result of staff shortages, waiting times increased and this is now being reflected in the cases discharged in the month. The situation has now been rectified with the introduction of a new assessment process, a number of new trainees and additional agency practitioners. However, as this percentage figure relates to discharge, the improvements will not be seen immediately as cases will need to progress through therapy interventions in the first instance.

The CCG is recording a dementia diagnosis rate in November of 59.2%, which is under the national dementia diagnosis ambition of 66.7%. This is similar to last month's performance of 59.3%. The CCG approved a scheme to go into 2021/22 Local Quality Contract with primary care across Sefton to improve performance going forward. In line with a Cheshire & Merseyside system approach to improving Memory Assessment waits Mersey Care NHS Foundation Trust have established memory weekend clinics with intention of continuing the clinics until the end of March 2022.

The individuals with SEND have had their diagnostic assessment undertaken and the residual waiting list funding is targeting the wider waiting list. In July 2021 both CCGs agreed to fund £100k investment into the service and this will increase assessment capacity. The Trust have trained 2 staff across to undertake DISCO and AD-I-R / ADOS diagnostic assessment training. These individuals commenced assessment duties in October 2021 and will add 90 assessments in addition to the 50 already commissioned. The service is also intending to remodel and the expectation is that

this will generate additional assessment capacity. In addition, the service is recruiting an assistant psychologist to enhance existing post diagnostic support.

The Trust has developed a waiting list initiative with Psychiatry UK aimed at reducing Attention Deficit Hyperactivity Disorder (ADHD) wait times which were reported as being 61.9 weeks in November 2021. All people on the waiting list have been contacted and have opted to remain on the list. The Trust has recruited a nurse prescriber internally who will undertake reviews allowing the medical staff to undertake 12-14 new assessments per week. In addition, the Trust plans to outsource a minimum of 100 assessments and is engaging with an external provider in this regard.

Adult Community Health Services – (Mersey Care NHS Foundation Trust)

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 single Clinical Quality Performance Group (CQPG) across the Mersey Care footprint of commissioned services including South Sefton, Southport and Formby and Liverpool CCGs has been introduced. The joint Sefton and Liverpool Information Sub-Group is supporting the 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. This work has been impacted by the pandemic.

Month 8 assurance supplied by the Trust indicates that Allied Health Profession (AHP) waiting times have maintained improved positions within the 18-week standard with the exception of physiotherapy at 27 weeks and Speech and Language Therapy (SALT) at 25 weeks. CCG continues to monitor waiting times with close monitoring of the SALT service and Physiotherapy which continues to see high demand. AHP services triage patients and prioritise on clinical need and the Trust has provided a performance improvement plan for physiotherapy and SALT. 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. However, this work has been impacted by the pandemic.

Children's Services

In its ongoing response to the impact of 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. As previously reported, the SALT service has experienced a sustained increase in referrals following periods of lockdown and the reopening of schools. The backlog of assessments and increased acuity and urgency of cases has meant that performance has continued to be challenged. For November, the 18-week performance improved very slightly to 35.2% for South Sefton. The service has continued to focus on recovery and has developed an improvement plan which has been recently shared and agreed, including a trajectory that will see a return to a maximum wait of 18 weeks by end of Quarter 1 2022/23. In November the plan has focused on those children who have waited the longest who have their initial appointments booked in November and December. Whilst it is expected that improved performance will continue to be seen over subsequent months in line with the planned trajectory, COVID-19 continues to impact on both staff and patient availability for appointments. In the meantime, all referrals continue to be clinically triaged at the point of receipt and prioritised according to need.

Physiotherapy and dietetics continue to perform better than the 92% KPI in November. Occupational Therapy and Continence are also performing better than 92% KPI for South Sefton (98.5% and 100% respectively), after failing for several months previously.

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. Plans for investing the full amount of additional funding flowing via Service Review Funding (SRF), Service Development Funding (SDF) and Mental Health Investment Standard (MHIS) for children and young person's mental health have been agreed with the provider Alder Hey Children's Hospital (AHCH). Process of recruitment is progressing but it will be some more time yet until extra capacity is realised within the service offer – notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve.

Due to these ongoing issues, waiting times for assessment and treatment continue to be challenged. Referrals continue to increase and the service continues to prioritise the increasing number of urgent appointments. Whilst this has lengthened the routine waiting time, all long waiters are regularly contacted by the service allowing for escalation if required. However, there has been some improvement in performance notably against the 18 weeks KPI, which has improved to 73.9 % and the 6-week KPI which increased to 56.2% in November.

Sefton has also been successful in its joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative which will also positively impact waiting times and identifying opportunities for further improvement. In November 2021, the CCGs were also successful in securing additional winter pressure mental health funding which has been released to third sector providers Venus and Parenting 2000 to expand their open access drop-in services at evenings and weekends. It is anticipated that this will also have a positive impact on specialist CAMHS waiting times and potentially A&E attendances for mental health. The impact of this will be monitored in Q4 2021/22 and Q1 2022/23.

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.

As with CAMHS, the impact of COVID has led to an increase in demand for the Eating Disorders Young People's Service (EDYS) and a number of new and existing patients continue to present to the service at physical and mental health risk, a position that is reflected nationally. 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. To support the increased numbers of high-risk inpatients, the service was recently awarded additional funding through the winter pressure mental health funding stream.

Referral rates for Autistic Spectrum Disorder (ASD)/Attention Deficit Hyperactivity Disorder (ADHD) services continue to increase at a rate significantly higher than what is currently commissioned. This is impacting on capacity within the diagnostic pathway and leading to delays in completion of assessment pathways within the agreed timescales. Despite this the service is still currently complying with the 12-week triage NICE requirement. ADHD waiting times are increasing and have fallen below target for the fourth month for completed assessments within 30 weeks reporting 85% against the 90% target. Also due to the increasing number of referrals and the pressure on service capacity, the ASD 30 week to completion of assessments was not achieved in November and fell 3% to 60%. In response, the CCGs have agreed additional investment to provide further service capacity to meet increasing demand and waiting times. Plans to mobilise this are in development. During 2022/23 capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements.

Overall SEND health performance continues to be reported and monitored through the SEND Health Performance Group. Since the successful OFSTED SEND reinspection in June 2021 and the lifting of the improvement notice, the partnership is developing a new and refreshed SEND improvement plan and revising the current governance arrangements. This will revise how health performance will be reported to the SEND Continuous Improvement Board, which will be finalised in due course.

CQC Inspections

Previously halted due to the COVID-19 pandemic. Practices in South Sefton CCG GP practices are visited by the Care Quality Commission and details of any inspection results are published on their website. The inspections have resumed, but no new inspections happened in November.

NHS Oversight Framework (NHS OF)

The NHS Oversight Framework (NHS OF) has now been superseded by the NHS System Oversight Framework (NHS SOF). The NHS SOF for 2021/22 provides clarity to Integrated Care Systems (ICSs), Trusts and Commissioners on how NHS England and NHS Improvement will monitor performance; sets expectations on working together to maintain and improve the quality of care; and describes how identified support needs to improve standards and outcomes will be co-ordinated and delivered. A separate report has been done for Governing Body. This report presents an overview of the 2021/22 System Oversight Framework, and a summary of the latest performance including exception commentary regarding indicators for which the CCG's performance is consistently declining. The report describes reasons for underperformance, actions being taken by managerial leads to improve performance, and expected date of improvement.

MEETING OF THE GOVERNING BODY FEBRUARY 2022

Agenda Item: 22/12	Author of the Paper: Terry Stapley Corporate Business Manager terry.stapley@southseftonccg.nhs.uk	Clinical Lead: N/A						
Report date: February 2022								
Title: CCG Published Registers								
Summary/Key Issues: The members are presented with the CCG's published registers as at 31 st December 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 January 2022.								
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, 19 th January 2022

Report to the Governing Body June 2021

1. Summary

The members are presented with an update on the published registers as at 31st December 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 December 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

Due to the current Covid-19 pandemic the CCG has not received any additional sponsorship since the previous update.

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 December 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.

The current compliance rate for NHS South Sefton CCG and Southport and Formby CCG as of 31st December 2021 is 88.3%.

Next Steps: Update

Continue to monitor compliance rates for mandatory conflicts of interest training and report 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
February 2022

MEETING OF THE GOVERNING BODY FEBRUARY 2022

Agenda Item: 22/13	Author of the Paper: Terry Stapley Corporate Business Manager Terry.Stapley@southseftonccg.nhs.uk	Clinical Lead: N/A
Report date: February 2022		

Title: Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map: Q3 2021/22

Summary/Key Issues:

The members are presented with the updated Corporate Risk Register (CRR) and GBAF for Q3 2021/22 as at 31 December 2021. Also provided is a heat map which summarises the mitigated CCG risks scored 12 and above.

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.

Also presented is an update on the COVID-19 risks which have now been incorporated into the main CRR.

Leadership Team received and reviewed the GBAF / CRR and advised of the moderation activities that took place at committee level to ensure that scoring was consistent and appropriate.

Recommendation

Receive	X
Approve	
Ratify	

Following review and scrutiny, the Governing Body is asked to:

- receive the report content and actions
- note the review, scrutiny and approval by the Audit Committee in January 2022
- make recommendation for any further updates and actions

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 19/01/2022

Report to the Governing Body February 2022

1. Executive Summary

The paper provides an updated Corporate Risk Register (CRR), Risk Heat Map and Governing Body Assurance Framework (GBAF) as at 31st December 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.

2. Position Statement 31st December 2021

2.1 Governing Body Assurance Framework (GBAF)

There are a total of 10 risks against the 5 revised and updated strategic objectives for 2021/22.

GBAF Risk Positions (*appendix A*)

Risk	Score	Number of Risks
Low	1-3	0
Moderate	4-6	0
High	8-12	7
Extreme	15 - 25	3

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 15 COVID-19 risks, there are 3 rated as high (score of 12) or above and currently aligned to:

- Access to Services: 2

- Quality Assurance of Providers: 1

Of the 49 operational risks on the CRR as at 31st December 2021 (Q3 2021/22), there are 21 rated high (score of 12) or above:

- Financial Duties: 1
- Quality Assurance of Providers: 5
- Primary Care Services: 4
- Commissioning: 7
- COVID-19: 1
- Performance Targets: 3

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"> • 1 new risk 	<ul style="list-style-type: none"> • JC46: Part 2 Risk (Confidential)
<ul style="list-style-type: none"> • 0 risks increased (12+) 	N/A
<ul style="list-style-type: none"> • 23 risks remained static no risks recommend for removal. 	N/A
<ul style="list-style-type: none"> • 2 risks have reduced to below the reporting level and have been recommended for removal. 	<ul style="list-style-type: none"> • QUA90: 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 <ul style="list-style-type: none"> ○ Rationale: Sefton LMC have accepted high risk and its been rolled out through the whole of C&M apart from Southport, we are not seeing as a risk - risk could be closed • JC05: Risk to continuity of patient care due to impact of delays in records transfers. <ul style="list-style-type: none"> ○ Rationale: No further reports of delays in the transfer of records. Risk closed
<ul style="list-style-type: none"> • 2 risks have reduced to below the reporting level 	<ul style="list-style-type: none"> • C9: There is a risk that a number of patients at S&O have been lost to follow up <ul style="list-style-type: none"> ○ Rationale: PAS system has been reviewed with some suggested recommendations for improvements/further review. However, overall the PAS was given a 'clean bill of health'. As a consequence of the review, 17 recommendations were presented and the Trust has developed an action plan to resolve or mitigate against any further risk. Additionally, the validation of 25,000 open pathways has been completed with an update paper to be presented both to Trust executives and CCGs advising of next steps. Continuation of CCG resource to support the programme will continue until its conclusion. • 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"> ○ Rationale: Initial review by estate team to identify gaps. Meeting taking place to discuss gaps. Plans being developed with council to support PCN estate. Short term estate has been found and staff are planning to move in early October. Long term plans including clinical space is still unclear.
COVID Risks	
<ul style="list-style-type: none"> • 1 COVID risk has been 	<ul style="list-style-type: none"> • C33: Risk regarding primary care access to routine referrals into

recommended for removal.	secondary care <ul style="list-style-type: none"> ○ Rationale: Risk closed - duplicated with risk recorded via commissioning team
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COVID-19 Risk Positions (12+)

Risk	Score	Number of Risks
High	8-12	6
Extreme	15 – 25	2

CRR Operational Risk Positions (12+)

Risk	Score	Number of Risks
High	8-12	19
Extreme	15 – 25	15

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 SEND Continuous Improvement Board (CIB) risk register is currently under review and a complete refresh is being undertaken.

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. The current risks have been reviewed by MIAA and will be updated and form part of the Quarter 4 update.

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 January 2022 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:
 - C33, JC05 and QUA090

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
February 2022

South Sefton CCG
Governing Body Assurance Framework
2021/22
Update as at: [17 January 2022](#)

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	Risk No.	Principal Risk identified	Risk Owner and Committee	Risk Initial Score	Risk current Score	Key changes since last Review?
1. To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.	1.1	Diversion of supporting and recovering from COVID-19	Stephen Williams Leadership Team	12	9	<ul style="list-style-type: none"> Strategic Task & Finish Group (T&FG) launched in March in 2021 with senior representation from all key partner organisations. The Group continues to meet monthly with targeted agenda items that are influenced by current pressures, including Covid-19. Commissioning programme "roadmaps" produced for all CCG portfolios, aligned to the LTP and a life-course approach in support of the HWB strategy. Commissioning staff have not been redeployed, unlike in 2020 Successful vaccination programme in place allowing focus on restoration and recovery.
	1.2	Reconfigurations of organisations detract from implementation agenda	Stephen Williams Leadership Team	9	9	<ul style="list-style-type: none"> The Sefton Place Based Partnership was formally established in 2021 and has a series of key forums, including Strategic T&FG (as above). CCG Leadership Team members are represented throughout and so able to drive implementation. Implementation has, in turn, been supported by the Cheshire & Merseyside ICS on a system basis. As Place Lead, the Executive Director for Adult Social Care & Health became a member of the CCGs Leadership Team from May 2021, enabling a strong focus on implementation of the integration agenda CCG staff are working closely with place-based colleagues in support of

						implementation with key programmes of work launched, including Start Well
2. To drive quality improvement, performance and assurance across the CCG's portfolio.	2.1	There is a risk that identified areas of adverse performance are not managed effectively or initially identified	Jane Lunt /Martin McDowell Quality & Performance Committee	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 Impact of NHS E escalating to Level 4 status. CCQRM/CQPGs may be scaled back, this will be a risk-based approach. The CCG will continue to seek assurance on patient harms, safe staffing and IPC. Letter sent to trusts to highlight need to review need for review of CCQRM/CQPGs.
	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.	Jane Lunt /Martin McDowell Quality & Performance Committee	16	8	<ul style="list-style-type: none"> EPRR Assurance Standards assessed in September 2021 and fully compliant assurance statement signed off by AO and submitted to NHSE EPRR support continues to be commissioned from MLCSU Some pressures may emerge as it has been reported that EPRR practitioners within C&M are taking up new posts and although no immediate impact for this CCG, the issue will remain under review and any risks captured as part of the CCG closedown and handover to the ICS/ICB, IMT stood down as per NHSE instruction but is able to scale up if required. COVID19 inbox remains in place to receive relevant notifications. IMT re-instated in response to Omicron outbreak
	2.3	Failure to have in place care home provider failure plans could adversely affect continuity of care for patients.	Chrissie Cooke/Martin McDowell Quality & Performance Committee	9	20	<ul style="list-style-type: none"> Care home provider failure plan in place and has been tested As we come out of restrictions for the pandemic we are also seeing a reduction in covid cases. However, this remains a high risk situation as the staffing for care homes remains fragile.

3. To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes	3.1	Failure to deliver the CCGs overall QIPP plan	Martin McDowell Finance & Resource Committee	9	9	<ul style="list-style-type: none"> The COVID19 outbreak will have a significant and adverse impact on delivery of this objective. The suspension of the Financial regime and move towards block contracts has reduced reliance upon QIPP delivery to meet the CCG statutory target. The CCG must continue to focus upon QIPP as a key part of its transformation programme to enable future sustainability.
	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.	Martin McDowell Finance & Resource Committee	9	9	<ul style="list-style-type: none"> Integrated Commissioning Group membership expanded and joint development programme commenced. undertaken . 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.
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 Primary Care Commissioning Committees in Common	9	9	<ul style="list-style-type: none"> On-going CCG support for development of PCNs. External OD support in place to develop new SF PCN's plans and implementation of new governance arrangements Support for PCNs in relation to the C-10 vaccination programme in relation to staffing, finance and contractual requirements. 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 Extended access schemes all live. Draft quality dashboard in place PCN leads are key system partners in the emerging ICP.

						<ul style="list-style-type: none"> • Collaborative work across Sefton with partners to deliver the PCN care home DES is progressing • PCNs with CCG co-ordination have submitted PCN additional roles allocation plans to NHSE. • PCN leads are key system partners in the emerging ICP.
5. To progress the changes for an effective borough model of place planning and delivery and support the ICS development.	5.1	Lack of engagement of all providers in the development of the Programme Delivery Group .	Stephen Williams/Jan Leonard/Tracy Jeffes Leadership Team	12	12	<ul style="list-style-type: none"> • The COVID19 outbreak has had a significant and adverse impact on delivery of this objective but work has now recommenced • The Provider Alliance has been successfully repositioned as a Programme Delivery Group (PDG), reporting to the Strategic Task & Finish Group. • Work is underway to further develop a Population Health Management approach to inform future priorities for delivery of the HWBB strategy and Sefton2gether in an integrated approach. • The Director of Strategy at LUFT has assumed a place leadership role to drive the work of the PDG forward, supported by additional temporary resource to support provider engagement • Additional temporary resource secured to support provider engagement in the PDG.
	5.2	Ability and capacity of PCNs to develop and to contribute to the integration model.	Jan Leonard/Tracy Jeffes Leadership Team	16	9	<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.

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	Committee Lead			
Initial Score	3 x 4 = 12	Leadership Team		
Current Score	3 x 3 = 9	Date Last Reviewed		
		17.01.2022		
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"> 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 Five year plan Sefton2gether agreed by partners. 		Action	Responsible Officer	Due By
		<ul style="list-style-type: none"> Single implementation plan prepared and agreed 	Stephen Williams	31.03.21 30.06.21 31.12.21
		<ul style="list-style-type: none"> 		
		<ul style="list-style-type: none"> 		
		<ul style="list-style-type: none"> 		
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 progress at Leadership Team Single plan in place supported by partners Review progress at Strategic Task & Finish Group 				
Additional Comments:		Link to Risk Register:		

Strategic Objective 1	To implement Sefton2gether and 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		
		17.01.2022		
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"> 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 Increased engagement and communications between partners 		Action	Responsible Officer	Due By
		Continuing to emphasise business as usual in all CCG dealings	Stephen Williams	31.12.20 31.03.22
		Implementation of HR framework once released in June / July 2021	Fiona Taylor	31.07.21
Assurances (how do we know if the things we are doing are having an impact?):				
•				
Additional Comments:		Link to Risk Register:		

Strategic Objective 2	To drive quality improvement, performance and assurance across the CCG's portfolio.			
Risk 2.1	There is a risk that identified areas of adverse performance are not managed effectively or initially identified			
Risk Rating	Committee Lead			
Initial Score	4x4 = 16	Quality and Performance		
Current Score		Date Last Reviewed 17.01.2022		
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
		<ul style="list-style-type: none"> 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
		<ul style="list-style-type: none"> Potential impact on performance with efforts focussed on Covid-19 		
		<ul style="list-style-type: none"> 		
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Weekly discussions of performance issues at LT/SLT/SMT and progress on actions checked Integrated Performance Report shows CCG understanding of issues and oversight of actions Integrated Performance Reports may show improved performance as a result of robust management by CCG Performance continues to be maintained Monthly check and challenge meetings with planned/unplanned care leads will become part of the QIPP and Financial recovery meeting 				
Additional Comments:		Link to Risk Register:		

Risk 2.1	There is a risk that identified areas of adverse performance are not managed effectively or initially identified

Strategic Objective 2	To drive quality improvement, performance and assurance across the CCG's portfolio.			
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	Leadership Team lead			
Initial Score	4x4=16	Debbie Fairclough		
Current Score	2x4=8	Date Last Reviewed 17.01.2022		
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"> EPRR Assurance Standards assessed in September 2021 and fully compliant assurance statement signed off by AO and submitted to NHSE EPRR support continues to be commissioned from MLCSU Some pressures may emerge as it has been reported that EPRR practitioners within C&M are taking up new posts and although no immediate impact for this CCG, the issue will remain under review and any risks captured as part of the CCG closedown and handover to the ICS/ICB, IMT stood down as per NHSE instruction but is able to scale up if required. COVID19 inbox remains in place to receive relevant notifications. IMT reinstated in response to Omicron Oversight and update on all LT, SMT and SLT agendas with updates also to GBs 		Action	Responsible Officer	Due By
		Action plan from exercising from Business Continuity Plans being implemented. This is evidenced by response to the pandemic and that approach is confirmed by NHSE	Lisa Gilbert	Ongoing
		On-going training for key staff – multiagency response has been evident throughout the pandemic as a lived experience	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 Learning event took place with GBs to reflect on learning from pandemic 		<ul style="list-style-type: none"> 		
Additional Comments:		Link to Risk Register:		

Strategic Objective 2		To drive quality improvement, performance and assurance across the CCG's portfolio.		
Risk 2.3		Failure to have in place care home provider failure plans could adversely affect continuity of care for patients		
Risk Rating		Lead Director		
Initial Score	3 x 3 = 9	Jane Lunt		
Current Score	4 x 5=20	Date Last Reviewed		
		17.01.2022		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Care home provider failure plan in place and has been tested: enacted in the last 12 months with the safe transfer of patients. This was followed with a Lessons Learnt even to identify any areas of improvement. Actions were identified and put in place to mitigate for any future care home failures. CCG and LA lead have met to consider and review risks and remain in contact to ensure any new risks are identified and managed Plans taken through IPA (Individual Patient Activity Programme Board) for annual review. Good engagement with CSU and colleagues leading on patient assessment and placement 		Action	Responsible Officer	Due By
		COVID19 outbreak will have a significant and adverse impact on delivery of this objective. The DH and NHSE have issued mandated models of care and delivery that have now been implemented. Impact assessments of how those models 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 Monitoring of plans through IPA 				
Additional Comments:		Link to Risk Register:		

Strategic Objective 3	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes			
Risk 3.1	Failure to deliver overall QIPP plan			
Risk Rating	Committee Lead			
Initial Score	3 x 3 = 9	Finance and Resources Committee		
Current Score	3 x 3 = 9	Date Last Reviewed		
		November 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"> 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 Programme Delivery Group, integrated commissioning, digital and Shaping Care Together. 		Action	Responsible Officer	
		<ul style="list-style-type: none"> Chief Officer oversight of transition continues with independent support 	Fiona Taylor	31.12.20
		<ul style="list-style-type: none"> 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. 		
		<ul style="list-style-type: none"> The suspension of the financial regime and move towards block contracts has reduced reliance upon QIPP delivery to meet the CCG statutory target. 		31.03.2022
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:		
CCG on target to deliver its statutory duty for 2021/22 at Month 9. The CCG must continue to focus upon QIPP as a key part of its transformation programme to enable future sustainability.				

Strategic Objective 3	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes			
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	Committee Lead			
Initial Score	3x3=9	Finance and Resources Committee		
Current Score	3x3=9	Date Last Reviewed		
		November 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 – work now significantly progressed Making It Happen – joint approach to integration approved, with implementation agreed. Pooled budget arrangements within BCF agreed and plan for more pooled budget arrangements - review underway Finalised iBCF and BCF and aligned to “Making it Happen” Implementation plan for the 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
		<ul style="list-style-type: none"> Membership widened and arrangements strengthened. Joint commissioning posts in place, Aqua session planned and joint work programme established 		
		<ul style="list-style-type: none"> Many areas of development were paused to enable c-19 response but recommencing in July 2020 		Complete
		<ul style="list-style-type: none"> Review of joint integrated commissioning workplans (under continuous review) 	Stephen Williams	31.12.21
		<ul style="list-style-type: none"> 		
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	Committee Lead			
Initial Score	3x3=9	Primary Care Committee in Common		
Current Score	3x3=9	Date Last Reviewed 17.01.2022		
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 given rating of significant assurance by MIAA LQC for 21/22 in place recognising the challenges during the pandemic 2 PCNs in place across the CCG with strong clinical leadership at locality level. Plans for GP Federation to work closer with BCM PCN. Medicines Hub operational and offer to PCNs shaped to match priorities. Access survey plans in place to start dialogue with public over changes to access Winter Access funding and capacity funding being utilised with engagement from PCN. COVID booster programme being run by PCN. PCNs being supported to utilise PCN development money from NHSE 		Action	Responsible Officer	Due By
		<ul style="list-style-type: none"> PCNs being supported to make full use of the Additional Roles reimbursement funding 	Jan Leonard / Tracy Jeffes	On-going
		<ul style="list-style-type: none"> Social prescribing remains in place and extended to include Cancer Care navigation 	Jan Leonard / Tracy Jeffes	On going
		<ul style="list-style-type: none"> Liaison with MerseyCare to support new ARRS mental health roles. 	Jan Leonard	Mar 22
		<ul style="list-style-type: none"> Monitoring in place to support PCNs understand IIF attainment 	Jan Leonard / Tracy Jeffes	On going
		<ul style="list-style-type: none"> Enhanced Health in Care Homes service in place. Working with local authority to ensure support and co-operation from care homes 	Jan Leonard / Tracy Jeffes	On-going
		<ul style="list-style-type: none"> Support to PCNs regarding new requirements from October 21 	Jan Leonard/ Tracy Jeffes	On going
		<ul style="list-style-type: none"> Link to Risk Register: 		
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 LQC Monitoring 				
Additional Comments:				

Strategic Objective 5	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.			
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	Committee Lead Leadership Team Date Last Reviewed 17.01.2022		
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
		<ul style="list-style-type: none"> Work on priorities being reviewed post COVID 	Jan Leonard / Tracy Jeffes	ongoing
		<ul style="list-style-type: none"> New Chair in place presents opportunity to refocus group 	Jan Leonard / Tracy Jeffes	complete
		<ul style="list-style-type: none"> Establishment of Partnership Assembly via HCP reinforces importance of Place / Borough 	Jan Leonard / Tracy Jeffes	Dec 20
		<ul style="list-style-type: none"> New Strategic Task and Finish Group in place to steer the future development of the ICP in Sefton 	Fiona Taylor	February 2021
		<ul style="list-style-type: none"> Action plan developed by ICP PMO to progress to greater maturity in relation to the ICB development framework 	Eleanor Moulton	January 2022 and 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"> Regular review by the STB of Provider Alliance progress 				
Additional Comments:		Link to Risk Register:		

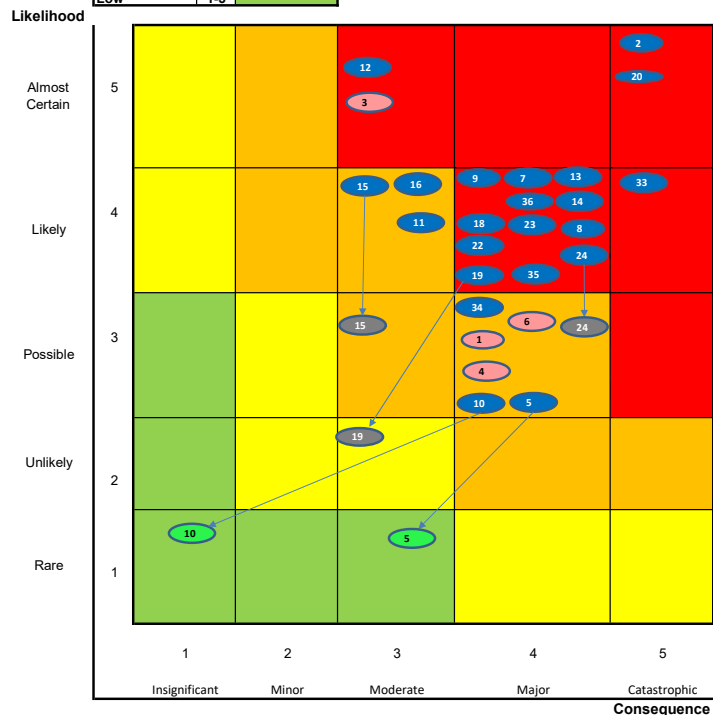
Strategic Objective 5	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.		
Risk 5.2	Ability and capacity of PCNs to develop and to contribute to the integration model.		
Risk Rating	Lead Director		
Initial Score	4 x 4 = 16	Jan Leonard	
Current Score	3 x 3 = 9	Date Last Reviewed	
		17.01.2022	
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"> PCN progress reviewed by Primary Care Commissioning Committee 2 PCNs in SS now established BCM working to establish closer working with GP Federation MOUs in place for Medicines Hub PCN CDs attend PCN strategic meeting at Sefton footprint. PCN CDs member of Sefton Programme Delivery Group 	Action	Responsible Officer	Due By
	Regular meetings in place with CDs to support PCN development, Sefton wide meetings established through the Sefton PCN Collaborative	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 including work with Primary Care Training hub and wider Sefton workforce planning within the WF and OD group	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			

SOUTH SEFTON CCG - SUMMARY OF CORPORATE RISKS HEAT MAP Q3 2021/22
(MITIGATED SCORES - 12 AND ABOVE)

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

Significant Risks

- New to the Heat Map (new risk or an increase in risk score)
- Risk to be removed from heat map as reduced below 12+ threshold or closed/removed
- Change in risk score

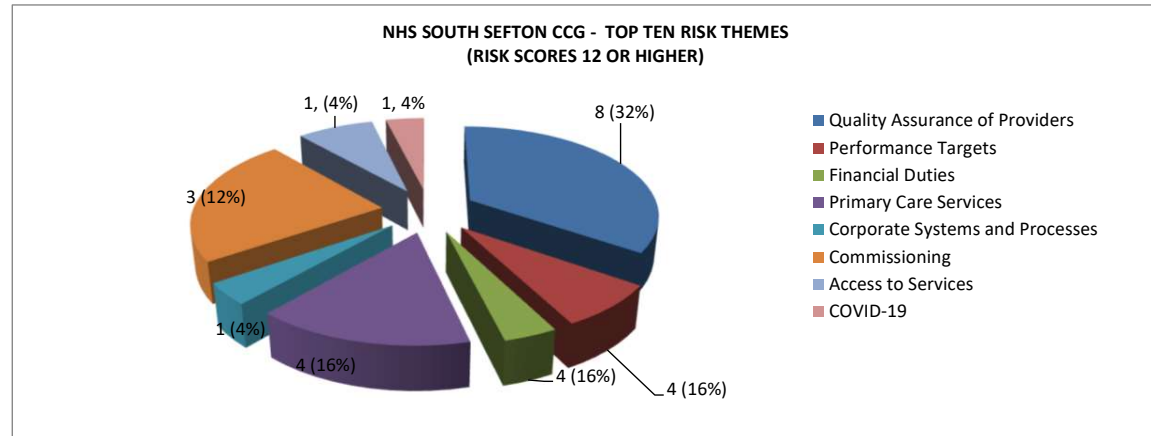


Key	Risks	CRR ID	Score	Risk Owner	Equivalent SS Key
1	Risk of not meeting the A&E target caused by an increase in demand on the service	QUA009	12(3x4)	JS	x(N)
2	Risk of non-implementation of integration plans resulting in a negative impact on local services.	QUA020b	25(5x5)	TJ	2
3	S&O are currently not achieving the 95% of A & E attendances where the Service User was admitted	QUA085	15(5x3)	SF	1
4	Confidential Risk	JC46	12(3x4)	JL	7
5	The Sefton LMC does not support the deployment of primary care high risk FIT	QUA090	3(1x3)	RmcD	4
6	Confidential Risk	JC45	12(3x4)	JL	x(N)
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	1(1x1)	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)
13	Confidential Risk	QUA092	16(4x4)	BD/TH	8
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	9(3x3)	JL	x(N)
16	Performance and quality at AUH site LUHFT due to service reconfiguration from merger	QUA078	12(4x3)	BP	15
18	Risk to performance, quality and delivery of the CHC programme caused by COVID-19	QUA079	16(4x4)	CC	17
19	There is a risk that a number of patients at S&O have been lost to follow up due to Lost to follow up	C9	16(4x4)	BD/TH	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
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	QUA083	12(3x4)	PW	34
35	There is the risk that childrens and young people's mental health needs are not met	QUA084	16(4x4)	PW	35
36	There is a risk that the proposed model of care at Stoddard House may not meet with the CCGs required standards	QUA093	16(4x4)	JS	x(N)

	Equivalent SS Key
No equivalent risk on SF Heat Map (N - and not on SS CRR)	x (N)
No equivalent risk on SF Heat Map (Y - but on SS CRR)	x (Y)

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	Risk of not meeting the A&E target caused by an increase in demand on the service	QUA009	12(3x4)	Quality Assurance of Providers
2	Risk of non-implementation of integration plans resulting in a negative impact on local services.	QUA020b	25(5x5)	Commissioning
3	S&O are currently not achieving the 95% of A & E attendances where the Service User was admitted	QUA085	15(5x3)	Commissioning
4	Confidential Risk	JC46	12(3x4)	Primary Care Services
5	The Sefton LMC does not support the deployment of primary care high risk FIT	QUA090	3 (1x3)	Commissioning
6	Confidential Risk	JC45	12(3x4)	Primary Care Services
7	Risk that acute providers do not engage in planned care transformation schemes	QUA091	16 (4x4)	Commissioning
8	Failure to meet national emergency ambulance responses - ARP	QUA063	16 (4x4)	Quality Assurance of Providers
9	Non delivery of GP medical services	JC03	16 (4x4)	Primary Care Services
10	Records transfer issues.	JC05	1(1x1)	Corporate Systems and Processes
11	There is risk that Woodlands Hospice will not be able to sustain the level of provision	QUA068	12 (4x3)	Quality Assurance of Providers
12	Risk that the CCG will continue to fail the 62 day constitutional access target for cancer	QUA070	15 (5x3)	Performance Targets
13	Confidential Risk	QUA092	16 (4x4)	Commissioning
14	There is the risk that patients may have been exposed to financial harm	QUA094	16 (4x4)	Quality Assurance of Providers
15	Risk to the ability of PCNs to deliver service specifications	JC41	9(3x3)	Primary Care Services
16	Performance and quality at AUH site LUHFT due to service reconfiguration from merger	QUA078	12 (4x3)	Performance Targets
18	Risk to performance, quality and delivery of the CHC programme caused by COVID-19	QUA079	16 (4x4)	COVID-19
19	There is a risk that a number of patients at S&O have been lost to follow up due to Lost to follow up	C9	16(4x4)	Quality Assurance of Providers
20	Not deliver planned QIPP target in 2020/21 due to non-delivery of high risk QIPP	FR0011a	25 (5x5)	Financial Duties
22	Increase in size of elective care waiting lists, caused by reduced activity due to COVID-19	C3	16(4x4)	Quality Assurance of Providers
23	Risk of reduced survival outcomes due to delays in diagnosis and treatment of cancer	C10	16(4x4)	Access to Services
24	Risk of delays to cancer diagnosis and treatment	C11	16(4x4)	Access to Services
33	Adult Eating Disorder service has long standing challenges around achieving 18 week waits.	QUA082	20(4x5)	Commissioning
34	The risk that the health related targets of the SEND improvement plan will not be met	QUA083	12(3x4)	Quality Assurance of Providers
35	There is the risk that childrens and young people's mental health needs are not met	QUA084	16(4x4)	Quality Assurance of Providers
36	There is a risk that the proposed model of care at Stoddard House may not meet with the CCGs required	QUA093	16(4x4)	Quality Assurance of Providers

COVID-19										Update: Q3 2021/22: December 2021											
Details of Risk										Initial Score			Residual Risk Q3 2021			Mitigating Actions			Review		
Committee	Area/Team Ref	date	Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Likelihood	Consequence	Score	Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Proposed Action	Active Owner/Lead	Q1 21/22	Q2 21/22	Trend to prior Q	Overall Trend	Theme	
COVID	Quality and Performance Committee	C3	Q1 15/4/20 (C-19)	Planned care	There is a risk that an increase in size of elective care waiting lists, caused by reduced activity during COVID-19 pandemic, will have adverse effects on wait times for patients and possibly health outcomes.	Billie Dodd / Terry Hill	4	4	16	4	4	16	Nov-21	Nov-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 Apr-21 CCG leads engaged with HCP transformation and recovery programme, aim to have a regional PTL being worked through expert regional approach to waiting lists. New programme on diagnostics validation commencing end May 21 July 21 - As above, diagnostic validation in progress. Recover trajectory being met with the exception of day cases as a result of increased Covid levels impacting on staff sickness levels and redeployment to ICU. Local, weekly Planned Care meetings continue and CCG leads are members of C&M Restoration Recovery Group with acute provider COOs. Feedback to CCG SMT on 27 July 21. August 21, position continues to fluctuate due the surges in COVID but largely remains on track to deliver 85% recovery. ERF recovery that now 95% and unlikely to eb achieved across C+M November 21 - continue to monitor and liaise with the Planned Care leads within the Trust	Billie Dodd/Terry Hill	16	16	↔	↔	Quality Assurance of Providers
COVID	Quality and Performance Committee	C10	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	4	4	16	Nov-21	Nov-21	Guidance on stratification for treatment Cancer Alliance SITREP weekly reporting referrals, waiting times and waiting list sizes Use of surgical hubs to provide safer capacity Established Endoscopy Recovery Team- national cancer services recovery plan dec 2020 July 21 - Recovery planning trajectories for H1 Strengthened process for harm review reporting on patients who have waited 104 days or more from referral to treatment or 73 days or more from decision to treat to treatment November 21 - Cancer Deep Dive at SO- CCORMat November meeting, Recovery planning Trajectories for H2	Cancer Alliance NHSE	16	16	↔	↓	Access to Services
COVID	Quality and Performance Committee	C11	Q1 15/4/20 (C-19)	Planned Care/Cancer	There is a risk of delays to cancer diagnosis and treatment from due to gaps in the safety netting processes between primary and secondary care during the Covid pandemic	Sarah McGrath	4	4	16	3	4	12	Nov-21	Nov-21	EMIS safety netting system communications to primary care July 21 - Regular review of conversion rates from 2 week referrals and routes to diagnosis September 21 - review of Rapid Registrations data on numbers of cancer diagnoses and routes to cancer diagnosis 2 week wait referral rates remain at 120% of pre-pandemic levels with consequent impact on achievement of the 2 week standard November 21 - SO asked to provide data re conversion rates as part of the cancer deep dive.	Sarah McGrath	16	16	↓	↓	Access to Services
COVID	Primary Care Commissioning Committee in Common	C33	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	2	8	Nov-21	Nov-21	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 LUF 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 procures within general practice Further discussions have resulted in a consensus for secondary care/primary care to work together to enable a seamless interface. Meetings continue between secondary and primary care to establish safe working mechanisms to return to BAL. Concern over the clinical review of referrals prior to being sent back to practices. Risk increased. Situation has improved, however is variable across specialities. Interface group addressing issues. Less of an issue in SF CCG for referrals to S&O. Interface meetings being held, impact of 2nd wave of COVID to be understood. Primary Care Risk has been reduced but will leave on GRR and update as and when appropriate. Risk closed - duplicated with risk recorded via commissioning team	Jan Leonard	25	8	↔	↓	Primary Care Services

Update: Q3 2021/22: December 2021

Details of Risk										Initial Score			Residual Risk Q3 2021			Mitigating Actions		Review								
Committee	Area/Team Ref	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 control 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	Q1 21/22	Q2 21/22	Trend prior Q	Overall Trend	Theme					
PTI	Quality and Performance Committee	QUA009	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)	Martin McDowell (Janet Spallen)	3	3	9	A&E delivery Board in place to monitor & manage performance • NI 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 MA&E events, weekly DTDC 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 and inpatient 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 invited in local consideration of implementation. 11/9/20 - 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.	3	4	12	Nov-21	Nov-21	Workforce issues reviewed at trust level and skill mix required to improve A&E pathway flow. Review of risk scores post mitigation in triangulation factors e.g. 12 hour breaches, serious incidents etc. We expect the trust to be challenged in meeting 95% target but will focus on assurance of appropriate patient pathways within A&E to deliver safe / clinically appropriate models of care. Sept-19 ongoing Nov 19 - ongoing - 28 day bed process and CHC to be reviewed for implementation of new pathway March 2020. • Wide range of initiatives which have been underway in last year to improve internal A&E processes and general patient flow 11/9/20 - M1NHS111 First shadow implementation group in place with plans to go live November 2020. Work underway to determine patient cohorts 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. 9/11/20 - work above continues with implementation of NHS111 First scheduled for 17/11/20 with aim of redirecting patients who can be supported through other services and ensuring capacity for those requiring A&E. No 12 hour breaches in last year or serious incidents relating to A&E have occurred. March 21 - All of above work continues May 2021 - Work continues but with performance deteriorating due to unprecedented daily demand across urgent care system including WICs since April. System partners working to understand causes and what action can be taken to address. Priority on ensuring patients are appropriately triaged and seen according to clinical need. July 2021 - No change to above. Continuing to see high level of urgent care activity across all sectors - A&Es, WICs, ambulance conveyances.						9	9	1	1	Performance Targets
	Quality and Performance Committee	QUA009	continued						March 2021 - Key controls and assurances are in place but LUHFT has never achieved the 4 hour target since introduction. May 2021 - No change to position above September 2021 - Performance deteriorated past few months. Required to provide monthly progress updates to the COC to demonstrate how Trust meeting the requirements around time to triage, waiting times in the department, and timely access to a clinician. November 21 - COC on site weekly reporting through internal governance. CCG Lead linked to Liverpool CCG Lead.	3	3		Nov-21	Nov-21	NHSE trajectory agreed with LUHFT (Aintree and Royal) to progress to 88% by March 2020 not national target of 85%. 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 - M1NHS111 First shadow implementation group in place with plans to go live November 2020. Work underway to determine patient cohorts 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 May 2021 - Work continues but with performance deteriorating due to unprecedented daily demand across urgent care system including WICs since April. System partners working to understand causes and what action can be taken to address. Priority on ensuring patients are appropriately triaged and seen according to clinical need. November 21 - No significant change in the unprecedented demand in activity. Liverpool and Sefton CCG Leads continue to work together. ED Streaming Tool and Care Navigator project to be implemented at LUHFT ED's by early December and on track. The tool will use NHS 111 pathways to redirect patients to more appropriate services for low acuity presentations. NIAS have went live and PC24 will implement in December the PaCCS (Pathways Clinical Consultation Support) which will increase the opportunity to increase referrals to non-ED secondary care referrals including SDEC pathways and urgent community response services such as ICRAS and the CRT.						9	9				
PTI	Quality and Performance Committee	QUA020b	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	18	• Strengthen partnership within HWBB and HWBB Executive to ensure collaborative working. <u>Actions from Health and Wellbeing Board Executive meeting</u> • Joint Commissioning priorities agreed by the Integrated Commissioning Group • BCF and associated 475 in place and reviewed, signed and submitted. • <u>Agreed BCF to improve rehabilitation services and care home quality</u> Establishment of Strategic Task and Finish group to progress development of ICP in Sefton	5	5	25	Sep-21	Sep-21	• <u>Joint working with LA in place</u> Joint OD work with LGA planned to further strengthen integrated working with HWBB • Integrated Commissioning group development continues to progress with CCG investment in joint commissioning roles and clear joint programme of work. <u>Place progressing work on key priorities and work stop planned for further development of the ICP - Successful workshop at CCG held in August 2019 - Re-focused group with clear membership and new Chair</u> • <u>Nov 19 - 1920 BCF approved by Health and Wellbeing Board and submitted to NHS Task and finish group</u> reviewing detail of BCF and working to expand areas to be included in the pooled budget. COVID response has strengthened integrated working across many areas e.g. care home support, mass testing England - BCF sub-group now developing benefits realisation approach.	Tracy Jeffes	9	25	→	↑	Commissioning				
PTI	Quality and Performance Committee	QUA053	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	Martin McDowell (Janet Spallen)	3	4	12	• Weekly and daily performance monitoring MM • Information shared with all CCGs on monthly basis at NIAS/NHS111 meeting with MM commissioners present. • Collaboration with other Providers who contribute to the Pathway e.g. acute trusts and ambulance handovers times, introduction of alternatives to transfer with community trust. 24/6/20 - In addition to above there has been a renewed focus in 19/20 with Ambulance Response Programme agreed and range of initiatives introduced to improve service delivery. Action plan agreed with commissioners with timescales for achievement up to end of Q1 2021 9/11/20 Work has been refocused following failure to meet ARP targets by Q1 2021 and impact of COVID-19 pandemic. • 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	3	4	12	Nov-21	Nov-21	nvr regional work continues with Aintree (due to rapid activity and trauma centre status) being one or six trusts identified for improvement work in handovers. Focus on ED internal improvements required to reduce handover delays. As part of NWAS contract it has been agreed that work will continue with the first six trusts and that a further group will be identified for improvement work. On-going work with community trusts to develop alternatives to transfers for patients seen by NWAS who do not require conveyance but alternative support within the community. Ambulance commissioning team working with NWAS to develop SDIP to deliver performance within ARP standards and trajectories for reducing conveyances, improving handover delays and workforce/resource capacity. Will also link with roster review, continued transformation and delivery of new models of care and implementation of Carter recommendations. Nov 19 - The 2019/20 contract agreement with NWAS identified that the ARP standards must be met in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards. 24/6/20 Ambulance Response Programme agreed (19/20) and range of initiatives introduced to improve service delivery: - Reprofitting vehicle fleet to increase response vehicles - Improving call pick up times in Emergency Operation Centres - Use of Manchester triage tool to support hand 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 9/11/20 - Plans in place as outlined in key controls and assurances but with no further updates on how actions progressing. May 2021 - Improvement work continues led by NWAS Commissioning Team with LCCG as Lead Commissioner for North Mersey	Martin McDowell (Janet Spallen)	12		→	→	Quality Assurance of Providers				

Details of Risk										Initial Score		Key controls and assurances in place (and actions completed) (What controls/systems are already in place to prevent the risk from being realised...)			Residual Risk Q3 2021			Lead Review Date		Comm Review Date		Mitigating Actions			Review		
Committee	Area/Team Ref	date	Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Likelihood	Consequence	Score	Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Proposed Action	Action Owner/Lead	Q1 21/22	Q2 21/22	Trend prior Q	Overall Trend	Theme							
Quality and Performance Committee	QUA063 continued											Nov-21	Nov-21	COVID had seen improvements in numbers supported through hear and treat and see and treat and reduction in conveyances. June is seeing a shift back to more conveyances with a rapid T&F group established by NWAS to review and address 11/0/20 - No further updates on above due to COVID 19 stand down of formal reporting. Plans in place to return reporting to business as usual 4/1/21 No change to above March 2021 - No further update on above. Local reporting stood down again due to COVID pressures. November 21 - There is a push from the regional NHSEI team that all appropriate EDs (including LUHFT) will have the NWAS ED Checklist live and available to use by January 2022 for when there are pressures to enable ambulances to be realised to respond to other calls in the community.													
PTI Primary Care Commissioning Committee in Common	JC03	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				Dec-21	Dec-21	International recruitment application due at end Nov 17. Primary care workshop planned for mid Nov to review Shaping Salford 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 GPV roll out no reduction in pressure in practices. Clinical pharmacist application submitted. LQC being finalised. LQC has been approved via approve 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 GPs, NPs and physio from November 2018. Working through implications of new GP contract and changes regarding PCN formation. LT will review applications on behalf PCCC. 7 PCNs have been authorised by the CCG and plans in place to cover populations of non PCN practice populations. PCNs asked to confirm plans to mobilise extended hours. CCG support offer made to PCNs for medicines management and social prescribing. 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				Primary Care Services								
Primary Care Commissioning Committee in Common	JC03 continued											Dec-21	Dec-21	The funding stream also includes helping GPs become GP trainers. International recruitment has not recruited any GPs into the Salford area though work continues via NHSE. Practices are now utilising e-consultations which is having an impact on reducing the number of phone calls into the practice. The 10 point nursing plan is now operational with more nurse mentors being identified. This is expected to encourage student nurses into the area. The medicines hub is now operational and its impact being reviewed. Social prescribers now in post. PCN service specifications released for consultation. Imbalances and workload implications are considerable. The evaluation of the medicine management HUB has been complete. GPs are reporting that it is saving up to an hour per day in their clinical time. Measures put in place to deal with COVID situation re LQC & DESs. Bidding arrangements in place now looking to mobilise hot sites to deal with face to face activity. Telephone triage in place across practices and digital consultations being expedited. Issues with phlebology causing pressures in practice, digital solutions increasing workload as some patients require remote triage then face to face appt, workload increasing. Reduced capacity in secondary care due to COVID restrictions is placing extra demand on practice. Community treatment rooms are also not working to capacity placing extra demand on practice. Use of digital technology has made general more accessible to patients. Plans for mass COVID vaccination awaited, age extension for seasonal flu vacs, go live of NHS 111, virtual COVID waits all have potential to increase workload in practice. Details of GP Capacity Fund have been released, working through details with LMC. Pause to LQC agreed to support vaccination programmes. Impact of COVID vaccination programme to be understood as details of the Enhanced Service are released. Discussions taken place in both SS and S&F Governing body meeting regarding the increase in demand for primary care services as COVID restrictions ease. Primary Care Strategy with up reviewed and updated to address pressures and concerns. The release of the primary care SOP details a blended offer of virtual and 24 consultations. Practices are reporting a high increase of abuse towards staff. To mitigate the demand on general practice, the CCG has agreed to support the switching off of e-consult outside of normal practice hours, working is being undertaken around 56 day prescribing of repeat medication and positive media is being developed to share across Salford. A&S and red sites extended to support COVID demand at present. Plans for GP capacity fund being developed. South Salford patients from red sites will now return to practices to monitor from 6th September 2021. There are currently reports that practices are seeing an increase in patient churn, take and finish group will be set up to investigate and put an action plan in place. PCN are continuing to look at ARRS however there are constraints around estates for them to practice in. Plan for red site in Southport and Formby are in place. Use of the GP capacity fund will be to create additional capacity in hours are progressing. (SF CCG) Recent negative media interest in go access in Salford. National release of Winter Access Funding guidelines will enable funding to support additional scheme to address access into primary care. This is off set by difficulties in recruiting staff to support the planned projects.													
PTI Primary Care Commissioning Committee in Common	JC05	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				Nov-21	Nov-21	Attendance at meeting by CCG reps. JI 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. LT to escalate to FT. No further update although PCSE staff now based within Regatta Place with NHSE which may help with resolving issues. Survey undertaken, poor response rate identified issues with pensions rather than operational issues. Issues continue, committee felt risk of likelihood has increased. Further incidents have been identified around children not being invited for screening. A subgroup has been set up to reduce further incidents. Practice views to be sought re current situation with PCSE in practice. It was agreed at PCCC that practices should be contacted on a quarterly basis to establish if problems are resolving with PCSE or if they continue. The first survey will take place in October 2019. The survey demonstrated that whilst some practices hadn't had an incident in recent months, those that did continued to struggle to get any resolution. Issue will be raised again with NHSE. The PCCC reviewed the survey and agreed that the risk can be reduced. Escalation process with T Knight at NHSE agreed. There is no escalation process in place at PCSE. Confirmation received that individual issues to be shared with NHSE on an individual basis. A further survey will be undertaken within general practice to establish current situation. Only 3 responses were received. The theme of the ongoing issues appears to be around finances and reimbursements. No further reports of delays in the transfer of records. Risk closed	Jan Leonard	20	20			Corporate Systems and Processes							

Details of Risk										Initial Score			Residual Risk Q3 2021			Mitigating Actions		Review									
Committee	Area/Team Ref	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	Q1 21/22	Q2 21/22	Trend to prior Q	Overall Trend	Theme						
PTI	Quality and Performance Committee	QUA070	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	Martin McDowell (Sarah McGrath)	5	3	15	<ul style="list-style-type: none"> Aintree CRM and CQPG (monthly) Aintree Planned Care Group (monthly) Aintree Cancer Improvement Group (quarterly) RLBUHT Collaborative - Cancer Performance meeting (monthly) Strengthened process for sharing pathway level and 104 days breaches with CCG Internal to CCG IPR meetings monthly fed through to Quality and Performance Committee and at NHSE performance calls through CCG QIPs issued (top-per agreement) Superseded by Covid arrangements led by Cheshire and Merseyside Cancer Alliance Weekly Sirep reporting Focus on PTL size rather than performance Trajectories received for reduction of very long waiters > 104 days November 21 - Recovery trajectories submitted for H2 	5	3	15	Nov-21	Nov-21	Strengthened process for harm review of very long waiting cancer patients Cancer Alliance Restoration plan with focus on reducing numbers of patients waiting > 104 days and recovery of endoscopy services Trajectories received for reduction of very long waiters > 104 days no update July 21 - no update Sep 21 - Cheshire and Merseyside Cancer Alliance have plans to adopt a regional level PTL enabling live view of cancer waiting lists across all providers and viewable by CCG and PCN Sept 21- providers have submitted trajectories to restore numbers of over 62 day waiters to the pre-pandemic position November 21 - Providers submitting trajectories for H2						15	15	→	→	Performance Targets	
PTI	Quality and Performance Committee	QUA078	Mar-20	Commissioning	There is a risk to performance and quality at the ALH site LUHFT caused by the service reconfiguration due to the merger resulting in potential adverse impact on care and outcomes.	Jane Lunt	4	3	12	<ul style="list-style-type: none"> Enhanced surveillance at CQPG. NHSEI oversight at LUHFT CQPG SIGSG established and follow up meeting to be arranged 	4	3	12	Sep-21	Sep-21	Jun 20 - Enhanced Surveillance indicators agreed with Trust and Commissioners. Jul 20 - LCCG has revised the agenda and work plan for the CQPG and Commissioning Forum (CF) meetings so as to focus on areas of greatest risk post COVID19. The current administration arrangements have been revised to reduce risk and fragmentation of approach, with LCCG leading this. Oct 20 - enhanced surveillance indicators have been agreed with the trust to monitor the impact of the merger with both a operational and OD focus. The trust has experienced recent and intensive pressures on performance as a result of COVID with impact on both staffing and operational delivery. A single item QSG has been convened for October 20 to review stakeholder concerns. Nov 20 - Follow-up SIGSG with regulators and commissioners planned once CCG have published inspection report. This is expected December 2020. Focus areas at CQPG to receive assurance on IPC, workforce and staffing, VTE, MUST, and Never Event thematic identification. January 21 - CQC report published and highlighted issues with leadership, governance, culture and risk escalation. Report will be discussed through CCF and Exec CQPG with LCCG as coordinating commissioner. March 21 - Coordinating Commissioner has formally requested CQC action plan from the Trust as not presented by beginning of March 21. May 21 - Provider remains on enhanced surveillance. Some quality concerns raised with LCCG having oversight, this includes a deep dive following increase in falls with harm, increase gastrology and ophthalmology SIs (with subsequent media attention), ongoing Never Events wtk continues to be monitored. Updates are provided by LCCG to NHSEI and other stakeholders/regulators via C&M QSG. Sept 21 - Section 31 notice issued to trust in August 21, with particular focus on ED care and treatment, long waiters - increased support is being provided and improvement plans developed by the trust and shared with CQC and commissioners. Will be continuously monitored via focus meetings, contract meetings and the CCF.	Tracey Forshaw						12	12	→	→	Performance Targets
PTI	Quality and Performance Committee	QUA079	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.	Jane Lunt	4	4	16	<ul style="list-style-type: none"> SFIs; SOs; Established Financial Controls; Audits of Financial Systems Regular bi-monthly meeting with NHSEI with bi-monthly Sirep submissions will continue through COVID 2021. A single point of access for patient appeal/complaints is now in place to ensure all cases can be considered. CHC CQPG established in order to review and challenge current CHC activity (Feb 21). North Mersey Steering Group established to develop an agreed process to complete all deferred assessments by March 2021. MIAA audit carried out to review performance of ADM DPS. Service Specification review carried out. Review of CHC performance reports. 	4	4	16	Sep-21	Sep-21	January 21 - Deferred assessment work for Sefton 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, MFTT 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 April 21 to provide further assurance on CHC performance. May 21 - Mersey Care have confirmed they will not be able to meet the NHS EI C&M requirements for all the COVID period CHC assessments to be completed by the 16th May 2021. MHS which is a clinical arm of MIAA had been sub-contracted to undertake the activity but have been unable to deliver on the timescales. This in part relates to the provider understanding the requirements for the whole pathway to be completed as opposed to the assessments completed. This does not affect the Sefton CCGs. There are currently 31 new CHC assessments (post COVID), and 29 reviews which are yet to be completed. This includes cases that have transferred across from LSCTT to Mersey Care. Duty of candour has been completed for this additional cohort. Further discussions are taking place with NHS EI C&M with the focus on the quality of reviews, to prevent retrospective claims and future arrangements. A meeting is scheduled to take place with the Chief Nurses from Sefton and Liverpool and the Don for Mersey care week commencing 17th May 2021. Sept 21 - The CCGs have identified concerns in relation to the end-of-life Fast Track discharge pathway from Liverpool University Hospitals NHS Trust (LUHFT) exceeding the 48hour timescale. A meeting was held by the Director of Nursing from NHS EI C&M, NHS EI C&M CHC Lead, Chief Nurse LCCG, Deputy Chief Nurse Sefton CCGs and the Director of Nursing from Mersey Care. Actions were agreed to take forward including executive level discussions with local authorities and LUHFT. There is expectation from NHS EI C&M for improvements to be noted in the pathway within 4 weeks. Nov 21 - Risk reduced, FLT Sefton Board, Meetings with Provider, oversight NHSEI, Backlog cleared, FT EoL Pathway being managed by LUHFT, training with Sefton SW with regards DST.	Chrissie Cooke					16	16	→	→	COVID-19	
PTI	Finance and Resource	FR0011a	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	<ul style="list-style-type: none"> Monthly review and monitoring of all QIPP schemes to assess delivery in year and highlight risks and issues affecting delivery of planned QIPP savings. Revised QIPP reporting arrangements through F&R Committee anticipated to enable greater impact of 'check and challenge' Continued focus on QIPP through the emergency response through CCG PMO Committee meetings. Ongoing discussions with system partners to ensure progression with QIPP activities where appropriate and to understand timescales for the recovery period and work on further QIPP schemes in the recovery period. PMO to develop an understanding of system partner CIP/ QIPP schemes which will continue to be progressed during the COVID response period and maintain communications with all parties. 	5	5	25	Nov-21	Nov-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 Progressing 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. 29/10/21 - 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	25	25	→	↑	Financial Duties					

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PTI	Quality and Performance Committee	QUA082	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	<ul style="list-style-type: none"> Provider has developed investment case update - this was done in December 2020 which will need to be considered by CCG Investment will have to be considered by CCG and if approved funding can be released to reduce waits with an agreed improvement trajectory. On 21 August a CAS alert was issued describing the discontinuation of this alert. In 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 - see 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 over the next 3 years Sefton CCGs have agreed an initial investment of £106K E112k as part of the 21/22 long term plan investment. SFCCG have agreed their share of the E112k investment, SFCCG have still to confirm their share September 21 - SFCCG have agreed their share of the E112k investment November 21 - the provider is currently recruiting to a dietician post and psychology post to support the service. 	4	5	20	Nov-21	Nov-21	<ul style="list-style-type: none"> CCGs have the provider to refresh business case as it did not have the aspiration to be NICE compliant The provider has recruited to 1 BSWT psychology posts commencing in Sept/October Business case to be considered by the CCG - will update when it has been presented Ne-update - awaiting mental health long term investment plan from Merseyvale We are waiting to agree a final financial envelope for 3 years to cover investment in this service Services can recruit 2 posts once the SFCCG have confirmed their investment September 21 - the Service will recruit a dietician post and psychology post November 21 - once the posts have been filled, monitor progress 	Access to services	20	20	---	---	Commissioning
Quality and Performance Committee	QUA083	NEW: 10/11/20 updated: 17/11/21	Commissioning and Delivery	<p>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.</p> <p>Risk that Lockdown 3 will impact on the provision of services to SEND CYP and result in reputational damage for the CCGs and SEND partnership.</p> <p>Sep 21 - The COVID recovery plan trajectory to reduce the longer 18+ waits to the 92% standard by December 2020 was achieved.</p> <p>All community therapy service waiting times continue to achieve the SEND improvement plan average waiting time KPIs in June. Notably SALT stood at 18 weeks against the 18 week KPI.</p> <p>However, there has and continues to be a much higher than demand for certain services beyond the commissioned capacity with is starting to impact in performance, specifically SALT, ASD and CAMHS.</p> <p>November 21 - There has and continues to be a much higher than demand for certain services beyond the commissioned capacity with is starting to impact in performance, specifically SALT, ASD and CAMHS.</p>	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 (SENDCIB) and subgroups Waiting times reported and monitored monthly via SEND Health Improvement Group and internal IPR process Covid-19 Business Continuity Plan agreed by SEND CIB and implemented - can be adapted and updated as required Covid-19 service recovery and restoration plans developed and implemented by providers - can be adapted and updated as required Additional CAMHS investment agreed by CCGs to provide extra capacity and resilience to the service - extra resource implemented January 2021 Case studies demonstrating impact and covid-19 adaptations have been collated - these practices and adaptations are in place to respond to impact of lockdown 3 on delivery of services. CCGs working jointly with Liverpool CCG to secure additional short term SEND funding to support priority areas as outlined in the improvement plan e.g. ASD post diagnostic support July 21 - Sefton has been successful in its joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative. To look at streamlining pathways, using the MHS SR/SDF and MHST funding Alder Hey has developed a full business case outlining the additional resources required to match the current and projected levels of demand to achieve the 4 week waiting time target. This is currently being finalised with LT. Following this, providers will develop revised COVID recovery plans and trajectories detailing the timeframe to achieve a staged and sustainable return to the 4 week waiting time measure. Sept 21 - LT using the MHS, SR/SDF and MHST funding approved Alder Hey business case to match the current and projected levels of demand to achieve the 92% waiting time target. Providers developing revised COVID recovery plans and trajectories detailing the timeframes to achieve a staged and sustainable return to the 92% waiting time measure. AHCH recruitment to posts has begun. Services focusing on reducing the volume of children and young people NHS/ET national mandate Alder Hey developed a covid-19 recovery plan which is being closely monitored and has been used to inform CCGs decision to provide additional short term CAMHS investment in November 2020. CCGs agreed additional short term investment to local CAMHS services, providing additional capacity and resilience Alder Hey introduced a new "COVID support team" in December 2020 to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic, on a fixed term basis. Impact and provider performance being closely monitored via IPR, Alder Hey 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 EHRWB toolkit for schools and a CAMHS covid-19 bulletin. CCGs and partners continue to bid for additional short term covid-19 mental health funding where possible eg: CCGs successful in securing E30k Violence Reduction Partnership monies *Staffing and operational arrangements for two MHSTs on track, phased implementation of work commencing April/May. 	3	4	12	Nov-21	Nov-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 resources where increasing demand due to covid-19 is an issue eg: in the case of increased 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. AHCH preparing business case to meet post covid demand and sustain CAMHS wait times. July 21 Following LT approval of 21/22 investment develop improvement plans and trajectories noting substantial challenge of recruitment. November 21 - Re: AD/HD/ASD increases in referral rates, the Trust has a number of mitigating actions in place to manage this and is undertaking a deep dive of the drivers for the increase. The CCGs will review the outcomes from the deep dive alongside the Trust's paper which details the current position, mitigations and options for consideration. 	Peter Wong	12	12	---	↓	Quality Assurance of Providers	
Quality and Performance Committee	QUA084	NEW: 10/11/20 updated: 03/09/21	Commissioning and Delivery	<p>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.</p> <p>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.</p> <p>CM currently estimating 30% increase in demand for period following COVID.</p>	Peter Wong	4	4	16	<ul style="list-style-type: none"> Staffing and operational arrangements for two MHSTs on track, phased implementation of work commencing April/May. 	4	4	16	Nov-21	Nov-21	<ul style="list-style-type: none"> 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 E720k 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. Sefton successful in bid for piloting key workers. Sefton working in partnership with Liverpool to develop 4 week waiting time pilot. Sefton CCG reporting on T4 DTCOs weekly. Plans for investing the full amount of additional funding flowing via SR, SDF and MHIS for CYP mental health have been agreed with the provider AHCH. Process of recruitment has begun, but will be some time yet until extra capacity is realised within the service offer - notwithstanding likely internal movement as posts are filled. A detailed trajectory will be provided when staff are appointed to demonstrate when capacity and waiting times are expected to improve. 	Peter Wong	16	16	---	---	Quality Assurance of Providers	

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COVID	Quality and Performance Committee	QUA085	09/11/2020	Unplanned Care	Southport and Ormskirk Trust are currently not achieving the 95% of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E dept. causing overcrowding and the inability to practice safe social distancing superceeds risk 006	Martin McDowell/ Sharon Forrester	5	3	15	5	3	15	Nov-21	Nov-21	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... Short term bed based intermediate care for patients swabbing -ve and +ve for Covid-19 Reablement capacity to support a home first ethos. 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. Improvement trajectory agreed with NHSE for 85% performance by June 21. AED improvement plan developed and submitted.	Martin McDowell/ Sharon Forrester	10	10	1	---	Quality Assurance of Providers
PTI	Quality and Performance Committee	QUA090	10/02/2021	Planned Care	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 Primary care High Risk FIT now deployed in South Sefton but not yet deployed in S&F. The Sefton LMC is now very unlikely to be a blocker to deployment in S&F. The Sefton LMC have accepted primary care high risk FIT in South Sefton, so this is no longer seen as a risk.	Rob McDonald	3	4	12	1	3	3	Nov-21	Nov-21	Planned Care gastro lead working with CCG cancer leads and C&M cancer alliance to find a solution. Still ongoing July 21 - Planned Care gastro lead working with CCG cancer leads and C&M cancer alliance to implement high risk FIT in S&F - no specific action now needed around the Sefton LMC as they have accepted deployment in the south. Nov 21 - High Risk FIT still unconfirmed for S&F. LMC will be informed if it is initiated. They are not expected to be a blocker due to delivery in south Sefton. Nov 21 - The Sefton LMC have accepted primary care high risk FIT in South Sefton, so this is no longer seen as a risk. LMC have accepted high risk and its been rolled out through the whole of C&M apart from Southport, we are not seeing at as a risk.	Rob McDonald / Sarah McGrath	12	8	1	1	Commissioning
PTI	Quality and Performance Committee	QUA091	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	4	4	16	Nov-21	Nov-21	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 in place Commissioning Leads to liaise with Hospital Cell leads to understand CCG role in recovery, and with Neighbouring CCG AD's to discuss alignment of priorities. November 21 - ongoing	Billie Dodd/Terry Hill	16	16	---	---	Commissioning
PTI	Quality and Performance Committee	QUA094	Q1 2021/22	CHC	There is a risk that a number of cases awaiting assessment or review on the MCFT caseload for consideration of CHC may not have care needs being met. These cases span the financial years of 2019/20 and 2020/21. This is caused by non-adherence to the national framework requirements. This could result in individual needs not being met appropriately, reputational damage to the CCG, increased level of complaints and appeals and financial harm to patients.	Jane Lunt/ Jane Keenan	4	4	16	4	4	16	Nov-21	Nov-21	Exco to once discussion, leading to a contract performance notice and submission by the provider of an improvement plan. Request plan to identify all high risk patients from the 1140 overdue follow ups, prioritising those that have already exceeded the 25% over due follow up due date and ensure that there is enough capacity to ensure that high risk patients do not exceed the 25% over due follow up due date going forwards. Seek assurance on tech architecture, and then seek to receive monthly exception reports on DQ (validation) plus request one CCG member be invited onto Trust recovery group. Request timescales for closing open pathways and for identifying longest non-RTT waiters identified as high risk for urgent review. Trust to complete harm reviews on all high risk patients overdue follow-ups by over 25%. Trust to share harm review process with CCG. Confirm level of clinical risk/potential complaints & claims July 21 - Trust to share falseface processes with C&M H&CP and CCG The Trust currently have a process in place to prioritise when patients are seen based on the length of time the patient has waited for a follow-up appointment as opposed to the clinical diagnosis and patients at greatest risk of harm if their appointment is delayed. The Trust have confirmed that they now digitally record both status and diagnosis when the patients attend a follow-up appointment or have a case note risk stratification. However, there are more than 500 patients overdue follow-up that are paper-based and have no risk status (as at 5.7.21) and are prioritised by longest overdue, and 144 patients on an open referral pathway awaiting administrative validation and clinical review. The CCGS are not sighted on the overall follow-up caseload size as there are still patients that have not typed into being 12 weeks overdue that require initial risk stratification. The service has been closed to routine referrals since September 2020. September 2021 - Glaucoma - Trust to identify volume of patients with appointment, not overdue, overdue and 25%+ overdue split into risk category. This reporting will come through to newly formed Ophthalmology Improvement Group and COORM. Ophthalmology Improvement Group - 6.8.21, led by Southport and Ormskirk NHS Hospital Trust Director or Transformation with CCG commissioning representation, focus on the re-opening of the service, data quality, waiting list validation, management of high risk patients and optimising use of the primary care optical workforce. M&B report re Patient Administration System (PAS) action plan incorporating the 17 recommendations and timelines to be shared at next DGPC meeting 9.9.21. Clinical validation of open pathways across 6 key areas	Jane Keenan/Christie Cooke	16	16	---	---	Quality Assurance of Providers

Update: Q3 2021/22: December 2021

Details of Risk										Initial Score		Key controls and assurances in place (and actions completed) (What control systems are already in place to prevent the risk from being realised...)			Residual Risk Q3 2021		Lead Review Date		Comm Review Date		Mitigating Actions		Review				
Committee	Area/Team Ref	date	Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Likelihood	Consequence	Score	Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Proposed Action	Action Owner/Lead	Q1 21/22	Q2 21/22	Trend to prior Q	Overall Trend	Theme							
PTI	Quality and Performance Committee	QUA093	23/02/2021	Commissioning and Delivery	<p>There is a risk that the proposed model of care at Stoddart House may not meet with the CCGs required standards due to lack of engagement with relevant CCG commissioning leads</p> <p>There is a risk that the proposed model of care at Stoddart House may not meet CCGs required standards due to lack of engagement with CCG and absence of commissioning process. Requirement for interface with LCOG as LUHFT co-ordinating commissioner and also with MCFCT community commissioner role. Potential to impact on following areas:</p> <ul style="list-style-type: none"> - DZA/patientflow processes - Finance - Sefton intermediate care strategy - Decommissioning opportunities with LUHFT cessation of delivery of Aintree@Home imminent and need for mitigation for loss of service. 	Martin McDowell/ Janet Spallen	4	4	16	4	4	16	Nov-21	Nov-21	<p>May 2021 - Business case received from providers to understand proposals and funding implications. Urgent Care lead involvement and challenge at service level with operational framework implementation and ensuring fit with Sefton intermediate care needs. Leadership Team involvement at strategic level and system discussion - Sefton CFO agreed as lead with LCOG to progress focussed areas of work. Links into LUHFT/MCFCT CCF, CRM and CQPGs. Further controls to be agreed at LT.</p> <p>September 2021 - no change to risk</p>	Martin McDowell/ Janet Spallen	16	16	→	→	Commissioning						
PTI	Quality and Performance Committee	QUA096	New July 21	Commissioning and Delivery	Long internal waits within the IAPT service are impacting on the access and recovery KPIs	Gordon Jones	4	4	16	4	4	16	Nov-21	Nov-21	<p>As per CAG paper presented on 6 July 2021, we proposed non recurring investment to deliver a waiting list initiative over 18 weeks aimed at eliminating those service users who have been waiting 18+ weeks for follow up treatments. CAG members supported the proposal which will be presented to the QIPP committee on 27 July 2021.</p> <p>September 21 - QIPP committee requested that Mental Health Matters utilise £108k of allpillage in the first instance to tackle internal waits which, if successful, the QIPP committee would consider additional funding.</p> <p>November 21 - provider has recruited agency staff and redeployed current resource to address internal waits. Additional training places as part of a CIM approach to improving access will also impact on reducing internal waits</p>	Gordon Jones	16	16	→	→	Commissioning						
PTI	Quality and Performance Committee	QUA097	New July 21	Quality	There is a risk that Children in Care do not receive timely care caused by a lack of capacity and resource (staffing) within the commissioned Children in Care Health Teams. There is also an increase in the number/complexity of children entering the care system. This is resulting in poorer health outcomes for children and poor performance.	Helen Case	4	4	16	4	4	16	Sep-21	Sep-21	<p>- KPI's in contract for Children in Care are monitored through Quality Committee and contract meetings.</p> <p>- Designated Nurse CIC is supporting the Community CIC Team for a 3 month period to allow team members to see children.</p> <p>-</p>	Helen Case	N/A	16	→	→	Commissioning Quality Assurance of Providers						
PTI	Finance and Resource	FR0012	Q2 2021/22	Finance	There is a risk EMIS is having a dincial and operational impact on GP practices due to reporting issues with general EMIS performance including searches.	Rebecca McCullough	4	4	16	4	4	16	Nov-21	Nov-21	<p>EMIS have asked practices to be careful about the number of searches being run. IM are working with EMIS to try and diagnose the longstanding issues</p>	Rebecca McCullough	N/A	16	→	→	Primary Care Services						

Risk Matrix

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

Risk Ratings

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

↓ Significant Risks

Significant Risks

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

Consequence Score for the CCG if the event happens		
Level	Descriptor	Description
1	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.

SSCCG COVID & CRR Q3 2021-2022 V4 12+ and Removal Risk Matrix

Level	Descriptor	Description
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.
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.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 30 September 2021	Chair: Alan Sharples
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Key Issue	Risk Identified	Mitigating Actions
<p>The CCG has developed a plan for H1 in conjunction with other CM CCG's which leaves a 2.9% QIPP target on influenceable spend. Reliance on national assumptions may create risks should local experience be different</p> <p>The CCG's underlying position remains challenged with an estimated deficit of c. £9m - £12m.</p>	<p>Potential overspending in key areas could mean that CCG does not deliver its statutory duty to break-even unless further mitigating actions are developed.</p>	<p>The CCG must continue to review all aspects of expenditure. The committee will receive monthly reports advising on risks and potential mitigations.</p> <p>The CCG must continue to work alongside local system partners to develop and implement QIPP and service improvement schemes to address financial sustainability of the CCG and wider system.</p>

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

<p>The Committee received a presentation which outlined the systems, processes and information sources that underpin the CCG prescribing cost reports. The report was extremely well received, and the Chair offered thanks to the Head of Medicines Management and Business Intelligence manager for Primary Care and Place.</p> <p>The Prescribing report indicated that expenditure for Q1 was less than anticipated when compared to budget.</p> <p>The Committee received a report illustrating the increase in s.117 cases during the last 2 years. The Committee asked for further information to understand the reasons behind the increasing trends and assurance that reviews had been carried out in line with expected timescales.</p>
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The CHC report was received, and risks highlighted regarding the Personal Health budget coverage as the provider has indicated that this is outside of specification. The link between the CCG commissioned service and assessments will need review. The FNC review relating to cases that are being transferred from Sefton MBC to the CCG has been delayed. A further update and discussion will be given to the Governing Body.

The QIPP report was received, and it was noted that delivery of the transformational aspect of the plan remains a major risk given that H2 arrangements are likely to remain unchanged and that Block contracts will remain in place.

The Committee reviewed the Governing Body Assurance Framework and requested that the risks related to impact of reconfiguration of organisations on the delivery agenda and the PCN contribution to the integration agenda should be reviewed.

The Committee noted the workforce report and that appraisal compliance is expected to improve as part of the preparation for CCG / ICS transition.

The Committee received an update in relation to the People Plan progress and were advised that the underpinning work relating to Equality Diversity and inclusion will be received in next month's meeting

The Chair of the Committee thanked the interim Chief Nurse for her contribution to the CCG during the past nine months and offered best wishes for the future.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 28 October 2021	Chair: Alan Sharples
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Key Issue	Risk Identified	Mitigating Actions
<p>The CCG has developed a plan for H1 in conjunction with other CM CCG's which leaves a 2.9% QIPP target on influenceable spend. Reliance on national assumptions may create risks should local experience be different</p> <p>The CCG is working with partners across Cheshire and Merseyside to finalise the plans for H2 (October 21 – March 22). Funding levels have reduced compared to the H1 period.</p> <p>The CCG's underlying position remains challenged with an estimated deficit of between £9m - £12m</p>	<p>Potential overspending in key areas could mean that CCG does not deliver its statutory duty to break-even unless further mitigating actions are developed.</p> <p>Potential overspending in key areas could mean that CCG does not deliver its statutory duty to break-even unless further mitigating actions are developed.</p>	<p>The CCG has reported a break-even position for M6 in line with its statutory duty.</p> <p>The CCG must continue to review all aspects of expenditure. The CCG will receive monthly reports advising on risks and potential mitigations.</p> <p>The CCG must continue to work alongside local system partners to develop and implement QIPP and service improvement schemes to address financial sustainability of the CCG and wider system.</p>

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

<p>The Committee received an update in relation to a range of Equality, Diversity, and Inclusion matters. The Following reports were approved for publication,</p> <ul style="list-style-type: none"> - Annual Equality Report

- EDS2 Summary report
- Equality Objectives action plan update
- Workforce Race Equality standard summary report
- Workforce equality and diversity action plan update

The following reports were received,

- Race Disparity Ratio
- Implementation of six key actions to overhaul recruitment and promotion
- Workforce disability equality standard baseline summary
- Update on plan to refocus priorities

The Committee received an update on the progress in relation to the HR and OD plan noting issues concerning learning differences linked into the equality, diversity and inclusion plans and how they could be linked as part of the CCGs' response. The Committee thanked the authors of the report for completing a comprehensive OD plan covering a range of issues and the identification of clear actions to support the plan.

The Committee received an update on the proposed arrangements to support the GPIT futures programme which includes a review of patient information systems within General Practice. Following a discussion, it was agreed to defer the start of procurement until April 2022 so that further information is available to support the likely choices. The Committee supported the establishment of a focus group across the iMersey footprint which includes representation from connected health and care sectors to review options and make a recommendation.

The Committee received an updated prescribing report noting that budget remains underspent.

The Pan Mersey APC recommendations were approved by the Committee. The approval for Adalimumab, etanercept, infliximab and abatacept for use by specialists only followed a NICE Technical Appraisal. The recommendation for the use of Melatonin was not specified by NICE and the Committee approved the recommendation although it was noted that further work is required to understand the cost-benefits of the proposal as likely savings would be made across the health and care system.

The Committee received an update on QIPP progress with the report highlighting progress against delivery of non-recurrent savings, differentiation between cost avoidance and cost savings scheme and noted that the medicines management programme was on target to deliver savings.

The Committee reviewed the Risk Register and recommended that the risks relating to GPIT performance issues and GPIT Futures system should transfer to the Primary Care Committee in Common sub-committee.

The Committee received an update regarding Information Governance noting that the use of the terminology GDPR should now be referred to as UKGDPR to

reflect that the UK has left the EU. The introduction of the NHS Records Management Code of Practice 2021 has also replaced the 2016 code.

The Committee approved the following policies

- Flexible Working and Special Leave policy
- Job Matching / Re-banding Policy
- Health & Wellbeing Policy (New Policy)
- Agenda for Change Re-Banding Policy
- IVF Guidance for Managers

The Recruitment and Selection Policy was also approved and will remain subject to review by the CCG Senior Leadership Team to ensure that it fully captures the Equality, Diversity and Inclusion themes and approach discussed earlier in the meeting.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 25 November 2021	Chair: Alan Sharples
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Key Issue	Risk Identified	Mitigating Actions
<p>The CCG has developed a plan for H1 in conjunction with other CM CCG's which leaves a 2.9% QIPP target on influenceable spend. Reliance on national assumptions may create risks should local experience be different</p> <p>The CCG is working with partners across Cheshire and Merseyside to finalise the plans for H2 (October 21 – March 22). Funding levels have reduced compared to the H1 period.</p> <p>The CCG's underlying position remains challenged with an estimated deficit of between £9m - £12m</p>	<p>Potential overspending in key areas could mean that CCG does not deliver its statutory duty to break-even unless further mitigating actions are developed.</p> <p>Potential overspending in key areas could mean that CCG does not deliver its statutory duty to break-even unless further mitigating actions are developed.</p>	<p>The CCG has reported a break-even position for M6 in line with its statutory duty.</p> <p>The CCG must continue to review all aspects of expenditure. The CCG will receive monthly reports advising on risks and potential mitigations.</p> <p>The CCG must continue to work alongside local system partners to develop and implement QIPP and service improvement schemes to address financial sustainability of the CCG and wider system.</p>

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

<p>The Committee asked that the Leadership Team review the customer satisfaction scores assigned to CHC delivery as part of the CSU update report</p> <p>The Committee noted that prescribing budgets continue to underspend. The national procurement of DOAC's was also noted with reduced cost per units</p>

expected once implemented. A request to review the CCG's performance in terms of average number of prescriptions / medications per head of population was received. The Committee also reviewed the proposed Anti-Coagulation tender and noted that an opportunity to reduce activity may arise from the adoption of DOAC's.

The Committee received an update from the Pan Mersey Area Prescribing Committee (APC) in relation to the Technical Appraisal to recommend the use of Inclisiran injection (Leqvio®▼) for primary hypercholesterolaemia or mixed dyslipidaemia. The Committee approved in principle and asked for an implementation plan with input required from the LMC / AHSN and other stakeholders to manage capacity and clinical expertise issues in Primary Care.

The Committee received an update noting the financial risks that were identified.

The Committee received the QIPP update report noting the link into the Finance report. The Committee discussed the CCG plan to produce a legacy Financial Recovery Plan in conjunction with SFCCG.

The Committee reviewed the Corporate Risk Register and asked for the delivery of QIPP risk score to be reviewed by the Leadership Team.

The Committee reviewed the CCG Board Assurance Framework and asked for the risk score in relation to Care Homes and PCN contribution to integration to be reviewed.

The Committee approved the Workplan Handover report noting that it will remain flexible and change over time. The recommendation to retain monthly finance and prescribing reports for review by the Senior Leadership Team (SLT) was agreed.

The Committee discussed the F&R Committee effectiveness report and highlighted the benefits of representation from the Medicines Management Team.

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Joint Quality and Performance Committee held on 30 th September 2021	Chair: Dr Rob Caudwell/Dr Gina Halstead
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Key Issue	Risk Identified	Mitigating Actions
1. Significant capacity issues highlighted for IAPT	Risk patients will be unable to access talking therapy in a timely manner	Lots of work is currently ongoing with the provider and some additional funding has been provided. More information is required in relation to prioritisation of patients.
2. Access issues identified in relation to PC24	Clinical risks highlighted in terms of patient access, assessment, and treatment.	More assurance required as to how clinical risk is managed across the system and what is being done to address capacity issues – MMcD to confirm planned versus actual staffing levels.
3. Mersey Care FT CQPG meeting was noted as being high level and strategic. A more operational meeting would be required to run alongside CQPG	Risks and quality issues/concerns missed or not discussed in the appropriate place.	GH to pull am meeting together with Tracey Forshaw, Tracy Jeffes and the PCNs to discuss proposal with consideration being made of the new ICS arrangements.
4. Failure of GP2GP	Loss of access to GP records during GP2GP with only manual means of recovery	MMcD will ask Louise Taylor to present her findings and actions following audit of failures

Information Points for South Sefton CCG Governing Body (for noting)
<ul style="list-style-type: none"> • Serious Incident Policy 2021 approved and ratified at JQPC • Research Strategy 2021 approved and ratified at JQPC • Cheshire & Merseyside Maternity SI process endorsed by JQPC • CCG Complaints Report to be renamed to CCG Patient Experience Report

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Joint Quality and Performance Committee held on 28th October 2021 Chair:
Dr Gina Halstead

<p>1. Noted FFT results for AED and Inpatient for both LUHFT and SOHT below national average.</p>	<p>Poor Patient Experience across acute hospital trusts.</p>	<p>1. Further work to be undertaken to understand the comparison with the national picture and with pre-Covid data. 2. FFT to continue to be monitored at CCQRM and CQPG.</p>
<p>2. CHC backlog issues are ongoing, specifically in relation to fast-track patients.</p> <p>Additionally, there is no clarity regarding what CHC model will be in place when we transition to the ICS.</p>	<p>Patients not receiving the appropriate care packages of their needs within acceptable timescales.</p> <p>Lack of clarity regarding future arrangements.</p>	<p>1. Oversight continues by the Chief Nurse. FLT has also set up a Sefton focussed Board to address the ongoing issues. 2. Updates are provided monthly via the Chief Nurse report</p>
<p>3. The CCG Safeguarding Team have highlighted an increase in the number of statutory reviews, with increased pressure on the team.</p>	<p>Reduced capacity to manage reviews effectively.</p>	<p>1. Need to consider further resource for Safeguarding Team in relation to IMR support.</p>
<p>4. Potential GP prescribing error noted in relation to the prescribing of short acting Dihydrocodeine, with 30mg 8 times a day being prescribed rather than 30mg 6 times a day, utilising the current drop down facility on the system.</p>	<p>Potential for patients being prescribed incorrect dose of medication</p>	<p>1. Medicines Management to review and consider flagging on the system, including engagement with GPs in relation to prescribing.</p>

<p>5. Concerns in relation to the 2 week waiting time for CT scans not being met at SOHT, following the trust change in process for requesting and booking CT Scans.</p>	<p>Patients waiting longer for CT could delay diagnosis/treatment.</p> <p>Increased pressures on community services.</p>	<p>1. Radiology waiting times to be monitored at the SOHT CCQRM.</p>
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Information Points for South Sefton CCG Governing Body (for noting)

- Separate session to take place on 6 January 2022 for JQPC members in relation to support understanding of the corporate risk register
- Professional Regulation Policy was presented and was approved by the committee.
- Changes to Quality Team highlighted to the committee. Chrissie Cooke retired as Chief Nurse at the end of September with Jane Lunt taking over the role until the end of March 2021.
- CCG Patient Experience Report (previously CCG Complaints Report) will be moved to quarterly moving forward. There will be a paper in November that will give a monthly performance overview then the next paper will be quarterly and presented in February 2021.

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

<p>Joint Quality and Performance Committee held on 25th November 2021</p>	<p>Chair: Dr Rob Caudwell/ Dr Gina Halstead</p>
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Key Issue	Risk Identified	Mitigating Actions
<p>1. Lack of assurance children safeguarding registers may not be up to date in Gp practices.</p>	<p>GP practices may be unaware of children on the CP register and CiC and when they have been removed.</p>	<p>FLT to have conversation with Safeguarding team to gain a further understanding and what potential processes could be put in place.</p>
<p>2. Liverpool Women's lack of access and recording on EMIS.</p>	<p>Midwives/Health Professionals not having full access to appropriate patient information Prescribing risks for GP's who may not be aware a woman is pregnant.</p>	<p>Further update and assurance to be requested at the CQPG, with the possibility of escalation at a chief nurse to chief nurse / chief officer to chief officer.</p>
<p>3. PC24 and delays in relation to out of hours service. PC24 asked for more funding to cover wider footprint.</p>	<p>Access to service delays.</p>	<p>MMcD was requesting rota information – this has now fallen in wider remit not specific to Sefton. Ian Davies at LCCG is doing a piece of work to review the contract considering the increase in demand for services.</p>
<p>4. GP2GP update provided.</p>	<p>Concerns regarding de-registered patients and records being potentially lost.</p>	<p>NHS Digital will follow this up with GH and RC and gain further understanding.</p>
<p>5. Close down of JQPC</p>	<p>Concerns regarding quality issues, level of information received and reviewed by JQPC being lost in the wider quality meeting.</p>	<p>Highlight provided at the meeting Debbie Fairclough is overseeing the governance reporting requirements and will communicate across with teams.</p>

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

- Updated Safeguarding and Children in Care Policies approved by the Committee.
- GP2GP update provided by Andy Topham and Louise Taylor.
- Update received regarding close and transfer group workplan and arrangements of transition/close down of this Committee.

Key Issues Report to Governing Body

Audit Committees in Common: Wednesday 20 October 2021 **Chair: Alan Sharples**

Key Issue	Risk Identified	Mitigating Actions
The outstanding issues in relation to the CCG Grievance and Disputes Policy require resolution	CCGs' need assurance that the policy is agreed and ready for use, given potential likelihood of increased risk during the implementation of HR framework supporting commissioning re-organisation.	CCG LT to review and provide confirmation that policy is agreed and in place.

Information Points for South Sefton and Southport & Formby CCG Governing Body (for noting)

The Committee requested a written update regarding progress in relation to the resolution of the outstanding GP Pensions issue. A report will be produced for Committee members by the end of October.

The Committee received an update in relation to the Freedom to Speak Up (FTSU) action plan.

The Committee received an update on progress in relation to the CCG Closedown process which led to a wider discussion regarding the need for further assurance meetings.

The Information Governance Bi-Monthly report was received noting that the CCGs' will need to reach 95% training coverage at one stage during the year. The Committee received an update on the plan in place to achieve this measure.

The Committee approved the Anti-Fraud, Bribery and Corruption Policy.

The Committee received the Internal Audit Plan update noting that the Primary Care Commissioning Committee in Common achieved High Assurance.

The Committee received the Annual Audit letters for both CCGs' noting that they were published on the web-site in line with required timescale.

The Committee noted the External Audit Challenge Questions and asked that the Governing Body reference these questions as part of its assurance process.

The Anti-Fraud Specialist update report was received.

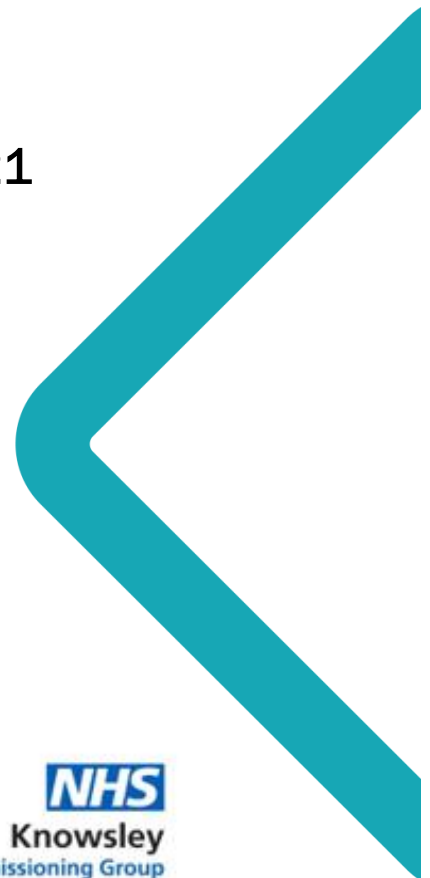
The Committee reviewed the CCGs' Governing Body Assurance Framework (GBAF) and Corporate Risk Register (CRR) and noted that a number of risks required further moderation before the reports could be agreed.

The Committee asked that the review of the specific transition risks be included in detail and reported back

Finance and resources sub-committee

Key issues report

Of the meeting held on 9th December 2021



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



Key issues arising from the meeting held on 9th December 2021				
ALERT (matters of concern, non-compliance or matters requiring a response/action/decision from the C&M Joint Committee)				
Issue	Committee comments	Assurances received	Action	Timescale
F&R committee terms of reference	The committee received the TORs from the C&M Joint Committee. Members have made recommendations in respect of proposed changes	N/A	C&M Joint Committee is asked to approve the proposed changes. An updated TOR will be submitted to next public meeting.	January 2022
HR expertise	Committee noted that there is no HR/workforce expertise on the committee. Committee will work with ICS to ensure work is aligned.	N/A	C&M committee to identify HR lead to join membership ICS HR lead has been invited to meeting on 13 th January 2022	January 2022
ADVISE (general update in respect of ongoing monitoring where an update has been provided)				
Issue	Committee update	Assurances received	Action	Timescale
Chairing arrangements	Committee confirmed Gareth Hall, lay member from Halton & Warrington CCGs as Chair and Dr. Paula Cowan Wirral CCG as Vice Chair.	N/A	None	Completed



Risk Register	A consolidated risk register comprising all relevant finance and HR risks from each CCG is in development.	All CFOs confirmed risks will be shared	CFOs or relevant lead to send risk to Mark Chidgey, CFO lead for F&R committee.	January 2022
Delegations	The committee received and accepted delegations from C&M joint committee.	Tasks and activities have been mapped to committee workplan	Work plan to finalised	January 2022
Patient voice	Committee concerned about patient voice being represented.	N/A	Committee developing a process for ensuring patient voice is represented	January 2022

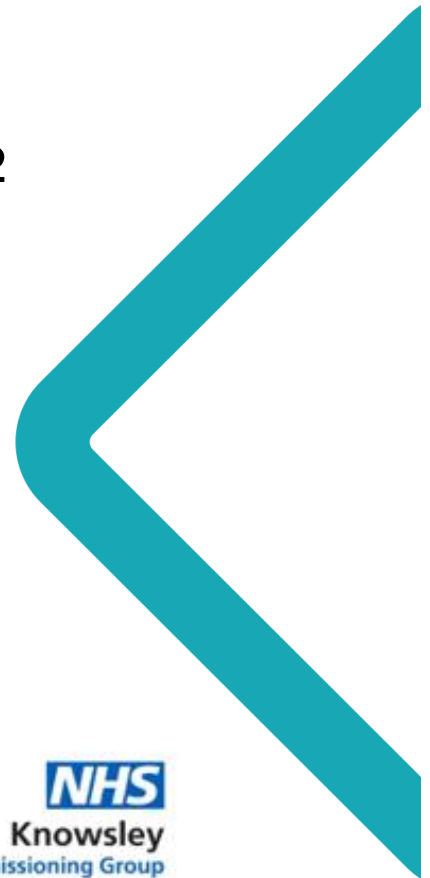
ASSURE (issues for which the committee has received assurances)

Issue	Committee update	Assurances received	Action	Timescale
Summary Financial positions in respect of H2 requirements and achievement of Statutory Financial Duties from all CCG's	Committee received comprehensive update report	The committee was assured that there is an achievable plan for financial balance and that to deliver this further mitigations would need to be identified and implemented.	CFOs to provide monthly progress reports	Monthly

Finance and resources sub-committee

Key issues report

Of the meeting held on 13th January 2022



 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



Key issues arising from the meeting held on 13 th January 2022				
ALERT (matters of concern, non-compliance or matters requiring a response/action/decision from the C&M Joint Committee)				
Issue	Committee comments	Assurances received	Action	Timescale
F&R sub-committee terms of reference	The committee received the TORs from the C&M Joint Committee. Members have made recommendations in respect of proposed changes	N/A	C&M Joint Committee is asked to approve the proposed changes – separate paper presented to joint committee. TORs to be reviewed in March to ensure fit for purpose for April – June 2022.	February 2022 March 2022
Implications for F&R committee and other sub-committees due of the ICS delay	The committee raised a number of considerations that require a resolution in terms of agreeing what its roles and responsibilities will be in respect of <i>Recommending accounts for sign off by joint committee</i> <i>Recommending ICB budgets for sign off noting that not all CCGs have delegated this responsibility to the C&M joint committee</i> <i>Ensuring capacity to deliver the requirements of the contracting round (setting contracts for providers)</i>		C&M joint committee to provide guidance on what roles and responsibilities the F&R committee will have post 1 st April 2022.	March 2022



	<p><i>Agreeing any extensions of variations to contracts to take account of the additional three month life span off CCGs</i></p> <p><i>Workforce transition and capacity</i></p>			
HR and workforce	<p>The committee TORs stipulate responsibilities in respect of HR and workforce – the committee would like additional clarity on what those responsibilities are. This is particularly relevant in Q1 2022-23 to support workforce transition to ICB.</p>	N/A	<p>ICS HR lead is to attend committee</p> <p>MIAA to map delegated workforce activities to the workplan.</p> <p>Joint committee to stipulate requirements of F&R committee to support development of the workplan</p>	<p>February</p> <p>February</p> <p>March 2002</p>
Triangulation of activity between sub committees	<p>Members were keen to ensure that committees don't operate in silo and miss the opportunity to triangulate matters that may pose risk</p>	<p>TORs mandate chairs to liaise across.</p>	<p>Key issue reports to be shared between sub-committees</p> <p>Sub-committee chairs to meet as per TOR mandate</p> <p>Development of integrated report for the C&M Joint Committee</p>	<p>February</p> <p>February</p> <p>TBC by joint committees</p>



			that consolidates the work of all sub-committees	
ADVISE (general update in respect of ongoing monitoring where an update has been provided)				
Issue	Committee update	Assurances received	Action	Timescale
Patient voice	Committee concerned about patient voice being represented.	N/A	The committee chair will liaise with quality committee chair to ensure that any relevant issues are brought to F&R but would ensure there isn't any duplication.	Ongoing liaison
Report from chief finance officers on achievement of statutory duties	<p>Committee reviewed and received the report.</p> <p>One CCG (Cheshire) has been rated as red for the breakeven duty and</p> <p>Five CCGs continue to be assessed as red in relation to cash management.</p> <p>Consideration of how variance and exception reporting to be undertaken.</p>	Plans to deliver the forecast position	Continue to deliver plans	<p>March 2022</p> <p>February 2022</p>
ASSURE (issues for which the committee has received assurances)				
Issue	Committee update	Assurances received	Action	Timescale



<p>Approach to Final Cross Cheshire and Merseyside Financial Position for the year 2021/22</p>	<p>The committee received the report.</p>	<p>Agreed set of principles under for the C&M finance community</p> <p>Evidence of actions being undertaken to fulfil the agreed principles</p> <p>Clear steps to reach agreement on the final financial positions for the CMCCGs both individually and collectively.</p>	<p>Implementation of agreed steps</p>	<p>March 2022</p>
<p>Risk</p>	<p>The committee received a report that set out the highest scoring financial risks from the respective CCGs</p> <p>Committee wishes to ensure consistent approach to risk assessment, mitigation and appetite for 2022-23</p>	<p>Risk registers and BAFs extracts with detailed mitigations</p>	<p>Continue to review and receive risk detail</p>	<p>Ongoing</p> <p>March 2022</p>

Key Issues Report to Primary Care Commissioning Committee in Common

South Sefton Primary Care Commissioning Committee Part 1, Thursday 16 September 2021

Chair: Dil Daly

Key Issue	Risk Identified	Mitigating Actions

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

- The committee noted an update to sign up to the Enhanced Services in 21/22.
- The committee noted the rating of full assurance received by both CCGs from MIAA for the Primary Care Commissioning and Procurement element of Primary Care.
- A report on the use of the GP Capacity Fund was received and supported.
- A report on the GP Patient Survey was received and the committee passed its congratulations and thanks to practices.
- The committee noted an update on primary care finances.

Finance and Resource Committee Draft Minutes

Thursday 30 September 2021

1pm to 3pm

Microsoft Teams Meeting

Attendees (Membership)		
Alan Sharples	Lay Member (F&R Committee Chair), SS CCG	AS
Steven Cox	Lay Member (F&R Committee Vice Chair), SS CCG	SC
Chrissie Cooke	Interim Chief Nurse, SS CCG	CC
Tracy Jeffes	Director of Place – South, SS CCG	TJ
Susanne Lynch	Head of Medicines Management, SS CCG	SL
Martin McDowell	Chief Finance Officer, SS CCG	MMcD
Rebecca McCullough	Deputy Chief Finance Officer, SS CCG	RMcC
Dr Sunil Sapre	GP Governing Body Member, SS CCG	SS
Dr John Wray	GP Governing Body Member, SS CCG	JW
Dr Alison Rowlands	GP Governing Body Member, SS CCG	AR
Ex-officio Member*		
Fiona Taylor	Chief Officer, SS CCG	FLT
In attendance		
Jane Keenan	Interim CHC Programme Lead, SS CCG	JK
Paul Shillcock	Accounts/Training Manager – Informatics Merseyside	PS
Fiona Doherty	Head of Strategies and Outcomes	FD
Debbie Fairclough	Interim Programme Lead – Corporate Services	DF
Thomas Roberts (item FR21/133)	BI Manager, Primary Care and Place	TR
Minutes		
Sandra Smith	PA to Finance Director	SSm

Attendance Tracker

Y = Present

A = Apologies

N = Non-attendance

Name	Membership	April 2021	May 2021	June 2021	July 2021	Sept 2021					
Alan Sharples	Lay Member (Chair)		Y	Y	Y	Y					
Steven Cox	Lay Member (F&R Committee Vice Chair), SS CCG		Y	A	Y	Y					
Dr Pete Chamberlain	SS Governing Body Chair		Y	A	A	Y					
Chrissie Cooke	Interim Chief Nurse		Y	Y	Y	Y					
Tracy Jeffes	Director of Place – South SS CCG		Y	A	Y	Y					
Susanne Lynch	Head of Medicines Management		Y	Y	Y	Y					
Martin McDowell	Chief Finance Officer		Y	Y	Y	Y					
Rebecca McCullough	Deputy Chief Finance Officer				A	Y					
Dr Sunil Sapre	GP Governing Body Member		Y	Y	Y	Y					
Dr John Wray	GP Governing Body Member		A	A	Y	A					
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)		Y	A	A	A					
Alison Rowlands	GP Governing Body Member				Y	Y					

No	Item	Action
General business		
FR21/129 (a) (b)	Apologies for absence Fiona Taylor Tracey Forshaw 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.	
FR21/130 (a) (b)	Declarations of interest regarding agenda items 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). 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 . Declarations of interest from today's meeting <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. 	
FR21/131 (a) (b)	Minutes of the previous meeting and key issues The minutes of the previous meeting 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.	
FR21/132 (a) (b) (c) (d)	Action points from the previous meeting – Wednesday 28th July FR21/121 (d) Finance & Resource Committee Register: It was agreed the H2 guidance would need to be received prior to updating the register. FR21/97 (b) CSU Service Report: MMcD will present the findings on the disproportionate split on finances in relation to the HROD SLA at the October F&R meeting. FR21/102 (e) Minutes of Steering/Sub-Groups: CC confirmed the mapping exercise relating to meeting membership and attendance had taken place. Further changes will be implemented to alleviate commitments for staff attending numerous meetings; this item is now closed. CC appraised the Committee of the proposed plans in place in preparation for her departure from the CCG. Jane Lunt will be covering as Chief Nurse and it is proposed that Tracey Forshaw will undertake the Chief Nurse input for the Committee, with referral and support from Jane Lunt going forward. This proposal was agreed by the Committee.	

No	Item	Action
FR21/133	<i>Prescribing Development Session by Susanne Lynch and Tom Roberts</i>	
<p>(a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p> <p>(e)</p> <p>(f)</p> <p>(g)</p> <p>(h)</p> <p>(i)</p>	<p>SL and TR introduced the presentation on medicines optimisation, which set the scene on the complexities of prescribing issues and associated impact on financial reporting (presentation attached).</p> <p>SL appraised the Committee of a national document received relating to over-prescribing, advocating a 10% reduction target in the prescription of drugs.</p> <p>AS referred to PbR excluded drugs which are not within the finance report, asking what assurance is given to show this is included within the CCGs budget. RMcC confirmed that these costs had been included within provider block arrangements under the temporary financial regime.</p> <p>AS highlighted the difference in the weighting information between male and female prescribing, asking if this information is proven through data. TR confirmed the measures are reviewed on a regular basis and changes in demographics are considered. CC commented that this information does ring true, explaining the different drug pathways for males and females during their lives.</p> <p>SP asked if ASTRO and STAR are considered separately or together when setting budgets. TR explained that ASTRO is used for budget setting, rather than STAR. These measures are used across the NHS, but budget setting varies within each CCG.</p> <p>RMcC commented that the prescribing information received for financial reporting is sometimes two months behind and noted that this delay can lead to difficulties in compiling realistic forecasts, due to fluctuations and other variables that occur during the year.</p> <p>TR presented the Practice Live report which highlights areas of concern, or those issues which need focussed attention.</p> <p>Discussion took place on the extent of good practice identified within the presentation and how it could be shared with other CCGs. TR commented that these processes are typical of a business intelligence approach. It was noted that this level of data is not available across all CCGs, as there may not be a dedicated BI team to produce the work. AS agreed, this is an area of good practice, and consideration should be given to sharing with other forums.</p> <p>AS thanked SL and TR for their presentation.</p>	
<i>Continuing Healthcare</i>		
FR21/134	Continuing Healthcare Update – September 2021	
<p>(a)</p> <p>(b)</p>	<p>JK presented the CHC update, highlighting the current position. There is an issue of concern relating to the lack of agreement on service specification. MLCSU have submitted a service delivery report which outlines their perception of service gaps which they believe the CCG has not commissioned; one of which is personal health budgets. JK confirmed after discussions with NHSE, MLCSU's position will be escalated to the Leadership Team due to non-delivery of PHBs.</p> <p>JK apprised the Committee of a further issue relating to the CSU asking for additional payments for requests made by the CCG, which the CSU states is not</p>	

No	Item	Action
(c)	part of the original service specification.	
(e)	CC thanked JK for her hard work in what is a difficult situation.	
(f)	A long discussion ensued regarding the performance of the MLCSU, after which the Chair and CFO agreed this matter should be referred to Part II of the Governing Body meeting. After being appraised of the situation, PC agreed with this course of action.	
(f)	AS thanked JK for her report, which had been received by the Committee.	
<i>Prescribing</i>		
FR21/135	Prescribing Spend Report	
(a)	SL reported on the monthly expenditure figures, highlighting the first three months of the year have returned a projected underspend of £394k. Although a benefit will have been seen from the impact of Cat M adjustments, there is likely to be an increase in October. The complications regarding forecasting Cat M expenditure were noted.	
(b)	SL apprised the Committee of the first National Guidance received in relation to a medicine to be put in place in Primary Care, the cost of which will be paid by NHSE centrally.	
(c)	AS referred to the underspend estimate of 1.9% on page 32, pointing out the conclusion refers to unexpected cost pressures within this financial year. SL confirmed pressures do remain, however, the budget is expected to be sufficient to cover these pressures.	
(d)	The report was received by the Committee.	
<i>Finance</i>		
FR21/136	Finance Report	
(a)	RMCC updated the Committee on the contents of this report which presents an overview of the Month 5 financial position for South Sefton as of 31st August 2021. The overspend shown within the report relates to the Hospital Discharge Programme and Elective Recovery Programme which will be reimbursed to the CCG.	
(b)	It was confirmed that the guidance for H2 is still awaited, however, RMCC did confirm the Government have released a funding settlement for the NHS. This will be additional funding of £5.4bn, including £0.5bn capital funding. It is noted that funding will reduce between H1 and H2 financial period, however, there is no indication of the impact on individual organisations.	
(c)	The most significant cost increases during the financial year relate to Section 117 mental health packages. RMCC has produced a presentation to be shared with the Committee which gives further analysis on this area.	
(d)	A new risk has been identified which relates to pay awards and CCGs have been informed that there will be no additional funding awarded to cover the pay awards. This funding will need to be managed within the current financial position, although the impact has been mitigated through underspends in other areas.	
(e)	AS asked for clarification on the funding settlement and additional funding which will support the continuation of the Hospital Discharge Programme and the Elective	

No	Item	Action
(f)	Recovery programme. RMcC confirmed the Hospital Discharge Programme will continue although the overall amount will be reduced. The Elective Recovery programme will also continue, and reimbursement will be possible although the details of the scheme had yet to be confirmed.	
(g)	MMcD reiterated the point made by RMcC that the CCG is on target to deliver a break-even position for H1.	
(h)	RMcC shared a presentation which highlighted the increasing trend in relation to joint funded packages of care with SMBC under s.117 arrangements, following discharge under the Mental Health Act. (Appendix 1)	
(h)	This report was received by the Committee.	
FR21/137	QIPP Update Report – September 2021	
(a)	MMcD updated the Committee on the current position, the first part of the report relates to the current QIPP position. MMcD appraised the Committee that discussions are taking place with the local acute Trust’s Director of Transformation to identify areas of joint working.	
(b)	AS commented that the risk of not delivering QIPP is a red risk, adding it is important for the Committee to receive this data	
(c)	This report was received by the Committee.	
FR21/138	High-Cost Packages of Care	
(a)	This report and contents were noted by the Committee.	
<i>Committee Governance</i>		
FR21/139	Report on Mapping Exercise – Meeting membership and attendance	
(a)	This item was discussed within the review of the Action Tracker.	
<i>Risk</i>		
FR21/140	F&R Resource Committee Risk Register	
(a)	AS confirmed the main risk is the non-delivery of QIPP.	
(b)	This report was received by the Committee.	
FR21/141	F&R Governing Body Assurance Framework	
(a)	AS referred to the reconfiguration of organisations (page 88), particularly the blank section under Assurances. AS queried, this commenting it should include the work being undertaken by CCGs.	
(b)	AS referred to page 92 of the report in relation to continuity of care for patients. AS asked, considering confirmation that a plan is in place, why the current score is 20. MMcD responded that this refers to of multiple care home failures, which would need a more significant response, however, he suspected the rating of this objective needs to be reviewed.	
(c)	AS referred to risk 5.2 of the report which appears to offer limited assurance against the risk, adding that this needs to be further developed. TJ agreed with this point and will take responsibility to undertake this action, those who wished to	TJ

No	Item	Action
(d)	contribute to this review should contact TJ directly out of this meeting. This report was received by the Committee.	
FR21/142	NICHE Governance Report	
(a)	This item had been discussed within the QIPP report.	
<i>HR</i>		
FR21/143	HR Performance Report	
(a)	MMcD briefed the Committee on the contents of this report, noting there is an improvement to the mandatory and statutory training figures, with reminders being published within the CCG staff bulletin. There is a slight increase in staff turnover rate, however, this is not of concern at this stage.	
FR21/144	NHS People Plan	
(a)	TJ introduced this report and asked for it to be noted by the Committee. There will be a further update brought to the October meeting of the S&F F&R Committee.	
(b)	This report was received by the Committee.	
<i>Estates</i>		
FR21/145	Estates Update	
(a)	MMcD gave a brief update, noting that there was nothing substantive to report to the Committee.	
(b)	This update was received by the Committee.	
<i>Digital and Information Technology</i>		
FR21/146	IT Investment Plan 21/22	
(a)	MMcD introduced this report on current financial position regarding GPIT funding for 2021/2022.	
(b)	In respect of ETTF; NHSE have indicated that this bid has been provisionally approved, although official confirmation is awaited.	
(c)	This report was received by the Committee.	
Minutes of Steering Groups to be formally received		
FR21/147	Minutes of Steering / Sub-Groups to be formally received	
(a)	The committee received the minutes of the following steering / sub-group meeting: QIPP Meeting – July 21	
(b)	The minutes were taken as read and agreed.	
Closing business		
FR21/148	Any Other Business	
(a)	AS thanked CC for her contribution to the SS F&R Committee.	

No	Item	Action
FR21/149 (a) (b) (c) (d)	Review of Meeting The Committee agreed that the Prescribing presentation had been worthwhile and informative. SL commented it was good to have an interactive session around prescribing and thanked the Committee for their input. RMcC commented it would be useful to invite other Departments to present at the Committee. It was noted if reports are to be received by the Committee within the meeting, it will be presumed those reports have been read prior to the meeting.	
FR21/150 (a)	Key Issues Review MMcD highlighted the key issues from the meeting, which will be presented as a Key Issues Report to Governing Body.	
	Date of next meetings: Next F&R Committee Meeting: Thursday 28 October 2021 12.30 pm to 2.30 pm Microsoft Teams	

Finance and Resource Committee Draft Minutes

Thursday 28 October 2021

12.30 pm to 2.30 pm

Microsoft Teams Meeting

Attendees (Membership)		
Alan Sharples	Lay Member (F&R Committee Chair), SS CCG	AS
Steven Cox	Lay Member (F&R Committee Vice Chair), SS CCG	SC
Chrissie Cooke	Interim Chief Nurse, SS CCG	CC
Tracy Jeffes	Director of Place – South, SS CCG	TJ
Susanne Lynch	Head of Medicines Management, SS CCG	SL
Martin McDowell	Chief Finance Officer, SS CCG	MMcD
Rebecca McCullough	Deputy Chief Finance Officer, SS CCG	RMcC
Dr Sunil Sapre	GP Governing Body Member, SS CCG	SS
Dr John Wray	GP Governing Body Member, SS CCG	JW
Dr Alison Rowlands	GP Governing Body Member, SS CCG	AR
Ex-officio Member*		
Fiona Taylor	Chief Officer, SS CCG	FLT
In attendance		
Tracey Forshaw	Deputy Nurse	TF
Jane Keenan	Interim CHC Programme Lead, SS CCG	JK
Paul Shillcock	Accounts/Training Manager – Informatics Merseyside	PS
Fiona Doherty	Head of Strategies and Outcomes	FD
Minutes		
Sandra Smith	PA to Finance Director	SSm

Attendance Tracker

Y = Present

A = Apologies

N = Non-attendance

Name	Membership	April 2021	May 2021	June 2021	July 2021	Sept 2021	Oct 2021				
Alan Sharples	Lay Member (Chair)		Y	Y	Y	Y	Y				
Steven Cox	Lay Member (F&R Committee Vice Chair), SS CCG		Y	A	Y	Y	Y				
Dr Pete Chamberlain	SS Governing Body Chair		Y	A	A	Y	A				
Jane Lunt	Interim Chief Nurse		Y	Y	Y	Y	A				
Tracy Jeffes	Director of Place – South SS CCG		Y	A	Y	Y	Y				
Susanne Lynch	Head of Medicines Management		Y	Y	Y	Y	A				
Martin McDowell	Chief Finance Officer		Y	Y	Y	Y	Y				
Rebecca McCullough	Deputy Chief Finance Officer				A	Y	A				
Dr Sunil Sapre	GP Governing Body Member		Y	Y	Y	Y	Y				
Dr John Wray	GP Governing Body Member		A	A	Y	A	Y				
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)		Y	A	A	A	Y				
Alison Rowlands	GP Governing Body Member				Y	Y	A				

No	Item	Action
General business		
FR21/151 (a) (b)	Apologies for absence Susanne Lynch (Janet Faye in attendance) Chantelle Collins Alison Rowlands Rebecca McCullough 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.	
FR21/152 (a) (b)	Declarations of interest regarding agenda items 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). 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 . Declarations of interest from today's meeting <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. 	
FR21/153 (a) (b) (c)	Minutes of the previous meeting and key issues The minutes of the previous meeting were approved as a true and accurate record. A request was made by the Chair to add Tracey Forshaw to the attendee list for this Committee. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.	
FR21/154 (a) (b)	Action points from the previous meeting FR21/121 (d) F&R Risk Register: MMcD that the CM CCG CFOs are reviewing the position collectively before finalising the allocations. MMcD estimated that the likely case deficit for the CCG would be c. £1.5m with no plans identified to deliver the gap. FR21/197 (b) CSU Service Report: MMcD will look at the allocation of HROD SLA for both S&F and SS. This item is now closed.	
<i>General Business</i>		
FR21/155 (a)	Equality Update Jo Roberts (JRo) highlighted the contents of the NHS South Sefton CCG's Equality and Diversity (E&D) Annual Report and associated documents which demonstrate how the CCG has been demonstrating 'due regard' to their Public Sector Equality Duty (PSED) as defined by the Equality Act 2010.	

No	Item	Action
(b)	JRo referred to the Annual Equality section and noted that the RAG ratings on one of the indicators is incorrect and should show amber rather than green.	
(c)	AS referred to appendix A 4.2 which related to paper coming before the Board, commenting that this is not happening as it should. JRo agreed, adding there is more work to be undertaken on this aspect. FLT also agreed with this, pointing out that E&D is alluded to on the report cover sheets which staff should complete accompanying each Board/Committee paper. If there has been an equality impact assessment completed, that should also be identified in that paper. AS accepted this point and commented that improvements still need to be made around this issue by adding further information.	
(d)	AS referred to Section titled 2.3 People report positive experiences of the NHS and commented that as an organisation the CCG has no control on what is reported. JRo confirmed this should also have been amber rather than green. AS added that the discipline of identifying the issues and reporting them through the appropriate section on the cover sheet is one which can be addressed.	
(e)	AS referred to the training analysis identified within the report and asked whether training had commenced. JRo explained she had been looking at cultural equality training for staff and it is hoped that this will be available within the next month. In terms of recruitment itself, the NHS Regional Equality Team are developing a resource pool which can be used when undertaking interviews.	
(f)	FLT referred to Appendix C the Workforce Equality Diversity Plan and asked it to be noted she had been invited to attend but was unable to do so due to work commitments.	
(g)	<p>The committee was asked to accept the below reports which, subject to the checking of formats within the reports were approved and received by the Committee:</p> <p>Approved EDS2 Summary report Equality Objectives action plan update Workforce Race Equality standard summary report Workforce equality and diversity action plan update</p> <p>Received Race Disparity Ratio Implementation of six key actions to overhaul recruitment and promotion Workforce disability equality standard baseline summary Update on plan to refocus priorities</p>	
FR21/156	<p>CCG OD Plan</p> <p>(a) Boo Stone (BSt) gave a brief overview of the interim OD plan, providing updates on the three sections within the plan: looking back over the previous year, looking forward towards integration and the integrated landscape. This plan should form the basis of the CCG's approach to establishing a place-based partnership.</p> <p>(b) MMcD reflected on a discussion which had taken place at the S&F F&R Committee relating to the discrepancy in reporting relating to individuals declaring disabilities and hidden disabilities, which is an issue for managers. BSt agreed with this, adding it is underpinned by the equality information and action plans. BSt will be liaising with JRo to review the plan and will consider any changes as required.</p>	

No	Item	Action
(c)	TJ thanked BSt for putting together such a comprehensive plan, adding there are several practical actions within the plan to ensure delivery before transition in 2022.	
(d)	AS referred to the red areas on the action plan, asking BSt if could provide further information to the Committee on the current situation relating to these areas. BSt confirmed that the staff feedback area should now show as amber. In terms of the strength base assessments for staff, this should also show as amber, along with the audit and review of job descriptions, adding the data needs to be reviewed and updated. TJ confirmed all CCGs will be undertaking the same survey which is due to be launched. In terms of job descriptions, members of SMT are being tasked to ensure their teams have up to date job descriptions and a stock take will be undertaken.	
(e)	FLT confirmed the CCG are being directed by the ICS not to change job descriptions and will undertake whatever changes can be made within the gift of the transition. AS asked if this applied to not changing job descriptions rather than documenting what the job is. FLT thanked AS for raising that point and that it be noted that the CCG does document conversations have taken place in relation to job descriptions. FLT added that every member of staff will have a job description taking to reflect their current role and responsibilities.	
(f)	The report was approved by the Committee.	
FR21/157	GPIT Futures	
(a)	PS briefed the Committee on the requirement to re-procure GP IT systems under the GP IT Futures Framework Agreement, prior to the expiry of the Bridging Agreements put in place on behalf of the CCG. He proceeded to outline the considerations regarding system procurement, timescale, and associated cost.	
(b)	PS asked the Committee to consider two recommendations; firstly, to initiate a procurement on 1st April 2022 when new entrant suppliers are expected to be confirmed and secondly, engage with General Practice and PCNs to review the impact of any potential system change taking on board views from Primary Care, PCN, extended primary care services, community services and regional programmes.	
(c)	The Committee accepted the report and voted to accept the option of delaying the procurement process and confirmed support to establish a Task and Finish Group.	
<i>Prescribing</i>		
FR21/158	Prescribing Spend Report	
(a)	JF asked committee to receive month 4 which shows a slight reduction to last year confirming an underspend at this point of £41,000.	
(b)	It was noted that Cat M continues to be a challenge and an ever-changing situation. MMcD supported this point, adding there is an anticipation Cat M prices will rise in the second part of the year, which in turn will increase pharmacy costs and may have a differential impact on each CCG. FLT asked if this information could be brought back to the Committee, to ensure oversight and assurance to the F&R Committee that they are clinically appropriate variances.	JF/SL
(c)	The Pan Mersey APC recommendations were approved by the Committee.	
FR21/159	Recommendation to approve Pan Mersey APC	
(a)	JF referred to the second recommendation which is a medicine for rheumatoid	

No	Item	Action
	<p>arthritis. This is currently red in the APC formulary for use by specialists only. There has been a NICE TA outlining approval for moderate rheumatoid arthritis.</p> <p>(b) AS referred to the protected spend increase, which showed a huge difference and asked where the funding would come from. MMcD noted that the pathway being followed has been established by Sheffield and evidence suggested that savings would be made in the medium to long-term MMcD noted that the recommendation is not a NICE TA, so the CCG does have discretion on this instance.</p> <p>(c) JF confirmed the Pan Mersey Guidance around the use of melatonin is now very detailed clinically, adding that a paper will be brought to the next F&R Committee meeting in respect of a 25% rebate for Slenyto.</p> <p>(d) AS asked if the figures discussed can be absorbed in anyway. FLT reflected on this item and is both mindful of patient care and the potential costs involved. MMcD commented it would be useful to check if there is any further evidence available from Sheffield which may give assurance to the Committee.</p> <p>(e) TJ agrees that a compelling argument has been put forward, however, this is Pan Mersey guidance and she anticipated it would be difficult for it not to be supported by the CCG.</p> <p>(f) TF would support this recommendation strongly, looking at the wider terms SEND agenda there is also the current waiting list for assessment, management, and treatment within Mersey Care for those who are 18-25. Some of the cost could possibly be attributed to those people who are still waiting.</p> <p>(g) FLT stated this should be closely monitored and referred to the ICS ensuring they are aware of the situation going forward.</p> <p>(h) The Pan Mersey APC recommendations were approved by the Committee.</p>	
Finance		
FR21/160	Finance Report	
(a)	MMcD provided a brief update on H1, taking the report as read. MMcD confirmed once reimbursement for the Hospital Discharge programme has been received the CCG will be reporting a break-even position for the first six months of the year. It should be noted that the accounting process for the year has been split in two parts, but the CCG will need to treat the period as one for reporting purposes and one set of annual accounts will be prepared. The CCGs performance will be judged on that basis.	
(b)	The report was received by the Committee.	
FR21/161	Hospital Discharge Programme Update Presentation	
(a)	MMcD presented the key points regarding the Hospital Discharge Programme and the impact on the CCG. (Appendix 2)	
(b)	This presentation was received by the Committee.	
FR21/162	QIPP Update Report – October 2021	
(a)	MMcD referred to the key issues within the report, which were taking as read. It was confirmed that the QIPP target for H2 is still awaited.	
(b)	It was noted that the Meds Management savings have been incorporated within the financial position.	

No	Item	Action
(c)	This report was received by the Committee.	
FR21/163	High-Cost Packages of Care	
(a)	TF spoke to this report which shows variation from month to month. Two cases had been submitted for consideration and approval; TF added there would be an increase in costs which will be shown for next month. In terms of providing assurance to the Committee, TF confirmed the cases recommended are reviewed by the Quality Team.	
(b)	This report and contents were noted by the Committee.	
<i>Information Governance</i>		
FR21/164	Information Governance Documentation Minor Revisions	
(a)	MMcD introduced this paper, noting that the Committee was being asked to approve the document and endorse the recommendations. MMcD reported the changes to the Committee, which includes using the nomenclature UKGDPR rather than GDPR to reflect that the UK has left the EU. The introduction of the NHS Records Management Code of Practice 2021 has also replaced the 2016 code.	
(b)	This report was approved by the Committee.	
<i>Risk</i>		
FR21/165	F&R Resource Committee Risk Register	
(a)	MMcD introduced this item and informed the Committee of the agreement made by the S&F F&R Committee on risk FR0012 EMIS that this risk should be moved from F&R to the Primary Care Committee in Common. It was also agreed an additional risk in relation to GPIT Futures programme II should be added. MMcD commented that any system migrations will involve significant levels of work and planning and that he will work with PS to report the risk to the Primary Care Committee in Common for inclusion in the risk register.	
(b)	The SS F&R Committee agreed that the risks should be transferred to the Primary Care Committee in Common.	
(c)	FLT asked the F&R Committee to be mindful of the piece of work being undertaken to establish the sub-committees of the Joint Committees. The risk register and assurance framework are large pieces and need to be place and correct when MIAA undertake their oversight. FLT encouraged members of the Committee to ensure they agree with the contents of the risk register. AS asked for any constructive views to be shared with MMcD.	
(d)	This report was received by the Committee.	
FR21/166	F&R Governing Body Assurance Framework	
(a)	MMcD introduced this item, confirming the need to continue with the level of assurance and the approach being taken before hand over, which will feature as part of a legacy document which is to be prepared.	
(b)	AS referred to 2.1 which relates to areas of adverse performance, adding that a recovery plan will need to be prepared. MMcD commented this risk should be separated into two; referring to the NHS constitutional targets which were in place pre-covid.	

No	Item	Action
(c)	FLT referred to fragile services within Southport & Ormskirk, the inter-relationship with LUFT and work which is being undertaken around these. She referred to the 52 week waits, which needs to be the focus for the CCG along with the 40+ week waits. FLT commented the work being undertaken needs to be on record along with how the CCG are working collegiately with partners.	
(d)	AS referred to risk 5.2, MMcD commented in terms of involvement and integration PCNs have made significant strides and JL is reviewing this with feedback from PCCIC.	
(e)	The Committee received this report.	
<i>Policies</i>		
FR21/167	Policies for Approval	
(a)	MMcD introduced the policies for approval by the Committee. MMcD confirmed that the Accountable Officers are the only individual who can sign off any proposals for re-banding. The Committee were asked to approve the policies:	
(b)	<p>Flexible Working and Special Leave policy Job Matching / Rebanding Policy Health & Wellbeing Policy (New Policy) Agenda for Change Re-Banding Policy IVF Guidance for Managers Recruitment and Selection Policy</p>	
(c)	AS referred to the Recruitment and Selection policy and asked whether the policy should be updated to reflect earlier discussions in relation to the Equality & Diversity agenda. AS added, this is the policy, which if the CCG is to meet its legal obligations, may need further thought. There is a moratorium in place regarding the updating of policies which may prevent this policy being updated, if this is the case it may interfere with the delivery of the Equality & Diversity action plan. FLT's view was to record AS's comments and share them with SMT which is the Legacy Committee, adding if the policy can be updated, she would strongly support this. However, if the policy cannot be updated the Committees wish to do so have been recorded for reasons of compliance: AS agreed with this approach. FLT will take this issue back to HR, as all CCGs will have common issues.	
(d)	With the above note, the Committee approved these policies.	
<i>Minutes of Steering Groups to be formally received</i>		
FR21/147	Minutes of Steering / Sub-Groups to be formally received	
(a)	The committee received the minutes of the following steering / sub-group meeting: QIPP Meeting – September 2021	
(b)	The minutes were taken as read and agreed.	
Any Other Business		
FR21/148	Any Other Business	
(a)	There was no other business to be noted.	

No	Item	Action
FR21/149 (a) (b) (c) (d) (e)	Review of Meeting The Committee agreed that the reading of meeting papers prior to the meeting was important to help meeting flow. SS commented that points of interested were covered and it was a very interesting conversation. JW commented it had been a useful meeting. SC commented the meeting had been well chaired. FLT commented the meeting had been insightful and helpful, highlighting several items where the Committee have taken a position from a clinical perspective which is helpful.	
FR21/150 (a)	Key Issues Review MMcD highlighted the key issues from the meeting, which will be presented as a Key Issues Report to Governing Body.	
	Dates of next meetings: Thursday 25 November 21 12.30 pm to 2.30 pm Microsoft Teams Thursday 16 December 21 (provisional) 11 am to 1 pm Microsoft Teams	

Finance and Resource Committee Draft Minutes

Thursday 25 November 2021

12.30 pm to 2.30 pm

Microsoft Teams Meeting

Attendees (Membership)		
Alan Sharples	Lay Member (F&R Committee Chair), SS CCG	AS
Steven Cox	Lay Member (F&R Committee Vice Chair), SS CCG	SC
Chrissie Cooke	Interim Chief Nurse, SS CCG	CC
Tracy Jeffes	Director of Place – South, SS CCG	TJ
Susanne Lynch	Head of Medicines Management, SS CCG	SL
Martin McDowell	Chief Finance Officer, SS CCG	MMcD
Rebecca McCullough	Deputy Chief Finance Officer, SS CCG	RMcC
Dr Sunil Sapre	GP Governing Body Member, SS CCG	SS
Dr John Wray	GP Governing Body Member, SS CCG	JW
Dr Alison Rowlands	GP Governing Body Member, SS CCG	AR
Ex-officio Member*		
Fiona Taylor	Chief Officer, SS CCG	FLT
In attendance		
Tracey Forshaw	Deputy Nurse	TF
Jane Keenan	Interim CHC Programme Lead, SS CCG	JK
Paul Shillcock	Accounts/Training Manager – Informatics Merseyside	PS
Fiona Doherty	Head of Strategies and Outcomes	FD
Minutes		
Sandra Smith	PA to Finance Director	SSm

Attendance Tracker

Y = Present

A = Apologies

N = Non-attendance

Name	Membership	April 2021	May 2021	June 2021	July 2021	Sept 2021	Oct 2021	Nov 2021			
Alan Sharples	Lay Member (Chair)		Y	Y	Y	Y	Y	Y			
Steven Cox	Lay Member (F&R Committee Vice Chair), SS CCG		Y	A	Y	Y	Y	Y			
Dr Pete Chamberlain	SS Governing Body Chair		Y	A	A	Y	A	A			
Jane Lunt	Interim Chief Nurse		Y	Y	Y	Y	A	A			
Tracy Jeffes	Director of Place – South SS CCG		Y	A	Y	Y	Y	Y			
Susanne Lynch	Head of Medicines Management		Y	Y	Y	Y	A	Y			
Martin McDowell	Chief Finance Officer		Y	Y	Y	Y	Y	Y			
Rebecca McCullough	Deputy Chief Finance Officer				A	Y	A	A			
Dr Sunil Sapre	GP Governing Body Member		Y	Y	Y	Y	Y	Y			
Dr John Wray	GP Governing Body Member		A	A	Y	A	Y	Y			
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)		Y	A	A	A	Y	Y			
Alison Rowlands	GP Governing Body Member				Y	Y	A	Y			

No	Item	Action
General business		
FR21/172	Apologies for absence	
(a)	There were no apologies to be recorded.	
(b)	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.	
FR21/173	Declarations of interest regarding agenda items	
(a)	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).	
(b)	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 . Declarations of interest from today's meeting <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. 	
FR21/174	Minutes of the previous meeting and key issues	
(a)	Minutes were recorded as an accurate record.	
(b)	Key issues were recorded as an accurate record.	
FR21/175	Action points from the previous meeting	
(a)	FR21/121 Finance & Resource Committee Risk Register: MMcD confirmed an update will be given at today's meeting.	
<i>General Business</i>		
FR21/176	CSU Report	
(a)	MMcD spoke to this report asking the Committee to review and comment upon. MMcD raised a point on the customer satisfaction scores for the CSU, asking for reflection on the continuing healthcare FNC non-CHC service as it has been identified there are issues within that service. MMcD recommends LT reviews this and determines whether a score of 3, is justified in this instance.	MMcD
(b)	AS commented on the consistent high score, asking who undertakes the scoring. MMcD confirmed individual managers who liaise with the service from within the CCG; SL added she has been involved in this process and is content with the score.	
<i>Prescribing</i>		
FR21/177	Prescribing Spend Report	
(a)	SL updated the committee on Month 5, highlighting an underspend of £590k, prior to setting a provisional budget £733k was placed into reserves. SL referred to the	

No	Item	Action
(b)	summary of cost pressures within the report, DOACs being one of these pressures. SL wished to make the Committee aware there will be a national procurement of DOACs agreed. SLT and MMcD will receive a letter giving further details, SL added the scheme will help with the pressure around DOACs and with QIPP delivery.	
(c)	SL referred to a request from yesterday's S&F F&R meeting to look at polypharmacy indicators and where the CCG sit on the costs of Astro PU and how that has changed over time. SL will be undertaking this work for both F&R Committees.	SL
(d)	MMcD referred to DOACs and alternative treatment of regular follow up in secondary care, asking is there a suggestion this will become superfluous and picked up with secondary care system partners; SL agreed with this point. Discussion took place on the future tender on this service with SL confirming she will be involved with the tender process and will liaise with Billie Dodd. MMcD commented that documentation will be shared with AR for her comments.	MMcD
(e)	This report was received by the Committee.	
FR21/178	Recommendation to approve Pan Mersey APC	
(a)	SL apprised the Committee of the recommendation for approval of this NICE TA. Although SL recommended approval there are concerns around the implementation and ongoing discussions are taking place with the LMC and AHSN.	
(b)	SL confirmed primary care will need the support of clinical expertise. AR asked if there is a pathway available for referral, SL responded that there is not, adding patients need to be optimised in the first instance, confirming there will be pressure for this drug to be prescribed.	
(c)	The recommendation was approved, in principle, subject to further discussion with the LMC and stakeholders.	
Finance		
FR21/179	Finance Report	
(a)	MMcD spoke to this month 7 report, which shows a continued trend from the first part of the year. The report showed break even, with indication of a consistent position. In terms of H2, CCGs have met collectively across C&M, a moderation process was undertaken to ensure the same approach was followed. A residual risk will be shared across the CCGs of 3.4% of influenceable spends. The CCG has received additional support of approximately £2m from the share of £33m in total. Four key areas have been identified to resolve the £2m which are: Non recurrent items, Prescribing, Other/Technical Adjustments and Central Programme Slippage.	
(b)	The balance is identified as technical adjustments, there will be a risk of expenditure to be taken forward into the next financial year, which will not affect the materiality position of the CCG. Accounts will reflect a true and fair view overall; the ICS have been sighted for their agreement that there will be a degree of risk which will transfer over to the next financial year.	
(c)	The CCGs share of the final risk of between £10/20m collectively across the C&M CCGs is relatively low. AS asked if the £10/20m risk will include or exclude the underlying deficit between normal income and established expenditure. MMcD confirmed this is solely within the 21/22 position, looking forward to the 22/23 position it is correct there will be an underlying deficit in the region of £10/12m.	

No	Item	Action
(d)	MMcD explained that via some of the exploratory work undertaken by the CCGs it is proportionately similar to most CCGs at this point. This report was received by the Committee.	
FR21/180	QIPP Update Report – October 2021 (a) MMcD highlighted two points; there is a distinction being drawn in terms of cash releasing savings (Page 70) and that is comprised of the items highlighted previously; plus the brought forward for the 20/21 financial year which has helped deliver the H1 position. The first part of the report shows opportunities which exist, the CCG is looking to make progress with LUFT on this. MMcD has advised LT and SMT that a legacy financial recovery plan over the next 3 months. This will show to the ICB/ICS that the CCG is proactively preparing to contribute to address the underlying deficit. (b) Discussion took place on engagement with Aintree and LUFT; TJ added there an opportunity to seek support from Clare Morgan, Director of Strategy at LUFT, who is heavily involved in place development in Sefton. TJ offered to have a conversation with Clare Morgan if this would be helpful. Discussion took place on the issue of LUFT and engagement; FLT confirmed she can offer assurance to the Committee this issue has been escalated. (c) This report was received by the Committee.	
FR21/181	High-Cost Packages of Care (a) TFo spoke to this item, confirming amended figures within the report are 6 rather than 5, it was also noted that the number of cases within the funding pathway was incorrect and will be amended. (b) This report and contents were noted by the Committee.	TFo
FR21/182	IT Investment Plan 22/22 (a) IT programme is going to plan with additional funding being announced last week for GPIT of approximately £50,000 for South Sefton. This will lead to the prioritisation of purchasing 26" monitors for GP colleagues. It was noted that inventories will be kept on IT equipment as there will be an excess of screens which can be re-used. (b) MMcD highlighted that a refresh around corporate IT should be considered over the coming 18 months. (c) Discussion took place on the logistics of replacement of IT equipment, FLT asked if a reminder could be shared with practices to ensure clarity on the process of arranging replacement IT equipment.	MMcD
<i>Risk</i>		
FR21/183	F&R Resource Committee Risk Register (a) MMcD spoke to this item, focussing on the high scores and the residual risks. The two highest risks identified in the F&R Committee's remit are delivery of the QIPP plan. MMcD commented there is a realistic QIPP plan in place for the second part of the year; he is confident in the delivery. MMcD asked the Committee to consider these are risks being transferred to the ICB and should the proportionality need to be moderated in terms of impact. How the risk is articulated in terms of legacies, and from a QIPP perspective could be downgraded in terms of what has been presented.	

No	Item	Action
(b)	AS agreed, QIPP comes down in value considerably, so the score drops, adding the need to consider putting together a Risk Register within the handover documents. FLT confirmed this is being undertaken as part of due diligence closedown which will come to SLT to give assurance.	
(c)	AS agreed, this risk is overstated, and the second red risk has been passed to the PCCiC. MMcD and DFair will undertake a final check of the risks identified to ensure there is assurance and evidence can be produced if needed.	MMcD
(d)	SL will liaise with DFair in relation to the reduction of the Covid risks, adding the Meds Management staff are fully vaccinated and undertaking regular lateral flow tests and following NHS guidance. MMcD alluded to a recent discussion on the preparation for staff returning to the office, and the acknowledgment that there may be unvaccinated staff returning and that this may equate to a separate risk.	SL
(e)	The register was received by the group.	
FR21/184	F&R Governing Body Assurance Framework	
(a)	MMcD referred to the two key items; one in terms of QIPP delivery which has been overstated and will be reviewed. The next holds two parts; firstly the financial question across health and social care and those pressures which have impacted negatively on local services and that this should not prevent the future development of integrated commissioning or integrated plans. MMcD asked if the Committee had any comments on how this should be managed.	
(b)	TJ commented this should be reviewed to give clarity. AR agreed with the comments by MMcD above, it may lead to other ways of developing services.	
(c)	It was agreed MMcD will take the GBAF away for review and how it can be expressed in a different way.	MMcD
(d)	AS referred to care home failure plans and continuity of care for patients, asking for views on this. MMcD responded the feedback showed there is adequate capacity in beds across Sefton care homes to not be unduly affected by the numbers of staff lost. It was agreed that although there is still some underlying risk, 20 is too high a figure for this risk and that a more realistic figure would be 12. It was agreed this risk will be reviewed.	MMcD
(e)	AS referred to a further point within the report on the integration model, TJ confirmed this would be reviewed and updated as this risk is at a more positive stage than described.	TJ
(f)	This report was received by the Committee	
FR21/185	Work Plan Handover	
(a)	AS confirmed, this will be the last meeting of the S&F F&R, going forward the work undertaken by the F&R Committee will be undertaken by the Joint Committee, via the interim arrangements put in place or via SLT until the disestablishment of the CCG.	
(b)	AS commented on lack of information in the Joint Committee column in relation to roles and responsibilities. FLT confirmed this issue had been raised at the S&F F&R Committee meeting, it was agreed a Y would be put into the Joint Committee box. MMcD apprised the Committee on the information, particularly within Table A; adding importance on keeping the local focus.	

No	Item	Action
(c)	Discussion took place on end to end service, FLT commented once posts have been confirmed, AOs will commence discussion on how to manage the handover process. At the moment this is not a matter for the CCG, however progress will be monitored by SLT. It is not assumed there will be an end to end service in place by April, more likely to be July.	
(d)	AS referred to the Pan Mersey Prescribing recommendations: MMcD explained the distinctions where were influenced by a discussion last month on Pan Mersey APC and specifically the discussion on melatonin. This would be the type of issue which will revert to SLT for discussion and decision, it was agreed this point needed further elaboration for clarity.	
(e)	FLT confirmed DFair will be arranging to meet with Committee Chairs on an individual basis to ensure clarity and take on board any comments.	
(f)	MMcD commented there needs to remain a sense of flexibility, noting a recommendation that the finance and prescribing reports will be delegated into SLT for receipt. AS presumes this would mean SL would attend meetings to give the prescribing report, this was confirmed.	
(g)	This report was received and ratify the detail of the report Committee.	
<i>Minutes of Steering Groups to be formally received</i>		
FR21/186	Minutes of Steering / Sub-Groups to be formally received	
(a)	The committee received the minutes of the following steering / sub-group meeting: IM&T - September 2021	
(b)	The minutes were taken as read and agreed.	
Any Other Business		
FR21/187	Self-Assessment of Committee's Effectiveness	
(a)	AS explained the background of this item, confirming it gives Committee members opportunity to share feedback on how the Committee has been conducted.	
(b)	SL commented on the positive aspect of the Committee, especially involving her as Meds Manager to attend and update.	
(c)	TJ commented the agenda of the meeting is well planned and flows well, with key issues covered.	
FR21/188	Any Other Business	
(a)	FLT thanked AS on behalf of the CCG for his incisiveness and logic as chair of the F&R Committee.	
FR21/189	Review of Meeting	
(a)	AS thanked the Committee for their commitment and input into the F&R Committee.	
FR21/150	Key Issues Review	
(a)	MMcD highlighted the key issues from the meeting, which will be presented as a Key Issues Report to Governing Body.	

No	Item	Action
(b)	AS asked for the benefits of Meds Management being represented at the F&R Sub-Committee to be noted. FLT asked MMcD to email her confirming the above consideration by the F&R Committee.	MMcD
(c)	It was confirmed there will be consolidation of all Committee action trackers, a format is being considered on this at the current time.	

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

**Thursday 30th September 2021, 9am to 12noon
Microsoft Teams Meeting**

Attendees (Membership)		
Dr Rob Caudwell (for part of meeting)	GP Governing Body Member, Chair, NHS Southport and Formby CCG (JQPC Chair)	RC
Martin McDowell	Chief Finance Officer, NHS South Sefton CCG/NHS Southport and Formby CCG	MMcD
Dr Doug Callow	GP Quality Lead / GB Member, NHS Southport and Formby CCG	DC
Dr Gina Halstead	GP Clinical Quality Lead / GB Member, Deputy Chair, NHS South Sefton CCG (JQPC Deputy Chair)	GH
Dr Jeffrey Simmonds	Secondary Care Doctor, NHS Southport and Formby CCG	JS
Tracey Forshaw	Deputy Chief Nurse and Head of Quality and Safety, NHS South Sefton CCG/NHS Southport and Formby CCG	TF
Chrissie Cooke	Interim Chief Nurse, NHS South Sefton CCG/NHS Southport and Formby CCG	CCooke
Steven Cox	Lay Member, NHS South Sefton CCG	SC
Dil Daly	Lay Member, NHS Southport and Formby CCG	DD
Billie Dodd	Deputy Director of Delivery and Commissioning, NHS South Sefton CCG/NHS Southport and Formby CCG	BD
Ex Officio Member		
Fiona Taylor (for part of the meeting)	Chief Officer, NHS South Sefton CCG/NHS Southport and Formby CCG	FLT
In attendance		
Mel Spelman	Programme Manager for Quality and Risk, NHS South Sefton CCG/NHS Southport and Formby CCG Lead Pharmacist NHS South Sefton CCG/NHS Southport and Formby CCG	MS
Helen Roberts		HR
Helen Case (for agenda items 21/188 and 21/192 only)	Designated Nurse Children in Care, NHS South Sefton CCG/NHS Southport and Formby CCG	HC
Ally Dwyer (for agenda item 21/178 only)	Senior Business Intelligence Analyst, NHS South Sefton CCG/NHS Southport and Formby CCG	AD
Dr Chris Goddard (for agenda item 21/180 only)	Consultant in Anaesthesia and Intensive Care Medicine/Associate Medical Director for Patient Safety, Southport and Ormskirk Hospital NHS Trust	CG

Debbie Fagan (for agenda item 21/180 only)	Nurse Director Urgent Care and System Flow, NHS South Sefton CCG/ NHS Southport and Formby CCG	DF
Karen Garside (for agenda item 21/191 only)	Designated Nurse, Safeguarding Children, NHS South Sefton CCG/NHS Southport and Formby CCG	KG
Apologies		
Susanne Lynch	Head of Medicines Management, NHS South Sefton CCG/NHS Southport and Formby CCG	SL
Tracey Forshaw	Interim Deputy Chief Nurse, South Sefton CCG/ Southport and Formby CCG	TF
Doug Callow	GP Quality Lead/GB Member, NHS Southport and Formby CCG	DC
Minutes		
Michelle Diable	PA to Chief and Deputy Chief Nurse, NHS South Sefton CCG/NHS Southport and Formby CCG	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)

Membership Attendance Tracker

Name	Membership	Sept 20	Oct 20	Nov 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	June 21	July 21	Sept 21*	Sept 21
Dr Rob Caudwell	GP Governing Body Member (Chair)	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	✓
Dil Daly	Lay Member for Patient & Public Involvement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	A	✓	A	A	✓	✓	A	✓	✓	✓	A	A
Debbie Fagan	Chief Nurse & Quality Officer (on Secondment)												
Dr Gina Halstead	Chair and Clinical Lead for Quality (Deputy Chair)	✓		✓	✓	✓	✓	✓	A	✓	✓	✓	✓
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A	A	✓	✓	A	A	A	✓	A	A	A
Tracey Forshaw	Interim Deputy Chief Nurse						✓	✓	✓	A	✓	✓	A
Fiona Taylor	Chief Officer Ex-officio member of JQPC Committee	✓	✓	✓	A	✓	✓	A	✓	A	A	A	✓
Billie Dodd	Deputy Director of Commissioning and Delivery				A	✓	✓	✓	A	✓	✓	✓	✓
Chrissie Cooke	Interim Chief Nurse				✓	✓	✓	✓	✓	✓	✓	✓	✓
Steven Cox	Lay Member for Patient & Public Involvement								A	✓	✓	A	✓

✓ = Present A = Apologies * JQPC Development Session

No	Item	Action
General		
21/174	<p>Welcome and Apologies for Absence</p> <p>The meeting Chair, Dr Rob Caudwell welcomed all to the meeting. He advised that due to a diary commitment he could only attend/chair for part of the meeting. He informed that Dr Gina Halstead would be chairing the second part of the meeting. The meeting was still deemed as being quorate when Dr Rob Caudwell had left the meeting.</p> <p>Apologies for absence were noted from Susanne Lynch, Dr Doug Callow, Chantelle Collins and Tracey Forshaw.</p>	
21/175	<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. 	
21/176	<p>Minutes and Key Issues of the Previous Meeting</p> <p>With the following addition to be made to page 5 of the July 2021 JQPC minutes under agenda item 21/51, Commissioner Quarterly Controlled Drug Report to NHS England:-</p> <p><i>Dr Doug Callow had made a plea on behalf of primary care colleagues in relation to 28-day repeat 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.</i></p> <p><i>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.</i></p> <p>The minutes and key issues from the previous meeting held on Thursday 29th July 2021 and the minutes from the JQPC Development Session held on 2nd September 2021 were approved.</p>	
21/177	<p>Matters Arising/Action Tracker</p> <p>The Committee received the action tracker and the following updates were noted:</p>	

No	Item	Action
	<ul style="list-style-type: none"> • Agenda Item 19/201, Clinical Director Quality Update <p>Following issues raised regarding midwives not having had EMIS training. Chrissie Cooke updated that it has been recognised by the Liverpool Women's Hospital NHS Trust that there are issues that need to be solved. She advised that she has asked IMersey to ensure that dialogue is maintained with the Trust in relation to the EMIS training for midwives. A further update to follow at the next meeting.</p> <p>It was noted that 40 new midwife appointments have been made, due to commence on 1st October 2021. The CCG's have requested a paper is to be presented at the October 2021 CQPG meeting in relation to the IT issues at the Liverpool Women's Hospital NHS Trust. An update to be provided at the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 21/50, Clinical Director Quality Update <p>(i) 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>Dr Rob Caudwell had informed that there is a well ran nurse led haematology service at Whiston Hospital and that the suggestion of introducing similar for the haematology service at Southport and Ormskirk NHS Trust has been made.</p> <p>It had been noted that the issues whereby primary care services are being asked to monitor MGUS patients care are starting to re occur, this has been escalated. Billie Dodd to follow up the disconnection at the next Clinical Assurance Group to obtain clarity.</p> <p>Billie Dodd updated that there is a programme work on-going with St Helens in relation to a nurse led model. It is on their work plan and recruitment is to be undertaken. Billie Dodd was to provide an update at the next meeting.</p> <p>Billie Dodd informed that Whiston Hospital is on track to take over the subcontract from Southport and Ormskirk Hospital NHS Trust from Monday 4th October 2021. The MGUS issues have been escalated and feedback on this is expected week commencing Monday 4th October 2021. It was highlighted that that this cannot be solved quickly, work is on-going. Dr Rob Caudwell requested assurance that until the pathway is in place that patients are not referred to primary care.</p> <ul style="list-style-type: none"> • Agenda Item 21/87, Safeguarding Update Report <p>Tracey Forshaw to ensure discussions in relation to training non-compliance at Southport and Ormskirk hospital take place, highlighting the impact at the CF and CQRM meetings and to invite Karen Garside to those meetings.</p> <p>Tracey Forshaw had advised that safeguarding is on the agenda for the next Southport and Ormskirk Hospital NHS Trust CF meeting, tabled for 14th July 2021. A further update to be received from Tracey Forshaw.</p>	<p style="text-align: center;">BD</p>

No	Item	Action
	<p>It has been noted that item was on the next CCQRM agenda in September 2021. An update next to be provided at the next meeting.</p> <p>Chrissie Cooke informed that this is on the CCQRM agenda. Southport and Ormskirk Hospital NHS Trust have informed that they looking to recover the trajectory and get their safeguarding compliance on track in the next few months.</p> <ul style="list-style-type: none"> • Agenda Item 21/114, Complaints, PALS, MP Report – May 2021 <p>(i) Dr Rob Caudwell to discuss with the Medical Director at Southport Hospital the issue whereby patients have no mechanism to contact care providers should their condition worsen and to suggest having a clear guidance from secondary care colleagues, in relation to what they will or will not expedite. To explore the possibility of writing to patients to sign post them should their symptoms/conditions worsen. In addition to raise the issue at the next CQRM.</p> <p>Dr Rob Caudwell updated that he would be meeting with the Medical Director later that day where this will be discussed.</p> <p>Chrissie Cooke referred to the “Shaping Care Together” programme whereby patient initial follows ups are being built into their new models of care. This will include a mechanism for patients to escalate if they think that their conditions have worsened, instead of going via their GP.</p> <p>Dr Rob Caudwell advised that he met with the deputy medical director at Southport and Ormskirk Hospital NHS Trust, Dr Kevin Thomas. They discussed this issue. Following this Dr Thomas had a discussion with the directorate leads at Southport and Ormskirk Hospital NHS Trust. The feedback provided was that a process is required as this is becoming an increasing issue. Patients should contact the Trust if they wish to expedite instead of contacting their GP.</p> <p>Chrissie Cooke suggested that the quality team and the commissioning team work together on this with the Trust. Dr Gina Halstead explained that this relates to all Trusts. Billie Dodd informed that this can be done via her regular catch-up meetings with NHS Liverpool CCG. In addition, raising the issue at the Primary Care Secondary Care Interface meeting initially was suggested. Dr Gina Halstead explained the process at her practice whereby an SMS message is sent to patients who enquire about hospital appointments, which advises them to contact the hospital directly.</p> <p>(ii) Dr Rob Caudwell informed that he has had sight of information via clinic letters from the Walton Centre which refer to a new patient initial follow up process, whereby the patient is to advise if a follow up is required. Dr Rob Caudwell explained that he has not received any information on how the process is being implemented and he is not aware if the process has been formally communicated. Billie Dodd advised that this is part of the long-</p>	<p>TF</p> <p>BD</p>

No	Item	Action
	<p>term plan requirement and would provide further information at the next meeting.</p> <p>Billie Dodd informed that the change in follow ups is a national initiative. The Walton Centre have acknowledged that the changes they had put in place had not been widely communicated. Billie Dodd informed that she had sent some information directly to Dr Rob Caudwell including an information leaflet and GP letter regarding the changes which had been made to some small subspecialties by the Walton Centre. The issue is to be raised by the CCGs with the LMC.</p> <p>Action closed.</p> <ul style="list-style-type: none"> • Agenda Item 21/115, Niche Corporate Governance Review 2020 Review JQPC and Complaints <p>(i) Martin McDowell to review primary care data at a practice-by-practice level to ascertain gaps and how it can be reported.</p> <p>Martin McDowell to provide an update at the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 21/118, Implementing the recommendations of Working Together Children (2018) regarding Local Safeguarding Children Board (LSCB) <p>Safeguarding Children Board arrangements paper to be presented at future meeting.</p> <p>Chrissie Cooke informed that this is referenced in the chief nurse report. The changes in relation to children's services is contained in the safeguarding report which is on today's agenda. The new strategic safeguarding arrangements are to be implemented soon. An update on this will be provided at the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 21/120, Clinical Director Quality Update <p>(i) Martin McDowell to obtain an update from Leadership Team in relation to the issues that patients are experiencing when trying to access PC24 clinicians. To ask the commissioning team to undertake some research with a view to provide an update, if possible before the next meeting.</p> <p>Martin McDowell explained that assurance is required from PC24. He will ask PC24 to describe the current situation in Sefton and Southport and how the clinical risk is being managed and provide an update at the next meeting.</p> <p>Dr Gina Halstead suggested requesting PC24's plans against their staffing levels.</p> <p>(ii) Martin McDowell to escalate the issues in relation to the difficulties experienced by primary care in obtaining general neurology referrals.</p>	<p>MMcD</p> <p>TF</p> <p>MMcD</p>

No	Item	Action
	<p>Referral to Treatment (RTT) July saw a small decline of around 2% for SSCCG and LUHFT and similar performance for SFCCG and S&O RTT compared to last month (SSCCG 64.45%, LUHFT 63.74%, SFCCG 79.32%, S&O 83.76%). Measuring against the national level, SSCCG is reporting below, but SFCCG is reporting well above, national level being at 68.26%.</p> <p>The main failing specialities for RTT for SSCCG are T&O - 54%, general surgery - 48.6%, urology - 52.8% and ENT - 44.9%.</p> <p>The main failing specialties for RTT for SFCCG are plastic surgery-52.6% and gynaecology - 67%.</p> <p>RTT 52-Week Waiters July has seen a small increase in numbers of long waiters for SSCCG from 912 in June to 1,017 in July. SFCCG reported a small decrease, 320 long waiters in July compared to 335 in June. To note: for SSCCG the breaches represent 5.80% of the total waiting list in July above the national level of 5.23%. SFCCG the breaches represent 2.54%, below the national level of 5.23%.</p> <p>RTT Waiting List There are no waiting list plans required for 2021/22 operational planning, previous year being used for comparative purposes, for incomplete pathways both CCGs and Trust are above levels of last year in July and increasing month on month.</p> <p>Cancelled Operations Both Trusts reported cancelled operations in their KPI reports in July 4 for S&O and 7 for LUHFT. For all patients who have had their operation cancelled, on or after the day of admission for non-clinical reasons are to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice. Published data paused due to Covid 19 pandemic.</p> <p>Cancer Measures An improvement was noted in July. SSCCG is achieving 5 of the 9 cancer measures year to date and 5 measures in July. SFCCG is achieving 4 of the 9 cancer measures year to date and 5 measures in July.</p> <p>SFCCG is still failing 93% target for all cancer 2 week waits (81.23%) but are achieving 2-week breast symptom (100%) SSCCG are achieving both 2 week waits measures in July.</p> <p>SSCCG is measuring above the national level for 62 days of 72.09% reporting 76.09%, but SFCCG are reporting below at 70.73%. For patients waiting over 104 days the SSCCG reported 1 patient who waited 115 days (head & neck) and SFCCG reported 5 patients waiting over 104 days (3 urological, 1 gynae and 1 lower gastro), RCAs and harm reviews are discussed at PQIRP meetings and Performance, Quality and Incident Review Panel.</p> <p><u>Unplanned Care</u></p> <p>A&E 4 Hour This is still under the 95% target for both CCGs and Trusts (S&O 77.16%) but have shown no improvement from last month, LUFHT declining to 65.9% from 69.62% the previous month, measuring against the national level of 77.72% both</p>	

No	Item	Action
	<p>CCGs are below at SSSCCG 66.63%, SFCCG 76.14%.</p> <p>Trust 12-hour Breaches S&O had 6, 12-hour breaches in July (7 in June), on review from quality team they didn't identify any harm in the ones they were able to review.</p> <p>MSA – S&O reported 3 mixed sex accommodation breaches in July again due to delays in transferring patients from Critical Care (3 less than last month).</p> <p>NWAS Ambulance Indicators Both CCGs have failed all categories (with big increases for Category 4 SSSCCG - 18 hours 38 minutes, SFCCG - 23 hours 15 minutes, against a target less than or equal to 180 minutes. 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.</p> <p>Handovers There has been further small increase in handover breaches for 15-30 and 15-60 minutes at LUHFT along with small increases for both measures at S&O.</p> <p>Stroke For S&O, this indicator 1 month in arrears. June being latest data 69.2% an improvement of 1% from last month along with a small decrease for TiA reporting 34.9% against the 60% target. There was no update on Stroke received from LUHFT.</p> <p>HCAI There has been 1 new case of MRSA in July for SFCCG, this was a community onset case, S&O had no healthcare associated cases.</p> <p>C diff This remains over plan at both CCGs and S&O, the new objectives have been released and updated accordingly, LUHFT are reporting under plan for July.</p> <p>E coli Both CCGS are under plan, along with the Trusts who are reporting under plan for their new e. coli targets for 2021/22.</p> <p><u>Mental Health</u></p> <p>MH Eating Disorders Both CCGs are failing the measure still. The CCG has approved of £112k in total of recurring investment within the Eating Disorder Service as part of its overall Mental Health LTP 2021 /22 investment plan. This investment will support a dietitian post and psychology post which will go to advert in early October.</p> <p>IAPT Access Both CCGs are still failing the measure. There are several actions to address underperformance within the main report which are the recruitment and commencement of further posts within the Trust of Psychological Wellbeing Practitioners, and High Intensity Therapists.</p>	

No	Item	Action
	<p>IAPT Recovery SSCCG are reporting 42.3% in July against the 50% target, SFCCG are again achieving the target reporting 55.9% after failing the target last month.</p> <p>Dementia This remains under plan for both CCGs. (SSCCG 59.3%, SFCCG 65.6% - Target 66.7%). A scheme has been set up to help address the underperformance.</p> <p><u>Children's Services</u></p> <p>Apart from SALT the community therapy service waiting times continue to achieve the SEND improvement plan average waiting time KPIs in July for SFCCG, but for SSCCG there has been a deterioration in occupational therapy (85.1%) and continence (79.6%).</p> <p>CAMHS Although still failing, CAMHS has seen a small improvement in their position for referral to choice within 6 weeks to 56.5% from 54.2% in June, (plan 95%). But a decline of 26% in percentage referral to partnership within 18 weeks to 45.5% in July from 72.2% in June, (plan 75%). 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. Sefton has also been successful in its joint bid with Liverpool CCG to be a pilot site for the mental health 4 week wait initiative which will also positively impact waiting times.</p> <p>CYP Mental Health Latest data Q1 – updated Sept) both CCGs are reporting over the 8.75% quarterly target and achieving, SSCCG - 20.3% (40.4% rolling) and SFCCG - 22.1% (42.3% rolling) both above the 35% annual target.</p> <p>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.</p> <p>ASD The Trust is on target in July reporting 100% for assessments within 12 weeks against the 90% target but hare still under target reporting 72% completed assessments within 30 weeks target 90% a further decline on previous month (77%). This is due to an increase in referrals, and pressure on service capacity. The Trust has a number of mitigating actions in place to manage this and a paper has been shared with the CCGs outlining the current position with mitigations and options for consideration.</p> <p>ADHD This is achieving both measures in July, although there has been a decline over the past few months for assessments completed within 30 weeks from 98% in April to 90% in July.</p> <p><u>Primary Care</u></p> <p>CQC Inspections There has been 1 inspection which took place in July for SSCCG which saw Park Street's rating go from 'requiring improvement' to 'good' for their overall rating and safe.</p>	

No	Item	Action
	<p>Martin McDowell highlighted the increase in RRTs over the last few months which is due to the significant increase in referrals. This needs to be managed and monitored to ensure patient safety. He suggested comparing the CCG's increase in referrals with others across the country.</p> <p>Action: Martin McDowell to compare the CCGs increase in referrals with others across the country.</p> <p>Outcome: The Committee noted the integrated performance report.</p>	MMcD
21/179	<p>Chief Nurse Report</p> <p>Chrissie Cooke presented the chief nurse report which seeks to provide the Committee with an update on the key issues that have occurred since the last report in July 2021 as the August 2021 meeting was cancelled.</p> <p>Dr Gina Halstead wished to highlight that the loss of Aintree to Home is playing into the end-of-life fast track pathway. Chrissie Cooke suggested that this should be followed up. Billie Dodd to obtain an update.</p> <p>Action: Billie Dodd to request a follow up from in relation to the loss of Aintree to Home in relation to the end-of-life pathway.</p> <p>Martin McDowell suggested that this needs to be discussed with the Leadership Team, where a decision can be made about what action should be taken and to highlight the clinical risk.</p> <p>Action: Martin McDowell to raise Aintree to Home in relation to the end-of-life pathway with the Leadership Team.</p> <p>Chrissie Cooke asked the group if they are happy with the quality of the chief nurse report and its length. The Committee confirmed they are happy with the report format, content and length.</p> <p>Dil Daly commented on the length meeting pack. He found the pack to be too long and queried if there is sufficient time being spent in the meeting on each agenda item.</p> <p>Chrissie Cooke informed that she had anticipated that the Committee's dashboard would have been in place by now which would reduce the number of papers/reports coming to this meeting. However, the development of the dashboard was halted due to the national quality board issuing a data set. When the data set has been received, the development of the dashboard should recommence. This accompanied by specific deep dives reports, should reduce the number of papers in the meeting pack.</p> <p>Outcome: The Committee noted the chief nurse report.</p>	BD MMcD
21/180	<p>Learning from Deaths Re-admission Report May 2021</p> <p>Following introductions, Debbie Fagan and Dr Chris Goddard jointly presented the report.</p> <p>The Mortality Operational Group (MOG) of Southport and Ormskirk Hospital NHS Trust had highlighted a trend in multiple mortality indicators over time.</p>	

No	Item	Action
	<p>It has also been noted through the Committee to correlate with concerns raised from the community sector regarding the safety of discharge from the trust. To objective of the piece of work was to evaluate the clinical record of a group of patients dying after discharge. This was undertaken by asking the following 5 questions and the results are contained in the report.</p> <ol style="list-style-type: none"> 1) Was acute hospital the appropriate setting for the delivery of care? 2) Was discharge safe? 3) Was the care delivered of an appropriate standard? 4) Was it more likely than not that death could have been avoided with application of standard treatments and processes in use at the time? 5) What are the opportunities for improvement for future patients? <p>As Southport and Ormskirk NHS Hospital Trust and Lancashire and South Cumbria NHS Foundation Trust do not have access to all the clinical records of discharged patients dying in the community, it was decided to review a cohort of patients dying in hospital after a discharge and subsequent readmission within 30 days.</p> <p>The time period selected was in relation to deaths occurring in the month of October 2020. 7 such deaths occurred in the Southport and Formby area served by Lancashire and South Cumbria NHS Foundation Trust in October 2020. Each organisation reviewed their care records and met via MS teams to discuss the findings of these. It was highlighted that the findings are not Southport and Formby specific. Five recommendations were made which are outlined in the report. The following points were summarised:-</p> <ul style="list-style-type: none"> • The preponderance of palliative care identified in this review goes some way to explain the disparity between SHMI and HSMR (These deaths would be excluded from HSMR). • Assurance is gained from the lack of avoidability identified and the general standard of clinical care across organisations. • Learning has been identified at a local and system level (this is highlighted in the main body of the report) • Recommendations are provided, it is suggested that these are prioritised. <p>Billie Dodd asked how the findings are being linked to the transformation work internally within the Trust. Debbie Fagan advised that this is being discussed internally and there will be additional leadership provided by the Sefton CCGs.</p> <p>Dr Chris Goddard suggested working across multiple boundaries as there is a geographical issue due to a shortage of medics which can impact significantly. Conversations are being held to address the recruitment and retention issues.</p> <p>Chrissie Cooke highlighted the wider use of anticipatory clinical management plans.</p> <p>Dr Chris Goddard explained about the need for a more standardised, usable format and the need to all work together. He explained that he has suggested establishing a Co-Ordinator role.</p> <p>Chrissie Cooke suggested that the Committee takes on board the recommendations noted in the report and requested an update in a few months' time.</p>	

No	Item	Action
	<p>Action: Billie Dodd to follow up on how the Committee will act upon the recommendations noted in the report and provide an update to the Committee in a few months.</p> <p>Outcome: The Committee noted the learning from deaths re-admission report, May 2021.</p>	BD
21/181	<p>Corporate Risk Register Update</p> <p>Mel Spelman presented the corporate risk register advising that since the last update to the Committee, there have been 2 risks closed on the Corporate Risk Register and there have been 2 new risks added. One of which relates to long waits for access to the IAPT service and the other relates to capacity and resourcing for the Children and Care service. Both are rated as red.</p> <p>There have been 2 risks closed. One of which is in relation to Woodlands Hospice, and the other is in relation to the development of the Covid 19 Urgent Eye Service. Both risks have been fully mitigated against. No further risks have been requested for closure. There are 37 risks assigned to the Joint Quality and Performance Committee.</p> <p>Mel Spelman apologised for not being able to present the risk register in more user-friendly format this month, this was due to some additions that had been made which would have made it very time consuming to transfer the data into a Word document in time for the meeting. Mel suggested providing a demonstration to the group members on how best to navigate risk register using the filter functionality. The group accepted the offer of support.</p> <p>Action: Mel Spelman to convene a session for the group to demonstrate how best to navigate the risk register.</p> <p>Dil Daly asked if the Committee was confident that the £108k slippage will be used to tackle the IAPT waits. Martin McDowell confirmed that the money will be used to tackle the IPAT waits, and that there are some additional trainees being appointed to ensure access. This will be reviewed to determine if additional funding is required.</p> <p>Jennie Piet informed that the CCG's have requested a plan from the IPAT service in relation to how they intend on spending the monies allocated to them.</p> <p>Outcome: The Committee noted the corporate risk register update.</p>	MS
21/182	<p>Complaints Report</p> <p>Mel Spelman presented the complaints report which covers the period from April to August 2021 and includes a summary of the legacy contacts 2020/21. It was noted that there are 29 open contacts currently which are being dealt with.</p> <p><u>Complaints</u> The Pals service receive the highest number of complaints which are mainly requests for information or sign posting. They tend to be opened and closed quickly.</p> <p>There has been an overall increase in complaints in August 2021 and the same is anticipated for September 2021.</p>	

No	Item	Action
	<p>This is thought to be because patients are frustrated as they cannot access services or are experiencing long waits. They had possibly not complained previously due to the strain on services.</p> <p><u>Compliments</u></p> <p>A section in the report for compliments to be reported upon has been introduced. There have been no compliments noted, however work is being undertaken to address, including raising awareness.</p> <p>Mel Spelman informed that she will be supporting the work around the CCG's being able to capture patient experience data. This was noted at a recent EPEG meeting. This data will include patient stories and the learning that can be taken from them. Mel advised that she will provide an update on this piece of work at the next meeting.</p> <p>Action: Capturing patient stories data update to be provided at the next meeting.</p> <p>Billie Dodd suggested changing the complaints team's name as people are less likely to contact the complaints team with a compliment.</p> <p>Chrissie Cooke agreed and requested that the complaints report is changed to the "patient experience report" with immediate effect. She informed that more information will be included in the report in due course, such as patient experience data and friends and family test information.</p> <p>Action: Mel Spelman to change the name of the Complaints Report to Patient Experience Report.</p> <p>Chrissie Cooke wished to note that the complaints data is significantly better and that she is confident that the data is accurate and produced in real time. She advised that work is taking place by the CSU to unpick some of the 2020/21 data and that once this has been completed, the annual patient experience report will be presented to this Committee in November 2021.</p> <p>Action: Annual Patient Experience report to be presented to the November 2021 JQPC.</p> <p>Outcome: The Committee noted the complaints report.</p>	<p>MS</p> <p>MS</p> <p>MS</p>
21/183	<p>The Medicines Management Team Response to COVID 19 Pandemic</p> <p>Helen Roberts presented this report which seeks to provide the Committee with information about how the Medicines Management Team responded to the Covid 19 pandemic and how the team adapted how they worked, including the type of work undertaken to best support patients, team members themselves and primary care.</p> <p>Dil Daly commented that the report was well written and show cases the fantastic work undertaken at a difficult time. Dil's comments were echoed by the Committee.</p>	

No	Item	Action
	<p>Dr Gina Halsted on behalf of the GP practices, expressed her gratitude for the work undertaken by the Medicines Management team who were highly supportive, dependable and particularly so in relation to their response to the vaccination programme.</p> <p>Outcome: The Committee noted the medicines management team response to COVID 19 pandemic.</p>	
21/184	<p>Primary Care Quality Surveillance Summary Report</p> <p>Mel Spelman presented this report on behalf of Chantelle Collins. The report seeks to provide the Committee with a summary of recent data collected, in relation to quality across the 47 GP practices within the two CCGs. It also provides a brief overview of the quality assurance measures that are in place, including assessment, measurement and benchmarking performance. It was noted that CQC ratings across the majority of practices have been rated as 'good' with exception of Park Street, Bootle which has received a rating of 'requiring improvement'. Christiana Hartley Medical Practice in Southport continues to have a rating of 'outstanding'</p> <p>Mel Spelman informed that the quality concerns locality tracker is to be reinstated and the information from that will be presented to the Committee. Deep dives will be made in relation to the complaints received about practices and any trends or themes will be highlighted.</p> <p>Further work is being undertaken by the CCGs Primary Care team to review the evolving data set within the PCQD. It is anticipated this will improve how general practice is monitored, although there is a recognition further work will also be required on how the information will be shared with the quality team. This should support gathering of intelligence for emerging trends, themes and/or concerns highlighted within the data.</p> <p>As part of the quality team improvement work, an escalation process will be developed where quality or performance issue/concerns are highlighted. It is proposed that this report will be discussed at Joint Oversight Group with a plan to include quality surveillance of the PCQD as a regular agenda item.</p> <p>At the time of writing this report, it was noted that there were zero practices on enhanced surveillance.</p> <p>Chrissie Cooke informed that Chantelle Collins has moved role, from programme manager for quality and performance to SME for Operational Delivery of Continuing Healthcare. Interim cover to back fill Chantelle's programme manager for quality and performance role is in place.</p> <p>Chrissie Cooke highlighted the importance of the CCG's being aware of any problems in GP practices so that support can be provided. Quality visits should not be viewed as punitive, but as a way to help address issues and support practices.</p> <p>It was noted that a paper will be presented to Leadership Team shortly which will highlight the issues around the data that is currently available as it is not sensitive enough or in real time. Work is required to ensure that the data obtained is more sensitive and in real time so that it can be utilised to depict a true picture of each practice.</p>	

No	Item	Action
	<p>It was noted that being able to access to the CQC dashboard would be beneficial, however this cannot be provided to the CCG's or to primary care.</p> <p>Dil Daly informed that it had been noted at a recent EPEG meeting that Health Watch had reported that the public are experiencing difficulties accessing primary and secondary care and that the public is losing confidence in accessing GP surgeries. He highlighted the need to encourage the public to understand the pressures faced by primary care and the work being undertaken to address the issues.</p> <p>Mel Spelman explained that it has been noted that when the public are searching the internet for a telephone number for a GP surgery, the website signposts them to NHS 111 first. This is resulting in people contacting NHS 111 in the first instance.</p> <p>Chrissie Cooke noted that work needs to be undertaken to change the public's perception of primary care services. If they experience difficulties in obtaining an appointment for a mild condition, this does not mean that the quality of care being provided by the practice is poor.</p> <p>Martin McDowell highlighted that Park House's practice CQC rating has now changed from "requires improvement" to "good". All Sefton practices are currently rated as "good" as a minimum, this should be showcased to the public.</p> <p>Dr Gina Halstead highlighted that the QOF data for her practice, Concept House Surgery, had been omitted in the report. Mel Spelman apologised for this error and explained that she would feed that back.</p> <p>Dr Gina Halstead informed that one of her patients was under the misconception that her practice had been closed during the pandemic, so he had not tried to obtain an appointment for a mild condition until very recently.</p> <p>Chrissie Cooke noted the difficulties in trying to influence the media so that the right messages are given to the public, for example, that practices are open and have been open during the pandemic. The CCGs are seeking advice from NHSEI about how this can be done.</p> <p>Outcome: The Committee noted the primary care quality surveillance summary report.</p>	
21/185	<p>QIAs and EIAs</p> <p>Mel Spelman presented this report providing the Committee with an update on quality and equality impact assessments undertaken in recent months. The following QIA's and EIA's were noted:-</p> <p>QIA1- Heart Failure Intravenous Service QIA2 - Primary Care High Risk FIT QIA3 - NHS 111 First EIA1 - CCG Office Relocation EIA2 - FIT Testing in Primary Care EIA3 - Cataract Referral Criteria</p>	

No	Item	Action
	<p>Chrissie Cooke informed that the Committee has received this report which covers QIAs and EIA's from over a period of months because not a lot of service changes had been made during the pandemic. She informed the Committee that going forward they would receive a quarterly report and if there are any issues in between reports, they can be reported by exception via the chief nurse report.</p> <p>Mel Spelman advised that she will update the Committee work plan to state that the Committee will receive quarterly QIA and EIA reports.</p> <p>Action: Mel Spelman to update the Committee work plan to include quarterly QIA and EIA reports.</p> <p>Outcome: The Committee noted the QIAs and EIAs.</p>	MS
21/186	<p>Clinical Director Quality Update</p> <p>Dr Gina Halstead highlighted that the new Mersey Care CQPG meeting is a very large meeting and therefore wished to seek approval from the Committee, around the suggestion of establishing a subgroup at a place-based level, where specific issues can be addressed. She explained that she had discussed this with her colleagues following the last Mersey Care CQPG and they approved of this suggestion that a more operational type of meeting is required. Dr Fiona Taylor agreed to support this and noted the benefits of being proactive, as the CCG's work towards the new arrangements coming in to position from April 2022. Chrissie Cooke and Dr Rob Caudwell expressed their agreement and the benefits of having local intelligence and working in an integrated balanced way with clinical leadership. It was suggested including PCNs, Quality Team and Tracey Jeffes in the proposal creation.</p> <p>Action: Dr Gina Halstead to liaise with the PCN's, Tracey Forshaw and Tracey Jeffes in the first instance to make some proposals on the way forward with a view to establishing a Mersey Care CQPG subgroup.</p> <p><u>Covid 19 Mass Vaccination Update</u></p> <p>Dr Gina Halstead informed that the Bootle Crosby and Maghull PCN did not sign the contract for the booster vaccination, this is being delivered nationally.</p> <p>The BD blood supply issue appears to be being managed well. Mersey Care NHS Foundation Trust has submitted a list of patients that will need to be deferred to allow risk assessment. Capacity continues to be an issue.</p> <p>The GP Federation Annual General Meeting took place on 29th September 2021. South Sefton Primary Healthcare Ltd appear to be doing well, progressing well and establishing stability by having contracts spread across a variety of deliverables.</p> <p>The proposal of Bootle Crosby Maghull and Seaforth and Litherland PCNs working together was well received. It was noted that PCNs have contracts and receive money but cannot employ people in the current format, they need a company structure to employ people, or the practice takes on the risk. Therefore, the GP Federation is acting as their preferred provider for employment contracts.</p> <p>Outcome: The Committee noted the verbal clinical director update.</p>	GH

No	Item	Action
21/187	<p>Research Strategy Review</p> <p>Mel Spelman presented this item which seeks to update the Committee of the amendments made to the research strategy which has been reviewed and amended in line with latest guidance.</p> <p>The key changes made are outlined below:-</p> <ol style="list-style-type: none"> 1) CCG newly established collaboration with research network, the National Institute for Health and Research Applied Research Collaborations North West Coast (NIHR ARC NWC) (previously the Collaboration for Leadership in Applied Health Research and Care). 2) The Health Research Authority (HRA) Approval became HRA and Health and Care Research Wales (HCRW) Approval which now applies to all project-based research taking place in the NHS in England and Wales. 3) Changes to the project approval process. <p>It was noted that the changes made make the process easier for the applicant.</p> <p>Outcome: The Committee approved the research strategy review.</p>	
21/188	<p>Q1 Safeguarding Report</p> <p>Helen Case presented the Q1 safeguarding report which seeks to provide the Committee with developments and updates in respect of the safeguarding adult and children's agendas during Quarter 1 (2021-22).</p> <p>The following highlights were noted from the report:-</p> <p>From quarter 1 the oversight of Southport and Formby community services has transferred to Mersey Care NHS Foundation Trust. There were some KPI issues in relation to their submission.</p> <p>Safeguarding training compliance is being closely monitored by the CCG's.</p> <p>Helen Case is supporting NHS Liverpool CCG in the absence of their designated nurse for safeguarding.</p> <p>The children in care section of this report is not in full this time as a full report was presented to the Committee in July 2021.</p> <p>A lot of work is taking place relation to improving initial health assessments performance. The designated doctor for safeguarding is undertaking some operational work to support Alder Hey.</p> <p>The Corporate Parenting Board is now a panel. An update on this will be presented in the next quarterly report.</p> <p>The Committee had noted concerns previously in relation to the lack of access to dental health services for children in care. However more children are currently accessing dental services following the establishment of the new dental referral pathway. Helen Case noted to date that she has made 20 referrals to the new pathway.</p>	

No	Item	Action
	<p>Sefton has received one child via the National Transfer Scheme for Unaccompanied Asylum-Seeking Children route. Other local authorities are receiving them and tend to be placing them in Southport.</p> <p>Outcome: The Committee noted the Q1 safeguarding report.</p>	
21/189	<p>Q1 LeDeR Update</p> <p>Jennie Piet presented this report which seeks to provide the Committee with an update the CCGs LeDeR performance and changes to the LeDeR programme for Q1 2021/22.</p> <p>It was noted that there is an action plan in place to support CCG compliance following changes to the national programme which is illustrated in appendix 1 of the report. An update will be provided in Q3. The changes are outlined below:-</p> <ul style="list-style-type: none"> • The programme has been re-branded with the scope extended to include people with a diagnosis of autism. Reviews will commence later in the year following NHS EI guidance. • Changes in the way reviews will be conducted and scrutinised. The majority of reviews will have an initial review, with fewer progressing to a focused review. Focused reviews will be reserved for: Children and young people (C&YP) aged 4 to 17 years, those from a Black Asian and Ethnic Minority (BAME), people with a diagnosis of autism, and those cases which require a more in-depth review. • Only focused reviews will be required to be reviewed at a panel. Initial reviews can be signed off internally by the CCG. • Changes to the membership of LeDeR panels to include people with a learning disability and their families, to ensure their voice is heard. • NHS EI areas are required to have in place a 4year LeDeR strategy. NHS EI C&M have in place a LeDeR strategy group as a subgroup of the LeDeR Steering group. The LAC contributes to the group, with the initial draft strategy available from September 2021. • Mechanisms are in place to ensure the CCG is compliant with the changes within the national LeDeR policy, which have been incorporated into the 2021/22 LeDeR action plan. <p>The Task and Finish group meet monthly where learning is shared with reviewers.</p> <p><u>Covid 19 Vaccination Update</u></p> <p>NHS South Sefton CCG Just over 90% have had their first dose. 85.6% have had their second dose.</p> <p>NHS Southport and Formby CCG (includes only 12 practices) 95.3% have had their first dose. 89.8% have had their second dose.</p> <p>The following variance was noted, an investigation to determine the difference for NHS South Sefton CCG is to be undertaken.</p> <p>NHS South Sefton CCG 100%- 75%</p>	

No	Item	Action
	<p>NHS Southport and Formby CCG 100%-79%</p> <p>The Committee noted that there has been a change of management for the national LeDeR platform. The NHSEI contract with the University of Bristol ceasing at the end of May 2021. Following this, the LeDeR system was paused from 1st March until 7th July 2021, to enable the transfer of cases across to the new system. This has meant that the information could not be uploaded and back cases could not be seen, also it meant that old cases could not be accessed to determine if things have moved on.</p> <p>Outcome: The Committee noted the Q1 LeDeR update.</p>	
Policies/Protocols for Approval		
21/190	<p>Management of Serious incidents in Maternity Across Cheshire and Merseyside</p> <p>At the Cheshire and Merseyside single item Maternity Quality Surveillance Group event held in March 2021, there was a consensus view for change by the system leaders to drive forward learning from serious incidents, following review of the Ockenden immediate and essential actions and the impact locally.</p> <p>The paper outlines this proposal which will be incorporated into the CCG's current serious incident policy and the CCG's serious incident systems and processes in collaboration with member CCGs. Confirmation from NHSEI is awaited.</p> <p>Mel Spelman advised that the serious incident policy is due for renewal but is not in the current policy as it is in draft format. The policy will be amended when it has been confirmed as the final proposal.</p> <p>Chrissie Cooke informed that the serious incident policy is to be checked to ensure that it is consistent with national guidance. This will be in place until the Cheshire and Merseyside serious incident management policy comes commences in April 2022.</p> <p>Chrissie Cooke noted that the CCG's will see more of these measures as we go into the new ICS arrangements and sharing our arrangements between Sefton and Liverpool. She advised that the CCG's need to ensure that all maternity incidents are captured and investigated and that processes are consistent with national guidelines.</p> <p>Outcome: The Committee approved the management of serious incidents in maternity across Cheshire and Merseyside draft pilot scheme proposal.</p>	
21/191	<p>Safeguarding Adults and Children Annual Report</p> <p>Karen Garside presented the safeguarding adults and children annual report which seeks to provide the Committee with assurance that the CCGs are fulfilling their statutory duties in relation to safeguarding adults, children and young people in Sefton. The report considers both national and local drivers that direct and influence local developments, activity, and governance arrangements.</p>	

No	Item	Action
	<p>Outcome: The Committee approved the safeguarding adults and children annual report.</p>	
21/192	<p>CCG's Children in Care Annual Report 2020-21</p> <p>Helen Case presented the children in care annual report which is the 6th report for Sefton CCGs. The report provides an overview of the children in care population both nationally and locally and has outlined the performance of NHS commissioned services during 2020-2021.</p> <p>The numbers of Sefton children in care have continued to increase year on year with 2020-2021 seeing further increases.</p> <p>Services provided to children in care across the country have been impacted by the Covid 19 pandemic with NHS capacity reduced nationally, locally and within Sefton due to staff sickness, including covid19 illness and staff requiring to self-isolate and shield.</p> <p>Dr Gina Halstead noted that Sefton has historically got a much higher percentage of children in care that are placed in the care of their parents. The annual report notes that this is at 7%.</p> <p>Helen Case informed that the local authority has got some new interim managers in post, this is following on from the improvement notice that was put in place. This is an area that they have highlighted. This is also an area that is anticipated will be picked up in the next Ofsted inspection.</p> <p>Helen Case explained that the local authority records who children are placed with. Helen receives this information directly from the local authority monthly. Helen advised that she monitors it.</p> <p>Chrissie Cooke advised that it has been suggested that the quality-of-care plan forward is not necessarily better for children in some cases. She informed that the ratio of social workers per case load should be around 25, however this was noted as being much higher. Extra resource has been allocated with the use of agency social workers. Consequently, case management supervision is being strengthened.</p> <p>Rapid changes to the way that things are being done in children's social care has been highlighted. The Safeguarding Business meeting is monitoring the unintended consequences of making rapid changes.</p> <p>Dr Gina Halstead noted that in Sefton the number of children in care is 113 per 10,000 children and the national level is 67.</p> <p>Outcome: The Committee approved the CCG's children in care annual report 2020-21.</p>	
21/193	<p>Updated Non-Medical Prescribing Policy</p> <p>Helen Roberts presented the non-medical prescribing policy which has been updated. The Committee was asked to approve the amended policy.</p> <p>Outcome: The Committee approved the updated non-medical prescribing policy.</p>	

No	Item	Action
21/194	<p>Terms of Reference</p> <p>Chrissie Cooke informed that the Committee's terms of reference had been reviewed and discussed at the Committee's development session on 2nd September 2021. No changes had been made to the terms of reference. The development session was not a formal meeting, therefore the terms of reference have come to the Committee for noting.</p> <p>Outcome: The Committee noted the JQPC terms of reference.</p>	
21/195	<p>Quality and Safeguarding Priorities</p> <p>Chrissie Cooke informed that the quality and safeguarding priorities were discussed at the Committee's development session on 2nd September 2021. The development session was not a formal meeting, therefore the quality and safeguarding priorities have come to the Committee for noting.</p> <p>Outcome: The Committee noted the quality and safeguarding priorities.</p>	
21/196	<p>Complaints Policy Consent Form</p> <p>Mel Spelman presented the revised complaints policy consent form which requires approval from the Committee.</p> <p>It was noted that following a review of the consent form which was carried out in August 2021. It was felt the terminology, in particular, "To investigate our/my issues with all parties concerned" was not sufficiently clear enough and could be open to misinterpretation. Also, the subject of Power of Attorney or Grant of Probate was not included in the CCG's consent form.</p> <p>The revised consent form was presented to the Complaints Oversight Group in August 2021 and it was agreed the complaints team would begin using it with immediate effect.</p> <p>Outcome: The Committee approved the complaints policy consent form.</p>	
21/197	<p>Serious Incident Policy 2021</p> <p>Mel Spelman presented this item which seeks to inform the Committee of the amended policy which has been reviewed and renewed in line with the latest guidance and current processes. It is subject to change as the CCG's undertake the new ICS arrangements.</p> <p>Outcome: The Committee approved the serious incident policy 2021.</p>	
For Information		
21/198	<p>Quality Team Annual Work Plan</p> <p>The Committee noted the quality team annual work plan. No comments were made.</p> <p>Outcome: The Committee received the quality team annual work plan.</p>	

No	Item	Action
21/199	<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 30th July 2021. No comments were made.</p> <p>Outcome: The Committee received the SEND Health Performance Improvement Group minutes and key issues.</p>	
21/200	<p>Individual Patient Activity Combined Quality and Performance Group (IPA CQPG) Minutes and Key Issues</p> <p>The Committee noted the minutes and key issues from the Individual Patient Activity Combined Quality and Performance Group meeting held on 30th July 2021. No comments were made.</p> <p>Outcome: The Committee received the Individual Patient Activity Group minutes and key issues.</p>	
21/201	<p>Complaints Oversight Subgroup Minutes and Key Issues</p> <p>The Committee noted the Complaints Oversight Subgroup minutes and key issues from the meetings held on 19th July 2021 and 16th August 2021. No comments were made.</p> <p>Outcome: The Committee received Complaints the Oversight Subgroup minutes and key issues.</p>	
21/202	<p>Performance and Quality Investigation Review Panel (PQIRP) minutes and key issues</p> <p>The Committee noted the Performance and Quality Investigation Review Panel (PQIRP) minutes and key issues from the meeting held on 2nd August 2021. No comments were made.</p> <p>Outcome: The Committee received the Performance and Quality Investigation Review Panel (PQIRP) minutes and key issues.</p>	
21/203	<p>Joint Medicines Operation Group (JMOG) Key Issues</p> <p>The Committee noted the key issues arising from the Joint Medicines Operation Group (JMOG) meeting held on 3rd September 2021. No comments were made.</p> <p>Outcome: The Committee received the Joint Medicines Operation Group (JMOG) key issues.</p>	
21/204	<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 meetings held on 20th May 2021 and 17th June 2021.</p> <p>Outcome: The Committee received the Primary Care Committees in Common minutes and key issues.</p>	

No	Item	Action
21/205	<p>North Mersey LeDeR Minutes and Key Issues</p> <p>The Committee noted the North Mersey LeDeR Minutes and Key Issues from the meeting held on 20th July 2021. No comments were made.</p> <p>Outcome: The Committee received the North Mersey LeDeR minutes and key issues.</p>	
Closing Business		
21/206	<p>Any Other Business</p> <p>It was noted that this was Chrissie Cooke's last JQPC meeting and was also her last day working for the CCGs. On behalf of the Committee, Dr Gina Halstead wished to thank Chrissie Cooke for her hard work, taking on difficult issues and for her contribution to this meeting and wished her well for the future.</p>	
21/207	<p>Key issues arising from this meeting</p> <p>Due to time constraints the key issues were not discussed. Mel Spelman had noted them during the meeting and will send them to Dr Gina Halstead to review.</p> <p>Action: Mel Spelman to send the draft key issues to Dr Gina Halstead for review.</p>	MS
21/208	<p>Meeting Review</p> <p>Due to time constraints this agenda item was not discussed.</p>	
21/209	<p>Date of next meeting:-</p> <p>Thursday 28th October 2021 at 9am to 12noon, Via MS Teams.</p>	

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

Thursday 28th October 2021, 9am to 12noon
Microsoft Teams Meeting

Attendees (Membership)		
Dr Rob Caudwell	GP, Governing Body Member, Chair, NHS Southport and Formby CCG (Joint Quality and Performance Committee Chair)	RC
Martin McDowell	Chief Finance Officer, NHS South Sefton CCG/NHS Southport and Formby CCG	MMcD
Dr Doug Callow	GP Quality Lead / GB Member, NHS Southport and Formby CCG	DC
Dr Gina Halstead	GP Clinical Quality Lead / GB Member, Deputy Chair, NHS South Sefton CCG (Joint Quality and Performance Committee Deputy Chair)	GH
Dr Jeffrey Simmonds	Secondary Care Doctor, NHS Southport and Formby CCG	JS
Tracey Forshaw	Interim Deputy Chief Nurse and Head of Quality and Safety, NHS South Sefton CCG/NHS Southport and Formby CCG	TF
Jane Lunt	Interim Chief Nurse, NHS South Sefton CCG/NHS Southport and Formby CCG	JL
Steven Cox	Lay Member, NHS South Sefton CCG	SC
Dil Daly	Lay Member, NHS Southport and Formby CCG	DD
Billie Dodd	Deputy Director of Delivery and Commissioning, NHS South Sefton CCG/NHS Southport and Formby CCG	BD
Ex Officio Member		
Fiona Taylor (for part of the meeting)	Chief Officer, NHS South Sefton CCG/NHS Southport and Formby CCG	FLT
In attendance		
Mel Spelman	Programme Manager for Quality and Risk, NHS South Sefton CCG/NHS Southport and Formby CCG	MS
Janet Faye	Lead Pharmacist NHS South Sefton CCG/NHS Southport and Formby CCG	JF
Ally Dwyer (for agenda item 21/214 only)	Senior Business Intelligence Analyst, NHS South Sefton CCG/NHS Southport and Formby CCG	AD
Nyasha Mapuranga	Programme Manager, Quality Sefton CCG/Southport and Formby CCG	NM
Joshua Adams (for agenda item 21/219 only)	HR Business Partner/People and OD, NHS Midlands and Lancashire Commissioning Support Unit	JA
Sharon Jamieson (observing for part of the meeting)	Senior Administrator, Sefton CCG/Southport and Formby CCG	SJ

Apologies

Susanne Lynch	Head of Medicines Management, NHS South Sefton CCG/NHS Southport and Formby CCG	SL
Dr Jeff Simmonds	Secondary Care Doctor, NHS Southport and Formby CCG	JS
Helen Roberts	Lead Pharmacist NHS South Sefton CCG/NHS Southport and Formby CCG	HR
Jennifer Piet	Programme Manager, Quality and Performance NHS South Sefton CCG/Southport and Formby CCG	JP
Chantelle Collins	SME for Operational Delivery of Continuing Healthcare NHS South Sefton CCG/NHS Southport and Formby CCG	CC
Dr Rob Caudwell	GP, Governing Body Member, Chair, NHS Southport and Formby CCG (Joint Quality and Performance Committee Chair)	RC

Minutes

Michelle Diable	PA to Chief and Deputy Chief Nurse, NHS South Sefton CCG/NHS Southport and Formby CCG	MD
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For the Joint Quality and Performance Committee to be quorate, the following representatives must be present:

Chair of the Joint Quality and Performance Committee or Vice Chair.

Lay member (SF)

Lay member (SS)

CCG Officer (SF)

CCG Officer (SS)

A governing body clinician (SF)

A governing body clinician (SS)

Membership Attendance Tracker

Name	Membership	Oct 20	Nov 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	June 21	July 21	Sept 21*	Sept 21	Oct 21
Dr Rob Caudwell	GP Governing Body Member (Chair)	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	A
Dil Daly	Lay Member for Patient & Public Involvement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	A	A	✓	✓	A	✓	✓	✓	A	A	✓
Debbie Fagan	Chief Nurse & Quality Officer (on Secondment)												
Dr Gina Halstead	Chair and Clinical Lead for Quality (Deputy Chair)		✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A	✓	✓	A	A	A	✓	A	A	A	A
Tracey Forshaw	Interim Deputy Chief Nurse					✓	✓	✓	A	✓	✓	A	✓
Fiona Taylor	Chief Officer Ex-officio member of Joint Quality and Performance Committee	✓	✓	A	✓	✓	A	✓	A	A	A	✓	✓
Billie Dodd	Deputy Director of Commissioning and Delivery			A	✓	✓	✓	A	✓	✓	✓	✓	✓
Chrissie Cooke	Interim Chief Nurse			✓	✓	✓	✓	✓	✓	✓	✓	✓	
Steven Cox	Lay Member for Patient & Public Involvement							A	✓	✓	A	✓	✓
Jane Lunt	Interim Chief Nurse												✓

✓ = Present A = Apologies * Joint Quality and Performance Committee Development Session

No	Item	Action
General		
21/210	<p>Welcome and Apologies for Absence</p> <p>Dr Gina Halstead welcomed all to the meeting. With the following apologies noted below, the meeting was deemed as being quorate.</p> <p>Apologies for absence were noted from Dr Rob Caudwell, Susanne Lynch, Dr Jeff Simmonds, Chantelle Collins, Helen Roberts and Jennie Piet.</p>	
21/211	<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. 	
21/212	<p>Minutes and Key Issues of the Previous Meeting</p> <p>The minutes and key issues from the previous meeting held on 30th September 2021 were approved.</p>	
21/213	<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 19/201, Clinical Director Quality Update <p>Following issues raised regarding midwives not having had EMIS training. Chrissie Cooke updated that it has been recognised by the Liverpool Women's Hospital NHS Trust that there are issues that need to be solved. She advised that she has asked IMersey to ensure that dialogue is maintained with the Trust in relation to the EMIS training for midwives. A further update to follow at the next meeting.</p> <p>It was noted that 40 new midwife appointments have been made, due to commence on 1st October 2021.</p>	

No	Item	Action
	<p>The CCG's have requested a paper is to be presented at the October 2021 CQPG meeting in relation to the IT issues at the Liverpool Women's Hospital NHS Trust. An update to be provided at the next meeting.</p> <p>The Committee noted the following post meeting update from Jennie Piet.</p> <p>Currently the Liverpool Women's Hospital NHS Foundation Trust is looking at the K2 and EMIS systems to ensure that the interoperability is functioning as it should. The plan would be to pilot this through the process with a few different GPs in Liverpool and then some in Sefton. The data sets and information sharing and ensuring consistency with the new standards and they are hoping to work with the national team. The Sefton CCGs raised the issue again about the training and the midwives being able to use the EMIS system even just for viewing but the person from the Trust was unsure about that progress as it was thought that the CCGs wanted the midwives to enter information on the Trust and GP systems which is what they are trying to move away from. Helen Smith, Head of Safeguarding at NHS Liverpool CCG raised again the issue of the midwives not at least being able to view the safeguarding information. The Sefton CCGs have been assured that they will receive a paper regarding the whole IT issue in December 2021. An update to be received in January 2022.</p> <ul style="list-style-type: none"> • Agenda Item 21/50, Clinical Director Quality Update <ul style="list-style-type: none"> (i) 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>Dr Rob Caudwell had informed that there is a well ran nurse led haematology service at Whiston Hospital and that the suggestion of introducing similar for the haematology service at Southport and Ormskirk Hospital NHS Trust has been made.</p> <p>It had been noted that the issues whereby primary care services are being asked to monitor MGUS patients care are starting to re occur, this has been escalated. Billie Dodd to follow up the disconnection at the next Clinical Assurance Group to obtain clarity.</p> <p>Billie Dodd had updated that there is a programme work on-going with St Helens in relation to a nurse led model. It is on their work plan and recruitment is to be undertaken. Billie Dodd was to provide an update at the next meeting.</p> <p>Billie Dodd had informed that Whiston Hospital is on track to take over the subcontract from Southport and Ormskirk Hospital NHS Trust from Monday 4th October 2021. The MGUS issues have been escalated and feedback on this is expected week commencing Monday 4th October 2021. It was highlighted that that this cannot be solved quickly, work is on-going. Dr Rob Caudwell requested assurance that until the pathway is in place that patients are not referred to primary care.</p> <p>Billie Dodd advised that there is no update currently as the process will be a long one. Billie Dodd informed that she will provide an update at the next meeting.</p>	<p style="text-align: center;">JP</p> <p style="text-align: center;">BD</p>

No	Item	Action
	<ul style="list-style-type: none"> • Agenda Item 21/87, Safeguarding Update Report <p>Tracey Forshaw to ensure discussions in relation to training non-compliance at Southport and Ormskirk hospital take place, highlighting the impact at the CF and CQRM meetings and to invite Karen Garside to those meetings.</p> <p>Tracey Forshaw had advised that safeguarding is on the agenda for the next Southport and Ormskirk Hospital NHS Trust CF meeting, tabled for 14th July 2021. A further update to be received from Tracey Forshaw.</p> <p>It has been noted that item was on the next CCQRM agenda in September 2021. An update next to be provided at the next meeting.</p> <p>Chrissie Cooke had informed that this is on the CCQRM agenda. Southport and Ormskirk Hospital NHS Trust have informed that they looking to recover the trajectory and get their safeguarding compliance on track in the next few months.</p> <p>The Committee noted the following post meeting update where this was discussed as an agenda item at the September 2021 CCQRM where trajectory and improvement to compliance is to be confirmed by the Southport and Ormskirk Hospital NHS Trust. The designated nurse for safeguarding children has been invited to attend the Trust's safeguarding group in relation to improvements required in the AED documentation audit linked to JTAI.</p> <p>Tracey Forshaw informed that this has also been raised at the Sefton CCG's Safeguarding Business Meeting. Assurance is expected at the next CCQRM. An update following that to be provided to this Committee.</p> <ul style="list-style-type: none"> • Agenda Item 21/114, Complaints, PALS, MP Report – May 2021 <ul style="list-style-type: none"> (i) Dr Rob Caudwell to discuss with the Medical Director at Southport Hospital the issue whereby patients have no mechanism to contact care providers should their condition worsen and to suggest having a clear guidance from secondary care colleagues, in relation to what they will or will not expedite. To explore the possibility of writing to patients to sign post them should their symptoms/conditions worsen. In addition to raise the issue at the next CQRM. <p>Dr Rob Caudwell had updated that he would be meeting with the Medical Director later that day where this will be discussed.</p> <p>Chrissie Cooke had referred to the "Shaping Care Together" programme whereby patient initial follows ups are being built into their new models of care. This will include a mechanism for patients to escalate if they think that their conditions have worsened, instead of going via their GP.</p> <p>Dr Rob Caudwell informed that he has had sight of information via clinic letters from the Walton Centre which refer to a new patient initial follow up process, whereby the patient is to advise if a follow up is required. Dr Rob Caudwell explained that he has not received any information on how the process is being implemented and he is not aware if the process has been formally communicated. Billie Dodd advised that this is part of the long-term plan requirement and would provide further information at the next meeting.</p>	TF

No	Item	Action
	<p>Dr Rob Caudwell had advised that he met with the deputy medical director at Southport and Ormskirk Hospital NHS Trust, Dr Kevin Thomas. Following this, Dr Thomas had a discussion with the directorate leads at Southport and Ormskirk Hospital NHS Trust. The feedback provided was that a process is required as this is becoming an increasing issue. Patients should contact the Trust if they wish to expedite instead of contacting their GP.</p> <p>Chrissie Cooke had suggested that the quality team and the commissioning team work together on this with the Trust. Dr Gina Halstead had explained that this relates to all Trusts. Billie Dodd had informed that this can be done via her regular catch-up meetings with NHS Liverpool CCG. In addition, raising the issue at the Primary Care Secondary Care Interface meeting initially was suggested. Dr Gina Halstead had explained the process at her practice whereby an SMS message is sent to patients who enquire about hospital appointments, which advises them to contact the hospital directly.</p> <p>Billie Dodd informed that she has raised this with NHS Liverpool CCG but has not had a response yet.</p> <p>It was highlighted that patients should be made aware of the reason why they are waiting and how long they will be waiting to be seen and that if their condition worsens, they should be provided with a contact name and number at the relevant hospital Trust. It was suggested that Tracey Forshaw and Billie Dodd raise this at CCF and at the Liverpool contract meetings and that it should also be raised at Trust level meetings. Dr Doug Callow to raise it at subsequent meetings at Southport and Ormskirk NHS Hospital Trust and Dr Gina Halstead to raise it with Paula Finnerty, Fiona Lemmens and John Wray.</p> <ul style="list-style-type: none"> • Agenda Item 21/115, Niche Corporate Governance Review 2020 Review Joint Quality and Performance Committee and Complaints <p>(i) Martin McDowell to review primary care data at a practice-by-practice level to ascertain gaps and how it can be reported.</p> <p>Martin McDowell to provide an update at the next meeting.</p> <p>Martin McDowell updated that this is being worked on by the BI team and that Luke Garner would provide an update at the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 21/118, Implementing the recommendations of Working Together Children (2018) regarding Local Safeguarding Children Board (LSCB) <p>Safeguarding Children Board arrangements paper to be presented at future meeting.</p> <p>Chrissie Cooke had informed that this is referenced in the chief nurse report. The changes in relation to children's services is contained in the safeguarding report which is on today's agenda. The new strategic safeguarding arrangements are to be implemented soon. An update on this will be provided at the next meeting.</p> <p>It was noted that an update is included in the chief nurse report on the agenda.</p>	<p>TF/BD/DC/ GH</p> <p>MMcD</p>

No	Item	Action
	<ul style="list-style-type: none"> • Agenda Item 21/120, Clinical Director Quality Update <p>(i) Martin McDowell to obtain an update from Leadership Team in relation to the issues that patients are experiencing when trying to access PC24 clinicians. To ask the commissioning team to undertake some research with a view to provide an update, if possible before the next meeting.</p> <p>Martin McDowell explained that assurance is required from PC24. He will ask PC24 to describe the current situation in Sefton and Southport and how the clinical risk is being managed and provide an update at the next meeting.</p> <p>Dr Gina Halstead suggested requesting PC24's plans against their staffing levels.</p> <p>Action deferred to the next meeting.</p> <p>(ii) Martin McDowell to escalate the issues in relation to the difficulties experienced by primary care in obtaining general neurology referrals.</p> <p>It was noted that there does not appear to be any further issues, however obtaining reassurance was suggested. Martin McDowell informed that he would raise on behalf of the Committee with NHS Liverpool CCG, the Committee's request around reassurance in relation to the difficulties experienced by primary care, in obtaining general neurology referrals.</p> <p>Action deferred to the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 21/136, Patient Experience – ADHD Pathway <p>(ii) Chrissie Cooke to ask the SEND HPIG to look at the ADHD pathway in detail, in particular the individual case DNA's and KPIs.</p> <p>Chrissie Cooke had informed that it had been discussed at the SEND CIB about doing a deep dive in relation to how children or adults who have got or require an ADHD diagnosis. The SEND HPIG will take on this work which is about gaining a better understanding the health pathway and to then report back to SEND HPIG. The outcome can then be brought to this meeting.</p> <p>It was noted that the ADHD pathway patient experience presentation from Dr Gina Halstead has been shared with Lisa Cooper and her response will be shared via the CCQRM process.</p> <p>Dr Gina Halstead had expressed her concern around patients who require a diagnosis of ASD or ADHD and what needs to happen for that to be done.</p> <p>Chrissie Cooke had noted the lack of clarity for patients if their diagnosis is negative as there is not much support for patients who have traits but have not got a diagnosis.</p>	<p>MMcD</p> <p>MMcD</p>

No	Item	Action
	<p>Chrissie Cooke had advised that the process needs to be mapped out and that families should be provided with mental health and wellbeing support to prevent relying on services. Lack of support can lead to hospital admissions.</p> <p>Chrissie Cooke had highlighted the capacity issues and the work required to prevent patients from getting into difficulty. Also, their ability to access services and for resources to be directed appropriately.</p> <p>Dr Rob Caudwell had asked what the prioritisation criteria is for those on the waiting list and how it is being managed. Chrissie Cooke informed that she would make some enquires and feed back to this meeting.</p> <p>It was noted that the learning from the case study shared by Dr Gina Halstead will be presented to the SEND HPIG and will in turn, be presented to this Committee.</p> <ul style="list-style-type: none"> • Agenda Item 21/137, Integrated Performance Report <p>Martin McDowell to ask Gordon Jones to link in with other commissioners in relation to involving the social prescribing team with IAPT recovery to enable patients on the waiting list to have a holistic assessment.</p> <p>Martin McDowell informed that this action has not been completed. He explained that Sefton has received an over allocation and work has been taking place in relation to that. He advised that he ask Mental Health Matters how they are joining up with other services across the borough and provide an update at the next meeting.</p> <p>It was highlighted that Mental Health Matters are also referred to as Talking Therapies or Talking Matters.</p> <p>The Committee noted the following response from Gordon Jones in relation to IAPT recovery: -</p> <p>There is now a referral pathway in place between Mental Health Matters and Social Prescribing. Mental Health Matters have recently joined the Mental Health Community Transformation Group and presented to partners. It is envisaged there will be closer links forged with Mersey Care as the new community model is developed.</p> <p>The service has also identified a number of practitioners who have specialist interest areas in the following:</p> <ul style="list-style-type: none"> • Peri-natal • Veterans • Young adults • BAME • Autism <p>The practitioners have commenced networking with relevant partner agencies.</p> <p>The IAPT services as part of Cheshire & Merseyside HCP system approach to improving access to services have been additional training places.</p>	TF

No	Item	Action
	<ul style="list-style-type: none"> • Agenda Item 21/179, Chief Nurse Report <p>Dr Gina Halstead wished to highlight that the loss of Aintree to Home is playing into the end-of-life fast track pathway. Chrissie Cooke had suggested that this should be followed up. Billie Dodd to obtain an update.</p> <p>(i) Billie Dodd to request a follow up from in relation to the loss of Aintree to Home in relation to the end-of-life pathway.</p> <p>Action completed.</p> <p>Martin McDowell had suggested that this needs to be discussed with the Leadership Team, where a decision can be made about what action should be taken and to highlight the clinical risk.</p> <p>(ii) Martin McDowell to raise Aintree to Home in relation to the end-of-life pathway with the Leadership Team.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/180, Learning from Deaths Re-admission Report May 2021 <p>Chrissie Cooke had suggested that the Committee takes on board the recommendations noted in the report and requested an update in a few months' time.</p> <p>Billie Dodd to follow up on how the Committee will act upon the recommendations noted in the report and provide an update to the Committee in a few months' time.</p> <p>Billie Dodd updated that the recommendations in the learning from deaths re admission report are being acted upon.</p> <ul style="list-style-type: none"> • Agenda Item 21/181, Corporate Risk Register <p>Mel Spelman apologised for not being able to present the risk register in more user-friendly format in October 2021, this was due to some additions that had been made which would have made it very time consuming to transfer the data into a Word document in time for the meeting. Mel had suggested providing a demonstration to the group members on how best to navigate risk register using the filter functionality. The group accepted the offer of support. Mel Spelman to convene a session for the group to demonstrate how best to navigate the risk register.</p> <p>It was agreed for Mel Spelman to arrange a risk register training session with the with the Committee on 6th January 2022. It was suggested to include in the session, what constitutes a risk and how to determine who is responsible for a risk if they have no control over it. In addition to the training session, Mel Spelman to circulate the risk register prior to the January 2022 Joint Quality and Performance Committee to request comments, which will be then discussed at the January Joint Quality and Performance Committee meeting.</p>	MS

No	Item	Action
	<ul style="list-style-type: none"> • Agenda Item 21/182, Complaints Report <p>Mel Spelman had informed that she will be supporting the work around the CCG's being able to capture patient experience data. This was noted at a recent EPEG meeting. This data will include patient stories and the learning that can be taken from them. Mel Spelman advised that she would provide an update on this piece of work at the next meeting.</p> <p>(i) Capturing patient stories data update to be provided at the next meeting.</p> <p>Mel Spelman advised that the patient experience report will be presented at the next meeting which will include patient stories.</p> <p>Billie Dodd suggested changing the complaints team's name as people are less likely to contact the complaints team with a compliment.</p> <p>Chrissie Cooke agreed and requested that the complaints report title is changed to the "patient experience report" with immediate effect. She informed that more information will be included in the report in due course, such as patient experience data and friends and family and friends test information.</p> <p>(ii) Mel Spelman to change the name of the Complaints Report to Patient Experience Report.</p> <p>Chrissie Cooke noted that the complaints data is significantly better and that she is confident that the data is accurate and produced in real time. She advised that work is taking place by MLCSU to unpick some of the 2020/21 data and that once completed the annual patient experience report will be presented to this Committee in November 2021.</p> <p>It was noted that the annual patient experience report is to be presented at the January 2022 Joint Quality and Performance Committee.</p> <p>Mel Spelman informed that the complaints report name has been changed to patient experience report. She informed that the CCGs are being supported by the MLCSU in relation to obtaining information for the annual patient experience report. The annual is report will be presented at the January 2022 Joint Quality and Performance Committee.</p> <p>Friends and family test information is to be included in the patient experience report. Determining the national average was suggested. Mel Spelman and Ally Dwyer to review pre Covid 19 friends and family test data, determine the national average and provide an update at the next Joint Quality and Performance Committee.</p> <ul style="list-style-type: none"> • Agenda Item 21/185, QIAs and EIAs <p>Chrissie Cooke had informed that the Committee has received the QIA/EIA report which covers QIAs and EIA's from over a period of months because not a lot of service changes had been made during the pandemic. She informed the Committee that going forward they would receive a quarterly report and if there are any issues in between reports, they can be reported by exception via the chief nurse report.</p>	<p>MS</p> <p>MS/AD</p>

No	Item	Action
	<p>Mel Spelman advised that she would update the Committee work plan to state that the Committee will receive quarterly QIA and EIA reports.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/186, Clinical Director Quality Update <p>Dr Gina Halstead had highlighted that the new Mersey Care CQPG meeting is a very large meeting and therefore wished to seek approval from the Committee, around the suggestion of establishing a subgroup at a place-based level, where specific issues can be addressed.</p> <p>Dr Gina Halstead explained that she had discussed this with her colleagues following the last Mersey Care CQPG and they approved of this suggestion that a more operational type of meeting is required. Dr Gina Halstead advised that Fiona Taylor has agreed to support this and noted the benefits of being proactive, as the CCG's work towards the new arrangements coming in to position from April 2022. Chrissie Cooke and Dr Rob Caudwell expressed their agreement and the benefits of having local intelligence and working in an integrated balanced way with clinical leadership. It was suggested including PCNs, Quality Team and Tracy Jeffes in the proposal creation.</p> <p>Dr Gina Halstead to liaise with the PCN's, Tracey Forshaw and Tracy Jeffes in the first instance to make some proposals on the way forward with a view to establishing a Mersey Care CQPG subgroup.</p> <p>Dr Gina Halstead informed that she had liaised with Tracy Jeffes. It was noted that Jennie Piet is working on establishing the place based operational meeting.</p> <ul style="list-style-type: none"> • Agenda Item 21/207, Key issues arising from this meeting <p>Due to time constraints the key issues were not discussed. Mel Spelman had noted them during the meeting and will send them to Dr Gina Halstead to review. Mel Spelman to send the draft key issues to Dr Gina Halstead for review. Dr Gina Halstead advised that she had made some amendments which has been circulate to the Committee ahead of the meeting for approval.</p> <p>Action completed.</p>	JP
Quality and Performance		
21/214	<p>Integrated Performance Report</p> <p>Ally Dwyer presented the draft integrated performance report for NHS South Sefton CCG and NHS Southport and Formby CCG for August 2021. The reports were draft at time of sending but have subsequently been signed off and submitted. The overall picture remains broadly similar with further declines in performance are noted in August 2021.</p> <p><u>Planned Care</u></p> <p>Referrals Secondary care referrals were below historic levels across all referral sources for the majority of 2020/21.</p>	

No	Item	Action
	<p>With a focus on elective restoration, referral numbers in 2021/22 have been significantly higher than in the equivalent period of the previous year.</p> <p>E Referrals These have currently been paused.</p> <p>Diagnostics August 2021 saw a further decline overall in performance for both CCGs and Trusts but more notably for NHS Southport and Formby CCG and Southport and Ormskirk Hospital NHS Foundation Trust (NHS South Sefton CCG 16.55%, Liverpool University Hospitals NHS Foundation Trust 10.62%, NHS Southport and Formby CCG 32.15% and Southport and Ormskirk Hospital NHS Foundation Trust 34.73%). Comparing the CCGs against the national picture NHS South Sefton CCG are well below and NHS Southport and Formby CCG are now above, for the first time, the national level being at 27.1%.</p> <p>The decline in performance For Southport and Ormskirk Hospital NHS Foundation Trust is across all modalities. This has been impacted by increased demand and changes to the urgency of requests. Capacity and demand reviews are on-going and the Trust has successfully recruited to an MRI Specialist Radiographer post. The Trust is also currently utilising imaging network capacity at St Helens & Knowsley, a weekly session at The Walton Centre for CT and additional capacity at Renacres for non-obstetric ultrasound. Staff are continuing to carry out additional sessions of an evening and weekend where possible. A detailed piece of work will be completed with the Directorate to analyse and develop an improvement plan.</p> <p>Referral to Treatment (RTT) August 2021 saw a small decline of around 1% for both CCGs. Liverpool University Hospitals NHS Foundation Trust around a 2% decline and similar performance For Southport and Ormskirk Hospital NHS Foundation Trust RTT compared to last month NHS South Sefton CCG 66.16%, Liverpool University Hospitals NHS Foundation Trust 61.84%, NHS Southport and Formby CCG 78.32%, Southport and Ormskirk Hospital NHS Foundation Trust 83.03%. Measuring against the national level, NHS South Sefton CCG is reporting below, but NHS Southport and Formby CCG is reporting well above, national level being at 67.63%.</p> <p>The main failing specialities for RTT for NHS South Sefton CCG are T&O (56.6%), general surgery (44.3%), urology (51.6%) and ENT (42.8%).</p> <p>The main failing specialties for NHS Southport and Formby CCG are gynaecology (69.6%) plastic surgery (57.1%), cardiothoracic surgery (58.3%).</p> <p>Referral to Treatment 52-Week Waiters August 2021 saw another increase in numbers of long waiters for SSCCG from 1,017 in July 2021 to 1,082 in August 2021. SFCCG reported a small increase, 342 long waiters in August compared to 320 in July 2021. Both Trust reports more long waiters also in August 2021. To note: for NHS South Sefton CCG the breaches represent 5.88% of the total waiting list in August 2021 above the national level of 5.11%. NHS Southport and Formby CCG the breaches represent 2.62%, below the national level.</p>	

No	Item	Action
	<p>Referral to Treatment Waiting List There are no waiting list plans required for 2021/22 operational planning, previous year being used for comparative purposes, for incomplete pathways both CCGs are above levels of last year in August 2021 and are also increasing month on month NHS South Sefton CCG 18,395 in August 2021 from 17,537 in July, for SFCCG 13,069 in August 2021 from 12,576 in July 2021. (Liverpool University Hospitals NHS Foundation Trust 63,996 in August 2021, 61,222 in July 2021 and Southport and Ormskirk Hospital NHS Foundation Trust 12,591 in August 2021 from 11,810 in July 2021). For incomplete pathways both CCGs and Trust are above levels of last year in August 2021 and increasing month on month.</p> <p>Cancelled Operations Both Trusts reported cancelled operations in their KPI reports in August 2021, 1 for Southport and Ormskirk Hospital NHS Foundation Trust and 19 for Liverpool University Hospitals NHS Foundation Trust. (For all patients who have had their operation cancelled, on or after the day of admission for non-clinical reasons are to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.) Published data paused due to Covid 19 pandemic.</p> <p>Cancer Measures There is an improvement in month for NHS South Sefton CCG, they are achieving 4 of the 9 cancer measures year to date and 6 measures in August 2021. But for NHS Southport and Formby CCG they are achieving 3 of the 9 cancer measures year to date and 3 measures in August 2021. NHS Southport and Formby CCG is still failing 93% target for all cancer 2 week waits (76.79%) and again failed the 2-week breast symptom (88.89%) after achieving last month. NHS South Sefton CCG is still achieving 2-week breast symptom but again failing the 2 week wait (92.04%). NHS South Sefton CCG is measuring above the national level for 62 days of 70.74% reporting 71.79%, but NHS Southport and Formby CCG is reporting below at 66.67%.</p> <p>For patients waiting over 104 days NHS South Sefton CCG reported 1 patient who waited 124 days (urological) and NHS Southport and Formby CCG reported 6 patients waiting over 104 days (2 lower gastroenterology, 1 gynaecology, 1 haematological, 1 head and neck and 1 lung), Root Cause Analyses and harm reviews are discussed at PQIRP meetings.</p> <p><u>Unplanned Care</u></p> <p>A&E 4 Hour This still under the 95% target for both CCGs and Trusts but have shown no improvement from last month, Liverpool University Hospitals NHS Foundation Trust now reporting 66.03% from 65.9% the previous month, measuring against the national level of 77.01% both CCGs are below at NHS South Sefton CCG 67.75%, NHS Southport and Formby CCG 76.11%.</p> <p>Trust 12-hour Breaches Southport and Ormskirk Hospital NHS Foundation Trust had 14, 12-hour breaches in August 2021 (6 in July 2021), on review from quality team they didn't identify any harm in the ones they were able to review.</p>	

No	Item	Action
	<p>Mixed Sex Accommodation Southport and Ormskirk Hospital NHS Foundation Trust reported 2 mixed sex accommodation breaches in August 2021 again due to delays in transferring patients from critical care (1 less than the previous month).</p> <p>NWAS Ambulance Indicators Both CCGs have failed all categories apart from NHS South Sefton CCG Category 1. 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.</p> <p>Handovers There have been further increases in handover breaches for 15-30 and 15-60 minutes at Liverpool University Hospitals NHS Foundation Trust (670 and 234 respectively). Southport and Ormskirk Hospital NHS Foundation Trust report small decreases for both measures (50 and 8).</p> <p>Dil Daly queried why the waiting times for ambulances were significantly high for than at Southport and Ormskirk NHS Hospital Trust. Fiona Taylor informed that there has been a redesign of the front end of A&E at Southport and Ormskirk NHS Hospital Trust a couple of years ago which has helped with handovers. Liverpool University Hospitals NHS Foundation Trust's biggest issue is in relation to the pressure of unplanned care and patient flow in A&E. With Liverpool University Hospitals NHS Foundation Trust being under significant pressure and Southport and Ormskirk Hospital NHS Trust having changed their front door processes making it more effective, has resulted in there being a notable difference between the two Trusts with regard to handovers. Also noted is that there is no corridor care being undertaken at Southport and Ormskirk Hospital NHS Trust.</p> <p>Stroke For Southport and Ormskirk Hospital NHS Trust, this indicator 1 month in arrears. July 2021 being latest data 65.6% a decline of 3.6% from previous month along with a significant decrease for TIA reporting 15.8% against the 60% target 34.9% reported previous month). There is no Liverpool University Hospitals NHS Foundation Trust update for stroke.</p> <p>Fiona Taylor informed that at the Committees in Common meeting that had taken place recently, where it was noted that there will be a 12-week consultation period commencing on 26th November 2021, in relation to moving the stroke service to Aintree. Fiona Taylor highlighted that the thrombectomy service is going live for 24 hours at Walton.</p> <p>HCAI There has been 1 new case of MRSA in August for NHS Southport and Formby CCG, this was a hospital onset case at Southport and Ormskirk Hospital NHS Foundation Trust. C diff remains over plan at both CCGs and Southport and Ormskirk Hospital NHS Foundation Trust, against the new objectives, Liverpool University Hospitals NHS Foundation Trust are reporting under plan for August 2021. E coli remain are under plan for both CCGs and Trusts.</p>	

No	Item	Action
	<p><u>Mental Health</u></p> <p>Care Programme Approach This is under the 95% target for first time at SFCCG having 2 patient breaches out of 10, (80%). A service user was discharged to a non-NHS hospital and process was unclear within the team that follow up was still required.</p> <p>Mental Health Eating Disorders Both CCGs are failing the measure still. NHS South Sefton CCG 11.40% a significant decline and NHS Southport and Formby CCG 31.43%. Demand continues to increase and exceed capacity. The service is planning to recruit for a dietician and psychology posts and has recruited a First Episode Rapid Early Intervention clinical psychologist as part of the Trust's Community Mental Health Transformation Programme.</p> <p>IAPT Access Both CCGs are still failing the measure. The Trust reports that they have recruited further posts of Psychological Wellbeing Practitioners and High Intensity Therapists.</p> <p>IAPT Recovery Both CCG are now failing this measure after SFCCG achieved in the previous month. NHS South Sefton CCG are reporting 33.3% in August 2021 (9% decline from last month) against the 50% target, NHS Southport and Formby CCG are again failing the target reporting 40% after achieving the target last month.</p> <p>Dementia This remains under plan for both CCGs and similar to the previous month. NHS South Sefton CCG 59.7%, NHS Southport and Formby CCG 66.2% - target 66.7%. A scheme has been set up to help address underperformance.</p> <p><u>Children's Services</u></p> <p>Apart from the SALT service, the community therapy service waiting times continue to achieve the SEND improvement plan average waiting time KPIs in August 2021 for NHS Southport and Formby CCG. For NHS South Sefton CCG there remains a deterioration for a second month in occupational therapy being at 84.9% and continence at 80%.</p> <p>CAMHS This is still failing and has seen a decline in performance in their position for Referral to Choice within 6 weeks reporting 38.2% in August 2021 from 56.5% in July 2021, (plan 95%). Along with a decline of 20% in percentage referral to partnership within 18 weeks to 25% in August 2021 from 45.5% in July 2021, (plan 75%). The CAMHS waiting time position continues to be closely monitored by the CCGs and the Trust. The local CAMHS partnership and third sector providers continue to offer additional support and capacity. Sefton has also been successful in its joint bid with NHS Liverpool CCG to be a pilot site for the mental health 4 week wait initiative which will also positively impact on waiting times.</p> <p>ASD The Trust is on target in August 2021 reporting 100% for assessments within 12 weeks against the 90% target but are still under target reporting 62% completed assessments within 30 weeks target 90% a further decline on previous month (72%). This is due to an increase in referrals and pressure on service capacity.</p>	

No	Item	Action
	<p>ADHD Achieving ADHD referrals started an assessment within 12 weeks, but have assessments completed within 30 weeks reporting 88% now under the 90% target, this has declined over the past 4 months.</p> <p>For both ASD and ADHD the CCGs will review the outcomes of a deep dive alongside a Trust paper which details the current position, mitigation and options for consideration.</p> <p><u>Primary Care</u></p> <p>CQC Inspections There have been no new inspections in August 2021 for either CCG practices.</p> <p>Martin McDowell requested for more information about long waiters to be included in the next integrated performance report. He noted that there has been a rise in the rate of the number of people on the incomplete pathway. Work is to be undertaken to understand this trend. Martin McDowell informed that he has asked Sarah McGrath to review the endoscopy service data, as performance has notably changed at Southport and Ormskirk Hospital NHS Trust , it is behind other Trusts in Cheshire and Merseyside in this regard.</p> <p>Action: Ally Dwyer to include detail in the next integrated performance report in relation to long waiters.</p> <p>Outcome: The Committee noted the integrated performance report.</p>	AD
21/215	<p>Chief Nurse Report</p> <p>Tracey Forshaw presented the chief nurse report which seeks to provide the Committee with an update on the key issues that have occurred since the last report in September 2021.</p> <p>Tracey Forshaw outlined the following highlights: -</p> <p>There have been a number of changes made recently in the quality team. Chrissie Cooke left on 30th September 2021 and has been replaced by Jane Lunt as interim chief nurse. Jane will cover the chief nurse role for NHS Sefton CCG, NHS Southport and Formby CCG and NHS Liverpool CCG. Chantelle Collins is working as subject matter expert for operational delivery of continuing healthcare (CHC) across both Liverpool and Sefton. In this role Chantelle will support the necessary system changes for the delivery of CHC against the framework. Nyasha Mapuranga is covering Chantelle's role as programme manager in the quality team. Some additional administrative resource has been sought for the team which is being shared with the commissioning team. An update against the Niche action plan is expected and will be shared with the Committee in due course.</p> <p>Services continue to remain challenged with increased demand and referrals being received. Alder Hey Children's Hospital NHS Foundation Trust is undertaking a deep dive exercise to further understand the drivers in the increase to ASD / ADHD pathways. A paper is to be submitted to the SEND CIB in November 2021, this will in turn be presented to this Committee.</p>	

No	Item	Action
	<p>Action: Deep dive report in relation to increased ASD and ADHD referrals to be presented to the Committee following presentation at SEND CIB and SEND HPIG.</p> <p>The contract performance notice remains in place for Mersey Care NHS Foundation Trust in relation to the delivery of CHC services, with oversight from NHSEI. Areas requiring change and improvement in terms of CHC have been identified, with a current focus on hospital discharge processes including identifying a 'true' Fast Track (and completion of the Fast-Track Pathway Tool), CHC checklist application in relation to CHC. A Sefton Board has been established focusing on Sefton issues.</p> <p>The data presented for people with a learning disability aged 18 years and over, on the GP register who have received their 1st and 2nd Covid 19 vaccination depicts a positive picture. How this compares to other regions is not known.</p> <p>There have been a number of serious incidents, including 2 child deaths, noted in past 3 months associated with fallen fireplaces. The trend has been raised with NHSEI to support understanding of any wider trends emerging.</p> <p>A child death was reported in October 2021 which was that of a 12-week-old twin girl (South Sefton CCG). The death appears to be associated with co-sleeping. There was a history of domestic abuse, mental health and alcohol misuse. A sudden infant death investigation strategy meeting was due to be held the same day.</p> <p>Capacity issues due to sickness absence and vacancies within Alder Hey Children's Hospital NHS Trust's statutory service is having a detrimental impact on the timescales for initial health assessments for children entering care in Sefton. Performance has decreased further, with none of the eight children who entered care in August 2021 having their initial health assessments returned to Sefton local authority within statutory timescale. A decision was taken by the chief nurse for the designated doctor for children in care to halt strategic duties for a limited period, in order to complete some additional initial health assessments and help address the backlog. This commenced on 30th September 2021. The designated doctor is completing three additional initial health assessments each week within two of his three CCG planned sessions.</p> <p>There is a significant pressure in the quality team due to the increase in domestic homicide reviews, there are 4 currently active. Support may be required for the quality team in this regard.</p> <p>Outcome: The Committee noted the chief nurse report.</p>	TF
21/216	<p>Patient Experience Report</p> <p>Mel Spelman apologised for the absence of a patient experience report. Mel Spelman explained that this was due to sickness absence. It was noted that there will be an update at the next meeting which will report on the last 3 months data. The Committee will receive this report on a quarterly basis thereafter. The annual patient experience report will come to this Committee early in February 2022.</p>	

No	Item	Action
	<p>Outcome: The Committee noted that the patient experience report update will be presented at the November 2021 Joint Quality and Performance Committee.</p>	
21/217	<p>Controlled Drugs Report</p> <p>Janet Faye presented the controlled drugs report on behalf of Helen Roberts. The report seeks to provide the Committee with the Q1 controlled drug prescribing data for the period April to June 2021.</p> <p>Janet Faye highlighted that when patients are being prescribed Dihydrocodeine 30mg tablets, they are being advised that they can take the 30mg tablets up to 8 times per day, however this should be up to 6 times per day. It was noted that EMIS states that 8, 30mg tablets can be taken per day. Janet Faye advised that she will investigate this further in relation to the information provided in the drop-down facility on EMIS. It was suggested incorporating a flagging system. Dr Doug Callow made reference to the NICE guidance dosage for Dihydrocodeine which will also be reviewed by Janet Faye and Helen Roberts before an prescriber update is circulated.</p> <p>Janet Faye informed some awareness raising methods will be undertaken including a Sefton prescriber update, speaking to GP practices at the quarterly meeting and speaking to patients as needed on a one-to-one basis regarding the maximum dosage of Dihydrocodeine 30mg tablets. It was suggested that the message needs to be made clear, informing that the maximum dosage has changed from 8, 30mg to 6, 30mg.</p> <p>The Committee were asked if going forward, that the controlled drugs level prescribing could be compared with CCG statistical neighbours rather than across Merseyside for a more relevant comparison. This was agreed by the Committee.</p> <p>The Committee noted the controlled drugs report.</p>	
21/218	<p>Clinical Director Quality Update</p> <p>Dr Doug Callow highlighted issues which are being experienced in relation to radiology waiting times at Southport and Ormskirk Hospital NHS Trust. He referred to a paper presented at a CAG meeting which had been forwarded to him by Dr Kati Scholtz. The paper outlines changes to the Trust's radiology process for booking appointments for GP requested X-ray, ultrasound and CT scans. Previously patients were advised to ring the hospital within a 48-72 hour timeframe. The Trust will now contact the patient with an appointment following a triage process and allocate appointments according to urgency and date of request. The Trust has advised that any patients waiting more than 12 weeks will be subject to a risk assessment. This may necessitate engagement with the patient's GP practice.</p> <p>Local opinion is that this process is not being followed. There are also quality issues for example, errors made in reports, this is because speech recognition software has been used but the reports are not being checked first. Tests are being recommended on occasions, which GPs cannot undertake. There are significant delays from referral to report receipt. It is thought that the best way forward locally, is to obtain examples of the issues and raise them with the Trust.</p>	

No	Item	Action
	<p>CAG has requested a safety netting arrangement around timescale when patients have to have a contact by, e.g. 1-2 weeks from referral. Plus knowing what to do if a patient does not have contact in that time frame. The second page of each report says how long the patient should wait before contacting radiology, depending on the urgency of the request. CAG next meets in December 2021.</p> <p>Dr Doug Callow asked if there were similar issues in Sefton. Dr Gina Halstead advised that she has not experienced diagnostic issues in Sefton.</p> <p>Dr Doug Callow informed that a lot of requests are being received mainly from Liverpool University Hospitals NHS Foundation Trust, for patients requiring procedures, to be seen nearer to home resulting in added pressure.</p> <p>Dr Gina Halstead advised that she will raise the issues highlighted by Dr Doug Callow with Paula Finnerty and Fiona Lemmens. Tracey Forshaw suggested raising the radiology issues at the CCF meeting.</p> <p>It was suggested inviting Sarah McGrath to the CCF meeting. Mel Spelman advised that she will liaise with Jennie Piet and request that the radiology issues are placed on the CCQRM agenda, recommending that a deep dive is to be undertaken and to ensure that the issues are placed on the CCF meeting agenda. Dr Doug Callow advised that he would forward Dr Kati Scholtz's paper to Mel Spelman and Jennie Piet.</p> <p>Action: Dr Doug Callow to send the paper that had been forwarded to him by Dr Kati Scholtz's regarding the radiology issues to Mel Spelman and Jennie Piet.</p> <p>Action: Mel Spelman to liaise with Jennie Piet to request that the radiology issues of long waits, quality issues and duration for diagnostic reports to come through following referral, at the CCF meeting.</p> <p>Action: Mel Spelman to liaise with Jennie Piet to request that the quality issues and the long waits for diagnostic reports are placed on the CCQRM agenda recommending a deep dive exercise be undertaken.</p> <p>Dr Doug Callow informed that the take home message from the recent interface workshop was that GPs will have to do things by themselves by default, otherwise clinical risk will increase. The barriers appear to be cultural. Dr Doug Callow referred to a draft Cheshire and Merseyside paper which under pins a lot of what was discussed at the interface meeting. The plan is to have a one-page summary in every consultation room, as a working document for local Trusts to engage with. Also noted are the issues arising as a consequence of the access and support NHSEI offer.</p> <p>Dr Gina Halstead highlighted that there isn't a Southport and Formby Mersey Care community mental health clinical lead. Tracey Forshaw advised that this is being addressed by Jennie Piet as part of the work in establishing a Sefton place operational group ensuring representation.</p> <p>Dr Gina Halstead informed that there is a joint meeting scheduled for week commencing 1st November 2021, where there will be representation from the LMC, GP's and the GP Federation to discuss the rejection of the "Our plan for improving access for patients and supporting general practice".</p>	<p>DC</p> <p>MS/JP</p> <p>MS/JP</p>

No	Item	Action
	<p>Dr Gina Halstead advised that she will provide an update on this to the Committee, at the next meeting.</p> <p>Action: Dr Gina Halstead to provide an update from the meeting regarding the rejection of the “Our plan for improving access for patients and supporting general practice” at the next Joint Quality and Performance Committee.</p> <p>The Committee noted the Clinical Director Quality Update.</p>	GH
Policies/Protocols for Approval		
21/219	<p>Professional Registration Policy</p> <p>Josh Adams presented the changes that have been made to the professional registration policy to the Committee requesting their approval.</p> <p>It was noted that the minor changes have been made to reflect legislative updates. The policy changes have been reviewed by the Corporate Governance Support Group which recommended for them come to this Committee for approval.</p> <p>Following an update on a national level, there has been agreement that unless a policy requires an update for legislative purposes or impacts on Agenda for Change. The expectation is for policies to transfer over as is to the Integrated Care Board. Thus, the professional registration policy will be the final policy for review.</p> <p>Discussion took place with regards to how policy changes should be presented to Committees. It was noted that presenting them via tracked changes was not preferable.</p> <p>Martin McDowell advised that he would clarify the corporate method of highlighting policy changes to Committees, however this may potentially be the last round of policy changes before the commencement of joint committee working. It was suggested that it should be stipulated that track changes are not to be used at Committees when highlighting policy changes.</p> <p>Action: Martin McDowell to clarify the corporate method of highlighting policy changes to Committees and to request that it is stipulated that the tracked changes method is not to be used to demonstrate policy changes to Committees.</p> <p>Outcome: The Committee approved the professional registration policy.</p>	MMcD
For Information		
21/220	<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 27th August 2021. No comments were made.</p> <p>Outcome: The Committee received the SEND Health Performance Improvement Group minutes and key issues.</p>	

No	Item	Action
21/221	<p>Complaints Oversight Subgroup Minutes and Key Issues</p> <p>The Committee noted the Complaints Oversight Subgroup minutes and key issues from the meetings held on 20th September 2021. No comments were made.</p> <p>Outcome: The Committee received Complaints the Oversight Subgroup minutes and key issues.</p>	
21/222	<p>Performance and Quality Investigation Review Panel (PQIRP) minutes and key issues</p> <p>The Committee noted the Performance and Quality Investigation Review Panel (PQIRP) minutes and key issues from the meeting held on 23rd August 2021. No comments were made.</p> <p>Outcome: The Committee received the Performance and Quality Investigation Review Panel (PQIRP) minutes and key issues.</p>	
21/223	<p>Joint Medicines Operation Group (JMOG) Key Issues</p> <p>The Committee noted the key issues arising from the Joint Medicines Operation Group (JMOG) meeting held on 1st October 2021. No comments were made.</p> <p>Outcome: The Committee received the Joint Medicines Operation Group (JMOG) key issues.</p>	
21/224	<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 meetings held on 17th June and 15th July 2021.</p> <p>Dil Daly highlighted that it was good to hear that health checks for learning disability patients are up by 20% for both CCGs and has become a demonstration model for other local CCGs.</p> <p>Tracey Forshaw highlighted that although the numbers of completed annual health assessments for people with a learning disability was reassuring. This doesn't provide assurance on the quality of the health assessments.</p> <p>Outcome: The Committee received the Primary Care Committees in Common minutes and key issues.</p>	
21/225	<p>Engagement and Patient Experience Group (EPEG) Key Issues</p> <p>The Committee noted the Engagement and Patient Experience Group Key Issues from the meeting held on 29th September 2021.</p> <p>Dil Daly highlighted that it had been noted at the previous EPEG meeting about the positive patient experience in relation to Coloplast, particularly given the pressures on demand, however performance is even better.</p> <p>Outcome: The Committee received the Engagement and Patient Experience Group (EPEG) Key Issues.</p>	

No	Item	Action
21/226	<p>Serious Incident Review Group (SIRG) Minutes and Key Issues</p> <p>The Committee noted the minutes and key Issues from the NHS Southport and Formby CCG Serious Incident Review Group (SIRG) meeting held on 4th August 2021. No comments were made.</p> <p>Outcome: The Committee received the Serious Incident Review Group (SIRG) Minutes and Key Issues.</p>	
21/227	<p>Corporate Governance Support Group Minutes</p> <p>The Committee noted the minutes and key Issues Corporate Governance Support Group meeting held on 8th July 2021. No comments were made.</p> <p>Outcome: The Committee received the Corporate Governance Support Group Minutes.</p>	
Closing Business		
21/228	<p>Any Other Business</p> <p>Dr Gina Halstead raised with Dr Doug Callow her concerns around there being no Mersey Care community mental health representation for Southport and Formby at the CCQRM. Dr Doug Callow queried if Dr Rob Caudwell is providing representation. Tracey Forshaw referred to her earlier assurance noted in the meeting, that representation is being addressed to ensure there is a Sefton voice heard at the relevant meetings.</p>	
21/229	<p>Key issues arising from this meeting</p> <p>The following key issues were noted:</p> <ul style="list-style-type: none"> • GP2GP audit outcome to be presented at the November 2021 Joint Quality and Performance Committee. • Risk register cleanse to be undertaken in January 2022. • Changes to quality team were noted; Jane Lunt is interim Chief Nurse for NHS South Sefton CCG and NHS Southport and Formby CCG in addition to Chief Nurse at NHS Liverpool CCG. Interim Programme Manager in post to cover whilst Chanelle Collins is SME in Continuing Health Care • Increase in DHR's which impacting on quality team capacity. • Radiology service issues; a deep dive to be undertaken by the CCQRM in relation to long waits for radiology diagnosis and to also be raised at CCF to provide assurance. • ASD/ADHD deep dive in relation to increase in referrals to be presented at Joint Quality and Performance Committee following presentation at SEND CIB and SEND HPIG. • Professional registration policy changes approved. 	

No	Item	Action
	<ul style="list-style-type: none"> • A change has been made in relation to the maximum dosage to be taken per day of Dihydrocodeine 30mg tablets. This is to be widely and clearly communicated. • Patient Experience reporting will be 2 months in arrears at the next meeting but will be reported on quarterly basis going forward. <p>Action: Mel Spelman to forward the key issues to Tracey Forshaw for review.</p>	MS
21/230	<p>Meeting Review</p> <p>This agenda item was not discussed.</p>	
21/231	<p>Date of next meeting: -</p> <p>Thursday 25th November 2021 at 9am to 12noon, Via MS Teams.</p>	

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

Thursday 25th November 2021, 10am to 12noon
Microsoft Teams Meeting

Attendees (Membership)		
Dr Rob Caudwell (for part of the meeting)	GP, Governing Body Member, Chair, NHS Southport and Formby CCG (Joint Quality and Performance Committee Chair)	RC
Martin McDowell (for part of the meeting)	Chief Finance Officer, NHS South Sefton CCG/NHS Southport and Formby CCG	MMcD
Dr Doug Callow	GP Quality Lead / GB Member, NHS Southport and Formby CCG	DC
Dr Gina Halstead	GP Clinical Quality Lead / GB Member, Deputy Chair, NHS South Sefton CCG (Joint Quality and Performance Committee Deputy Chair)	GH
Dr Jeffrey Simmonds	Secondary Care Doctor, NHS Southport and Formby CCG	JS
Tracey Forshaw	Interim Deputy Chief Nurse and Head of Quality and Safety, NHS South Sefton CCG/NHS Southport and Formby CCG	TF
Jane Lunt	Interim Chief Nurse, NHS South Sefton CCG/NHS Southport and Formby CCG	JL
Steven Cox	Lay Member, NHS South Sefton CCG	SC
Dil Daly	Lay Member, NHS Southport and Formby CCG	DD
Billie Dodd	Deputy Director of Delivery and Commissioning, NHS South Sefton CCG/NHS Southport and Formby CCG	BD
Ex Officio Member		
Fiona Taylor (for part of the meeting)	Chief Officer, NHS South Sefton CCG/NHS Southport and Formby CCG	FLT
In attendance		
Mel Spelman	Programme Manager for Quality and Risk, NHS South Sefton CCG/NHS Southport and Formby CCG	MS
Anthony North (for agenda item 21/239 only)	Senior Business Intelligence Analyst, NHS South Sefton CCG/NHS Southport and Formby CCG	AN
Nyasha Mapuranga	Programme Manager, Quality Sefton CCG/Southport and Formby CCG	NM
Andy Topham (for agenda item 21/236 only)	Product Manager, NHS Digital	AT
Louise Taylor (for agenda item 21/236 only)	Primary Care Business Change Manager NHS Informatics Merseyside	LT
Helen Roberts	Lead Pharmacist NHS South Sefton CCG/NHS Southport and Formby CCG	HR

Natalie Hendry-Torrance (for agenda items 21/234 and 21/235 only)	Designated Safeguarding Adults Manager, NHS South Sefton CCG/NHS Southport and Formby CCG	NHT
Debbie Fairclough (for agenda item 21/245 only)	Interim Programme Lead, Corporate Services, NHS South Sefton CCG/NHS Southport and Formby CCG	DFair
Apologies		
Susanne Lynch	Head of Medicines Management, NHS South Sefton CCG/NHS Southport and Formby CCG	SL
Dr Jeff Simmonds	Secondary Care Doctor, NHS Southport and Formby CCG	JS
Jennifer Piet	Programme Manager, Quality and Performance NHS South Sefton CCG/Southport and Formby CCG	JP
Karen Garside	Designated Nurse, Safeguarding Children, NHS South Sefton CCG/Southport and Formby CCG	KG
Ally Dwyer	Senior Business Intelligence Analyst, NHS South Sefton CCG/NHS Southport and Formby CCGGP	AD
Jane Lunt	Interim Chief Nurse, NHS South Sefton CCG/NHS Southport and Formby CCG	JL
Dr Doug Callow	GP Quality Lead / GB Member, NHS Southport and Formby CCG	DC
Minutes		
Michelle Diable	PA to Chief and Deputy Chief Nurse, NHS South Sefton CCG/NHS Southport and Formby CCG	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)

Membership Attendance Tracker

Name	Membership	Nov 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	June 21	July 21	Sept 21*	Sept 21	Oct 21	Nov 21
Dr Rob Caudwell	GP Governing Body Member (Chair)	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	A	✓
Dil Daly	Lay Member for Patient & Public Involvement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	A	A	✓	✓	A	✓	✓	✓	A	A	✓	A
Debbie Fagan	Chief Nurse & Quality Officer (on Secondment)												
Dr Gina Halstead	Chair and Clinical Lead for Quality (Deputy Chair)	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Jeffrey Simmonds	Secondary Care Doctor	A	✓	✓	A	A	A	✓	A	A	A	A	A
Tracey Forshaw	Interim Deputy Chief Nurse				✓	✓	✓	A	✓	✓	A	✓	✓
Fiona Taylor	Chief Officer Ex-officio member of Joint Quality and Performance Committee	✓	A	✓	✓	A	✓	A	A	A	✓	✓	✓
Billie Dodd	Deputy Director of Commissioning and Delivery		A	✓	✓	✓	A	✓	✓	✓	✓	✓	✓
Chrissie Cooke	Interim Chief Nurse		✓	✓	✓	✓	✓	✓	✓	✓	✓		
Steven Cox	Lay Member for Patient & Public Involvement						A	✓	✓	A	✓	✓	✓
Jane Lunt	Interim Chief Nurse											✓	A

✓ = Present A = Apologies * Joint Quality and Performance Committee Development Session

No	Item	Action
General		
21/232	<p>Welcome and Apologies for Absence</p> <p>The meeting Chair Dr Rob Caudwell welcomed all to the meeting. He advised that he had to leave mid meeting to attend another meeting and that Dr Gina Halstead would take over as Chair in his absence.</p> <p>Apologies for absence were noted from Dr Doug Callow, Susanne Lynch, Dr Jeff Simmonds, Ally Dwyer, Karen Garside, Jane Lunt and Jennie Piet.</p>	
21/233	<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. 	
21/234	<p>Updated Safeguarding and Children in Care Policies</p> <p>Natalie Hendry -Torrance presented the safeguarding and children in care policies which have been updated due to the anticipated dissolution of the CCGs and transfer to the Integrated Care Board at the end of March/beginning of April 2022. The previous interim chief nurse had advised that these policies were to be reviewed, necessary changes made and review dates extended to February 2023, to allow for the transfer to the Integrated Care Board. On review of the safeguarding adults and children and children in care policies, only minor updates were required.</p> <p>Dr Gina Halstead raised a concern that it is not always known by GP practices who is on their safeguarding registers. The issue being compounded by health Visitors being post code based as opposed to being aligned to GP practices. Sarah Quick from Sefton Local Authority is doing a piece of work to ascertain if this is a wider issue.</p> <p>Fiona Taylor advised that she would discuss this concern with the safeguarding team including Dr Wendy Hewitt, to gain a further understanding and ascertain what processes could be put in place.</p> <p>Action: Fiona Taylor to discuss the concern raised in relation to GP practices not being informed of who is on their child protection register</p>	

No	Item	Action
	<p><i>with the safeguarding team and Dr Wendy Hewitt, to gain a further understanding and to ascertain what processes could be put in place.</i></p> <p>Outcome: The Committee approved the updated safeguarding and children in care policies.</p>	FLT
21/235	<p>CCG Safeguarding Team Q2 (2021-22) - Safeguarding Quality Schedule Update and Quarterly Safeguarding Update</p> <p>Natalie Hendry-Torrance presented this report which seeks to provide the Committee with an update on developments in respect of the safeguarding adults, children and children in care agendas during Q2.</p> <p>Fiona Taylor enquired if there an update in relation to the implementation of Liberty Protection Safeguards. Natalie Hendry- Torrance informed that there are no further updates as implementation has been delayed, further detail is awaited. Natalie Hendry- Torrance assured that if anything changes, she will be in be in touch to consult with colleagues prior to implementation.</p> <p>Fiona Taylor advised that as the CCGs transition to the new organisation, it is important to utilise membership meetings effectively and interact accordingly as there will be implications for primary care and on residents.</p> <p>Outcome: The Committee noted the CCG safeguarding team Q2 (2021-22) - safeguarding quality schedule update and quarterly safeguarding update.</p>	
21/236	<p>PRM Repository - Continuity of GP Patient's Electronic Health Records</p> <p>Andy Topham gave a presentation to the Committee which describes the issues being experienced with the current GP2GP system and how these issues are being addressed. The aim being to enable continuity of a record when a patient is no longer registered to a GP in England, as well as access to the complete record when needed. Also to improve re registration flow. Currently this work is in the developmental stage. The new process is on track to go live February 2022.</p> <p>Dr Gina Halstead raised some issues in particular, legacy record management when there are many previous record suspensions. It was suggested for Dr Gina Halstead, her practice manager and Dr Rob Caudwell to meet with Louise Taylor and Andy Topham to discuss these issues.</p> <p>Action: Dr Gina Halstead, her practice manager and Dr Rob Caudwell to meet with Louise Taylor and Andy Topham to discuss legacy record issues.</p> <p>Louise Taylor advised about a piece of work being undertaken by IMerseyside working with practices and colleagues at NHS Digital in relation to registrations. During the month of October 2021 registrations were reviewed to identify the issues and to ascertain what can be done to address them and provide support.</p>	GH/RC/LT /AT

No	Item	Action
	<p>allowing this piece of work, an individual report for each practice will be produced which will highlight any integration failures and will identify what can be done to minimise them and to explore how practices can be best supported. Something similar will be put in place for registration data. The report will be provided on a monthly basis with the aim of being able to note improvements, identify any other issues and to provide support where required.</p> <p>Dr Gina Halstead suggested that GP2GP should remain on the action log and for updates to be provided via senior leadership team/legacy Quality Committee.</p> <p>Action: GP2GP to remain on the legacy Joint Quality and Performance Committee agenda for updates to be provided.</p>	GH
21/237	<p>Minutes and Key Issues of the Previous Meeting</p> <p>The minutes and key issues from the previous meeting held on 28th October 2021 were approved as a true record.</p> <p>Dr Gina Halstead asked if there was an update following the discussion held at the previous Joint Quality Performance Committee, in relation to the change to dihydrocodeine maximum dosage. Helen Roberts informed that the BNF states that it can be taken up to a maximum of 3 times per day however, more can be taken via modified release. Helen Roberts suggested that if clinicians prescribe the higher dose, that they move to prescribing a modified release or reduce the dosage. This information will be communicated via a formal prescriber update.</p> <p>Action: Helen Roberts to provide a prescriber update in relation to the change in dihydrocodeine maximum dosage.</p>	HR
21/238	<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 19/201, Clinical Director Quality Update <p>Issues had been raised regarding midwives not having EMIS training and consequently not having full access to appropriate patient information posing a risk to patients.</p> <p>Jennie Piet had informed that currently the Liverpool Women's Hospital NHS Foundation Trust is looking at the K2 and EMIS systems to ensure that the interoperability is functioning as it should. The plan would be to pilot this through the process with a few different GPs in Liverpool and then some in Sefton. The data sets and information sharing and ensuring consistency with the new standards and they are hoping to work with the national team.</p> <p>The Sefton CCGs raised the issue again about the training and the midwives being able to use the EMIS system even just for viewing but the person from the Trust was unsure about that progress as it was thought that the CCGs wanted the midwives to enter information on the Trust and GP systems which is what they are trying to move away from. Helen Smith, Head of Safeguarding at NHS Liverpool CCG raised again the issue of the midwives not at least being able to view the safeguarding information.</p>	

No	Item	Action
	<p>The Sefton CCGs have been assured that they will receive a paper regarding the whole IT issue in December 2021. An update to be received in January 2022.</p> <p>It was noted that a paper will be presented to the Liverpool Women's Hospital CQPG in December 2021 and will then come to senior leadership team in January 2022. It was suggested for Dr Gina Halstead to attend the senior leadership team meeting when the paper is being presented.</p> <p>Action: Dr Gina Halstead to attend the senior leadership team meeting when the paper from the Liverpool Women's Hospital CQPG report is being presented.</p> <p>It was highlighted that NHS Liverpool CCG are the coordinating commissioners. Tracey Forshaw to ask if Jane Lunt if she feels it is appropriate for Fiona Taylor to contact Kathryn Thomson, Chief Executive at Liverpool Women's NHS Foundation Trust to obtain an update following Chrissie Cooke and Dr Gina Halstead's meeting with the Trust regarding EMIS training for midwives.</p> <p>A new action was noted for Fiona Taylor to contact Kathryn Thomson to escalate the issue in relation to midwives not being trained to use EMIS. This will be done following receipt of the paper at the Liverpool Women's Hospital CQPG meeting in December 2021. It was highlighted that there remains a risk until midwives are EMIS trained.</p> <p>Action remains open.</p> <ul style="list-style-type: none"> • Agenda Item 21/50, Clinical Director Quality Update <p>An issue was raised in relation to MGUS patients at Southport and Ormskirk Hospital NHS Trust being discharged from the haematology clinic and referred on to primary care.</p> <p>Billie Dodd informed that St Helens have taken over the haematology service. There is an operational pathway meeting taking place biweekly and MGUS is on that agenda.</p> <p>Action remains open.</p> <ul style="list-style-type: none"> • Agenda Item 21/87, Safeguarding Update Report <p>An issue had been raised in relation to safeguarding training non-compliance at Southport and Ormskirk Hospital NHS Trust.</p> <p>Tracey Forshaw advised that compliance has not been sustained. A request has been made for a recovery plan to be submitted and presented in December 2021. Dr Rob Caudwell highlighted that there appears to be a pattern whereby compliance drops and then a recovery plan is requested. Compliance then goes up but back down again.</p> <p>Tracey Forshaw explained that training compliance has dipped across providers due to Covid 19 which needs to return to business as usual.</p> <p>Action remains open.</p>	<p>GH</p> <p>TF</p> <p>FLT</p> <p>BD</p> <p>TF</p>

No	Item	Action
	<ul style="list-style-type: none"> <li data-bbox="371 197 1201 230">• Agenda Item 21/114, Complaints, PALS, MP Report – May 2021 <p data-bbox="327 259 1265 394">An issue was raised in relation to patients having no mechanism to contact care providers should their conditions worsen. It was suggested to have clear guidance from secondary care colleagues, in relation to what they will or will not expedite.</p> <p data-bbox="327 423 1278 602">Dr Rob Caudwell advised that he has spoken to Medical Director, Dr Kate Clarke at Southport and Ormskirk Hospital NHS Trust and this will be raised at CCF. There are some standard letters which are to be used to help patients in relation to the process of escalating their conditions should they worsen. Dr Gina Halstead advised that she had raised the issue with Paula Finnerty, John Wray and Fiona Lemmens via email who confirmed that it on their agenda.</p> <p data-bbox="327 631 576 665">Action remains open.</p> <ul style="list-style-type: none"> <li data-bbox="371 694 1251 757">• Agenda Item 21/115, Niche Corporate Governance Review 2020 Review Joint Quality and Performance Committee and Complaints <p data-bbox="327 786 1187 853">An action was noted for Martin McDowell to review primary care data at a practice-by-practice level to ascertain gaps and how it can be reported.</p> <p data-bbox="327 882 1260 1032">Tom Roberts informed that work is being undertaken on investment and impact fund indicators. He explained that the main issue with primary care data is that there are lots of access restrictions. There isn't a readily available data set in place. Tom Roberts asked what the quality team primary care data requirement is so that he can support it.</p> <p data-bbox="327 1061 1265 1151">Martin McDowell suggested establishing a Task and Finish group to understand what data is required at place-based level. He advised that David Smith will be included in discussions.</p> <p data-bbox="327 1180 1257 1247">Luke Garner and Paul Schillcock are working on streamlining processes and to ascertain what data can be shared and when permission is required.</p> <p data-bbox="327 1276 1190 1364">A new action was noted for Martin McDowell, Dr Rob Caudwell and Tom Roberts to meet discuss the establishment of a Task and Finish Group to identify the quality team primary care data requirement.</p> <p data-bbox="327 1393 1267 1545">Fiona Taylor highlighted that following the Niche Corporate Governance Review, the actions in relation to the complaints process have been completed and that aspect of the review is closed. In respect of the actions relating to governance there are some actions outstanding and a review of the review is to be undertaken by Niche.</p> <ul style="list-style-type: none"> <li data-bbox="371 1574 1075 1608">• Agenda Item 21/120, Clinical Director Quality Update <p data-bbox="327 1637 1176 1704">Issues experienced by patients in relation to be not being able to access clinicians within the PC24 out of hours service were raised.</p> <p data-bbox="327 1733 1270 1823">Martin McDowell explained that it is a wider issue in terms of delivery. Additional funding to expand the service has been requested. It appears that it is not necessarily a big issue for Sefton as it is for other CCG's.</p>	<p data-bbox="1331 618 1422 651">RC/GH</p> <p data-bbox="1310 1464 1437 1525">MMcD/RC /TR</p>

No	Item	Action
	<p>Ian Davies is doing a piece of work in relation to the gap in the contract due to the increase in demand. There is a clinical risk in respect of safety, due to a prolonged handover/wait for patients to access the service.</p> <p>Action remains open.</p> <p>An issue was raised in relation to the difficulties experienced by primary care in obtaining general neurology referrals.</p> <p>Dr Rob Caudwell advised that urgent patients have been getting seen relatively quickly. Dr Gina Halstead concurred.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/136, Patient Experience – ADHD Pathway <p>A request was made for SEND HPIG to look at the ADHD pathway in detail, in particular the individual case DNA's and KPIs.</p> <p>Tracey Forshaw advised that the case study shared by Dr Gina Halstead will be presented at the SEND HPIG meeting and will then be shared at senior leadership team meeting.</p> <p>Action remains open.</p> <ul style="list-style-type: none"> • Agenda Item 21/149, GP2GP and Destruction of Paper Patient Records Following Digitisation <p>An update from the audit undertaken by IMerseyside in relation to GP2GP failed transfers was requested.</p> <p>It was noted that this was on the meeting agenda.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/178, Integrated Performance Report <p>An increase in RTT's due to the significant increase in referrals was highlighted.</p> <p>Martin McDowell advised that there is further information contained in the integrated performance report on today's meeting agenda. However, concerns remain.</p> <p>Action remains open.</p> <ul style="list-style-type: none"> • Agenda Item 21/181, Corporate Risk Register <p>A Joint Quality and Performance Committee risk register cleansing exercise was suggested.</p> <p>Mel Spelman advised that the risk register has been updated and will be circulated to the Committee members shortly prior to risk register cleansing session which will take place on Thursday 27th January 2022 at 9am until 12noon.</p>	<p>MMcD</p> <p>TF</p> <p>MMcD</p>

No	Item	Action
	<p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/182, Complaints Report <p>Capturing patient stories data update to be provided at the next meeting.</p> <p>Mel Spelman advised that the Sefton Carers are providing a patient story which will be presented to governing body and will be an addendum to the patient experience report.</p> <p>Action closed.</p> <p>Complaints report title to be changed to Patient Experience Report.</p> <p>Mel Spelman informed that the complaints report name has been changed to patient experience report.</p> <p>Action closed.</p> <p>Patient Experience Annual Report to be presented to senior leadership team in January 2022.</p> <p>Action remains open.</p> <p>Friends and family test information is to be included in the patient experience report.</p> <p>This information is contained in patient experience report and is on today's agenda.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/186, Clinical Director Quality Update <p>Establishment of a subgroup at place-based level, where specific issues can be addressed to be undertaken. This is in addition to the Mersey Care CQPG.</p> <p>The Mersey Care CQPG subgroup has been established. There is appropriate representation in place, including representation from the CCG's mental health lead clinicians, Dr Hilal Mulla and Dr Yinka Moss. A commissioner only pre meeting has been established.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/214, Integrated Performance Report <p>Ally Dwyer to include detail in the next integrated performance report in relation to long waiters.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/215, Chief Nurse Report 	<p>MS</p>

No	Item	Action
	<p>A deep dive report in relation to increased ASD and ADHD referrals to be presented to the Joint Quality and Performance Committee following presentation at SEND CIB and SEND HPIG.</p> <p>It was noted that the deep dive report was presented to the November 2021 SEND CIB, SEND HPIG and then to senior leadership team.</p> <p>Action remains open.</p> <ul style="list-style-type: none"> • Agenda Item 21/218, Clinical Director Quality Update <p>Issues were raised regarding radiology services in relation to the quality of the reports following referral as well as the time it takes for them to be received by primary care at Southport and Ormskirk Hospital NHS Trust.</p> <p>Dr Doug Callow to send Dr Kati Scholtz's paper regarding radiology services issues to Mel Spelman and Jennie Piet.</p> <p>Action completed.</p> <p>Mel Spelman to liaise with Jennie Piet to request that the radiology issues of long waits, quality issues and duration for diagnostic reports to come through following referral at the CCF meeting.</p> <p>Mel Spelman informed that the radiology service issues will be raised at a CCF. Dr Rob Caudwell advised that he had raised the issue with the medical director at Southport and Ormskirk NHS Foundation Trust Dr Kate Clark, who is looking to use remote reporting to address the issue of long waits. Specific examples of quality issues are to be provided by Dr Doug Callow which will be escalated by Dr Kate Clark.</p> <p>Action remains open.</p> <p>Mel Spelman to liaise with Jennie Piet to request that the quality issues and the long waits for diagnostic reports are placed on the CQRM agenda recommending a deep dive exercise be undertaken.</p> <p>Action remains open.</p> <p>A joint meeting took with representation from the LMC, GP's and the GP Federation to discuss the rejection of the "Our plan for improving access for patients and supporting general practice". The attendees were asked to take a vote.</p> <p>It was noted that the outcome of the vote is awaited.</p> <p>Action remains open.</p> <ul style="list-style-type: none"> • Agenda Item 21/219, Professional Registration Policy <p>Martin McDowell to clarify the corporate method of highlighting policy changes to Committees and to request that it is stipulated that the tracked changes method is not to be used to demonstrate policy changes to Committees.</p>	<p>TF</p> <p>RC</p> <p>MS</p> <p>GH</p>

No	Item	Action
	<p>It was noted that this will be superseded by the Integrated Care Board.</p> <p>Action closed.</p> <ul style="list-style-type: none"> • Agenda Item 21/229, Key Issues <p>Mel Spelman to forward the key issues to Tracey Forshaw for review.</p> <p>Action closed.</p>	
Quality and Performance		
21/239	<p>Integrated Performance Report</p> <p>Anthony North presented the draft integrated performance report for NHS South Sefton CCG and NHS Southport and Formby CCG for September 2021 (month 6) and Q2, it includes personal health budgets (previously paused), smoking status at the time of delivery and quarterly mental health measures. The overall picture remains broadly similar with further declines in performance noted in September 2021.</p> <p><u>Planned Care</u></p> <p>Referrals Secondary care referrals were below historic levels across all referral sources for the majority of 2020/21. With a focus on elective restoration, referral numbers in 2021/22 have been significantly higher than in the equivalent period of the previous year.</p> <p>E Referrals These are currently paused.</p> <p>Diagnostics September 2021 has seen a further decline overall in performance for NHS South Sefton CCG and both Trusts. NHS Southport and Formby CCG is still over target (NHS South Sefton CCG 19.19%, Liverpool University Hospitals NHS Foundation Trust 10.88%, NHS Southport and Formby CCG 31.54% and Southport and Ormskirk Hospital NHS Trust 35.74%). Comparing the CCGs against the national picture NHS South Sefton CCG are well below and NHS Southport and Formby CCG are above (for the second month), the national level being 26.1%. Included in the full integrated performance report are extra graphs detailing weeks waiting and performance by specialty. For both CCGs the 2 areas where performance is poor and waiting lists are high is still colonoscopy and gastroscopy.</p> <p>Referral to Treatment September 2021 saw another decline for both CCGs. Liverpool University Hospitals NHS Foundation Trust saw around a 3% decline and similar performance for Southport and Ormskirk Hospital NHS Trust Referral to Treatment compared to the previous month (NHS South Sefton CCG, 59.82%, Liverpool University Hospitals NHS Foundation Trust, 58.72%, NHS Southport and Formby CCG, 77.38%, Southport and Ormskirk Hospital NHS Trust 82.07%). Measuring against the national level, NHS South Sefton CCG is reporting below, but NHS Southport and Formby CCG is reporting well above. The national level being 66.5%. The main failing specialities for Referral to</p>	

No	Item	Action
	<p>Treatment for NHS South Sefton CCG are trauma and orthopaedic surgery (57.5%), general surgery (38.5%), ENT (37.4%) and urology (50.5%). The main failing specialties for NHS Southport and Formby CCG are ENT (58.7%), plastic surgery (53.1%) and cardiothoracic surgery (63.8%)</p> <p>Referral to Treatment 52 Week Waiters September 2021 has seen another increase in numbers of long waiters for NHS South Sefton CCG from 1,082 in August 2021 to 1,231 in September 2021. NHS Southport and Formby CCG reported a small increase, 254 long waiters in September 2021 compared to 342 in August 2021. Both Trusts report more long waiters also in September 2021. For NHS South Sefton CCG the breaches represent 6.45% of the total waiting list in September 2021 above the national level of 5.15%. NHS Southport and Formby CCG the breaches represent 2.74%, below the national level.</p> <p>104 Week Waiters For NHS South Sefton CCG included in the long waiters there were 31 patients waiting over 104 weeks. Of the 31 there was 13 ENT, 10 other - surgical services, 3 ENT, 2 general surgery, 2 urology and 1 gynaecology and for NHS Southport and Formby CCG 31 patients waiting over 104 weeks. Of the 5 there was 2 trauma and orthopaedic surgery, 1 ENT, 1 plastic surgery and 1 gynaecology. No harm identified by the quality team.</p> <p>Referral to Treatment Waiting List For incomplete pathways both CCGs are above levels of last year in September 2021 and have been increasing month on month, NHS South Sefton CCG 19,085 in September 2021 from 18,395 in August 2021, but in September 2021 NHS Southport and Formby CCG saw a small decline reporting 12,912 in September 2021 from 13,069 in August 2021. Liverpool University Hospitals NHS Foundation Trust had 66,130 in September 2021 63,996 in August 2021 and Southport and Ormskirk Hospital NHS Trust 12,922 in September 2021 from 12,591 in August 2021.</p> <p>Cancelled Operations Both Trusts reported cancelled operations in their key performance indicators reports in September 2021, 4 for Southport and Ormskirk Hospital NHS Trust and 14 for Liverpool University Hospitals NHS Foundation Trust. For all patients who have had their operation cancelled, on or after the day of admission for non-clinical reasons are to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice. Published data paused due to Covid 19 pandemic.</p> <p>Cancer Measures Reports a decline in month for NHS South Sefton CCG they are achieving 4 of the 9 cancer measures year to date and 3 measures in September 2021. But for NHS Southport and Formby CCG they are achieving 3 of the 9 cancer measures year to date and 2 measures in September 2021. NHS Southport and Formby CCG are still failing 93% target for all cancer 2 week waits (78.52%) and again failed the 2-week breast symptom (83.33%) after achieving in July 2021. NHS South Sefton CCG are now failing 2-week breast symptom (84.85% and 2 week wait (90.95%). NHS South Sefton CCG is measuring above the national level for 62 days of 68% reporting 71.05% and below for NHS Southport and Formby CCG reporting 57.14%. For patients waiting over 104 days the NHS South Sefton CCG reported 3 patients (2 gynaecology and 1 lung) NHS Southport and</p>	

No	Item	Action
	<p>Formby CCG reported 6 patients waiting over 104 days (4 gynae, 1 lower gastro and 1 skin), Root cause analyses and harm reviews are discussed at PQIRP meetings.</p> <p>Personal Health Budgets Reporting has now resumed from being paused in Q3 2019/20. NHS South Sefton CCG reported 154 and NHS Southport and Formby CCG reported 161 as at Q2. NHSE/I's expectation has remained unchanged, all CHC eligible individuals receiving a package of care at home are to be funded via a personal health budget. There are no formal plans/targets in place to measure personal health budgets currently as part of the operation planning for 2021/22, but the CCGs will continue to measure and monitor on a quarterly basis. The CCGs are significantly above expectation.</p> <p>Smoking at the time of delivery Both CCGs reported under the 6% ambition of maternities where mother smokes. NHS South Sefton CCG, 8.55% and NHS Southport and Formby CCG, 10%.</p> <p><u>Unplanned Care</u></p> <p>A&E 4 Hour This is still under the 95% target for both CCGs and Trusts but has shown no improvement from the previous month. Liverpool University Hospitals NHS Foundation Trust now reporting 64.59% from 66.03% the previous month, measuring against the national level of 75.19% NHS South Sefton CCG measure below at 65.9% and NHS Southport and Formby CCG report slightly above at 76.86%.</p> <p>Trust 12 Hour Breaches Southport and Ormskirk Hospital NHS Trust had 49, 12-hour breaches in September 2021 (12 in August 2021). No harm has been identified for the latest 12-hour breaches, resulting in no serious incidents being reported. However, concerns have been noted with the number of breaches being reported month on month, with this number expected to increase heading towards the winter season. The CCGs urgent care lead and performance manager for quality and risk will be meeting with the provider to gain an understanding of the key concerns/issues that need to be addressed and what assurances are being put in place to manage this.</p> <p>Mixed Sex Accommodation Southport and Ormskirk Hospital NHS Trust reported 10 mixed sex accommodation breaches in September 2021 and reported 2 delays relating to transferring patients from critical care to ward beds, due to bed capacity issues and 8 which related to the clinical decisions unit area, impacted by bed occupancy which were escalated at the daily bed meetings. (8 more than in the previous month).</p> <p>NWAS Ambulance Indicators Both CCGs have failed all categories. 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.</p>	

No	Item	Action
	<p>Handovers There has been a small decrease in handover breaches for 15-30 and 15-60 minutes at Liverpool University Hospitals NHS Foundation Trust (537 and 182 respectively). Southport and Ormskirk Hospital NHS Trust also report small increases for both measures (104 and 28).</p> <p>Stroke For Southport and Ormskirk Hospital NHS Trust this indicator is 1 month in arrears. August 2021 being the latest data 65.5% similar to the previous month (65.6%) along with an increase for transient ischaemic attack reporting 28.9% against the 60% target (15.8% reported previous month). There is no Liverpool University Hospitals NHS Foundation Trust update for stroke.</p> <p>Health Care Associated Infections There have been no new cases of MRSA in September 2021 for NHS Southport and Formby CCG. Clostridium difficile remain over plan at both CCGs and Southport and Ormskirk Hospital NHS Trust, against the new objectives, Liverpool University Hospitals NHS Foundation Trust is reporting under plan for September 2021. E coli infections remain under plan for both CCGs and Trusts.</p> <p><u>Mental Health</u></p> <p>Care Programme Approach Care Programme Approach follow-up 2 days reported under the 95% target in quarter 2 for both CCGs. 50% for NHS South Sefton CCG 1 patient breach out of 2 and 91.9% for NHS Southport and Formby CCG, 1 patient breaches out of 12. Overall, the Trust had 3 patient breaches out of a total of 53 in quarter 2 reporting 90.6% and under the 95% target.</p> <p>Mental Health Eating Disorders Both CCGs are failing the measure still. NHS South Sefton CCG at 29.5%, an improvement from the previous month and NHS Southport and Formby CCG at 32.5%. Demand continues to increase and exceed capacity. The service has recruited 2 clinical psychologists and an assistant psychologist.</p> <p>Improving Access to Psychological Therapies Both CCGs are still failing the measure. The Trust reports that they have recruited further posts of psychological wellbeing practitioners and high intensity therapists and a counsellor post.</p> <p>Improving Access to Psychological Therapies Recovery NHS South Sefton CCG is reporting 47.7% in September 2021 (14% up from the previous month) against the 50% target. NHS Southport and Formby CCG is again failing the target reporting 33% (40% reported in the previous month).</p> <p>Dementia Remains under plan for both CCGs and similar to the previous month. NHS South Sefton CCG at 59.8%. NHS Southport and Formby CCG at 66%, the target is 66.7%. A scheme has been set up to help address the underperformance.</p> <p>Serious Mental Illness Both CCGs are reporting under the target in Q2. NHS South Sefton CCG at 21.1% and NHS Southport and Formby CCG at 27.3%.</p>	

No	Item	Action
	<p>Learning Disability Health Checks Both CCGs are reporting under the Q2 target of 35%, reporting 20.21% for NHS South Sefton CCG and 22.09% for NHS Southport and Formby CCG. A programme of work has been established with South Sefton GP Federation to increase uptake of annual health checks.</p> <p>Children's Services Apart from speech and language therapy, the community therapy service waiting times continue to achieve the special educational needs disability improvement plan average waiting time key performance indicators in September 2021 for NHS Southport and Formby CCG, but for NHS South Sefton CCG there remains a deterioration for a third month in occupational therapy (88.7%) and continence (83.3%).</p> <p>Child and Adolescent Mental Health Service This service is still failing and has seen a decline in performance in their position for Referral to Choice within 6 weeks reporting 37.8% in September 2021 from 38.2% in August 2021, (plan 95%). But an improvement of 43% in percentage Referral to Partnership within 18 weeks reporting 68.2% in September 2021 from 25% in August 2021, (plan 75%). 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 2 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.</p> <p>Autism Spectrum Disorder The Trust continues to report on target in September 2021 reporting 100% for assessments within 12 weeks against the 90% target but are still under target reporting 63% completed assessments within 30 weeks target 90% a further decline on previous month (66%). This is due to an increase in referrals and pressure on service capacity.</p> <p>Attention Deficit Hyperactivity Disorder This service is achieving ADHD referrals started an assessment within 12 weeks but have failed for assessments completed within 30 weeks reporting 85% under the 90% target, this has declined over the past 5 months.</p> <p>The CCGs and Alder Hey Hospital NHS Foundation Trust are having ongoing discussions to understand increases in referrals, the impact and what the options are to respond to this demand to achieve the commissioned key performance indicators.</p> <p><u>Primary Care</u></p> <p>Care Quality Commission Inspections There were no new inspections in September 2021 for either CCG practices.</p> <p>Dil Daley commented that local performance across almost all services paints a depressing picture as it does nationally where services are being overwhelmed. Billie Dodd highlighted that most of performance in relation to A&E and 12-hour waits is same across the country. Liverpool University Hospitals NHS Foundation Trust is an outlier. NHS Southport and Ormskirk NHS Foundation Trust is doing well nationally.</p>	

No	Item	Action
	Outcome: The Committee noted the integrated performance report.	
21/240	<p>Chief Nurse Report</p> <p>Tracey Forshaw presented the chief nurse report which seeks to provide the Committee with an update on the key issues that have occurred since the last report in October 2021.</p> <p>The following key issues are highlighted in the report. The mitigation of those issues is contained in the body of the chief nurse report.</p> <ul style="list-style-type: none"> • The CCGs Subject Matter Expert for Operational Delivery of Continuing Healthcare, who has been supporting the CHC across Liverpool and Sefton, has been recalled to her substantive post by Midlands and Lancashire Commissioning Support Unit. This is a phased return to allow the CCGs to determine how to back fill into the post and support CHC leadership across the North Mersey area. CHC remains under close scrutiny by NHSEI, with some improvements noted. • CAMHS, ASD, ADHD waiting times remain challenging for those accessing services from either Alder Hey Hospital NHS Foundation Trust or Mersey Care NHS Foundation Trust. Alder Hey Hospital NHS Foundation Trust is undertaking a deep dive paper which will be submitted to the CCGs as part of the CQPGs. Mersey Care NHS Foundation Trust has submitted a letter to the CCGs in relation to the maintenance of the ASD pathway and development of the ADHD pathway requesting funding with the current referral rates. Alder Hey Hospital NHS Foundation Trust has sent a letter to the CCGs also requesting funding and advised that they will be closing their waiting list as of January 2022 if they do not receive additional funding. A discussion took place at leadership team. Commissioners are working with providers regarding this. • The CCG has submitted a formal letter to the director of adult social care challenging the local authority's outcome from a care act assessment and funding decision. This is for a young man with severe autism who is subject to section 117 after care arrangements. The CCG has been funding 100% on a 'without prejudice' basis since he was discharged from the STAR unit in August 2019. • There have been two cases that have been subject to media interest for the CCGs. The first is for the death of a baby post forceps delivery, which occurred in May 2021. The case is subject to ongoing investigation. The second, the death of a 12-year-old girl which is subject to Safeguarding Child Review Panel, with oversight of the Designated Nurse. • The CCG has been notified of a whistleblowing for a practice in the Southport area in relation to governance arrangements to complaints, bullying and patient access. The practice is working with the primary care team in relation to the allegations. <p>Outcome: The Committee noted the chief nurse report.</p>	

No	Item	Action
21/241	<p>Patient Experience Report</p> <p>Mel Spelman presented the patient experience report which seeks to provide the Committee with a summary of legacy open complaints/contacts for 2020 and newly reported complaints and contacts from April to October 2021/22. From the 80 open contacts received, this has now reduced to 17. 16 of which are CHC disputes. It was highlighted that the report now includes compliments and friends and family test results.</p> <p>NHS Southport and Formby CCG During April to October 2021/22, there was a total of 172 contacts. Patient advice liaison service constitutes the highest contact with a total of 117 during the reporting period. All Patient Advice Liaison service contacts involved a request for information, this includes 33 MP requests for information. During April to October 2021, out of the 172 contacts received for the CCG, 131 have since been closed and 41 are ongoing.</p> <p>NHS South Sefton CCG During April to October 2021/22, there was a total of 178 contacts. As with NHS Southport and Formby CCG, patient advice liaison services constitute the highest contact with a total of 114 during the reporting period. All patient advice liaison service contacts involved a request for information, this includes 35 MP letter requests for information. During April to October 2021/22, out of the 178 contacts received for the CCG, 132 have since been closed and 46 are ongoing.</p> <p>It was noted that the CCGs will be monitoring complaints closure time scales. Often provider timescales differ to that of the CCG. This will be factored into the policy.</p> <p>Outcome: The Committee noted the Patient Experience Report.</p>	
21/242	<p>Serious Incident Q2 Report</p> <p>Mel Spelman presented the serious incident report for Q2.</p> <p>NHS Southport and Formby CCG As of Q2 2021/22, there are a total of 19 serious incidents open on StEIS were NHS Southport and Formby CCG are either responsible or accountable commissioner, a reduction of 7 from Q4 2020/21. 2 serious incident root cause analyses remain outstanding for the Hollies practice. This has been discussed with the provider with 1 extension being granted until the end of December 2021 and 1 due to be received in November 2021.</p> <p>Southport and Ormskirk Hospital NHS Trust 4 incidents were reported in Q2, with no never events reported. There were 9 root cause analyses due for Q1 2021/22. All 9 were received within the 60-day timescale. The provider continues to provide assurance in relation to adherence to the serious incident framework and process timescales. The CCG was pleased to note 100% performance against the serious incident acknowledgement target and the 60-day root cause analysis response target. The CCG has resumed monthly serious incident meetings with the provider following a changeover of staff at the Trust.</p>	

No	Item	Action
	<p>With regards to community services meetings have been arranged between the CCGs and NHS Liverpool CCG to work collaboratively and combine processes.</p> <p>The Cheshire and Merseyside divert policy is in place. The serious incident policy has been updated to reflect this new policy. SIRG panels are to continue.</p> <p>NHS South Sefton CCG There are 4 ongoing serious incidents for NHS South Sefton CCG to review for Q2 21/22. There are 3 relating to North West Ambulance Service for which the root cause analyses are awaited and 1 for Lancashire and South Cumbria NHS Foundation Trust which has been reviewed by the Serious Incident Review Group panel and has been closed at the time of writing this report.</p> <p>Liverpool University Hospitals NHS Foundation Trust Gastroenterology serious incident reviews are all are on track and there are no more urgent patients who require review. The Trust has secured some extra capacity from Medinet and are also seeking additional support from Spire for routine screening. NHS Liverpool CCG reported assurance that the Trust is appropriately tracking all patients affected by this serious incident.</p> <p>Outcome: The Committee noted the serious incident report for Q2.</p>	
21/243	<p>Q2 LeDeR Update</p> <p>Tracey Forshaw presented the LeDeR update for Q2 which seeks to provide an update on the CCG's LeDeR performance and changes to the LeDeR programme for Q2 2021/22. An action plan is in place to support CCG compliance following changes to the national programme and a further update will be provided in Quarter 3</p> <p>Tracey Forshaw informed that she had presented the 2020/21 LeDeR annual report to the People First members where it was well received and a helpful discussion took place.</p> <p>Outcome: The Committee noted the Q2 LeDeR update.</p>	
21/244	<p>Care Home Assurance Report</p> <p>Nyasha Mapuranga presented the care home assurance report which seeks to provide the Committee with an overview of the mechanism in place to support care homes across the borough of Sefton. There are a number of systems and processes in place, including joint working to support the quality of care in care homes across Sefton. This is reliant on the triangulation of hard and soft intelligence across the local system to mitigate against any areas of concern Sefton has a total of 37 nursing homes. The Care Quality Commission has rated 5 nursing homes as 'requires improvement', 29 are rated as 'good', and 1 as 'outstanding'.</p> <p>There are 2 new nursing homes who are yet to receive a rating. There are no homes rated 'inadequate'. The nursing homes rated as 'requires improvement' are being supported and monitored by the local authority to address concerns raised during the Care Quality Commission inspection.</p> <p>Outcome: The Committee noted the care home assurance report.</p>	

No	Item	Action
21/245	<p>Disestablishment of the Joint Quality and Performance Committee and transfer of workplan activities</p> <p>Debbie Fairclough presented this report informing the Committee that in November 2021 the CCGs governing body authorised Cheshire and Merseyside Joint Committee to take on significant delegated functions from the CCGs. The Cheshire and Merseyside Joint Committee will be supported in that task by reporting and assurance sub committees: Quality Committee, Finance and Resources Committee and Performance Committee.</p> <p>It was noted that the business from the Joint Quality and Performance Committee will be transferred to senior leadership team, including the final minutes and key issues for formal ratification. The senior leadership team meeting has expanded its scope and will convene on a biweekly basis from December 2021 until 31st March 2022.</p> <p>The Chair of the Joint Quality and Performance Committee Dr Rob Caudwell will undertake a Joint Quality and Performance Committee meeting effectiveness review supported by Debbie Fairclough.</p> <p>Dr Gina Halstead wished to formally note that she does not feel that the breadth and depth of the work that is undertaken by the 9 CCGs can be replicated in one single overarching committee. It was highlighted therefore, that a risk exists until the Integrated Care Board commences in April 2022.</p> <p>Debbie Fairclough informed that all concerns will be contained in the formal handover document.</p> <p>Dr Rob Caudwell suggested that in addition to the quality subcommittee, there should be a place- based forum where local issues can be raised and if they cannot be addressed there, they can be escalated accordingly.</p> <p>Outcome: The Committee noted the disestablishment of the Joint Quality and Performance Committee and transfer of workplan activities report.</p>	
21/246	<p>Clinical Director Quality Update</p> <p>Covid 19 Mass Vaccination Update</p> <p>It was noted that Covid 19 vaccination programme and flu vaccination programme for housebound patients is working well. Booster rates are poor. There is confusion as some patients do not realise that the booster vaccination and the 3rd vaccine are one in the same.</p>	
For Information		
21/247	<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 24th September 2021.</p> <p>Outcome: The Committee received the SEND Health Performance Improvement Group minutes and key issues.</p>	

No	Item	Action
21/248	<p>Complaints Oversight Subgroup Minutes and Key Issues</p> <p>The Committee noted the Complaints Oversight Subgroup minutes and key issues from the meetings held on 20th September 2021.</p> <p>Outcome: The Committee received Complaints the Oversight Subgroup minutes and key issues.</p>	
21/249	<p>Performance and Quality Investigation Review Panel (PQIRP) minutes and key issues</p> <p>The Committee noted the Performance and Quality Investigation Review Panel (PQIRP) minutes and key issues from the meeting held on 8th October 2021.</p> <p>Tracey Forshaw noted that the CCGs are working with Southport and Ormskirk Hospital NHS Trust in relation to harm reviews as there is a lack of consistency and they need to be aligned to standards recommended at a Cheshire and Merseyside level. Work in relation to the quality of the harm reviews is ongoing.</p> <p>Outcome: The Committee received the Performance and Quality Investigation Review Panel (PQIRP) minutes and key issues.</p>	
21/250	<p>Joint Medicines Operation Group (JMOG) Key Issues</p> <p>The Committee noted the key issues arising from the Joint Medicines Operation Group (JMOG) meeting held on 5th November 2021.</p> <p>Outcome: The Committee received the Joint Medicines Operation Group (JMOG) key issues.</p>	
21/251	<p>Engagement and Patient Experience Group (EPEG) Key Issues</p> <p>The Committee noted the Engagement and Patient Experience Group Key Issues from the meeting held on 10th November 2021.</p> <p>Outcome: The Committee received the Engagement and Patient Experience Group (EPEG) Key Issues.</p>	
21/252	<p>Serious Incident Review Group (SIRG) Minutes and Key Issues</p> <p>The Committee noted the minutes and key Issues from the NHS Southport and Formby CCG Serious Incident Review Group meeting held on 6th October 2021, the NHS South Sefton CCG Serious Incident Review Group meeting held on 6th October 2021 and the NHS Southport and Formby CCG Maternity Serious Incident Review Group meeting held on 20th October 2021.</p> <p>Tracey Forshaw informed that Southport and Ormskirk Hospital NHS Trust has cleared its back log of actions. Following the serious incident of child who had died (Red 28) who had been discharged back from Alder Hey Hospital NHS Foundation Trust from Southport and Ormskirk Hospital NHS Trust. There had been a lack of clarity regarding the discharge process. Alder Hey Hospital NHS Foundation Trust supported the review. Further work is being undertaken to ensure there are robust processes in place in relation to understanding the discharge process. The orthopaedic serious incident was submitted and has been sent to NHSEI.</p>	

No	Item	Action
	Outcome: The Committee received the Serious Incident Review Group Minutes and Key Issues.	
21/253	<p>Individual Patient Activity (IPA) CQPG Minutes and Key Issues</p> <p>The Committee noted the minutes and key Issues from the Individual Patient Activity (IPA) CQPG meeting held on 27th August 2021.</p> <p>CHC fast tracks moved from Mersey Care NHS Foundation Trust to Liverpool University Hospitals NHS Foundation Trust. Close oversight in place.</p> <p>Outcome: The Committee received Individual Patient Activity (IPA) CQPG Minutes and Key Issues.</p>	
Closing Business		
21/254	<p>Any Other Business</p> <p>No items raised.</p>	
21/255	<p>Key issues arising from this meeting</p> <p>The following key issues were noted:</p> <ul style="list-style-type: none"> • Updated safeguarding and children in care policies were approved. • Ongoing concerns in relation to lack of EMIS training by midwives. • Lack of confidence in relation to GP practices safeguarding registers being up to date, further work to be undertaken and explored. • Joint Quality and Performance Committee has ceased. All items of business from that Committee are being transferred to senior leadership team. • GP2GP failures update received. 	
21/256	<p>Meeting Review</p> <p>Dr Rob Caudwell thanked everyone for their attendance over the years. The Committee also wished to thank Michelle Diable for her work in supporting the Committee.</p>	
21/257	<p>Date of next meeting: -</p> <p>It was confirmed that this was the final Joint Quality Performance Committee.</p>	

Audit Committees in Common Minutes

Wednesday 20 October 1.30pm to 4pm
Microsoft Teams Meeting

Members – NHS Southport & Formby CCG Audit Committee		
Helen Nichols	Lay Member (S&F Audit Committee Chair)	HN
Dil Daly	Lay Member (S&F Audit Committee Vice Chair)	DD
Vikki Gilligan	Practice Manager Governing Body Member	VG
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
Members – NHS South Sefton CCG Audit Committee		
Alan Sharples	Lay Member (SS Audit Committee Chair)	AS
Steven Cox	Lay Member (SS Audit Committee Vice Chair)	SC
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
In attendance		
Martin McDowell	Chief Finance Officer, SFCCG and SSCCG	MMcD
Rebecca McCullough	Deputy Chief Finance Officer, SFCCG and SSCCG	RMcC
Leah Robinson	Chief Accountant, SFCCG and SSCCG	LR
Clare Ingram	Interim Chief Accountant, SFCCG and SSCCG	CI
Andy Ayre	Manager - Audit, Grant Thornton	AA
Georgia Jones	Director, Grant Thornton	GJo
Michelle Moss	Anti-Fraud Specialist, MIAA	MMo
Adrian Poll	Audit Manager, MIAA	AP
Chloe Howard	Information Governance Business Partner, MLCSU	CH
Pippa Joyce	Information Governance Business Partner, MLCSU	PJ
Terry Stapley	Corporate Business Manager, SFCCG and SSCCG	TS
Sandra Smith	PA to Chief Finance Officer, SFCCG and SSCCG	SS

* Agenda items marked with an asterisk have a *separate* report for each CCG. All other report agenda items have a joint report covering both CCGs.

No	Item	Action
A21/55	Introductions and apologies for absence	
(a)	Apologies were received from Vikki Gillan, Steven Cox, Pippa Joyce and Terry Stapley	
A21/56	Declarations of interest	
(a)	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 Southport & Formby Clinical Commissioning Group.	
(b)	Declarations made by members of the Southport & Formby Audit Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution .	

A21/57	<p>Minutes of Previous meetings and key issues</p> <p>ACiC Meeting – 21 July 2021 Southport & Formby – 21 April 2021 and 10 June 2021 South Sefton – 22 April 2021 and 11 June 2021</p>	
(a)	<p>Audit Committee in Common Wednesday 21 July 2021</p> <p>The minutes of the previous meeting were approved as a true and accurate record.</p> <p>The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	
(b)	<p>Southport & Formby Audit Committee 10 June and 21 April 2021</p> <p>The minutes of the above meetings were approved as a true and accurate record.</p> <p>The key issues logs were approved as an accurate reflection of the main issues from the previous meeting.</p>	
(c)	<p>South Sefton Audit Committee 11 June and 22 April 2021</p> <p>The minutes of the above meetings were approved as a true and accurate record.</p> <p>The key issues logs were approved as an accurate reflection of the main issues from the previous meeting.</p>	
A21/58	<p>Action points from previous meetings</p>	
(a)	<p>A21/39 (i) Policy Tracker: A discussion took place regarding the updating of policies during the transition period. AS commented, rather than a policy being shown as out of date, it should be shown as ratified and continue to be used. There is concern in respect of the Grievance Policy being up to date, especially during the transition period. DFair confirmed that only policies which need reviewing due to legislative changes should be updated.</p>	LR
(b)	<p>A21/41 (d) and (e) Information Governance Statements of Assurance: It was agreed that LR would look into these actions and report back to the Committee via email.</p>	
(c)	<p>A20/68 and A20/24 (S&F) Any other business CHC Retrospective Claim – ME - Southport & Formby CCG Only: MMcD confirmed operational notes have been prepared which support the approach to be taken. MMcD will look into this action further and prepare an update for the next meeting.</p> <p>HN asked for assurance that ME would be included in terms of preparing for the merge. MMcD confirmed that this would be part of the legacy list.</p>	
(d)	<p>A20/86 and A20/11 Update on Follow Up actions/Response from MLCSU re: HR Case: AS confirmed he and the HN have a meeting with the CSU arranged to take this forward. The Committee were reminded this is in respect of the CSU keeping confidential any approaches from CCG staff.</p>	

(e)	A21/31: Whistleblowing / Raising Concerns – Freedom to Speak Up Policy: DFair	
A21/59	Losses, Special Payments and Aged Debt	
(a)	LR introduced the paper which had been circulated to the Committee.	
(b)	Southport & Formby CCG: It was noted there are no invoices above £5k threshold to be reported.	
(c)	South Sefton CCG: It was noted there are two invoices which are above the £5k threshold. The first invoice for Sefton Metropolitan Borough Council with a value of £338,622.46 which is for joint funded matrix work in 19/20, meetings are being held with the Council to discuss all outstanding debt and to agree a resolution. The second invoice is with East Lancashire CCG for £72,453 relates to a recharge for STAR Unit beds in 20/21.	
(d)	DD asked why the level of debt below 6 months is higher in South Sefton than Southport & Formby. MMcD responded, firstly that South Sefton have a higher turnover, so higher invoices are raised; secondly South Sefton is described as the hub account, there may also be other factors which are not apparent.	
(e)	AS referred to the Sefton Council invoice which relates to a previous financial year; asking why this has not been resolved. MMcD responded; this matter is mixed with other CHC issues and responsibility for joint funding. The CCG is currently taking legal advice as to how this will be settled between the two organisations. It was noted that this matter should be settled prior to the CCG moving into the ICP.	
(f)	MMcD shared with the Committee consideration may need to be given to low value debt being written off to minimise debts over the coming months. MMcD does not have full details at this stage, although it is likely a request will be made at the January Audit Committee for this decision to be made.	
(g)	HN queried the amount relating to CHC packages for South Sefton, asking why an equivalent amount for Southport & Formby is there shown. MMcD confirm this relates to a single case within South Sefton.	
(h)	This report was received by the Committee.	
A21/60	CCG Published Registers	
(a)	MMcD responded to the item on behalf of TS.	
(b)	HN referred to sponsorship register, commenting it was her impression events had not taken place; however, it appears PLT Nurses events had taken place in the early part of 2021. This item was briefly discussed after which MMcD agreed to liaise with TS for clarity and report back to the Committee.	MMcD/ TS
(c)	It was noted there is low compliance on conflict of interest training at 76%; HN was concerned this figure could diminish quickly and asked if targeting of staff to complete training is being undertaken. MMcD will liaise with the Corporate Services Team to get a current position on this question.	MMcD

A21/61	GP Pensions Update	
(a)	MMcD updated the Committee confirming the Remuneration Committee had accepted the process on how this matter will be taken forward.	
(b)	LR shared an anonymised status report showing a total of fifteen who had been affected, ten from South Sefton, five from Southport and Formby. Information within the status report show the current position with some information being circulated to accountants, others are awaiting guidance from NHS pensions, and one will have changes made via the ESR system.	
(c)	AS was concerned that the deadline, which had been set for the end of November would not be met. MMcD raised the point that a number of individuals were refusing to engage with the CCG and advice is being sought from the LMC. There is also the added problem that a number have retired or relocated. HN queried the figures within the data shown, MMcD proceeded to give a precis of the information.	
(d)	AS commented, as there is a need to scrutinise the information fully, there is a need for an estimated value of the problem. MMcD confirmed there is an estimated value however that information is not on the spreadsheet. MMcD was asked for the value to be shared for information purposes.	MMcD
(e)	HN commented that a transparent report is needed, it was agreed this report would be prepared with a timeline for delivery of two weeks. LR confirmed she would pick up this action. MMcD confirmed he would look to hold the required meetings within the first week in November.	LR MMcD
A21/62	Audit Committee Self-Assessment	
(a)	AS spoke to this item asking AP if he was aware whether other CCG Audit Committees had completed the self-assessment. HN commented that if it does need to be completed, it should not be an onerous task. AP agreed to consult with colleagues and will report back to HN and AS.	AP
A21/63	Policy Tracker	
(a)	AS referred to the three active policies which are being used but have not been reviewed for some time. It was accepted that an explanation should be added to the tracker to the effect these policies are ratified and continue to be used.	TS
(b)	It is noted the Lone Worker Policy will be shared with AS and HN for their information.	SSm
(c)	DD referred to draft policies which have been reviewed by another body, asking is it the updated draft or the original policy being used. AS confirmed the original policy is being used, until new policies are signed off.	
(d)	HN is comfortable with the approach being take in respect of policies, however, she is concerned about the Grievance and Disputes policy. The likelihood of this policy being needed during the transition is high. MMcD suggested this point goes onto the key issues report as a risk, HN agreed. MMcD added that this policy and concerns noted will be taken to LT.	MMcD
(e)	AS spoke to DFair regarding policies and the Committee's concerns, in particularly the Grievance and Disputes policy. DFair commented in these	

	those circumstances it would be appropriate for this to be taken to LT for approval. Although GGCs had been given guidance in respect of the updating of policies, this guidance does not cover policies where there is a legal requirement to do so. In this instance DFair concurs with MMcD that this policy should go to LT for approval and implementation.	
(f)	AS suggested that Policy Tracker be updated to confirm that although there are an additional three policies out of date, they have been ratified and are continuing to being used.	TS
(g)	DFair confirmed the call up list in respect of the Freedom to Speak Up policy is now available. A number of agencies will be providing services and the policy will be updated to reflect this. It was agreed the action on the Policy Tracker could now be closed.	TS
(h)	DFair confirmed the Office for National Guidance is going through a consultation programme to review a wide range of policies and procedures. They have advised to expect a report in Q4 prior to the changes in legislation. DFair will come back to the Audit Committee once this information is available.	
A21/64	SSCCG and S&FCCG Information Governance Bi-Monthly Service Report	
(a)	Prior to CH updating the Committee AS queried a point under Matters Arising from the assurance statements for iMersey and Mersey Care. It was noted information from Mersey Care had not been available, and although iMersey had provided a statement about constituent parts of the CCGs, there was no information available in relation to iMersey. CH was unable to answer this query, however, she will liaise with colleagues and provide assurance to the Committee via email prior to the next Audit Committee meeting.	CH
(b)	CH spoke briefly to the report sharing the highlights, progress, achievements and key information to the Committee. The IG training stats are showing a 79% uptake where as 95% needs to be achieved once within the data security toolkit year. In respect of Conflict of Interest training, MMcD confirmed staff who have yet to undertake the training are being targeted with reminders.	
(c)	CH gave a brief update on the DSPT, confirming the ICP will have responsibility of submitting this data, however, if the ICP is not established by 1 April then the responsibility will still sit with the CCG. Evidence will be collated as normal for the DSPT in case the ICP is not in place. MMcD commented this is a pragmatic approach in terms of the need to document at local and C&M level.	
(d)	AS asked if it is known who is leading on the transitional arrangements at ICS level. MMcD confirmed the Information Governance Workstream has not been fully set up as yet. CH confirmed she is unaware of what has been set up at present, it has been confirmed that a tab relating to IG will be added to the due diligence check list and is awaiting an update.	
(e)	MMcD confirmed that a penetration test had commenced last week, a report on this is awaited. A date for receipt of the report is not available as yet.	
A21/65	FTSU action plan	
(a)	DFair confirmed this action plan was developed following an FTSU grievance which was considered by the SS Governing Body. An action plan was	

	prepared and there is a Task & Finish Group of which AS is a member.	
A21/66	CCG Closedown Report	
(a)	DFair gave a brief background on due diligence on closedown and transfer, confirming the CCG are already positioned on this, and LT had established a Sub-group to lead. The paper demonstrates that arrangements are in place to oversee the closedown and transfer. It was noted MIAA have been invited to the closedown group to give external assurance. The group reports weekly to LT and to C&M in terms of progress with due diligence.	
(b)	AS commented that it is the Audit Committees role to ensure that the arrangements are in place, but not to be part of those arrangements.	
(c)	HN commented that in view of changes which are going to happen, is there a need to schedule an additional Audit Committee meeting, as it is one of the few remaining Committees running after November. DFair responded, confirming that the Committees workplan has place holders for updates as appropriate and further guidance will be given to the Audit Committee. This is mapped in to reflect within the workplan, however, if timelines move then an extraordinary meeting may need to be arranged and DFair will engage with both chairs if needed.	
(d)	MMcD recommended a form of local reporting of key pressures and issues i.e. CHC would be high on the above agenda.	
A21/67	Data Protection and Security Toolkit 20/21 Update	
(a)	Referred to in item FR21	
A21/68	Audit Committee Recommendations Tracker	
(a)	MMcD spoke to this item, highlighting this will be a key part of the CCGs legacy documentation.	
(b)	LR confirmed that an additional column had been added to the tracker giving commentary on each item.	
(c)	HN asked for clarification on travel expenses, in particular recovery and overpayments. MMo confirmed there is one specific issue in relation to a clinical lead around base and expenses. Discussion took place on this matter which related on claims from home to base and the contents of the contracts for some individuals. A review had taken place, but as the reviewer was not privy to the individual's contract, referred to the policy. This states there should be no claims from home to base, the claim should be from base.	
(d)	AS referred to the point on the timeliness of travel claims and if out of a 3 month period, they should be authorised by the CFo or DCFo. AS asked if this should not be undertaken by a line manager/supervisor. LR confirmed this section needed to be reworded and would take this away to update. MMo and LR agreed to meet out of the ACiC to discuss this further.	LR LR/MM
(e)	A discussion took place as to items remaining on the tracker until the process has been embedded, after which it was agreed the Committee wished this to continue. LR confirmed she would update the tracker for the next Committee	LR

	meeting in terms of the categorisations discussed, they will then be removed once confirmation of completion is received.	
A21/69	Anti-Fraud Bribery and Corruption Policy 21/22 – SSSCG Anti-Fraud Bribery and Corruption Policy 21/22 – SFCCG Anti-Fraud Bribery and Corruption Policy (track changes version)	
(a)	MMo spoke to these items, confirming both policies have been updated and brought to the Committee for ratification. It was noted the version with track changes would be sent to AS for information purposes.	MMo
(b)	AS asked if a fraud champion had been appointed, MMo confirmed there is one nominee for this role and MMo is liaising with MMcD to look for further nominations. NHSEFA created this role as part of the programme of working standards, an MOU is in place however, this does not specify what the roles and responsibilities of a fraud champion. MMo confirmed there is a webinar due to take place to give further information on the requirements, adding the appointed person should come from within the organisation.	
(c)	These policies were approved by the Committee.	
A21/70	Internal Audit Progress Report	
(a)	AP spoke briefly to this report for both CCGs, taking the report as read by the Committee. He outlined the document which was published in 2018 around an internal audit framework, with a programme of work to be taken over 3 years around governance, contract oversight, commissioning and procurement and finance. Arrangements within the CCG were looked at, as to whether the design was sufficient and complied with. AP confirmed there is good evidence around the design of those systems in both CCGs which is outlined within the report.	
(b)	AP added this is a positive conclusion for each CCG with positive outcomes for both.	
(c)	This report was received by the Committee.	
A21/71	Auditor's Annual Report	
(a)	AA spoke to this report, confirming the Executive Summary is the same for both CCGs. AA confirmed that this year there has been a look across all areas of reporting; financial sustainability, governance, improving economy and efficiency and effectiveness.	
(b)	Initially a risk of significant weakness was identified within the planning work due to a large underlying deficit that was brought to their attention by the CCGs. On looking further there was not an identified significant risk for governance or improving efficiency or effectiveness.	
(c)	AA highlighted the improvement recommendations made, which are QIPP plans, financial sustainability and engagement with the ICS, governance and procurement policy. It was noted the CCG had complied with the requirement to post the report on 20th September.	
(d)	AS thanked AA for his clear commentary on the report for the Committee.	

A21/72	Audit Progress Report	
(a)	AA gave a brief update on this report, pointing out there are a number of challenge questions for the Audit Committee to consider.	
(b)	AS asked the Committee if it was felt this was the correct time to consider these questions, bearing in mind entering into a transition period. MMcD commented that it would be dependent upon the context of the questions. A short discussion took place on this item, after which AS suggested the Executive use the questions as a framework to report on progress to the ICB. The report that goes to the Governing Body with the framework could be on the next Audit Committee agenda. This approach was agreed by the Committee. MMcD commented on capturing what is needed and build into business as usual around the transition; ensuring additional reports are not undertaken.	MMcD
A21/73	Anti-Fraud Progress Report	
(a)	MMo spoke to this report covering both CCGs, confirming the two papers are identical in terms of information and currently there are no referrals in the reporting period, nor any ongoing cases to be progressed.	
(b)	The Key points reported on NHS Counter Fraud governance standards and benchmarked the organisation, MMo referred to page 10 of her report which shows compliance against standards. The report shows green in all areas other than in 1b, 2 and 3, adding as of today component 2 will be green as the Counter Fraud and Bribery Strategy has been ratified.	
(c)	The report was received by the Committee.	
A21/74	Governing Body Assurance Framework Corporate Risk Register and Heat Map	
(a)	MMcD spoke to this item, briefly updating the Committee.	
(b)	AS referred to a number of risks showing within the heatmap which are red, commenting that these are outside our control. MMcD commented it needed to go back to source, with another round of moderation which is required. It was agreed QIPP is out of the CCGs control, the integration agenda is directly linked to PCNs and at the last PCCiC it was suggested this was overstated. It was also noted the implementation of a North Mersey Stroke service should give assurance in the next six months.	
(c)	MMcD commented more collaboration between the Trust and CCGs is needed, adding finance has been approved for additional staff; the work force has a plan across the patch with 30 medical/nursing staff to come into North Mersey.	
(d)	DD asked is it correct that there will be a review and reduction on the risk of non-integration of the second key issue. MMcD agreed this was his view, which DD agreed with.	
(e)	HN queried the request to approve five risks have reduced to below 12, pointing out that several have queries against them. MMcD responded to HN's queries suggesting the risks require further review as there are inconsistencies. HN commented, from a practical point of view, will it be reviewed prior to the Governing Body. MMcD will look into this as the papers for Governing Body are due today, it was suggested that a note could be	

(f)	<p>included confirming there are further queries regarding moderation; after which many of the queries raised by HN will be looked into. HN agreed with this approach.</p> <p>HN asked MMcD for a response on the issue of risks associated with transition. MMcD suspects these have not worked their way through the system, other than Work Force capacity for the CCG, this will need to be assessed and worked through. MMcD proceeded to apprise the Committee in respect of work force capacity.</p>	MMcD
A21/75	Audit Committee Risk Register	
(a)	AS referred to the scorings on risks which the Committee rates. MM commented this is a fair reflection and will be ratified in December and returned to the Audit Committee in January 2022.	
A21/76	Any other business	
(a)	There was none for discussion.	
A21/77	Finance and Resource Committee Joint Quality & Performance Committee Primary Care Commissioning Committee	
(a)	The Key Issues were received by the Committee, there were no comments raised on these documents.	
(b)	DD referred to the PCCiC key issues document commenting on the wording in relation to PC24 experiencing a high demand. It was noted it had been disputed at the meeting as to whether this statement was correct, and this line within the key issue document was erroneous. DD will liaise with the appropriate member of staff to have the paper amended.	
A21/77	Key Issues	
(a)	MMcD highlighted the key issues from the meeting, and these will be circulated as a Key Issues report to Governing Body.	
A21/78	Review of Meeting	
(a)	AP commented although the agenda was full, there has been enough time for debate, DD, HN, AA and LR agreed with this point.	
(b)	MMcD commented meeting on a quarterly basis means the agenda is large, if the Committee met more frequently this could shorten the agenda.	
(c)	AS confirmed that if a need arises for an additional meeting this can be arranged.	
(d)	JS commented that receiving the papers in good time and frequent reminders throughout the meeting to take the papers as read is useful.	

	Date and time of next meeting 1.30 pm to 4.00 pm Wednesday 19 January 2022	
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**NHS South Sefton CCG and NHS Southport & Formby CCG
Primary Care Commissioning Committee in Common – Part ONE
Minutes**

Date: Thursday 16th September 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 SFCCG	KS
Dr Raheen Naweed	GP Clinical Representative SSCCG	RN
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
Jane Elliott	Commissioning Manager Localities	JE
Melanie Spelman	Programme Manager for Quality & Risk	MS
Chantelle Collins		
Minutes		
Anji Willey	Senior Administrator	AW

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

Name	Membership	Jan 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Sep 21	Nov 21	
Members:										
Dil Daly	SF CCG Lay Member (Co Chair)	✓	✓	✓	✓	✓	✓	✓		
Fiona Taylor	S&F SS CCG Chief Officer	✓	N	N	A	N	✓	✓		
Martin McDowell	S&F SS CCG Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓		
Alan Sharples	SS CCG Lay Member	✓	✓	✓	✓	A	A	A		
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	✓	✓	N	✓		
Tracy Forshaw	SS&SFCCG Deputy Chief Nurse and Quality Lead	N	A	N	A	A	N			
Non-Voting Members										
Dr Kati Scholtz	GP Clinical Representative SF	✓	✓	✓	A	✓	✓	✓		
Dr Reehan Naweed	GP Clinical Representative SS	n/a	n/a	n/a	n/a	n/a	N	✓		
Richard Hampson	Primary Care Contracts Manager	✓	✓	✓	✓	✓	✓	✓		
Joe Chattin	LMC Representative	✓	N	N	N	✓	N	N		

Debbie Fairclough	SS SF CCG Corporate Services	N	N	N	D	D	N	N		
Diane Blair	Healthwatch	✓	N	A	✓	A	A	✓		
Rob Smith	SS SF CCG Finance	N	✓	✓	N	✓	N	A		
Jennifer Piet	Programme manager – Quality & Performance	N	N	N	✓	N	N	N		
Melanie Spelman	Deputising for Tracy Forshaw	N	N	N	N	D	N	N		
Chantelle Collins		n/a	n/a	n/a	n/a	n/a	✓	N		

No	Item	Action
PCCiC 21/88.	<p>Introductions and apologies Apologies were given from Rob Smith and Tracy Forshaw</p>	
PCCiC 21/89.	<p>Declarations of interest</p>	
PCCiC 21/90.	<p>Minutes of the previous meeting Th minutes from the last meeting on Thursday 15th July 2021 were agreed.</p>	
PCCiC 21/91.	<p>Action points from the previous meeting The action tracker was updated RH updated on Enhanced Services and the papers for this are attached to minutes.</p>	
PCCiC 21/92.	<p>Key issues from Operational Group and Decisions made August: The group noted the MIAA audit on CCG Primary Care Commissioning and Procurement. This is presented to the committee today. The ongoing issue of patient movement between practice lists which creates 'churn'. A task and finish group has been established to try and minimise the disruption and this will be reported at a later meeting. The issue creates problems mainly in Crosby and Maghull. The group discussed the national GP patient survey. This will be discussed later in this meeting. September: A discussion regarding PLT and the shift between face to face and virtual sessions. The plan will be to continue with the new model at present. GP retainer programme, applications were approved, this will increase the GP workforce in SF CCG. The negative press regarding GP access was discussed as a particular issue for South Sefton practices. It was noted that the two 'big chats', resulted in a lot of support from the public. Feedback needs to be shared with practices.</p>	
PCCiC 21/93.	<p>M.I.A.A. Report MIAA had audited the Primary Care Commissioning and Procurement element of Primary Care. Full assurance was achieved across both South Sefton and Southport and Formby CCGs. It was noted that full assurance reports are not common and the group recognised how significant this was.</p>	

PCCiC 21/94.	<p>GP Capacity Fund</p> <p>The committee received papers describing the approach for the use of an additional £120m of non-recurrent funding was announced under the General Practice Covid Capacity Expansion Fund, allocated and ringfenced exclusively for general practice.</p> <p>It is proposed that SS CCG will use their allocation to expand the Acute Visiting service to accommodate up to 30 home visits per day. Practices will also be offered funding to review their current premises and put processes in place to repatriate 'red' patients safely back in practice as the current arrangements in the Walk in Centre are due to end.</p> <p>SF CCG will use their funding to commission via the PCN an 'overflow' hub service to offer additional capacity (via triage / telephone and face to face). This will run in hours and be available to all practices. It was clarified that Dr Caudwell has a declared conflict of interest as offers consultancy support to Medloop who will be providing key elements of the contract. The committee were satisfied that the conflict had been managed in accordance with the CCG policy.</p>	
PCCiC 21/95.	<p>PCN Update</p> <p>The committee noted the revised guidance that has been issued to PCNs setting out the plans for the remainder of 21/22. Service specifications for personalised care and anticipatory care have been deferred to 22/23. Further guidance is to be issued regarding the CCG commissioned Extended Access services, with the expectation this is passed to PCNs to provide from April 22.</p> <p>PCNs continue to work closely with MerseyCare on Enhanced Health in care Homes. Additional roles are being recruited to ensure full use of the Additional Roles Reimbursement funding.</p> <p>SF PCN are delivering the Covid Booster programme through Southport Centre for Health and Wellbeing. In SS CC - Seaforth and Litherland PCN are delivering housebound and care home boosters with community pharmacy, the ongoing work from Seaforth Village surgery continues targeting the vaccine hesitant, they are also opening clinics at Netherton Practice. Bootle, Crosby and Maghull have opted out of the booster programme.</p> <p>All practices are delivering their flu programmes noting delays to supplies.</p>	
PCCiC 21/96.	<p>General Practice Nursing</p> <p>This item was deferred.</p>	

PCCiC 21/97.	<p>GP Patient Survey</p> <p>This is the annual national GP patient survey, which is undertaken every year. Responses were collected during January and March 21. The committee was presented with a summary of the outcomes.</p> <p>SF CCG scored the 7th highest CCG in England. Reception staff scored highly as very helpful which the committee noted given the pressure being experienced in practices. It was also noted that fewer patients than nationally reported they would attend AED as an alternative to their GP. Congratulations were given by various members of the committee and KS was asked to pass these on to practices.</p> <p>SS CCG also performed well, with similar high scores for helpful reception staff and clinicians and similarly to SF CCG fewer than average patients reporting they would attend AED as an alternative.</p> <p>In both CCGs variation exists and the plan will be to triangulate this information with local intelligence to support practices who performed less well to work with their PPGs to improve access. The committee noted the link to performance in areas of deprivation.</p> <p>FLT noted that a lot of positivity came out of the 'Big Chat' events too. A localised access survey is currently being designed and will commence during October. This will have a more specific range of questions regarding access during the pandemic.</p>	
PCCiC 21/98.	<p>Equality Consultation Document</p> <p>A paper has been sent to committee as part of the LQC contract. This was noted.</p>	
PCCiC 21/99.	<p>Finance</p> <p>The committee received an update on the financial position in relation to primary medical care services for each CCG.</p> <p>It was noted that the standard business rules set out by NHS England require a 1% surplus in each financial year, however the usual financial framework has been replaced with temporary financial arrangements in response to the COVID-19 pandemic. It has been confirmed that the temporary arrangements remain in place for the first six months of 2021/22. For SF CCG as at 31st July 2021 the year to date financial position is underspent by £88k against budget with the M1-M6 forecast position an underspend of £43k. For SS CCG the year to date financial position is underspent by £25k against budget with a M1-M6 forecast position an underspend of £26k.</p>	
PCCiC 21/100.	<p>Health Watch Issues</p> <p>DB commented on the main theme of access, not only to General Practice but in access to secondary care and the issues being experienced by patients. The CCG welcomed Healthwatch's ongoing support with the patient access survey.</p>	
PCCiC 21/101.	<p>Risk Register</p> <p>The risk register was reviewed and updated.</p>	

PCCiC 21/102.	<p>Key Issues log</p> <p>The committee noted an update to sign up to the Enhanced Services in 21/22.</p> <p>The committee noted the rating of full assurance received by both CCGs from MIAA for the Primary Care Commissioning and Procurement element of Primary Care.</p> <p>A report on the use of the GP Capacity Fund was received and supported.</p> <p>A report on the GP Patient Survey was received and the committee passed its congratulations and thanks to practices.</p> <p>The committee noted an update on primary care finances.</p>	
PCCiC 21/103.	<p>Any Other Business</p> <p><i>Matters previously notified to the Chair no less than 48 hours prior to the meeting.</i></p>	
Meeting Concluded.		
PCCiC 21/104.	<p>Date of Next Meeting: Thursday 18 November 2021 10.00am-11.00am. Venue: MS Teams</p>	

CHESHIRE & MERSEYSIDE CCGs JOINT COMMITTEE MEETING



Approved Minutes

Meeting Name: Joint Committee (Meeting held in Public)
Meeting Date/Time: 30th November 2021 at 1.40 pm **Venue:** Microsoft Teams
Chair: Geoffrey Appleton, NHS St Helen's CCG

Attendance		
Name	Job Title /Category of Membership	Organisation being Represented
Voting Members		
Geoffrey Appleton	GB Lay Member	NHS St Helen's CCG
Simon Banks	Accountable/Chief Officer Representative	NHS Wirral CCG
Dr Sue Benbow	Secondary Care Doctor	Knowsley CCG
Dr Rob Cauldwell	Clinical Lead	NHS Southport & Formby CCG
Sylvia Cheater	GB Lay Member	NHS Wirral CCG
David Cooper	Chief Finance Officer	NHS Warrington CCG
Michelle Creed	Chief Nurse	NHS Warrington CCG
Dr Andrew Davies	Clinical Chief Officer	NHS Halton CCG
Dr Michael Ejuoneatse	GP Partner	NHS St Helen's CCG
Dr David O'Hagan	GP Director	NHS Liverpool CCG
Jan Ledward	Chief Officer	NHS Liverpool CCG and NHS Knowsley CCG
Jane Lunt	Director of Quality, Outcomes & Improvement / Chief Nurse	NHS Liverpool CCG
Martin McDowell	Chief Finance Officer	NHS South Sefton CCG
Peter Munday	GB Lay Member	NHS Cheshire CCG
Mark Palethorpe	Accountable Officer	NHS St Helen's CCG
Dr Andrew Pryce	Governing Body Chair	NHS Knowsley CCG
Fiona Taylor	Accountable Officer	NHS Southport and Formby CCG
Clare Watson	Accountable Officer	NHS Cheshire CCG
Non-Voting Members		
Sheena Cumiskey	Cheshire & Merseyside ICS Representative (interim CEO)	Cheshire & Merseyside Health Care Partnership
Dianne Johnson	Director of Transition	Cheshire & Merseyside Health Care Partnership
Margaret Jones	Director of Public Health Representative	ChAMPs
Paul Mavers	Healthwatch Representative	Healthwatch
Sarah O'Brien	C&M HCP Representative	Cheshire & Merseyside Health Care Partnership

Attendance		
Name	Job Title /Category of Membership	Organisation being Represented
In Attendance		
Nesta Hawker	Director of Commissioning and Transformation	NHS Wirral CCG
Dave Horsfield	Director of Transformation, Planning & Performance	NHS Liverpool CCG
Geraldine Murphy-Walkden	Programme Director	NHS Knowsley CCG
Matthew Cunningham	Director of Governance and Corporate Development	NHS Cheshire CCG
Emma Lloyd	Notetaker	NHS Cheshire CCG

Apologies			
Name		Job Title /Category of Membership	Organisation being Represented
Dr Andrew Wilson	AW	Clinical Chair	NHS Cheshire CCG
Ian Ashworth	IA	Director of Public Health Representative	ChaMPs
David Flory	DF	Cheshire & Merseyside ICS Representative (interim Chair)	C&M Health Care Partnership
Dr Ifeoma Onyia	IO	Director of Public Health Representative	ChaMPs
David Parr	DP	LA Chief Executive Officer Representative	Halton Borough Council

Agenda Ref:	Discussion, Actions and Outcomes	Action By
A	Preliminary Business	
A1	<p>Welcome, Introductions and Declarations of Interest:</p> <p>Geoffrey Appleton welcomed everyone, including any members of the public, to the meeting of the Cheshire and Merseyside CCGs Joint Committee held in public.</p> <p>The Chair wished to express thanks to Sheena Cumiskey, interim Chief Officer of Cheshire & Merseyside Health and Care Partnership, as this will be her final meeting and Graham Urwin commences in the role from 1st December 2021.</p>	
A2	<p>Apologies for Absence:</p> <p>Apologies received are noted above along with the nominated deputies where appropriate.</p>	
A3	<p>Declarations of Interests:</p> <p>There were no declarations raised specific to this meeting, other than those contained in the annual register of interests.</p>	

A4	<p>Minutes of the Previous Meeting:</p> <p>A copy of the draft minutes from the meeting held on 26th October 2021 were circulated prior to the meeting and comments were invited. No comments were raised, and the minutes were therefore approved.</p> <p>Outcome: The minutes of the meeting held on 26th October 2021 were approved.</p>	
A5	<p>Action and Decision Log:</p> <p>The action and decision log were noted, and it was highlighted that there were no actions for consideration at this meeting.</p> <p>Outcome: The Cheshire and Merseyside CCGs' Joint Committee noted the action and decision logs.</p>	
A6	<p>Committee Forward Planner:</p> <p>The forward planner was noted by the committee.</p>	
A7	<p>Advanced Notice of Any Other Business:</p> <p>No AOBs were raised.</p>	
A8	<p>Public Questions:</p> <p>No public questions were submitted for consideration at this meeting.</p>	
B Cheshire & Merseyside Health and Care Partnership Updates		
B1	<p>Update from the Interim Chief Officer:</p> <p>Sheena Cumiskey informed the committee that things are starting to move at pace, subject to legislative changes, as 1st April 2022 approaches. There is a lot going on and many people across all nine Clinical Commissioning Groups (CCGs) are involved in the safe closedown of the CCGs and the stand-up of the Integrated Care System.</p> <p>Sheena shared that it is vital that work continues to take place as close to the population as possible, to reach the objectives of improving outcomes and reducing inequalities. The current work is around ensuring that the scaffolding is in place to enable this to happen.</p> <p>The development of Place-based working is moving forward and a framework for each Place to assess themselves against has been established. This will be used to aid further conversations with each Place in the New Year to understand where further development is needed and how that is taken forward.</p> <p>The framework and logistics of how Place based leaders will be taken forward is being prepared and this will be followed up in the New Year.</p>	

Sheena confirmed that part of the new way of working is around provider collaboratives, with the two main foci being on acute and specialist providers, and community mental health and learning disability.

The main purpose is to work together to improve quality of care and to reduce inequalities in care to the population. Just as important, is the work done at Place with provider collaboratives and integrated care, where the collaboration is not just with NHS providers but also other care providers and those within the voluntary sector. Sheena confirmed that good process is being made.

The consultation for the very senior roles started last Thursday and this is progressing. Sheena shared that it was important to recognise that this is a huge change management process that it is difficult for many people; it is therefore important to focus on wellbeing and to ensure that support is given to people going through this process. Regular staff briefing sessions have been established and recruitment for non-executive roles and other roles will commence in December. Recruitment for the substantive Chair position will be completed early in the new year. There is a new Chief Officer in Graham Urwin and he starts his role on 1st December 2021.

The final work on the Integrated Care Board Constitution is being completed following the consultation and engagement process. This will go for submission to the region during week commencing 6th December.

Sheena confirmed that she will be handing over to Graham Urwin tomorrow and stepping back to her substantive role as Chief Executive Officer for Cheshire and Wirral Partnership. Sheena expressed thanks to everyone at the meeting today, and their teams, for their support whilst she has been carrying out the interim role. Sheena shared that she had found the role challenging, satisfying and enjoyable, and has found it a privilege to serve the people of Cheshire and Merseyside, and knows that under Graham's leadership it will go from strength to strength.

Questions were invited:-

- David O'Hagan thanked Sheena for her support in the interim role. David noted that primary care was not mentioned when talking about provider collaboratives and asked where they will fit in this.
 - Sheena confirmed that primary care is at the heart of everything as we move forward, we need to go where people live their lives and primary care do this every day. Primary care will be closely involved in integration and connected care at a Place based level, and the Integrated Care System want to see the Primary Care Forum continue. The engagement that goes through this forum is included in this. Work on developing a clinical leadership model is underway and primary care will be an integral part of this. In terms of the constitution, there will be two members from a primary care background. This is not about just having representatives; it is about members who bring knowledge and expertise to enable the Integrated Care Board to take the best decisions.

B2	<p>Update from the Director of Transition:</p> <p>Dianne Johnson shared an update via a presentation [link to presentation here].</p> <p>The Chair noted that the process is very important, but it was also important to note why these changes are happening and this is outlined in the presentation which is about improving outcomes and reducing inequalities. The two key questions should be asked – what is being done every day that exacerbates inequalities, or what is being done to reduce them, and how do you know. This is the bedrock of why this change is happening.</p> <p>No questions raised.</p>	
C Committee Business Items		
C1	<p>Delegation of Authority to the Cheshire & Merseyside CCGs Joint Committee:</p> <p>Fiona Taylor shared that this item and C2 are interlinked and describe the same things in some parts, but each will be treated separately at this meeting.</p> <p>Fiona highlighted that this paper is around ensuring that CCGs work collaboratively and effectively towards a position to successfully complete the closedown of the CCGs and one way to do this is streamlining the governance arrangements.</p> <p>Fiona highlighted that, throughout November, this paper has been through the governing body for each CCG to consider the Terms of Reference for the joint committee and consider how the joint committee would be able to enact its functions. Three sub-committees of the Joint Committee are also proposed to cover Quality, Performance and Finance. Fiona informed the committee that these governing body conversations led to feedback, and this is contained within the paper presented at this meeting. Fiona highlighted page 40 (item 5.3) and page 41 (item 6) as examples of where updates have been incorporated following feedback from governing bodies. Fiona also highlighted page 42 and the reiteration of the inclusion of Healthwatch on the Joint Committee to acknowledge and reinforce its role as an independent voice.</p> <p>Fiona informed the committee that several governing bodies raised comments around further assurance being needed along with the involvement and support of Mersey Internal Audit Agency. This is included in the paper and in the recommendations for consideration.</p> <p>Another request for the Chair of the Joint Committee to agree and oversee the process for the appointment of members of each sub-committee.</p> <p>Committee workplans have been updated and continue to be fine-tuned.</p>	

	<p>Communication was raised by governing body and the paper now includes a direct link from the Joint Committee to governing bodies, and there is a process in place to ensure that the transition piece and Accountable Officers are interconnected.</p> <p>CCG governance leads are meeting weekly and are finalising the sub-committee arrangements. The group have focussed on a process that ensures governing bodies understand the work of the joint committee and its sub-committees and ensuring that they receive feedback and have access to the relevant. Fiona confirmed that this will be done through receipt of papers along with a summary from meetings and will be reported through governing body meetings.</p> <p>The committee is asked to note that all governing bodies have agreed to greater delegated authority to the Joint Committee, are asked to note the updated Terms of Reference, note the process to establish sub-committees, note the process for communication to governing bodies and endorse the proposal for CCG Audit Chairs to approve the Terms of Reference and scope for the review of these which will be done in conjunction with Mersey Internal Audit Agency by the end of January.</p> <p>The Chair thanked Fiona for the work and leadership on this item and invited any questions and comments:-</p> <ul style="list-style-type: none"> • Dr Andrew Davies also thanked Fiona for the work on this paper and highlighted that, whilst the technical detail is included in this, it is important that governing bodies work with a mutual confidence, trust, and respect, with the ability to trust each other to make good decisions but to challenge issues as well. This will give the public the confidence that we are doing the job well. <p>Outcome: The Cheshire & Merseyside Joint Committee noted that all Cheshire and Merseyside CCGs have agreed to delegate greater authority to the Joint Committee</p> <p>Outcome: The Cheshire & Merseyside Joint Committee noted the updated Joint Committee Terms of Reference (Appendix B)</p> <p>Outcome: The Cheshire & Merseyside Joint Committee endorsed the request for CCG Audit Chairs to consider and approve the Terms of Reference and scope of the review to be undertaken by MIAA at the end of January 2022</p> <p>Outcome: The Cheshire & Merseyside Joint Committee noted the work underway to progress the establishment of the sub-committees.</p> <p>Outcome: The Cheshire & Merseyside Joint Committee noted the process to be followed to enable Governing Body members to be informed of the work of the Joint Committee and its sub-committees.</p>	
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C2	<p>Cheshire & Merseyside CCGs Joint Committee Sub-Committee Terms of Reference:</p> <p>Fiona Taylor extended thanks to Matthew Cunningham who has worked alongside her for items C1 and C2 of this agenda.</p> <p>Fiona reminded the committee that there is some repetition within this paper but highlighted that it was important to ensure the papers represent the information required for governance purposes.</p> <p>The Joint Committee are being asked to approve the Terms of Reference for the Sub-Committees and note the update on the membership.</p> <p>Members of the Joint Committee will be aware that it was necessary to be able to exercise their oversight of relevant functions of the sub-committees, and the Terms of Reference can be seen from page 104 to 132 of the meeting papers.</p> <p>Fiona informed the committee that initial meeting dates have been set as this was needed to get going with the set-up of the sub-committees given the timescales. The committee were also informed that governance leads have been identified to support the committees from a subject expertise point of view.</p> <p>The appendices include the terms of references which incorporates cross validation from MIAA. Although there is some more fine tuning to do in terms of triangulation, if the committee agrees to the terms of reference, then Chairs will be put into place. Fiona confirmed that the governance team are working on finalising the membership of the sub-committees, including the Chairs and Vice Chairs.</p> <p>Matthew Cunningham confirmed that he would be emailing out to potential committee members today to confirm the agreed committee membership and the governance leads are in the process of putting together draft agendas ready to link in with the chairs and vice chairs ready for the first meetings. Matthew highlighted that whilst recognising there is only a few months of operation, there is scope to amend the terms of reference for these sub-committees, and now the Joint Committee has been given the authority to approve, it will be an easier approval process.</p> <p>Fiona highlighted that, as the papers have been seen several times through governing body meetings and have been fine-tuned accordingly, it was not proposed to go into further detail.</p> <p>The Chair expressed thanks to Fiona and Matthew, and invited questions and comments from the committee:-</p> <ul style="list-style-type: none"> • Dr Andrew Davies noted the proposed quoracy and shared his view that this needs to be reviewed given that the decision-making capacity of the sub-committees. Dr Davies felt that this does not stop the committee proceeding but felt that it may be difficult to secure 75% quoracy. 	
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	<p>In addition, Dr Davies asked whether there were options to delegate matters from this committee to expediate decisions that are needed quickly.</p> <ul style="list-style-type: none"> ○ Geoffrey Appleton agreed that 75% quoracy will be a challenge and Chairs discretion may be needed, i.e. to ensure that the people around the table can make the decisions needed. ○ Fiona Taylor confirmed that the paper in C1 outlines the authority of the Chair of the Joint Committee and felt that it would be beneficial to have meetings of the Chairs to have a conversation around quoracy. Action: Fiona Taylor will organise for Chairs of Committees to review sub-committee quoracy. <ul style="list-style-type: none"> ● David O’Hagan expressed thanks for the work done and particularly for the updates and amendments throughout the process. David noted that the MIAA report highlighted that, whilst a lot of duties had been mapped across, some duties were outstanding and most of these have now been moved into better positions within the terms of reference. However, David suggested that consideration is given to how the work of these committee can be triangulated to ensure they don’t work in silos. David therefore welcomed the suggestion for a Chair’s meeting and felt that these meetings were important. <ul style="list-style-type: none"> ○ Fiona Taylor confirmed that the Joint Committee will receive the formal business of the sub-committees, but some work could be done around assurance work as well as the MIAA assurance as this will ease peoples’ concerns as we progress. <p>Geoffrey Appleton expressed thanks to Dr Andrew Wilson for his work on committee membership and highlighted that it has been a challenge to balance the clinical and lay membership within the committees as well as identifying chairs and vice chairs.</p> <p>Outcome: The Joint Committee approved the Terms of Reference for the sub-committees of the Joint Committee.</p> <p>Outcome: The Joint Committee noted the update with regards to the membership of Sub-Committees subject to the further updates.</p> <p>Outcome: The Joint Committee requested that the quoracy for sub-committees is reviewed by governance leads and sub-committee chairs.</p>	Fiona Taylor
C3	<p>Cheshire & Merseyside CCGs Tier 4 Bariatric Surgery Procurement Options Paper:</p> <p>Nesta Hawker joined the meeting for this agenda item and highlighted that the brief report provided includes an options paper as requested at the previous Joint Committee meeting.</p> <p>Nesta informed the committee that South Cumbria and Lancashire ICS, which includes the lead CCG for this procurement, have opted for 2.</p>	

	<p>Due to the timings of meetings, the paper will be going to the Directors of Commissioning Group next week, however, Nesta confirmed that of the responses from CCG commissioning leads to date, most have replied to suggest that they would accept option 2.</p> <p>Nesta highlighted that, for Merseyside CCGs, this should decrease the value of bariatric surgery as they are currently paying a premium for the short-term interim contracts currently in situ.</p> <p>Nesta also informed the committee that, in terms of the cost of procurement, should Cheshire decide to join, this would be the same cost as it follows the national tariff.</p> <p>Nesta highlighted Option 2 within the paper and confirmed that Cheshire could be included as an associate and then opt in if they decided. Questions and comments were invited:-</p> <ul style="list-style-type: none"> • Clare Watson confirmed that Cheshire are happy to support option 2 and, although they need to look at the quality of the service both in stoke and the proposed one, they were happy to be an associate at the moment. • Dr Andrew Davies shared that Warrington would prefer option 2 or 3 but highlighted that they are seeing a rapid turnover in pathway 2 and therefore the position is not in a stable state going into Tier 4 procurement and may impact on the need going forward. • Peter Munday highlighted that the committee needs to have an understanding around the scale in terms of finance and patient numbers involved and asked for this to be included as background information on any future reporting. • Clare Watson noted that previously Wirral has worked with Cheshire, and it would be helpful to understand their reasons for moving from that arrangement. Nesta and Clare will liaise outside the meeting. • Simon Banks confirmed that Wirral would support option 2 but would see it as an interim measure. Simon felt that the ICB may wish to look at connecting Tier 1, 2, 3 and 4 across the area in the future and, given that we are looking at preventative work and aiming to reduce inequalities, work may be undertaken with local authorities and partner organisations to prevent people getting to Tier 4 and ensure that, when they do, they are safely returned into the weight management system. <p>Outcome: The Joint Committee reviewed the options within the table and agreed on Option 2 as their preferred option.</p>	
C4	<p>Expansion of Cheshire & Merseyside Virtual Wards:</p> <p>Geraldine Murphy-Walkden joined the meeting for this item and highlighted that there are two parts to this paper.</p>	

Geraldine informed the committee that the paper articulates a position and pilots the commissioning of an 'at scale' covid virtual ward offer to give enhanced support to facilitate early discharge. The other element to the paper is a virtual respiratory ward that has been tested to bring patients out of hospital early with enhanced package of care. Geraldine informed the committee that data suggests that there is a significant amount of bed days saved and significant benefit from this type of service.

The ask of the committee is to continue to commission the virtual covid ward for use across Cheshire and Merseyside whilst also working to expand the current respiratory offer building on local services that exist in each Place, to accelerate early discharge for those patients that are suitable with support at home.

Geraldine informed the committee that she has just taken part in a national discussion which confirmed that virtual ward expansion is expected to be part of the national guidance. The recommendation in this paper would enable Cheshire and Merseyside to be aligned with the expected direction of travel.

Questions and comments were invited:-

- Dr Andrew Pryce noted Section 9 about escalation which refers patients to 111 and asked what instructions have been given to 111 around this and how they would deal with this.
 - Geraldine confirmed that this is articulated in the SOP and highlighted that those patients will be part of a virtual ward offer. Therefore, 111 is a gateway but they aren't a 24-hour service, and the normal pathways would be followed. 111 is being used as part of the wrap around service as a central point of contact should a patient deteriorate.
 - Dr Pryce felt that this is fine as long as 111 are aware and know what to do.
- Michelle Creed shared that she feels the covid virtual ward at scale is a good idea and asked whether this work will include current data to look at what is working well and spread this at pace.
 - Geraldine confirmed that the current provision for respiratory services does vary by Place and work is needed to understand what is in existence already and what can be done to enhance this. There is no expected change to the provision that is currently in place and working well, it is about an enhanced wrap around for people leaving hospital.
 - Geraldine also confirmed that the clinical pathways developed for respiratory step down have been developed in conjunction with respiratory leads across Cheshire and Merseyside. Therefore, whilst Liverpool Heart and Chest Hospital were commissioned to work on this, they have worked with other providers to get a common view on what these pathways should be.
- David O'Hagan thanked Geraldine for the paper and the additional explanation of these two different respiratory are being proposed and how they fit in with current arrangements in Place.

David highlighted the importance of enabling Places to develop services with local providers so that they fit better with Primary Care Networks and primary care provision.

- Dr Sue Benbow thanked Geraldine for the explanations at the meeting and highlighted that the paper is two very separate areas and felt it is much easier to deal with separately. The Covid virtual ward does have a national SOP and has already been extrapolated across Cheshire and Merseyside, whereas the respiratory aspect is really a pilot in a specific area. Dr Benbow suggested that, therefore, two possible decisions could be made regarding this paper. Dr Benbow also raised the following two questions 1) Does the paper include people that are being stepped down from hospital to care homes, and 2) Is there any outcome data for the respiratory pilot in St Helen's and Knowsley as the data presented is primarily for the covid ward step down and highlighted that it is important that clinical outcomes are looked at. Dr Benbow also raised workforce issues which are of national concern and suggested that some smaller providers may struggle with on-call provision and would hope that all providers have been involved in discussion and not just the larger acute providers.
 - Geraldine agreed that workforce is a challenge, especially for smaller trusts. Geraldine shared that during discussions with providers, it was agreed that there is flex for one provider to cover another trust and this may be needed to ensure that there is equitable provision across the area. The model will be flexed to ensure there is system cover.
 - In terms of outcomes, the data is mainly around covid as this is deeper and more available. Ongoing monitoring of outcomes from respiratory virtual ward will take place and an independent evaluation is likely to be commissioned to ensure that patients are aware of how to re-access provision if they deteriorate.
- Simon Banks confirmed that he supported the recommendations in the paper as this learns from experience and provides a standardised approach with a localised response. Simon noted table 1 in the report which outlines the various components to be provided in a collaborative way and felt that this is where local implementation is important.
- Dr Andrew Davies confirmed that he also supported the recommendations. Dr Davies noted that some work is around community nursing support and suggested that there is data from a previous pilot which could be used for this. Dr Davies agreed that there are some structures already in place and need to ensure that when endorsing this we recognise that some flex is needed to reflect local Places and workforce pressures

Outcome: The Joint Committee agreed to the continuation of the Cheshire and Merseyside Covid virtual ward and the commissioning of this service for a further six months

	<p>Outcome: The Joint Committee agreed to the continued discussion and negotiation with providers to mobilise respiratory virtual wards across all sites with provider configuration for all three elements of respiratory virtual wards of 1. clinical in reach, 2. consultant oversight and 3. telehealth support</p>	
C5	<p>Update from the Cheshire & Merseyside CCGs Directors of Commissioning:</p> <p>David Horsfield joined the meeting for this item and outlined the report provided in the meeting papers, highlighting the following points from the Directors of Commissioning (DoC):-</p> <ul style="list-style-type: none"> • The addition of some items discussed at the previous Joint Committee meeting around specialised commissioning transition, operational delivery networks, asylum seekers and refugee population health, health and equalities, and specialised weight management which will be added to the workplan. This ensures the group aligns to the joint committee functions and its workplans. • The group has made some amends to the work plan and aligned this more closely to the Joint Committee’s plan to ensure things are not missed off. • DoC have followed up commitment to the greener NHS and this has been received. • More information on System P will follow. The DoC are linking in with System P group on this. • Work on aligning policies has been delayed and this is due to come back to the Joint Committee in January. They have followed up with each CCG to get their financial position on IVF and sub-fertility and this information has been secured and has been fed back to the team Cheshire. Other policies likely to be of high risk as we move into an Integrated Care System are being identified and the method at Cheshire looks to be the best process to do this. The group will identify all other areas that need to be addressed due to significant differences between Places. The proposal is to continue this work and use the dashboard prepared by Cheshire to review the policies. The group is also ensuring that the work on IVF and sub-fertility is progressed at pace. • Business intelligence activity is being reviewed to ensure that work is done once across the patch without duplication. • Alcohol works in the Wirral is being supported by the DOC group, and more info will follow on this issue. • The Pan-Mersey headache pathway has been referred to DOC and there were some concerns around whether the pathways are being followed across the patch. This is being followed up with all LMCs. • The next DOC meeting is focussing on monoclonal anti body works and how this work can be supported, investment in mental health services 2022/23, clinical policies, specialised commissioning services and aligning work, Tier 4 obesity procurement and how this will be taken forward, commissioning of the veteran rehab services, and specialist rehab. 	

	<p>Geoffrey Appleton thanked Dave for the update and felt it was reassuring to hear about hat the group is working collaboratively on. Comments and questions were invited:-</p> <ul style="list-style-type: none"> • Jan Ledward shared that, with regard to the Bariatrics work, consistencies at Tier 2 and 3 services are critical to getting onto Tier 4 and suggested that there may need to be a review of who is on the waiting list, identify where there are inequalities to address these, and review commissioning for next year as a result. <ul style="list-style-type: none"> ○ Dave Horsfield confirmed that he would add this to the agenda for the DOC meeting. • Dr Andrew Davies referred to the IVF and Sub-fertility project and shared his understanding that the Joint Committee had agreed to scope and assess the timelines and financial implements with a view to deciding on whether to proceed and asked whether this was still the plan. <ul style="list-style-type: none"> ○ Dave Horsfield confirmed that the financial information was key as this will be important in deciding what is affordable. This information has gone back to the team at Cheshire to look at differentials. The request is that the DOC group keep this on their agenda to provide support to the team at Cheshire, and then when this is scoped it will be brought back to the Joint Committee. <p>Outcome: The Joint Committee noted the contents of the report from the Directors of Commissioning.</p> <p>Outcome: The Joint Committee agreed to prioritise IVF/Subfertility clinical policy alignment and the process to identify high risk policies for review at Cheshire and Merseyside.</p> <p>Outcome: The Joint Committee agreed to the addition of the identified items to the Directors of Commissioning Group's work plan.</p>	
D	Any other Business	
	N/A	

End of CMJC Meeting (Held in Public)