

Governing Body Meeting in Public Agenda

Date: Thursday 3rd May 2018, 13:00 hrs to 15:40hrs
Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

- 1300 hrs Members of the public may highlight any particular areas of concern/interest and address questions to Board members. If you wish, you may present your question in writing beforehand to the Chair.
- 1315 hrs Formal meeting of the Governing Body in Public commences. Members of the public may stay and observe this part of the meeting.

The Governing Body Members

Dr Andrew Mimmagh	Chair & GP Clinical Director	AM
Dr Craig Gillespie	Clinical Vice Chair	CG
Graham Morris	Deputy Chair & Lay Member - Governance	GM
Matthew Ashton	Director of Public Health <i>(co-opted member)</i>	MA
Graham Bayliss	Lay Member, Patient & Public Involvement	GB
Dr Peter Chamberlain	GP Clinical Director	PC
Debbie Fagan	Chief Nurse	DCF
Dr Gina Halstead	GP Clinical Director	GH
Dwayne Johnson	Director of Social Services & Health, Sefton MBC <i>(co-opted member)</i>	DJ
Maureen Kelly	Chair, Healthwatch <i>(co-opted Member)</i>	MK
Martin McDowell	Chief Finance Officer	MMcD
Dr Sunil Sapre	GP Clinical Director	SS
Dr Jeff Simmonds	Secondary Care Doctor	JS
Dr Ricky Sinha	GP Clinical Director	RS
Fiona Taylor	Chief Officer	FLT
Dr John Wray	GP Clinical Director	JW

In Attendance

Helen Armitage	Consultant in Public Health, Sefton MBC	HA
Julie Higgins	Sefton Transformation Board Programme Director	JH
Tracy Jeffes	Director of Corporate Services	TJ
Jan Leonard	Director of Commissioning and Redesign	JL
Karl McCluskey	Director of Strategy & Outcomes	KMcC
Judy Graves	Minutes	

‘Sefton Transformation’ *presentation by Fiona Taylor*

Quorum: Majority of voting members.

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
General					13:30hrs
GB18/69	Apologies & Welcome	Chair	Verbal	Receive	2 mins
GB18/70	Declarations of Interest	Chair	Verbal	Receive	3 mins

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
GB18/71	Minutes of Previous Meeting held on 7 March 2018	Chair	Report	Approve	5 mins
GB18/72	Action Points from Previous Meeting held on 7 March 2018	Chair	Report	Approve	5 mins
GB18/73	Business Update	Chair	Verbal	Receive	5 mins
GB18/74	Chief Officer Report	FLT	Report	Receive	10 mins
Finance and Quality Performance					
GB18/75	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	Receive	10 mins
GB18/76	2018/19 Revised Budgets	MMcD	Report	Approve	10 mins
GB18/77	Integrated Performance Report	KMcC/ MMcD/DCF	Report	Receive	30 mins
GB18/78	Improvement and Assessment Framework 2017/18 Quarter 2: Exception Report	KMcC	Report	Receive	10 mins
Governance					
GB18/79	Finance & Resource Committee Terms of Reference	MMcD	Report	Approve	10 mins
GB18/80	Establishing a North Mersey Joint Committee of Clinical Commissioning Groups and Terms of Reference	FLT	Report	Approve	10 mins
GB18/81	Establishing a collaborative commissioning forum for Cheshire & Merseyside and Terms of Reference	FLT	Report	Approve	10 Mins
For Information					
GB18/82	Key Issues Reports: a) Finance & Resource Committee (F&R): January and February 2018 b) Quality Committee: January 2018 c) Audit Committee: January 2018 d) Joint Commissioning Committee: March 2018 e) Locality Meetings: Q4 2017/18	Chair	Report	Receive	5 mins
GB18/83	F&R Committee Approved Minutes: January and February 2018		Report	Receive	
GB18/84	Joint Quality Committee Approved Minutes: January 2018				
GB18/85	Audit Committee Approved Minutes: January 2018				
GB18/86	Joint Commissioning Committee Approved Minutes: March 2018				
GB18/87	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB18/88	Date of Next Meeting Thursday 5th July 2018, 13:00 hrs in the Boardroom, 3rd Floor, Merton House.				-

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
	<p><u>Future Meetings:</u> The Governing Body meetings are held on the first Thursday of the month. Dates for 2018/19 are as follows:</p> <p>6th September 2018 1st November 2018 7th February 2019 4th April 2019 6th June 2019 5th September 2019</p> <p>All PTI public meetings will commence 13:00hrs and be held in the Boardroom, 3rd Floor Merton House.</p>				
	Estimated meeting close				15:40 hrs

Motion to Exclude the Public:

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

Governing Body Meeting in Public Draft Minutes

Date: Thursday 1st March 2018, 13:00 to 15:05 hrs
Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

The Governing Body Members in Attendance

Dr Craig Gillespie	Clinical Vice Chair	CG
Graham Morris	Deputy Chair & Lay Member - Governance	GM
Graham Bayliss	Lay Member, Patient & Public Involvement	GB
Dr Peter Chamberlain	GP Clinical Director	PC
Debbie Fagan	Chief Nurse & Quality Officer	DCF
Dr Gina Halstead	GP Clinical Director	GH
Maureen Kelly	Chair, Healthwatch (<i>co-opted Member</i>)	MK
Dr Sunil Sapre	GP Clinical Director	SS
Dr Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT

In Attendance

Lyn Cooke	Head of Comms & Engagement	
Tracy Jeffes	Director of Corporate Services	TJ
Jan Leonard	Director of Redesign and Commissioning	JL
Julie Murray	Consultant in Public Health, Sefton MBC	MS
Alison Ormrod	Deputy Chief Finance Officer	AO
Charlotte Smith	Consultant in Public Health, Sefton MBC	CS
Judy Graves	<i>Minutes</i>	

Quorum: Majority of voting members.

Name	Governing Body Membership	May 17	July 17	Sept 17	Nov 17	Feb 18	Mar 18
Dr Andrew Mimmagh	Chair & GP Clinical Director	✓	✓	✓	✓	A	A
Dr Craig Gillespie	Clinical Vice Chair & GP Clinical Director	✓	✓	✓	✓	✓	✓
Graham Morris	Vice Chair & Lay Member - Governance	✓	✓	✓	✓	✓	✓
Matthew Ashton <i>or deputy</i>	Director of Public Health, Sefton MBC (<i>co-opted member</i>)	A	A	✓	✓	✓	✓
Graham Bayliss	Lay Member for Patient & Public Engagement	✓	✓	✓	✓	✓	✓
Lin Bennett	Practice Manager	✓	✓	✓	✓		
Dr Peter Chamberlain	GP Clinical Director	✓	✓	✓	✓	✓	✓
Debbie Fagan	Chief Nurse & Quality Officer	A	✓	✓	✓	✓	✓
Gina Halstead	GP Clinical Director					✓	✓
Dwayne Johnson	Director of Social Service & Health, Sefton MBC	A	A	✓	✓	✓	A
Maureen Kelly	Chair, Healthwatch (<i>co-opted Member</i>)	✓	N	N	✓	✓	✓
Dr Dan McDowell	Secondary Care Doctor	✓	A	✓	A		
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	A
Dr Ricky Sinha	GP Clinical Director	A	A	A	✓	A	N
Dr Sunil Sapre	GP Clinical Director	✓	✓	✓	✓	A	✓

Name	Governing Body Membership	May 17	July 17	Sept 17	Nov 17	Feb 18	Mar 18
Dr Jeff Simmonds	Secondary Care Doctor					A	✓
Fiona Taylor	Chief Officer	✓	A	✓	✓	✓	✓
Dr John Wray	GP Clinical Director	A	A	A	✓	A	A

No	Item	Action
General		13:05hrs
Questions from the Public	<p>1. Has the Joint Scrutiny Committee for Sefton, Knowsley and Liverpool now been set-up? If so who are the Sefton representatives?</p> <p>The public were informed that the Local Authority were responsible for the Scrutiny Committee. However, it was confirmed that the committee had been established, with meetings held on a needs basis as an issue arises.</p> <p>There is a Committee in Common from a health commissioning perspective. The key issues and approved minutes from which, are presented to the Governing Body as information items.</p> <p>Furthermore, there has also been a paper presented to the last Governing Body regarding the development of a Joint Committee with South Sefton, Southport & Formby, Knowsley and Liverpool CCG's to consider decisions in relation to Women's and Orthopaedics services. This has not yet been agreed and, as to be identified under 'Action Points', a further report will be presented to the May 2018 Governing Body.</p> <p>2. In your commissioning and procurement procedures do you have written procedures/criteria? And is it available to the public?</p> <p>The CCG operate under two main reference points when undertaking procurement:</p> <ul style="list-style-type: none"> - The Public Contracts Regulations 2015 http://www.legislation.gov.uk/ukxi/2015/102/contents/made - Substantive guidance on the NHS Procurement, Patient Choice and Competition Regulations - Published by Monitor (now superseded by NHSI): https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283505/SubstantiveGuidanceDec2013_0.pdf <p>FLT explained that further service criteria is followed when procuring specific services. This is compiled as part of the procurement preparation as per the needs of the service. The plan is then made available to the respective bidders.</p> <p>A further question was asked in relation to value for money. An example was given as the time a member of staff has to spend at each bed i.e. 15 minutes.</p> <p>FLT outlined the role of DCF and GH and their role in relation to scrutiny in order to ensure quality standards are met.</p> <p>3. A question was asked in relation to Hightown GP Surgery and the announcement that the practice would be closing as of 8th June 2018. The member of the public, who was also a concerned resident and PPC member, asked for the rationale on the decision. Who had made the decision? Why? Who was the bidder? And why had they withdrawn?</p> <p>The Chair confirmed that a robust process had been led by NHS England in</p>	

No	Item	Action
	<p>conjunction with the CCG. Only 1 bid had been received. It was not possible to disclose the name of the bidder as this was commercially sensitive.</p> <p>As part of the process there is a cooling off period and it was within this period that the bidder withdrew.</p> <p>The member of the public asked if the details of the bidder could be disclosed via a FOI request.</p> <p>It was clarified that the response would be the same; non-disclosure due to commercial sensitivity.</p> <p>There was a further discussion in relation to confirmation of the percentage uplift which contractually can be offered, in the hope of attracting further bids. However this hadn't led to any further interest materialising.</p> <p>The Chair and FLT understood the feelings of the community but assured the meeting that every avenue had been explored but had not attracted a willing provider. Therefore the only remaining option left to NHS England was to close the practice. The current provider had agreed to extend the notice period and to provide services until 8th June 2018, this was so as to ensure a safe transition of care for the practice patients.</p> <p>The Chair asked for the further conversation to be taken out of the meeting due to the time restrictions, the impact of such on the agenda and the business items to be discussed. JL and the member of the public took the remainder of the discussion outside of the meeting.</p>	
GB18/40	<p>Apologies & Welcome</p> <p>Apologies were received from Dr Andrew Mimmagh, Dwayne Johnson, Martin McDowell and Dr John Wray.</p> <p>Dr Craig Gillespie Chaired the meeting as Clinical Vice Chair and in the absence of Dr Andrew Mimmagh. Alison Ormrod attended on behalf of Martin McDowell.</p> <p>Julie Murray attended the meeting on behalf of Sefton MBC and Matthew Ashton, and introduced Charlotte Smith, Consultant in Public Health and Health Check Lead.</p>	13:25hrs
GB18/41	<p>Declarations of Interest</p> <p>Those holding dual roles across both South Sefton CCG and Southport & Formby CCG declared their interest; Debbie Fagan, Fiona Taylor, Alison Ormrod and Jeff Simmonds. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	
GB18/42	<p>Minutes of Previous Meeting held on 1st February 2018</p> <p>The minutes of the meeting held 1st February 2018 were approved subject to confirmation of the £3.6m shortfall stated in GB18/07. AO to confirm with the minute taker directly.</p>	AO
GB18/43	<p>Action Points from Previous Meeting held on 1st February 2018</p> <p>GB18/06: 360 Share Stakeholder feed-back: Members were informed that the deadline had been extended and were requested to continue to encourage their contacts to complete the questionnaire.</p>	ALL

No	Item	Action
	<p>GB18/06: Statement from the Royal Liverpool Hospital had been circulated relating to the new hospital building.</p> <p>GB18/08: The members were updated regarding the newly appointed Head of Adult Social Care which now postponed the need for a CHC Programme Board. FLT will be commissioning an independent review of CHC which will also address the issues highlighted by FLT and DCF. The Governing Body will be advised on the progress and outcome accordingly.</p> <p>GB18/08: Mental Health Performance Report on the deep dive exercise to be presented to the next Development Session.</p> <p>GB18/08: Crisis Resolution and Home Treatment: Stage 1: Mon-Fri 08:00-20:00 Sat & Sun 09:00 – 13: This should be in place however organisational change / staff consultation have impacted on timescales and caused delays. Stage 2: 7 day 9.00 – 18.00 requires enhanced medical staffing – The aim would be to get this in place in 2018/19. There may be a cost implication for us which may / may not be covered through Acting As One. Stage 3: 7 day 9:00 – 18:00 additional staffing and staffed OOH telephone support. This has resource implications and expects this in 2019/20 Elements of this could be delivered on an STP footprint. Stage 4: Fully compliant 24/7 CRHT by 2020/21</p> <p>GB18/08: Individual practice e-referral utilisation data covered within the IPR.</p> <p>GB18/08: GH updated on the urgent care pathway with Aintree. Stephen Astles will be asked to present an update to the next Collaborative Commissioning Forum on the work carried out for Knowsley CCG</p> <p>GB18/09: Improvement Assessment Framework was presented to the Leadership Team.</p> <p>GB18/09: Item in relation to 'Falls in people aged 65 years' and the work carried out by Healthwatch taken to the Integrated Commissioning Group.</p> <p>GB18/12: Action in relation to the revised wording in the Joint Committee Terms of Reference to be presented to the next Governing Body in May 2018.</p> <p>GB18/13: Title of role updated in item 4.5.1 in the Disinvestment Policy and Procedure.</p>	<p>Complete</p> <p>Complete</p> <p>Development Session</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Agenda: May 2018</p> <p>Complete</p>
GB18/44	<p>Business Update</p> <p>CG continued to act as Chair for Dr Mimmagh who is currently unwell.</p> <p>CG asked for his conflict of interest as provider of GP services to be noted in relation to Hightown and although had no involvement in the process, CG was able to provide an update.</p> <p>The Chair reiterated the process followed and the range of options considered for Hightown, including the option to offer better than normal terms in order to attract interest and, although used, this had not generated any additional interest. The current provider had given notice although services had been secured until June 2018.</p>	
GB18/45	<p>Chief Officer Report</p> <p>The members and public were presented with the Chief Officers Report.</p>	

No	Item	Action
	<p>The QIPP challenge remains a key priority for the CCG.</p> <p>Planning Guidance had been received from NHS England and NHS Improvement. There is a presentation scheduled under item GB18/51.</p> <p>Thanks was given to the CG, GH, DCF and the leadership team in the support provided and work undertaken in the Kirkup Review. The Quality Team are in the process of reviewing the report and reflecting on lessons to be learnt.</p> <p>The members and public were reminded of the differing levels of commissioning for CCG's within the NHS Five Year Forward view in relation to Primary Care Medical Services. South Sefton CCG was currently at level 2, however considered it time to review the arrangement with a view to moving to level 3. The CCG's Constitution makes provision for this but will require a further application to NHS England. The CCG will be writing out to the CCG member practices with the recommendation to vote in favour of taking the application forward. Further discussion was had in relation to the resource needed to facilitate delivery from NHSE. It was understood that it was likely that the funding to the CCG would increase as budgets transferred although the CCG running cost allowance would not increase. MK questioned, should the CCG become fully delegated, would this provide more options for Hightown. FLT confirmed that this was not the case as all processes and opportunities had been considered. GH highlighted the increasing difficulty in securing primary care contracts as a result of the lack of finances within the system.</p> <p>The members and public were reminded that the section 75 agreement was a partnership agreement which legally allowed for budgets to be pooled between local health and social care. DCF provided an update on the cost improvement plan review being undertaken with other commissioners and the joined up meetings taking place. This will enable a sight of all programmes which will help highlight the impact of a programme on another.</p> <p>RESOLUTION: The governing body received the report.</p>	
GB18/46	<p>Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report</p> <p>Alison Ormrod (AO) presented the report on behalf of MMcD which updated on the progress being made in implementing the QIPP plan schemes and activities, and advised on the process undertaken to monitor performance against the plan.</p> <p>The QIPP savings requirement to deliver the agreed financial plan commenced 2017/18 is £8.480m. A year to date plan of £6.4m against a year to date actual of £2m leaves a significant under delivery of £4.463m.</p> <p>The members were informed that opportunities remain open with re-check and challenge meetings held to continue to explore all options and potentials.</p> <p>An update was also provided on the QIPP for 2018/19 and 2019/20. It was explained that the QIPP ask for 2018/19 is circa £8.63m.</p> <p>RESOLUTION: The governing body received the report and noted the update.</p>	
GB18/47	<p>Integrated Performance Report</p> <p>DCF presented the report to members and highlighted the key areas in terms of performance, quality and finance. The format of which had been updated to include additional scrutiny and assurance following liaison with the Governing</p>	

No	Item	Action
	<p>Body. The members were taken through the report with the following items highlighted:</p> <p>Planned Care</p> <p>An update was provided on the CQC inspection on Aintree University Hospital, details of which were not contained within the report. The Trust had received an overall rating of “requires improvement” which was a reduction on the prior rating of “good”. Some of the issues highlighted within the inspection report were in relation to deprivation of liberty and staffing levels. DCF had attended an Aintree Collaborative Commissioning Forum that morning where the inspection and action plan had been discussed. DCF and GH will continue to manage and monitor.</p> <p>The NWAS, 111 and Out of Hours data is with reference to December 2017 and as such doesn't take into account the changes in performance indicators. The governing body were apprised of the discussions and positive feedback the indicators had at the Quality Surveillance Group. DCF reminded the governing body on the prior concerns regarding the trends and themes. The CCG were assured that the correct systems and process were in place.</p> <p>There have been significant reductions in GP referrals to Gastroenterology, Trauma & Orthopaedics and Dermatology. Consultant to consultant referrals is currently 2% higher when comparing to 2016/17 with General Medicine and Clinical Physiology seeing substantial increases. It was understood that the issues with Dermatology were in relation to capacity. The CCG is reviewing these with Aintree University Hospital Trust.</p> <p>The latest data (December) for E-referral Utilisation rates reported for the CCG as a whole is 23%; up by 1% from November and have not achieved the 80% ambition by October 2017. As identified under an earlier action, IMersey will be visiting the practices to assist.</p> <p>The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in December 4.93%. Aintree also failed in December recording 4.88%. An action plan is in place.</p> <p>The 2 week wait for the first outpatient appointment for patients referred urgently with breast systems fails periodically and waiting time has tended to increase over the festive period due to patient choice. A Cancer campaign is in the process of being co-ordinated.</p> <p>Unplanned Care</p> <p>Aintree failed the stroke target. This will be looked at further at a meeting being planned.</p> <p>Mental Health</p> <p>In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported fewer patients entering treatment in Month 9. The access rate for Month 9 was 0.95% and therefore failed to meet the standard. The percentage of people moved to recovery was 42.1% in Month 9, this is a decrease from 46.8% for the previous month and failing to meet the target of 50%. Mersecare are working with the Crisis Team to help the service deliver a timely response and make a more robust service.</p> <p>Concern was raised at the issues relating to the Crisis Team and that these had not been communicated. Letters had been sent to GP's however these had not been clear. The Chair highlighted concern as a GP, that access to the IAPT</p>	

No	Item	Action
	<p>service seemed more challenging. The members requested the comments be fed back to the service.</p> <p>Finance</p> <p>AO reported to the Governing Body the original breakeven position of a £3.6m deficit had now increased to a forecast £4.3m deficit. The CCG's position had been accepted by NHS England. It had been possible to offset some residual risks as part of the plan. As a result of the increase deficit the CCG is highly likely to fail its statutory financial duty. It was likely that this would result in a s.30 letter being sent to the Secretary of State.</p> <p>The members discussed the whether any other CCG's were in a similar position. It was confirmed that Month 9 figures released by NHS England identified roughly half of CCG's were reporting a year to date deficit.</p> <p>RESOLUTION: The governing body received the report.</p>	JL
GB18/48	<p>NWAS Performance Briefing</p> <p>The report from Liverpool CCG, the Merseyside Lead Commissioner for NWAS, provided an update on the implementation of the National Ambulance Response Programme following release of data since commencement in August 2017. The report intention being to assure the CCG and included a description of issues being experienced and the plan going forward.</p> <p>It was confirmed that the report had been presented to the Quality Committee. The members were informed of an issue reported by Gill Brown, Southport & Formby CCG Governing Body Lay member for Patient and Public Engagement in relation to the breakdown, rescue and maintenance of the vehicles. The fleet vehicles were old which resulted in them being difficult to repair and, when a breakdown did occur, the vehicles are not recovered at speed by the rescue service.</p> <p>The members discussed the report and data presented and highlighted the poor performance noted for category 1 (Cardiac) and 2 (potential heart attack). It was suggested that the performance issues could be related to how the vehicles are allocated. It was considered that there was the correct amount of vehicles but a potential for improvement if realigned. CG highlighted that the pressures facing the Ambulance Service were not of their making and noted his concern that the outcome for patients could be worse as a result.</p> <p>The CCG were assured on the level of its investment.</p> <p>RESOLUTION: The governing body received the report.</p>	
GB18/49	<p>Refreshed Communications & Engagement Strategy</p> <p>The report presented the third refresh of the Communications & Engagement Strategy</p> <p>The strategy had been updated to include revised national guidance. The key changes were highlighted and included the sections covering duties, the guidance (appendix 1), adjusted objectives and internal structures.</p> <p>The Chair considered it a clear and comprehensive strategy. Thanks were relayed to all those involved including EPEG, CVS and Healthwatch.</p>	

No	Item	Action
	<p>It was asked to be noted that the document had been presented to EPEG. The Head of Communications and Engagement was currently looking at doing a more abbreviated version so accessible to the public. EPEG and the governing body would be advised accordingly.</p> <p>RESOLUTION: The governing body approved the strategy.</p>	
GB18/50	<p>Annual Accounts Process 2017/18 - Governing Body Member's Declaration</p> <p>The paper presented reminded the members of the requirement to make an annual declaration as part of the annual audit process.</p> <p>The members were highlighted to the CCG's Governance Framework and declaration:</p> <p>"I know of no information which would be relevant to the auditors for the purposes of their audit report, and which of the auditors are not aware, and (I have) taken all the steps that I ought to have taken to make myself aware of such information and to establish that the auditors are aware of any such information and to establish that the auditors are aware of it".</p> <p>All members present (CG, GM, GB, PC, DCF, GH, MK, SS, JS, FLT) confirmed the declaration as true and correct.</p> <p>RESOLUTION: The members present confirmed their declaration as stated and as per item 3.1 of the report. Furthermore the members agreed to confirm their declaration by e-mail to the CFO as evidence for audit. The members to be contacted accordingly.</p>	All Judy Graves
GB18/51	<p>Planning Guidance 2018/2019</p> <p>AO presented, on behalf of KMcC, the new 2018/19 Planning Guidance from NHSE released 2nd February 2018 by NHSE. The presentation aimed to provide an overview of the headline areas.</p> <p>The members were taken through the presentation with the following areas highlighted:</p> <p>An additional £1.4bn had been made available for CCG's. This was being made available to fund realist levels of emergency activity, fund 'Additional Elective' activity to tackle waiting lists, universal adherence to Mental Health Investment Standard and transformation for Cancer and Primary Care. Furthermore a £400m Commissioner Sustainability Fund (CSF) to support CCG's to achieve in-year balance and achieve the control totals, for which the CCG's had now been advised. A meeting was to be held with CCG CFO's and deputies, it was expected that there would be further discussions regarding the Control Totals.</p> <p>There was an additional £354m capital and further guidance is expected on the process for accessing funding.</p> <p>The CCG's were being asked to look at applying NHSE guidance to eighteen ineffective and low clinical value medicines. It was expected that this would achieve a saving of £141m, on a national basis.</p> <p>Reference was made to the Planning Assumptions for RTT and the requirement to plan 3.6% growth in elective admissions and to ensure that waiting list numbers did not exceed 2018 level at the end of March 2019.</p> <p>The need to ensure a system wide approach to plans was emphasised.</p>	

No	Item	Action
	<p>There would be no additional winter funding. The CCG would therefore need to ensure it makes the necessary provision within the allocation given.</p> <p>The members noted the submission details within the national timetable, specifically the final deadline of 30th April 2018, with the first draft plan to be submitted 8th March 2018. Further discussion on this item is to take place in the PTII Private Governing Body meeting. In addition to the local timetable which demonstrates what the team will be doing.</p> <p>RESOLUTION: The members received the update.</p>	
GB18/52	<p>Key Issues Reports:</p> <p>a) Quality Committee: October and November 2017</p> <p>RESOLUTION: The governing body received the key issues.</p>	
GB18/53	<p>Joint Quality Committee Approved Minutes: October and November 2017</p> <p>RESOLUTION: The governing body received the approved minutes.</p>	
GB18/54	<p>CIC Realigning Hospital Based Care: November 2017</p> <p>RESOLUTION: The governing body received the approved minutes.</p>	
GB18/55	<p>Any Other Business</p> <p>The members were advised of two additional items.</p> <p><u>55.1 Health Checks</u></p> <p>The Chair and GP members present declared an interest in the late agenda item in relation to services delivered from practices (CG, PC, SS, and GH).</p> <p>Julie Murray (JM) introduced Charlotte Smith (SC), newly appointed Consultant in Public Health and Health Checks lead and who would also be attending future South Sefton CCG Governing Body meetings as the Sefton MBC representation on behalf of Matthew Ashton, Director of Public Health.</p> <p>JM and CS provided members with a verbal report on the status to date. A paper would be released following submission to Cabinet. However, it had been considered important to ensure that the CCG were kept informed.</p> <p>The Health Check provision as currently delivered will cease with effect 1st April 2018. With a significant reduction in funding, £300,000 to £50,000, a new community model of delivery was needed. Under the current model an invitation is sent from the practice to eligible patients. Not all practices did this and, for those that did, there were a number of inappropriate referrals. It was therefore understood that the change in model would have an impact on income for only some number of practices but not all. The intention is that the new model will include a targeted approach that encouraged people to participate.</p> <p>A Health Check Steering Group had been established, membership of which included Dr Andy Mimmagh, Chair of South Sefton CCG Governing Body and Dr Rob Caudwell, Chair of Southport & Formby CCG Governing Body.</p> <p>All GP's had been written to, with a council representative also in attendance at a recent locality meeting.</p>	

No	Item	Action
	<p>A discussion was had on the importance of Sefton MBC engaging with the providers as discussed at a meeting in October 2017. Reference was made to the reduction in funding. JM confirmed that the decision to reduce the service was done so locally, as it was considered that the model wasn't fit for purpose in its current delivery.</p> <p>RESOLUTION: The governing body received the update. With the report on the model to be shared with the governing body when available.</p> <p><u>55.2 Foot Care Pathway</u></p> <p>The Chair and GP members present declared an interest in the late agenda item in relation to services delivered from practices(CG, PC, SS, and GH).</p> <p>JL informed the meeting that the North West Strategic Clinical Network have developed a new Diabetes Foot Care Pathway to be used as a 'blueprint' for developing and adopting the pathway for local use across the North West. The pathway may be implementable as it stands, or modified to meet local needs.</p> <p>The North Coast Strategic Clinical Network (SCN) have worked on this principle for the last three years to develop such a robust pathway which is being presented as a 'blueprint' for developing and adopting for local use across South Sefton and Southport & Formby CCG's, in line with NWC Diabetes Strategic Clinical Network.</p> <p>The CCG is seeking governing body approval to adopt the NWSCN pathway. The approval of which will enable the CCG to carry out the next steps in the process.</p> <p>The members were informed that the respective Clinical Leads had been involved in the process. Item would also be presented to the Clinical Advisory Group accordingly.</p> <p>RESOLUTION: The governing body approved the adoption of the NWSCN Pathway for Diabetes Foot Care.</p>	
GB18/56	<p>Date of Next Meeting</p> <p>Thursday 3rd May 2018, 13:00 hrs in the Boardroom, 3rd Floor, Merton House.</p> <p><u>Future Meetings:</u></p> <p>The governing body meetings are held on the first Thursday of the month. Dates for 2018/19 are as follows:</p> <p>5th July 2018 6th September 2018 1st November 2018 7th February 2019 4th April 2019 6th June 2019 5th September 2019</p> <p>All PTI public meetings will commence 13:00hrs and be held in the Boardroom, 3rd Floor Merton House.</p>	
	<p>Estimated meeting close and motion to exclude the public:</p> <p>Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p>	15:10 hrs

Governing Body Meeting in Public Action Notes

Date: Thursday 1st March 2018

No	Item	Update
GB18/42	<p>Minutes of Meeting 1st February 2018</p> <p>Confirmation needed on finance figure of £3.6m.</p>	(AO) Figure confirmed as correct although wording slightly amended.
GB18/43	<p>Action Points from Previous Meeting held on 1st February 2018</p> <p>GB18/06: 360 Share Stakeholder feed-back: Members were informed that the deadline had been extended and were requested to continue to encourage their contacts to complete the questionnaire.</p> <p>GB18/08: Mental Health Performance Report on the deep dive exercise to be presented to the next Development Session.</p> <p>GB18/12: Action in relation to the revised wording in the Joint Committee Terms of Reference to be presented to the next Governing Body in May 2018.</p>	Presented Agenda item.
GB18/47	<p>Integrated Performance Report</p> <p>Mental Health</p> <p>Concern was raised at the issues relating to the Crisis Team and that these had not been communicated. Letters had been sent to GP's however these had not been clear. The Chair highlighted concern as a GP, that access to the IAPT service seemed more challenging. The members requested the comments be fed back to the service.</p>	JL
GB18/50	<p>Annual Accounts Process 2017/18 - Governing Body Member's Declaration</p> <p>The paper presented reminded the members of the requirement to make an annual declaration as part of the annual audit process and, following agreement at the governing body meeting, member were to be contacted to obtain their declaration by e-mail.</p>	E-mail circulated, responses being collated

MEETING OF THE GOVERNING BODY MAY 2018

Agenda Item: 18/74	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southseftonccg.nhs.uk 0151 317 3456						
Report date: May 2018							
Title: Chief Officer Report							
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's monthly update.							
Recommendation The Governing Body is asked to receive this report.	<table style="width: 100%;"> <tr> <td style="text-align: right;">Receive</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives (<i>x those that apply</i>)	
X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
X	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
X	To advance integration of in-hospital and community services in support of the CCG locality model of care.
X	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

Links to National Outcomes Framework (<i>x those that apply</i>)	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

Report to Governing Body May 2018

To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.

1. QIPP and Financial Recovery Update

Delivery of the CCG's QIPP challenge remains a key priority for the CCG and staff are continuing to focus their efforts on implementation of schemes and identifying new opportunities.

At the end of the financial year the CCG had delivered £2.765 of QIPP savings with a QIPP target of £5.33m for 2018/19.

As the CCG failed to deliver its statutory financial duties NHSE required the CCG, and all other CCGs in a similar position to develop a Financial Recovery Plan. The draft outline plans will be submitted on the 30th April 2018 along with the CCG's Operational Plan.

The final version of the Financial Recovery Plan will be submitted to NHSE on 30th June, following initial feedback from the draft submission. The key principles and objectives of the plan are set out below:

- Plan is designed to deliver £1m surplus both CCGs
- Continued review of Menu of opportunities, RightCare, Dr Foster Etc.
- Challenging QIPP plan - significant risk
- The Provider Alliance (place base) to support QIPP delivery and transformation
- PMO - STP bid submitted to support place base/QIPP delivery
- Commissioning Capability & Capacity - ensuring right skills and leadership to continue to support challenge
- Looking beyond 2018/19 – cost efficiency to cost effectiveness

To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.

2. Sefton Place Based-Care closer to home

The new Programme Director has started and has identified two areas for increased attention, collective senior leadership and balancing the place development programme

with our vision for hospital changes. A regular leadership call is now in place; a system PMO has been described and support is being identified as well as considering how current staff resource is fully utilised. A range of new groups are coming on line to support the transformation - finance and communication. The frailty pathway development is in train and planning for a place based event towards the end of June has started. The CCG has submitted transformation bids to the Cheshire and Merseyside Partnership to support place development in South Sefton as well as requested funding for additional capacity to drive transformation work forward.

To ensure that the CCG maintains and manages performance and quality across the mandated constitutional measures.

3. CCG Operational and Financial Planning 2018/19 update

Financial and operational (activity and performance) plans were submitted last year for the two year 2017-19 planning cycle. In February 2018 NHS England refreshed planning guidance for the 2018-19 financial year setting out additional planning requirements for CCGs including: national growth assumptions across secondary care Points of Delivery (A&E, unplanned admissions, referrals, outpatients, planned admissions and day cases), and commitments from CCGs to deliver in a number of key performance areas including the A&E four hour standard, cancer waiting times and implementation of national pathways, reductions in waiting lists for Referral to Treatment (RTT), Delayed Transfers of Care and excessive hospital lengths of stay, Mental Health, General Practice Forward View commitments, Maternity standards, and Learning Disabilities transformation.

The CCG draft plans were submitted on time for several deadlines in March 2018 and refreshed drafts in early April 2018. Initial high level feedback from NHS England has been received and CCG leads are working on final plan submissions to be made on 30 April 2018. An update on the final planning submissions will be given at the June Governing Body Development session.

4. Managing conflicts of interest

Managing conflicts of interest: online training for CCGs. To further support CCGs to manage conflicts of interest, NHS England has launched new online training. The training package 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 one of the training is mandatory for some CCG staff and will need to be completed by 31 May 2018. Further information, including who needs to undertake the training and how to access it, can be found on NHS England's website.

5. 360 Stakeholder Feedback

The CCG has now received the results of the 2017/18 survey in which all member practices and other stakeholder groups and partners are asked to rate the performance of the CCG. This performance is then analysed against previous years' results and against

national and local CCGs. The leadership team have been reviewing the outcomes which will be discussed in detail at the next Governing Body Development session to agree an action plan to further inform our refreshed Organisational Development Plan.

The results highlighted a very positive and consistently strong rating by respondents in relation to the effectiveness of their working relationships with the CCG and the ability to raise concerns regarding the quality of local services. The CCG was also rated above national and local area averages for

- involving right individuals and organisations
- having confidence in that the CCG commissions appropriately
- confidence that leadership has necessary blend of skills and experience
- confidence in how the CCG acts on feedback regarding the quality of service
- satisfied with how the CCG involves patients and the public and considered views when decision making

Areas for development highlighted in the feedback related to the ability of the leadership to deliver high quality services within the available resources and also to deliver improved outcomes for patients. The understanding of and the ability to influence CCG plans and engagement with groups who may be more difficult to reach were also highlighted as areas for reflection.

Areas of work already underway which should help the CCG progress some of the proposed development areas are

- Participation in the Commissioning Capacity Programme (CCP) to support individual leadership development, refocusing of CCG strategy and implementation through partnership working
- Further development of the Sefton Transformation Programme and system leadership work, including further emphasis on integrated working at a locality level.
- A review of engagement approaches with CCG plans, including hard to reach groups as part of the implementation of the CCP programme.
- Actions for improvement to be integrated into CCG organisations development plans

To support Primary Care development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.

6. Primary Care Co-Commissioning - Hightown Surgery

We are pleased to report that Chapel Lane surgery has now taken over Hightown Surgery after the initial procurement failed to identify a provider. We will work closely with the

practice to support them as they shape the delivery of services going forward with the Patient Participation Group.

To advance integration of in-hospital and community services in support of the CCG locality model of care.

7. Locality Development

Our next wider constituent meeting in May will provide an opportunity for us to focus collectively on plans for the development of primary care and further development of our localities. In particular we will be considering how our localities can drive integration of services at a local level and further support resilience of general practice, building on a number of key initiatives already in place.

To advance the integration of Health & Social Care through collaborative working with Sefton Metropolitan Council, supported by the Health & Wellbeing Board.

8. Integration

The Integrated Commissioning Group is currently reviewing priorities for focus for 2018/19 now that the joint work on ICRAS is moving into “business as usual” phase. Areas for consideration include CHC, care home improvement and children’s services.

9. Transforming Care Programme (TCP)

The national transforming care programme focuses on the needs of our residents with learning disabilities. It ensures that those in long term residential care are appropriately placed and that GPs are undertaking the health checks.

The CCG currently has two people that are inpatients the local treatment and assessment unit. Plans are being put in place to support their discharges. One of the key issues for successful planning is identifying suitable housing; there are plans in place with Sefton local authority to identify housing and to work with providers to ensure appropriate adaptations are put in place. We continue to work with our partners to ensure smooth discharges

Across the North Mersey Hub we are developing together a plan to update service specifications for the inpatient and local Learning Disability Community Teams to support the Transforming Care Programme.

One of the CCGs other main performance areas is the GP Health Check for this client group. Currently the CCG is under performing and a detailed action plan is in place to drive change. NHSE lead the programme through Hazel Richards, Director of Nursing,

and we are working closely with the NHSE team to expedite change with the intention of improving performance. The clinical lead for South Sefton CCG is Dr Sue Gough.

10. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Taylor
Chief Officer
May 2018

MEETING OF THE GOVERNING BODY MAY 2018

Agenda Item: 18/75	Author of the Paper: Martin McDowell Chief Finance Officer Email: martin.mcdowell@southseftonccg.nhs.uk Telephone: 0151 317 8456						
Report date: April 2018							
Title: Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report							
<p>Summary/Key Issues: The report provides the Governing Body with an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP Committee continues to monitor performance against the plan and receives updates across the five domains: planned care, medicines optimisation, CHC/FNC, discretionary spend and urgent care.</p>							
<p>Recommendation The Governing Body is asked to receive this report.</p>	<table border="1"> <tr><td>Receive</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Approve</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Ratify</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
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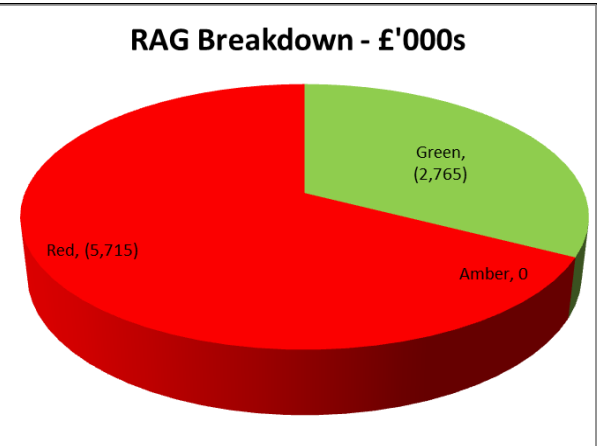
Links to Corporate Objectives <i>(x those that apply)</i>	
x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	X			Relevant QIPP schemes have been developed following engagement with the public.
Clinical Engagement	X			The Clinical QIPP Advisory Group and the Joint QIPP Committee provide forums for clinical engagement and scrutiny. Key schemes have identified clinical leads
Equality Impact Assessment	X			All relevant schemes in the QIPP plans are subject to EIA.
Legal Advice Sought			x	
Resource Implications Considered	X			The Joint QIPP Committee considers the resource implications of all schemes
Locality Engagement	X			The Chief Integration Officer is working with localities to ensure that key existing and new QIPP schemes are aligned to locality work programmes.
Presented to other Committees	x			The monthly performance dashboard was presented to Joint QIPP Committee representatives on 17 th April 2018.

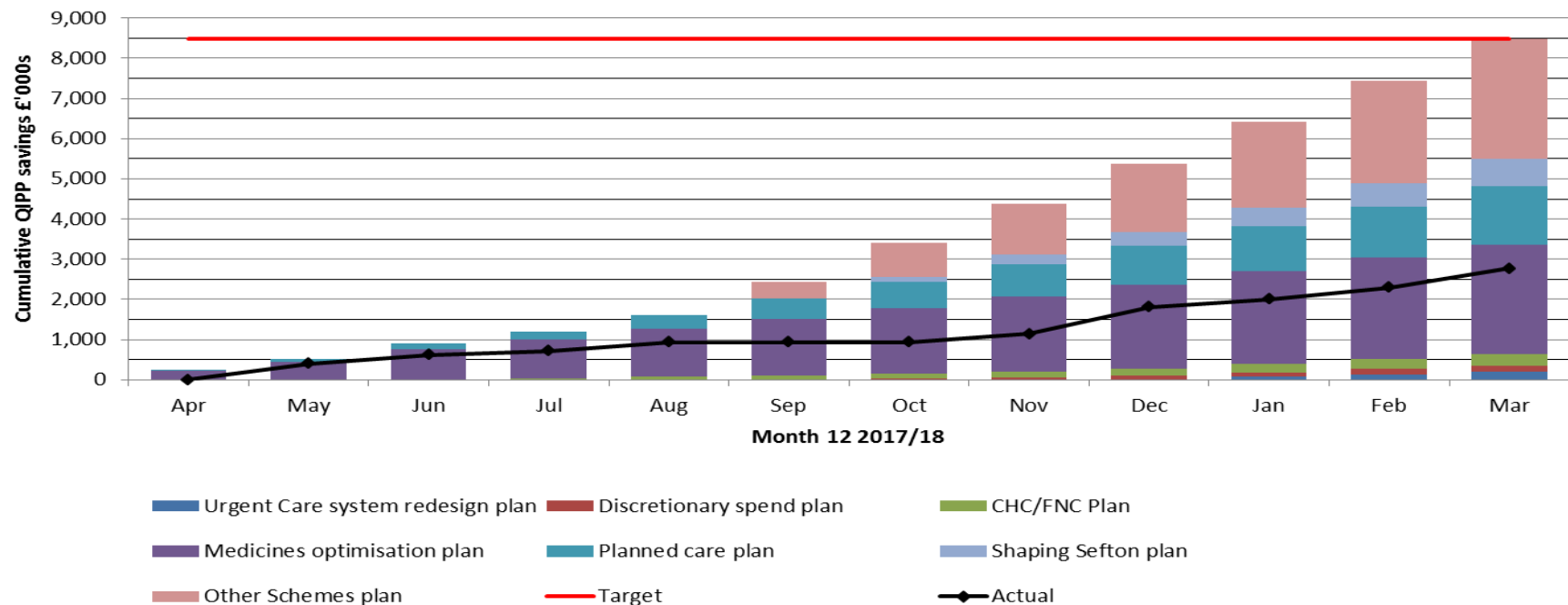
Links to National Outcomes Framework (<i>x those that apply</i>)	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

QIPP DASHBOARD – SUMMARY SOUTH SEFTON CCG AT MONTH 12

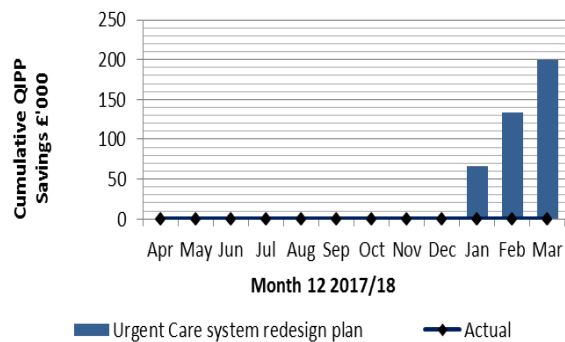
South Sefton CCG				
£'000s				
Scheme	Annual Plan	YTD Plan	YTD Actual	Variance
Planned care plan	1,442	1,442	0	(1,442)
Medicines optimisation plan	2,734	2,734	2,569	(165)
CHC/FNC Plan	281	281	0	(281)
Discretionary spend plan	130	130	53	(100)
Urgent Care system redesign	200	200	0	(200)
Shaping Sefton Plan	693	693	0	(693)
Other Schemes	3,000	3,000	143	(2,834)
Total	8,480	8,480	2,765	(5,715)



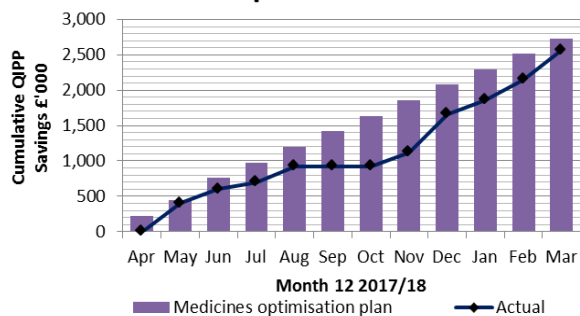
SSCCG : Summary QIPP plan 2017/18



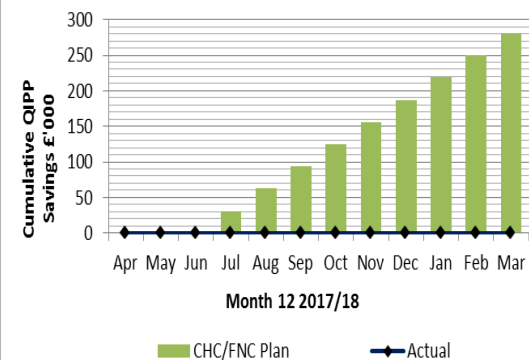
SSCCG : QIPP target - Urgent Care



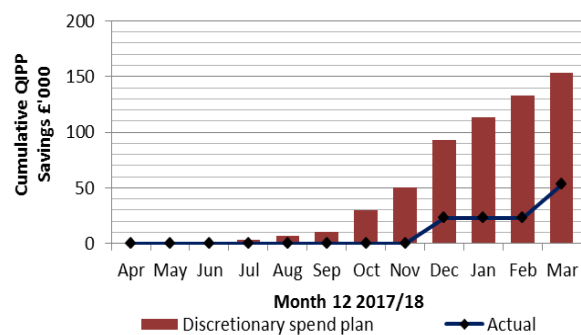
SSCCG : QIPP target - Medicines Optimisation



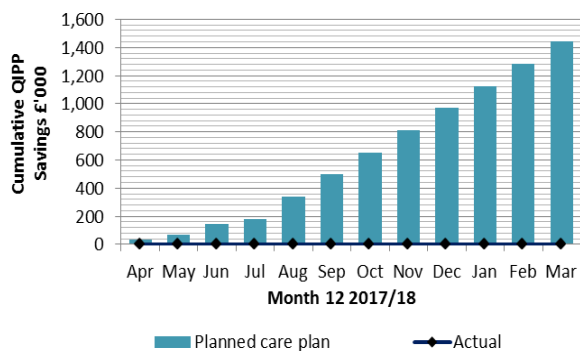
SSCCG : QIPP target - CHC/FNC



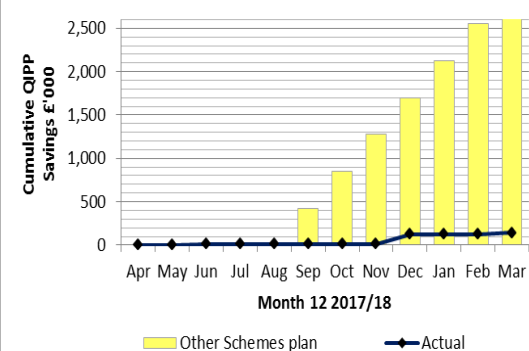
SSCCG : QIPP target - Discretionary Spend



SSCCG : QIPP target - Planned Care



SSCCG : QIPP target - Other Schemes



MEETING OF THE GOVERNING BODY MAY 2018

Agenda Item: 18/76	Author of the Paper: Martin McDowell Chief Finance Officer martin.mcdowell@southseftonccg.nhs.uk Tel: 0151 317 8350 Jenny White Head of Financial Management and Planning jenny.white@southseftonccg.nhs.uk Tel: 0151 317 8396
Report date: May 2018	
Title: 2018/19 Revised Budgets	
Summary/Key Issues: This paper presents the Governing Body with an update to the 2018/19 Budgets approved in March 2018.	
Recommendation <div style="float: right; text-align: right;"> Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/> </div> The Governing Body is asked to approve the revised 2018/19 budgets.	

Links to Corporate Objectives *(x those that apply)*

x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.

x	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
x	To advance integration of in-hospital and community services in support of the CCG locality model of care.
x	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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

Report to The Governing Body May 2018

1. Executive Summary

- 1.1 The 2018/19 opening budgets were approved by the Governing Body in March 2018. This paper presents an update to the budget following the outcome of contract negotiations, changes to CCG allocations and the final outturn for 2017/18.
- 1.2 The CCG financial plan aims to deliver a £1m surplus in 2018/19 which is 0.4% of allocation and is in line with the control total set by NHS England.
- 1.3 The 2017/18 operating deficit was adjusted for prescribing savings (CATM) returned to the CCG and the release of the 0.5% risk reserve, the final outturn being a deficit of £2.992m.
- 1.4 QIPP delivery for 2017/18 was £2.765m against a target of £8.480m. The cumulative financial position is a deficit of £2.992m following the actual outturn in 2017/18. The cumulative deficit will need to be repaid with surpluses in future years.
- 1.5 The opening QIPP target to achieve the £1m surplus in 2018/19 is **£5.329m**. The CCG has a fully identified QIPP plan although a high proportion of schemes are considered to be high risk at this stage. The value of high risk QIPP schemes is £3.309m. Further work is required to provide assurance that the QIPP plan can be delivered in full.
- 1.6 The CCG received additional funding of £1.864m, in 2018/19 with a requirement to deliver additional growth in activity set out in the NHS planning guidance. The CCG finance and activity plans aim to achieve the majority of the national requirements with a robust narrative to explain any deviation.
- 1.7 Contracts have been agreed with providers to include required growth at provider level, the national growth requirements are aggregate across all CCGs so it is not necessary to reflect national levels in each provider contract.
- 1.8 The Acting as One contracts have been agreed with additional growth funding of 0.6% in addition to the 1% uplift already agreed for 2018/19. The 1% uplift was already included in the previous financial plan and the CCG budget, the cost of the additional 0.6% growth is estimated to be £0.797m in total.

2. CCG Budgets

- 2.1 **Appendix 1** presents the CCG budget which was approved in March 2018 and the revised budget as at May 2018.
- 2.2 The main changes relate to the budgets for 'Services Commissioned from NHS organisations' as a result of provider contract negotiations and to the CCG reserve budget to reflect changes in allocations.
- 2.3 A summary of the revised **2018/19 Budget** is presented in Table 1 below.

Table 1 – CCG Budget Summary

Budget Area	2018/19		
	Rec	Non Rec	Total
	£m	£m	£m
Resources			
Base Allocation	241.997		241.997
Growth funding	3.549		3.549
Running Cost Allowance	3.216		3.216
Allocation Adjustments - HRG4+ and IR		(3.330)	(3.330)
STP Funding (0.25%)		(0.620)	(0.620)
Additional Funding		1.864	1.864
Available Resources	248.762	(2.086)	246.676
Commissioning Budgets			
NHS Commissioned Services	175.075	4.782	179.857
Corporate & Support Services: admin	3.294	(0.078)	3.216
Corporate & Support Services: programme	3.739	0.279	4.018
Independent Sector	3.603	0.067	3.671
Prescribing	30.863	0.000	30.863
Primary Care	3.447	0.508	3.955
Non NHS Commissioning	23.902	0.192	24.094
Sub total Operational budgets	243.924	5.750	249.674
Reserves			
QIPP requirement	(5.262)	(0.067)	(5.329)
Other General reserves	6.391	(6.299)	0.092
Contingency	1.239	0.000	1.239
Sub total Reserves	2.368	(6.366)	(3.998)
Total Anticipated Spend	246.292	(0.616)	245.676
Forecast Surplus/ (Deficit)	2.470	(1.470)	1.000
Expressed as %			0.4%

3. 2018/19 Budget Assumptions

QIPP Plans

- 3.1 The CCG budget for 2018/19 includes a QIPP savings target of **£5.329m** which is required to deliver the required £1m surplus. Identification and delivery of the QIPP efficiency saving is managed by the Clinical QIPP Committee.
- 3.2 Whilst a number of QIPP schemes have been identified by the CCG, currently totalling £5.329m, a high proportion of these are considered to be high risk. Further work is required to provide assurance that the QIPP savings can be delivered in full.

Contingency Reserve

- 3.3 The contingency reserve has been set at £0.934m, which is the required 0.5% of CCG allocation as per NHS England guidelines. The CCG will assign this budget as mitigation against risks which may emerge in 2018/19.

0.5% Non-Recurrent Risk Reserve

- 3.4 The 0.5% risk reserve has been removed, this budget will be used to support the QIPP saving requirement to deliver the required CCG surplus.

0.25% STP Contribution

- 3.5 The 0.25% contribution of £0.620m for the Cheshire and Merseyside STP will be held centrally and has been removed from CCG allocation in 2018/19.

NHS Commissioned services

- 3.6 Budgets for NHS commissioned services have been set in line with contracts agreed with providers. Funding for growth in activity has been provided in contracts to reflect national requirements and local expectations.

4. Conclusion & Recommendations

- 4.1 The Governing Body is asked to approve the CCGs revised budgets for 2018/19, noting the changes since the budget was approved in March 2018.
- 4.2 The Governing Body is asked to note the value of the QIPP requirement of £5.329m. The CCG requires a robust deliverable plan if it is to meet its statutory financial obligations in 2018/19.
- 4.3 The Governing Body are asked to recognise that in approving these budgets, the CCG faces a significant financial challenge which will require support for changes from all members, with a key role for Governing Body GP members and Programme Leads to:
- Provide leadership required to deliver change
 - Be clear on the risk adjusted pressures arising from QIPP scheme RAG ratings
 - Make real savings during the year, through service reduction and redesign

Appendices

Appendix 1 – March 2018/19 Budget compared to May 2018/19 Budget

Martin McDowell
Chief Finance Officer
and
Jenny White
Head of Financial Management and Planning
May 2018

Comparison of 2018/19 Opening Budget to 2018/19 Revised budget				
Cost centre Number	Cost Centre Description	Annual Budget 2018/19 (March 2018)	Annual Budget 2018/19 (May 2018)	Increase (Decrease)
		£000	£000	£000
COMMISSIONING - NON NHS				
598501	Mental Health Contracts	262	262	0
598506	Child And Adolescent Mental Health	422	422	0
598511	Dementia	105	105	0
598521	Learning Difficulties	695	695	0
598596	Collaborative Commissioning	480	480	0
598661	Out Of Hours	1,403	1,403	0
598682	Chc Adult Fully Funded	6,703	6,703	0
598683	Chc Adult Fully Funded Personal Health Budget	563	563	0
598684	Chc Adult Joint Funded	1,556	1,556	0
598685	Chc Adult Joint Funded Personal Health Budget	114	114	0
598687	Chc Children	527	527	0
598691	Funded Nursing Care	2,559	2,559	0
598711	Community Services	6,003	6,003	0
598721	Hospices	1,458	1,458	0
598726	Intermediate Care	182	182	0
598796	Reablement	1,062	1,062	0
Sub-Total		24,094	24,094	0
CORPORATE & SUPPORT SERVICES				
600251	Administration & Business Support	229	229	0
600266	Business Informatics	359	359	0
600271	CEO/ Board Office	564	564	0
600276	Chair and Non Execs	221	221	0
600296	Commissioning	687	653	(35)
600311	Contract Management	103	103	0
600316	Corporate Costs & Services	377	377	0
600346	Estates and Facilities	213	213	0
600351	Finance	385	385	0
600391	Medicines Management	0	0	0
600426	Quality Assurance	79	113	35
Sub-Total Running Costs		3,216	3,216	(0)
598646	Commissioning Schemes (Programme Cost)	938	938	0
598656	Medicines Management (Clinical)	991	991	0
598810	Nursing and Quality Programme	353	353	0
598676	Primary Care IT	1,737	1,737	0
Sub-Total Programme Costs		4,018	4,018	0
Sub-Total		7,234	7,234	(0)
SERVICES COMMISSIONED FROM NHS ORGANISATIONS				
598571	Acute Commissioning	118,716	120,124	1,408
598576	Acute Childrens Services	4,556	4,556	0
598711	Community Services	28,379	28,379	0
598556	Mental Health Services - SLA	18,233	18,289	56
598809	NHS 111	402	402	0
598586	Ambulance Services	6,139	6,139	0
598616	NCA's/OATs	1,968	1,968	0
598631	Winter Pressures	0	0	0
598786	Patient Transport	0	0	0
Sub-Total		178,393	179,857	1,464

INDEPENDENT SECTOR				
598591	Clinical Assessment and Treatment Centres	3,671	3,671	0
Sub-Total		3,671	3,671	0
PRIMARY CARE				
598651	Local Enhanced Services and GP Framework	3,447	3,447	0
598662	Primary Care Transformation Fund	0	0	0
598791	Programme Projects	508	508	0
Sub-Total		3,955	3,955	0
PRESCRIBING				
598606	High Cost Drugs	417	417	0
598666	Oxygen	523	523	0
598671	Prescribing	29,924	29,924	0
Sub-Total		30,863	30,863	0
Sub-Total Operating Budgets pre Reserves		248,210	249,674	1,464
RESERVES				
598761	Commissioning Reserve	(3,986)	(3,998)	(12)
598781	Non-Recurrent Reserve	0	0	0
Sub-Total		(3,986)	(3,998)	(12)
Grand Total I & E		244,224	245,676	1,452
	Additional Growth Funding	1,864	0	(1,864)
Grand Total I & E		246,088	245,676	-412

MEETING OF THE GOVERNING BODY MAY 2018	
Agenda Item: 18/77	Author of the Paper: Karl McCluskey Director of Strategy & Outcomes Email: karl.mccluskey@southseftonccg.nhs.uk Tel: 0151 317 8468
Report date: May 2018	
Title: Integrated Performance Report	
Summary/Key Issues: This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group (note time periods of data are different for each source)	
Recommendation The Governing Body is asked to receive this report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

Links to National Outcomes Framework (<i>x those that apply</i>)	
X	Preventing people from dying prematurely
X	Enhancing quality of life for people with long-term conditions
X	Helping people to recover from episodes of ill health or following injury
X	Ensuring that people have a positive experience of care
X	Treating and caring for people in a safe environment and protecting them from avoidable harm



South Sefton
Clinical Commissioning Group

South Sefton Clinical Commissioning Group

Integrated Performance Report

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Summary Performance Dashboard

Metric	Reporting Level	2017-18													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Preventing People from Dying Prematurely															
Cancer Waiting Times															
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	G	R	G	G	G	G	G	G	G	G		G
		Actual	93.573%	94.653%	83.002%	95.404%	95.159%	95.842%	96.209%	94.484%	95.804%	93.043%	95.076%		93.78%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G	R	R	R	G	R	G	R	R	G	R		R
		Actual	93.846%	86.486%	84.416%	88.462%	93.182%	91.803%	95.775%	91.667%	91.045%	96.629%	90.123%		91.25%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
535: % 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	G	G	G	G	G	G		G
		Actual	100.00%	98.507%	97.143%	98.876%	97.647%	96.341%	99.029%	97.468%	98.551%	97.059%	100%		98.17%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	G	G	G	R	G	G	R	R	G		R
		Actual	93.333%	100.00%	100.00%	100.00%	100.00%	77.778%	94.118%	100.00%	85.714%	78.571%	100%		94.12%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	R	G		G
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.491%	100%	99.37%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%

25: % 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	R	G	G	G	G		G
		Actual	100.00%	96.875%	100.00%	95.652%	100.00%	100.00%	91.667%	100.00%	100.00%	94.444%	100%		97.771%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	R	G	G	R	G	R	G	G	G	G		G
		Actual	83.871%	83.333%	85.714%	89.474%	80.00%	86.486%	82.051%	90.323%	93.548%	86.207%	95.00%		86.686%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
540: % 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	G	G	G	G	R	G	G	R	G	G	G		G
		Actual	100.00%	100.00%	100.00%	92.857%	83.333%	100.00%	100.00%	87.50%	100.00%	100.00%	100%		95.89%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

138: 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				R				G
		Actual	97.143%				96.667%				93.548%				95.833%
		Target	95.00%				95.00%				95.00%				95.00%

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	R	G	G	G	G	G	G	R	G	G	G		G
		Actual	-	100.00%	66.667%	100.00%	50.00%	100.00%	75.00%	40.00%	100.00%	66.667%	87.50%		76.571%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

Dementia

2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	G	G	G	G	R	R	R		R
		Actual	66.06%	65.52%	65.97%	66.43%	67.02%	66.77%	67.46%	67.12%	65.01%	64.00%	64.60%		
		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%

IAPT (Improving Access to Psychological Therapies)

2183: 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
		Actual	41.40%		46.90%		44.10%			44.20%
		Target	50.00%		50.00%		50.00%		50.00%	50.00%
2131: IAPT Roll Out 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
		Actual	3.60%		3.59%		3.64%			10.80%
		Target	3.75%		3.75%		3.75%			15.00%
2253: 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
		Actual	98.50%		99.30%		99.4%			99.10%
		Target	75.00%		75.00%		75.00%		75.00%	75.00%
2254: 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
		Actual	99.80%		100.0%		100.0%			99.90%
		Target	95.00%		95.00%		95.00%		95.00%	95.00%

Helping People to Recover from Episodes of Ill Health or Following Injury

Children and Young People with Eating Disorders

2095: The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG	G	G	G		G
		Actual	33.333%	100.00%	100.00%		84.615%
		Target					
2096: The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	R	R	G		G
		Actual	0%	0%	100%		100%
		Target	95%	95%	95%	95%	95%
2097: The number of incomplete pathways (routine) for CYP ED Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - routine CYP ED	South Sefton CCG	RAG	G	R	G		R
		Actual	0	1	0		1
		Target	1	1	1	1	1
2098: The number of incomplete pathways (urgent) for CYP ED Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - urgent CYP ED	South Sefton CCG	RAG	G	G	R		R
		Actual	0	0	1		1
		Target	1	1	1	1	1

Ensuring that People Have a Positive Experience of Care

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G		G	
		Actual	0	0	0	0	0	0	0	0	0	0	0	0	0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G		G	
		Actual	-	-	-	-	-	-	-	-	-	-	-		-
		Target	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Referral to Treatment (RTT) & Diagnostics

1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	R	R	R		G
		Actual	93.733%	94.171%	93.624%	92.599%	92.405%	92.295%	92.25%	92.22%	91.31%	90.83%	90.31%		92.33%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
1839: 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	G	G	G	G	G	G	R	G	G	G	G		R
		Actual	0	0	0	0	0	0	1	0	0	0	0		1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		Actual	2.207%	3.755%	4.059%	4.632%	6.418%	3.312%	2.612%	4.535%	4.925%	4.771%	1.653%		3.873%
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%

Cancelled Operations

1983: 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.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	G	G	G	G	G	G	G	G		G	
		Actual	0	0	0	0	0	0	0	0	0	0	0	0		0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	

E-Referrals

2142: NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		Actual	22.059%	19.884%	20.428%	18.783%	21.392%	21.33%	21.496%	21.758%	22.67%	24.06%	24.44%		20.879%
		Target	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%

Personal Health Budgets

2143: Personal health budgets Number of personal health budgets that have been in place, at any point during the quarter, per 100,000 CCG population (based on the population the CCG is responsible for).	South Sefton CCG	RAG	R	R	R		R
		Actual	7.10	15.49	16.78		
		Target	33.57	36.15	38.73	41.31	

Wheelchairs

2197: Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	South Sefton CCG	RAG	R	R	R		R
		Actual	N/A	N/A	N/A		-
		Target	92.00%	92.00%	92.00%	92.00%	92.00%

Treating and Caring for People in a Safe Environment and Protect them from Avoidable Harm

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	R	R	R	R	R	R	R	R	R	R	
		YTD	0	0	1	1	1	1	1	1	1	1	1	1	1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	
		YTD	3	9	12	15	21	26	28	29	33	37	40	45	45
		Target	5	11	14	18	23	28	34	39	43	45	48	54	48

Accident & Emergency

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	88.069%	82.213%	82.323%	83.40%	85.006%	86.063%	86.245%	87.27%	85.90%	86.483%	84.986%		85.262%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
431: 4-Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider) % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	86.125%	78.775%	78.421%	80.811%	82.35%	84.469%	84.414%	86.58%	84.791%	85.593%	83.901%		83.265%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	R	R	G	G	G	G	G	R	R	G	R	
		Actual	0	9	2	0	0	0	0	0	4	3	0		18
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 11 (note: time periods of data are different for each source).

Financial position

The agreed financial plan for 2017/18 required the CCG to break even in year, whilst the cumulative CCG position is a surplus of £0.100m which incorporates the historic surplus brought forward from the previous financial year.

The standard business rules set out by NHS England require a 1% surplus in each financial year. However, the agreed financial plan for 2017/18 is break even.

The QIPP savings requirement, assessed at the start of the year to deliver the agreed financial plan is £8.480m. QIPP savings of £2.765m have been achieved in the financial year.

The full year financial position for the CCG is a deficit of £2.992m.

Planned Care

GP referrals in 2017/18 to date are 3.4% down on the equivalent period in the previous year. There have been significant reductions in GP referrals to Gastroenterology, Trauma & Orthopaedics and Dermatology. Consultant-to-consultant referrals are currently 0.6% higher when comparing to 2016/17 with General Medicine and Clinical Physiology seeing substantial increases (the former attributed to Aintree Hospital's Ambulatory Care Pathway).

The latest data (February) for E-referral Utilisation rates reported for the CCG as a whole is 24%; the same as January and did not achieve the 80% ambition by October 2017.

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in February reporting 1.65% a big improvement from January when 4.77% was recorded. Aintree also failed in February recording 1.10%. An action plan is in place.

The CCG has fallen below the 92% threshold for patients on an incomplete pathway waiting no more than 18 weeks from referral, recording 90.30%. Aintree also failed this standard recording 90.65% in February. The Trust has faced significant non-elective pressure which has impacted on RTT performance.

The CCG are failing 1 of the 9 cancer measures year to date. The 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms; year to date the CCG is recording 91.25% below the 93%. Aintree are failing 5 of the 9 cancer measures. Firstly 2 week breast symptom recorded 91.9% year to date, 31 day subsequent treatment (surgery) recorded 91.5% year to date, 62 day upgrade year to date 80.6%, 62 day screening recording 88.4% year to date and lastly the 62 day standard recording 84.3% year to date. The Trust has actions in place to improve performance, see main body of the report.

Friends and Family inpatient response rates at Aintree are under target for February at 20.3% (and have been for all of 2017/18 so far). The proportion of patients who would recommend has dropped to 91% in February (England average 96%). The proportion who would not recommend is higher than last month at 5%, which is 3% higher than the England average.

Performance at Month 11 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£2.3m/-5.2%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£436k/-0.9%.

Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for A&E 2017/18 and have failed the 93.3% February plan agreed with NHS Improvement recording performance with 83.9% (for all A&E department types) representing a 1.69% decrease compared to January.

Work continues with NWS to address poor ARP (Ambulance Response Programme performance with issues having been escalated significantly at national level with both NHSE and NHSI intervention. NWS were required to submit a final recovery plan and improvement plan including a recovery trajectory for particularly Category 2 calls where they are some distance from meeting mandated targets. The plan will be carefully monitored by commissioners along with NHSE and NHSI.

The number of 111 calls in February from South Sefton CCG patients has fallen slightly from the previous month, but when compared to the same 11 months of the previous year, there has been a similar number of calls (1928).

The number of calls from South Sefton patients to the GP OOH service has fallen in February. But when compared to the same point in the previous year, there have been 755 more calls so far in the first 11 months of 2017/18, an increase of 7.3%.

Aintree failed the 80% target of stroke patients spending at least 90% of their time on a stroke unit in February, achieving 73.2%. All breaches of the standard are reviewed and reasons for underperformance identified. The Trust continues to achieve their TIA target.

The CCG achieved their C.difficile plans for February. Aintree had 3 new cases reported in February (60 year to date) against a year to date plan of 38. (There have been 15 successful appeals upheld at panel, so 45 cases following appeal). The year-end plan is 46.

The CCG and Aintree recorded one case of MRSA in June and therefore have failed the zero tolerance plan for the whole of 2017/18.

The average number of delayed transfer of care per day in Aintree hospital increased slightly in February by 1. Analysis of average delays in February 2018 compared to February 2017 shows an increase of 4.5%.

The percentage of people that would recommend A&E is below the England average (85%) reporting 84% in February 3% lower than January. The not recommended percentage is at 10% in February which is 2% lower the previous month, England average 8%.

Performance at Month 11 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £2.2m/5.1%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£118k/-0.3%.

Mental Health

The CCG has a target to reduce OAP's by 33% based on quarter 4 2016/17 activity. The latest reporting period is November to January 2018 where 100 OAP's were reported, an increase on the last reporting period of 15. The CCG is therefore currently failing to meet the target.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported less patients entering treatment in Month 11. The access rate for Month 11 was 1.01% and therefore failed to meet the standard. The percentage of people moved to recovery was 41.5% in Month 11, which is an deterioration from 46.8% for the previous month and failing to meet the target of 50%.

The CCG recorded dementia diagnosis rate in February of 63.2% failing the national dementia diagnosis ambition of 66.7% for the third month after achieving for the previous 4 months, an action plan is in place.

Community Health Services

A number of services have seen a high number of DNA's and Provider cancellations so far in 2017/18. However there have also been improvements in the past month.

Better Care Fund

A quarter 4 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in April 2018. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date. BCF planning guidance is awaited for 2018/19 and has been delayed until after local elections.

CCG Improvement & Assessment Framework

A full exception report for each of the indicators citing performance in the worst quartile of CCG performance nationally or a trend of three deteriorating time periods is presented to Governing Body as a standalone report. This outlines reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible and expected date of improvement for the indicators.

2. Financial Position

2.1 Summary

This report focuses on the financial performance of South Sefton CCG as at 31st March February 2018.

The full year financial position for the CCG is a deficit of £2.992m against the planned breakeven position. The cumulative CCG position is a deficit of £2.892m which incorporates the historic surplus of £0.100m brought forward from previous financial years.

Cost pressures have emerged in the financial year which are balanced out to a certain extent by underspends in other areas. The main areas of overspend are within Continuing Healthcare relating to Continuing Healthcare packages; cost pressures within Mersey Care relating to intermediate care, discharge planning and transitional community funding; costs in respect of pass through payments for PbR excluded drugs and devices; full year costs for the Acute Visiting Scheme (AVS) and overperformance at Spire and Ramsay hospitals.

The cost pressures are supported by underspends in the acute commissioning budget, mainly due to underperformance on the contract with Southport and Ormskirk NHS Trust.

QIPP savings for the financial year have not been delivered in full. QIPP opportunities in the current financial year are reduced as a result of the Acting as One contract agreement. This agreement protects the CCG against contract overperformance but also limits the CCG's potential to deliver efficiency savings in the secondary care sector.

The CCG has developed the strategic financial plan for the period 2017/18 – 2021/22 which was reported separately to this committee in March. The start point for the strategic financial plan is the expected outturn and QIPP delivery for 2017/18.

The high level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

Key Performance Indicator		This Month
Business Rules	1% Surplus	✗
	0.5% Contingency Reserve	✓
	0.5% Non-Recurrent Reserve	✓
Breakeven	Financial Balance	✓
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£2.765m
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	99.93%
	NHS - Volume YTD > 95%	97.21%

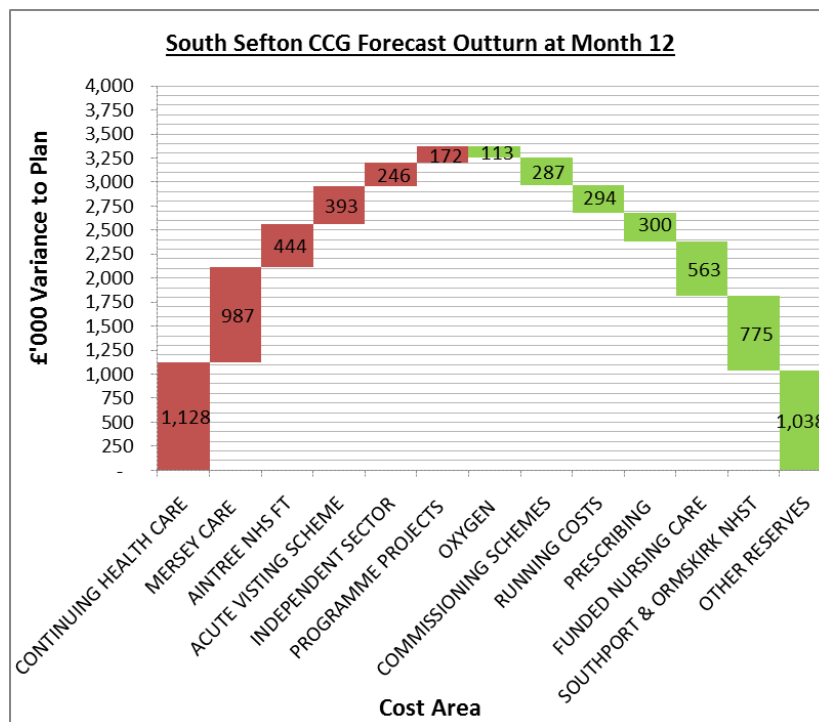
Key Performance Indicator		This Month
	Non NHS - Value YTD > 95%	96.98%
	Non NHS - Volume YTD > 95%	95.90%

- The CCG will not achieve the NHS England business rule to deliver a 1% Surplus. This was agreed in the CCG financial plan approved by NHS England.
- 0.5% Contingency Reserve is held as mitigation against potential cost pressures.
- 0.5% Non-Recurrent Reserve has been released to improve the CCG financial position as directed by NHS England.
- The financial plan was to achieve a break even position in year. The CCG reported position for the financial year is a deficit of £2.992m.
- QIPP Delivery is £2.765m to date; this is £5.715m behind the planned delivery for 2017-18.
- The expenditure for the Running Cost budget is below the allocation by £0.294m for 2017/18.
- BPPC performance is above the 95% target in all areas for the year to date.

2.2 CCG Financial Forecast

The main financial pressures included within the financial position are shown below in figure 2 which presents the CCGs forecast outturn position for the year.

Figure 2 – Forecast Outturn



- The CCG reported position for the financial year is a deficit of **£2.992m**.
- The main financial pressures relate to
 - Cost pressures relating to Continuing Healthcare packages.
 - Cost pressures within Mersey Care relating to intermediate care, discharge planning and transitional community funding.
 - Overspend for PbR excluded drugs and devices at Aintree FT.
 - Full year costs for the Acute Visiting Scheme (AVS).
 - Over performance at Spire and Ramsay hospitals.
- The cost pressures are supported by underspends in the Acute Commissioning budget, mainly due to underperformance on the contract with Southport and Ormskirk Trust and on Funded Nursing Care packages.

2.3 Provider Expenditure Analysis – Acting as One

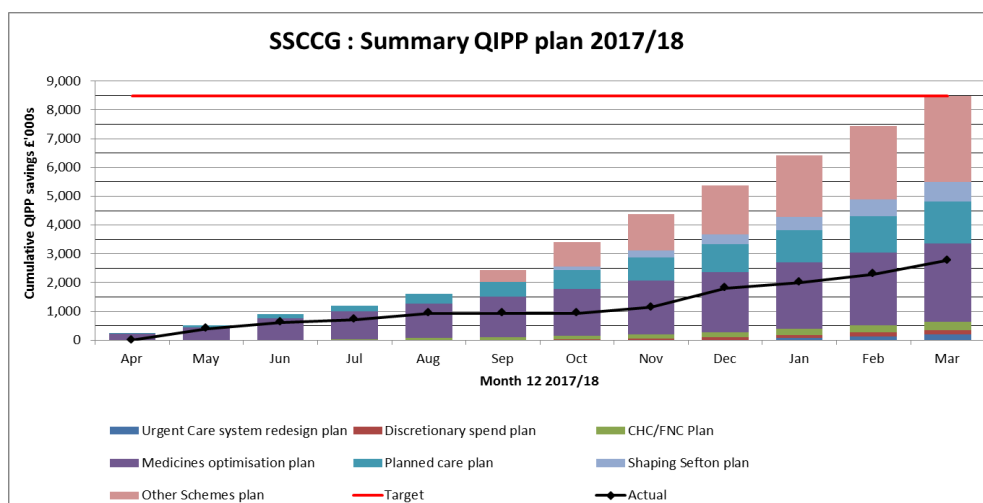
Figure 3 – Acting as One Contract Performance (Year to Date)

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	1.351
Alder Hey Children’s Hospital NHS Foundation Trust	(0.236)
Liverpool Women’s NHS Foundation Trust	(0.750)
Liverpool Heart & Chest NHS Foundation Trust	0.422
Royal Liverpool and Broadgreen NHS Trust	0.079
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	(0.133)
Total	0.732

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against overperformance with these providers but does present a risk that activity could drift to other providers causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also removes the ability to achieve QIPP savings in the two year contract period. However, QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an overperformance spend against plan, this would represent an overspend of £0.732m under usual contract arrangements.

2.4 QIPP

Figure 4 – QIPP Plan and Forecast



	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned Care plan	1,442	0	1,442	0	0	1,442	1,442
Medicines optimisation plan	2,734	0	2,734	2,569	0	165	2,734
CHC/FNC plan	281	0	281	0	0	281	281
Discretionary spend plan	100	53	153	53	0	100	153
Urgent Care system redesign plan	200	0	200	0	0	200	200
Shaping Sefton Plan	693	0	693	0	0	693	693
Other Schemes Plan	2,677	300	2,977	143	0	2,834	2,977
Total QIPP Plan	8,127	353	8,480	2,765	0	5,715	8,480

- The opening QIPP plan for 2017/18 was **£5.880m** Pressures have emerged in year as further work has established that the CCG has incurred a pressure of £1.300m as a result of the introduction of the new HRG4+ payment system. Finalisation of the new community contract has also created a pressure of £1.300m including planned £0.500m non-recurrent transitional support to the new provider.
- The revised QIPP target is **£8.480m** which incorporates the two additional pressures. Options to identify and prioritise future projects were discussed at the Governing Body development session in December. The CCG will continue to hold challenge and confirm sessions with QIPP Leads to inform QIPP delivery to 31 March 2018.
- The CCG has identified **£2.765m** QIPP savings at Month 12, the majority of this relates to savings within the prescribing budget.

Figure 5 – CCG Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	0.000	0.000	0.000
QIPP Target	(6.414)	(2.066)	(8.480)
Revised surplus / (deficit)	(6.414)	(2.066)	(8.480)
Forecast Outturn (Operational budgets)	1.072	(3.242)	(2.170)
Reserves	1.050	2.334	3.384
QIPP Achieved	0.759	2.006	2.765
Year End Surplus / (Deficit)	(3.533)	(0.968)	(4.501)
Release 0.5% Risk Reserve	0.000	1.209	1.209
Return of CAT M funding	0.000	0.300	0.300
Year End Surplus / (Deficit)	(3.533)	0.541	(2.992)

Financial Position

- The CCG forecast financial position is a deficit of £2.992m.
- The CCG has released the 0.5% risk reserve of £1.209m in Month 12 as directed by NHS England. The category M drugs rebate of £0.300m has also been released. These adjustments have improved the financial position from a £4.501m deficit position to a £2.992m deficit position.
- The CCG statutory accounts for 2017/18 will report the financial deficit of £2.992m.
- The underlying position is a deficit of £3.533m. This position removes non-recurrent expenditure commitments and QIPP savings from the forecast position.

2.5 Contract Alignment – Month 6

Figure 6 – Contract Alignment table

	2017/18 YTD		2017/18 YTD	
	£000		£000	Formula
Provider	YTD	Commissioner	YTD	YTD Variance
Alder Hey Children's NHS Foundation Trust	5,027	NHS South Sefton CCG	4,903	(124)
Aintree University Hospitals NHS Foundation Trust	43,338	NHS South Sefton CCG	43,135	(203)
Liverpool Women's NHS Foundation Trust	5,089	NHS South Sefton CCG	5,064	(25)
Royal Liverpool and Broadgreen University Hospitals NHS Trust	4,797	NHS South Sefton CCG	4,694	(103)
Southport and Ormskirk Hospital NHS Trust	2,969	NHS South Sefton CCG	2,657	(312)
Mersey Care NHS Foundation Trust	12,006	NHS South Sefton CCG	11,971	(35)
Total	73,226		72,424	(802)

- CCGs and Providers were required to report a contract alignment position to highlight any areas of dispute for contracts over £5m in value for 2017/18.
- The main issues highlighted related to the contract with Southport & Ormskirk NHS Trust on a number of outstanding issues:
 - £0.182m - CQUIN
 - £0.021m – ACU Follow ups
 - £0.078m – Contract Sanctions
 - £0.094m - Outpatient Procedure Coding
 - £0.012m – PLCP
- Three issues were taken forward for expert determination – CQUIN, ACU Follow ups and Outpatient Procedure Coding. The outcome of the expert determination should be finalised late April.
- A provision of £0.200m has been included in the 2017-18 accounts to reflect an estimate of the outcome of expert determination for South Sefton CCG.

2.6 Statement of Financial Position

Figure 7 – Summary of working capital

	2016/17	2017/18				
	M12	M8	M9	M10	M11	M12
	£'000	£'000	£'000	£'000	£'000	£'000
Non Current Assets	14	14	14	14	0	115
Receivables	1,817	1,934	1,373	1,766	1,612	1,938
Cash	139	1,841	3,456	3,509	4,677	105
Payables & Provisions	(11,850)	(13,231)	(14,680)	(15,567)	(15,827)	(14,100)
Value of debt > 180 days old (6months)	76	136	128	142	494	506
BPPC (value)	98%	100%	100%	100%	100%	98%
BPPC (volume)	96%	97%	97%	97%	97%	97%
		M8	M9	M10	M11	M12

- The non-current asset balance relates to the purchase of IT equipment.
- The receivables balance includes invoices raised for services provided accrued income and prepayments.
- Outstanding debt in excess of 6 months old stands at £0.506m. This consists of:

- CQUIN payment recovery (£0.072m) with Southport & Ormskirk NHS Trust. Paperwork has been submitted regarding this and the process is at expert determination. An outcome is expected on this by midnight on 19 April 2018, and
- Annual invoices raised to other local CCGs for the Cheshire and Merseyside Rehabilitation Network (£0.400m). Cheshire and Merseyside CFOs are in discussions regarding this.
- There is a bad debt write off of £0.044m in month 12.
- At month 12, the CCG was required to meet a cash target of 1.25% of its monthly cash drawdown (approximately £0.200m). At 31 March 2018, the CCG had a cash balance of £0.105m, therefore the cash target was achieved.
- The CCG aims to pay at least 95% of invoices within 30 days of the invoice date in line with the BPPC. 2017/18 performance exceeds 95% for invoices by number and value for NHS and Non NHS suppliers. Performance will continue to be reviewed monthly.

2.7 Recommendations

The Governing Body is asked to receive the finance update, noting that:

- The full year financial position for the CCG is a deficit of £2.992m. The agreed financial plan for 2017/18 required the CCG to break even in year.
- QIPP delivery for 2017-18 is £2.765m, against a plan of £8.480m. £2,569m of the savings relate to prescribing.
- The CCG’s commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to make significant progress in reducing levels of low value healthcare and improve value for money from the use of the CCGs resources.
- In order to deliver the long term financial recovery plan, the CCG requires ongoing and sustained support from member practices, supported by Governing Body GP leads to identify and implement QIPP plans which deliver the required level of savings to meet its statutory financial duties into 2018-19 and future years.

3. Planned Care

3.1 Referrals by source

Figure 8 - GP and ‘other’ referrals for the CCG across all providers for 2015/16, 2016/17 and 2017/18

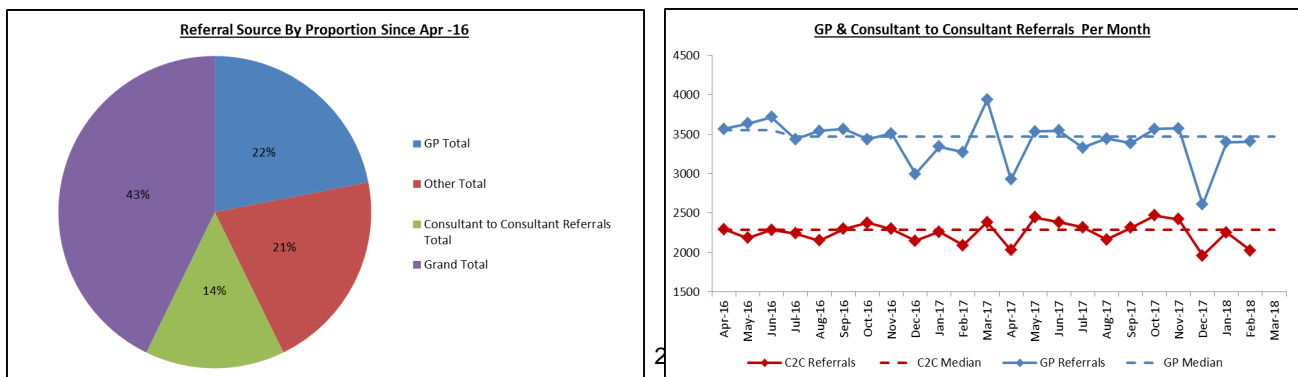


Figure 9 - Breakdown of referrals for the CCG across all providers for 2016/17, 2017/18

Referral Type	Referral Code	Referral Name	2017/18												2016/17	2017/18	YTD	YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD	YTD	Variance	%	
GP	3	referral from a GENERAL MEDICAL PRACTITIONER	2,924	3,530	3,545	3,329	3,441	3,384	3,564	3,571	2,605	3,397	3,405	38,001	36,695	-1,306	-3%	
GP Total			2,924	3,530	3,545	3,329	3,441	3,384	3,564	3,571	2,605	3,397	3,405	38,001	36,695	-1,306	-3%	
Other	1	following an emergency admission	149	146	139	135	132	174	179	145	123	151	149	1,917	1,622	-295	-15%	
	2	following a Domiciliary Consultation		3	3	5	8	1	3	13		1		8	37	29	363%	
	4	referral from an Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	419	424	380	407	362	392	377	412	349	412	393	4,483	4,327	-156	-3%	
	5	referral from a CONSULTANT, other than in an Accident and Emergency Department	1,149	1,504	1,489	1,385	1,346	1,419	1,510	1,469	1,172	1,352	1,202	14,158	14,997	839	6%	
	6	self-referral	251	269	256	252	252	266	302	268	230	333	265	3,053	2,944	-109	-4%	
	7	referral from a Prosthetist		1				1		3	1	2	1	13	9	-4	-31%	
	8	Royal Liverpool Code (TBC)	74	59	83	66	102	87	89	75	64	96	84	864	879	15	2%	
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	122	138	148	126	106	90	112	116	98	88	76	1,079	1,220	141	13%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	191	230	224	258	207	237	288	266	216	249	205	2,980	2,571	-409	-14%	
	12	referral from a General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	5	5	2	2	4	5	9	8	1	3	3	68	47	-21	-31%	
	13	referral from a Specialist NURSE (Secondary Care)	7	4	5	6	6	5	5	5	1	1	5	37	50	13	35%	
	14	referral from an Allied Health Professional	131	212	164	144	134	157	158	136	82	119	108	1,618	1,545	-73	-5%	
	15	referral from an OPTOMETRIST	1	1	4	5			4	3			1	10	19	9	90%	
	16	referral from an Orthoptist		1		1				1		1		4	4	0	0%	
	17	referral from a National Screening Programme	3	2	1	13	1	9	4	5	3		2	67	43	-24	-36%	
	92	referral from a GENERAL DENTAL PRACTITIONER	137	142	165	193	180	202	171	127	131	166	161	1,532	1,775	243	16%	
	93	referral from a Community Dental Service												3	0	-3	-100%	
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	248	335	347	389	353	329	358	364	302	366	336	3,462	3,727	265	8%	
		Unknown	1		1					1	1		1	5	4	0%		
Other Total			2,888	3,476	3,411	3,387	3,193	3,374	3,569	3,417	2,774	3,340	2,992	35,357	35,821	464	1%	
Consultant to Consultant Referrals Total			2,030	2,445	2,383	2,316	2,161	2,313	2,469	2,421	1,958	2,253	2,025	24,625	24,774	149	1%	
Grand Total			5,812	7,006	6,956	6,716	6,634	6,758	7,133	6,988	5,379	6,737	6,397	73,358	72,516	-842	-1%	

Year to date referrals at month 11 in 2017/18 are currently down -1.1% when comparing to the equivalent period in the previous year. Within individual specialties, Trauma & Orthopaedics is the highest referred to specialty for the CCG but is seeing a year to date decrease of -6.7% compared to 2016/17. In contrast, General Medicine has seen a significant 24.3% increase in referrals, attributed to activity at Aintree Hospital as a result of the Ambulatory Care Pathway.

Of the top five referred to providers in 2017/18, Royal Liverpool is the only provider to be reporting a growth in total referrals (1.5%). This is partly due to notable increases in the Dermatology and Gastroenterology specialties with the latter also having reduced levels of referrals at Aintree Hospital.

October 2017 saw a peak in referrals for the year. However, a significant decrease in referrals occurred in December 2017, which represents the lowest monthly total of the last three years. Referrals in February 2018 have seen a 5% decrease from the previous month due to a drop in consultant-to-consultant referrals and with further analysis, General Medicine and Respiratory Medicine appear to be the main factors in relation to this decrease.

GP referrals in 2017/18 to date are 3.4% down on the equivalent period in the previous year. There have been significant reductions in GP referrals to Gastroenterology, Trauma & Orthopaedics and Dermatology. Consultant-to-consultant referrals are currently 0.6% higher when comparing to 2016/17 with General Medicine and Clinical Physiology seeing substantial increases (the former attributed to Aintree Hospital's Ambulatory Care Pathway).

A Referral Optimisation and Support System (ROSS) is being developed for South Sefton following engagement with members on approaches to elective demand management. Key work-streams include offer of Advice and Guidance services as an alternative to referral and promotion of pathways and protocols visible on the EMIS Clinical system through EMIS Protocols functionality.

Data quality note: Walton Neuro Centre has been excluded from the above analysis due to data quality issues.

3.1.1 E-Referral Utilisation Rates

Figure 10 - South Sefton CCG E Referral Performance

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	17/18 - Feb	80% by End of Q2 2017/18 & 100% by End of Q2 2018/19	24%	↔

The national NHS ambition is that E-referral Utilisation Coverage should be 80% by end of Q2 2017/18 and 100% by end of Q2 2018/19.

The latest data (February) for E-referral Utilisation rates reported for the CCG as a whole is 24%; the same as recorded in January and have not achieved the 80% by end of Q2.

Acute trusts are incentivised under CQUIN to make Advice and Guidance available for specialties covering 35% of referrals by March 2018. A variety of specialties are currently available across local providers and the range of services is continually expanding but to date use of Advice and Guidance by GPs is extremely low. Work continues to promote the use of Advice and Guidance services through Localities, Wider Groups and Local Quality Contract. There are also some issues in relation to integration of the eRS Advice and Guidance functionality within EMIS.

3.2 Diagnostic Test Waiting Times

Figure 11 - Diagnostic Test Waiting Time Performance

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	17/18 - Feb	1.00%	1.65%	↑ ↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	17/18 - Feb	1.00%	1.10%	↓

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in February recording 1.65% this is a big improvement from last month when 4.77% was recorded. In February out of 2,844 patients, 47 waited longer than 6 weeks and of them 8 waited longer than 13 weeks. The majority of breaches were for non obstetric ultrasound (13) and colonoscopy (13). Performance at the Royal Liverpool and Broadgreen is having an impact on the CCG's overall performance as they continue to report significantly above the threshold, at 10.31% in February, showing a decrease in long waiters compared to 14.14% reported in January. The biggest pressure is in Colonoscopy with the Trust reporting a total of 494 patients waiting over 6 weeks.

Aintree failed the target for less than 1% of patients waiting longer than 6 weeks for a diagnostic test in February recording 1.1% also a big improvement from last month when 4.74% was recorded. In February out of 5,708 patients, 63 waited longer than 8 weeks with 22 of them waiting over 13 weeks. The majority of breaches were waiting for non obstetric ultrasound (22) and colonoscopy (16).

Endoscopy has continued to experience pressures with capacity due to sickness and maternity leave of Nurse Endoscopists and a consultant vacancy. The overall number of patients waiting over 6 weeks has decreased to 23 as has the number on the waiting list at 828. Additional activity continues through WLIs and PA sessional rates with a focus on the reduction of cancer surveillance waits throughout March.

There has been increased pressure on the department to support the acute ward inpatient admissions and the increase in General medical outliers. This has resulted in a 5th Consultant being taken off their routine job plan and placed on the wards each week thus a recovery to below the 1% standard has been hindered significantly. The department has continued to prioritise cancer and urgent referrals which has made recovery of the 6wk routine standard difficult.

Proposed Actions:

- Additional Waiting List Initiative activity continues to cover the long term sickness.
- Weekly capacity meetings continue with operational and clinical teams to maximise the utilisation of capacity.
- The substantive ACBM has been recruited to and is due to commence in post mid-January 2018.
- Unisoft Scheduler has been implemented and the reporting functionalities are being explored to allow closer scrutiny of slot utilisation and management of DNA rates.
- Endoscopy recovery meetings commenced in August. Activity against plan and DNA rates are discussed in detail. Weekly actions are monitored for recovery.

- An external performance consultant to undertake a diagnostic review of the endoscopy services on 1st and 2nd February. Following this review an improvement programme will be put in place. The report is outstanding at present.
- The Endoscopy unit are participating in the Cancer Alliance productivity review for the North West and have started to collect data w/c 12-2-18.

Radiology achieved this month.

3.3 Referral to Treatment Performance

Figure 12 - Referral to Treatment Time (RTT) Performance

Referral To Treatment waiting times for non-urgent consultant-led treatment				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	17/18 - Feb	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	17/18 - Feb	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	17/18 - Feb	92%	90.30%	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree)	17/18 - Feb	92%	90.65%	↔

Continued declining performance in recent months has resulted in the CCG for the third month below the 92% threshold for patients on an incomplete non-emergency pathway waiting no more than 18 weeks from referral, recording 90.30%. In February out of 10469 patients, 1015 were waiting over 18 weeks on the incomplete pathway.

Also the performance at the Royal Liverpool Broadgreen is having an adverse impact on South Sefton CCG performance in particular, again did not achieve RTT standard for February reporting 82.8%. The issues were in Urology (86%), General Surgery (81.8%), T&O (76.7%), Ophthalmology (72.7%), Gastro (81.6%) and Dermatology (87.3%). Liverpool CCG, as lead commissioner for the Royal wrote to the Royal's Liverpool's Chief Executive regarding the Trust's deteriorating RTT performance seeking assurance of recovery and sustainability of their RTT performance going forward. In response to the letter the Trust has drawn up a detailed 18 week RTT Action Plan by Jo Henshaw, Deputy Director of Patient Flow and Clinical Prioritisation. Back in April 2017 the Trust signed up to the "Acting as One/AAO" block contract, which was based upon activity out turn up to Month 5, 2016. This contract did not factor in any RTT backlog that each of the failing specialities had. Overall, bringing the Trust in line to deliver again RTT target was subject to significant contractual, demand, capacity and recruitment issues. Each of the worst performing specialities is experiencing either an increase in demand or a workforce issue. The Recovery plans have been shared for RTT and Endoscopy waiting lists and are demonstrating an improvement trend.

In addition Aintree again also failed this standard recording 90.65% in February, out of 16377 patients there were 1531 waiting over 18 weeks on the incomplete pathway. The Trust has faced significant non-elective pressure which has impacted on RTT performance. The standard was not achieved, given the significant pressure on non elective flow and given that NHS England requested a cancellation of non urgent elective procedures nationally to help redirect resources to support emergency demand. The theatre refurbishment programme, which is in its final stages, has also impacted on performance. In addition, both the outpatient cancellation and Did Not Attend (DNA) rates rose across the board within the month. This has resulted in an increase in the overall waiting times with patients being booked into all available clinic capacity as well as additional sessions.

Proposed Actions:

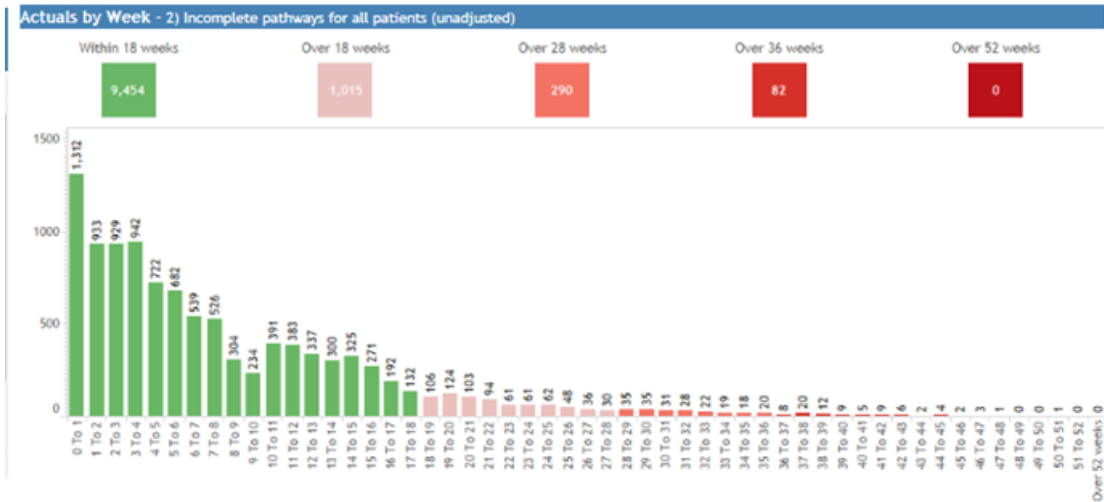
- Implement theatre recovery plan and improve utilisation at speciality level.
- Regular review of all long waiting patients within the clinical business units to address capacity issues and undertake WLI's where appropriate, in conjunction with a relaunch of weekly performance meetings with Planning and Performance / Business Intelligence Leads.
- A business case for 2 additional Emergency General Surgery Unit (EGSU) Consultants has been approved. This will provide additional theatre activity and ambulatory surgical clinics. Recruitment is currently underway.
- Continue to support the reduction in endoscopy waits by supporting WLI scope lists using dropped sessions in the week and additional sessions at the weekend.
- Continue to monitor of diagnostic waiting times to ensure delivery of the 6 week standard to minimise impact on RTT pathways.
- Continue to meet on a weekly basis to focus on data quality and pathway validation.

Along with the Royal and Aintree RTT performance for the CCG is at risk due to poor performance at University Hospital of North Midlands NHS Trust in Stoke. This provider is commissioned to deliver bariatric surgery for Cheshire and Merseyside CCGs. RTT performance standard has not been met overall at the Trust since May 2017. Activity has fallen in last two months in line with fall in performance, suggesting performance issues are not related to increased demand.

- RTT performance is of concern for the CCG in relation to Bariatric surgery with 24 South Sefton CCG and 5 Southport and Formby CCG patients waiting over 18 weeks (February 2018) at University Hospitals of North midlands (UHNM), a challenged provider experiencing extensive difficulties in meeting the 18 week RTT target across the Trust in all specialties in addition to other challenges.
- Bariatric surgery commissioning and contract arrangements are complex. Understanding the arrangements has taken almost a year, and response times and responses to commissioner queries have been poor.
- Whilst it is hoped that a one-off meeting of Merseyside commissioners with UHNM and CSU (contract managers on behalf of the lead commissioner Stoke CCG) will lead to further progress, this meeting is yet to be arranged one month after a briefing note was issued by MLCSU.

3.3.1 Incomplete Pathway Waiting Times

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



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 14 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers

Provider	Within 18 weeks	Over 18 weeks	Over 28 weeks	Over 36 weeks	Over 52 weeks
Aintree University Hospital NHS Foundation Trust : (REM)	5,906	544	120	23	
Royal Liverpool and Broadgreen University Hospitals NHS Trust : (RQ6)	1,004	254	90	28	
Liverpool Women's NHS Foundation Trust : (REP)	506	67	27	10	
Southport and Ormskirk Hospital NHS Trust : (RVY)	657	52	14	2	
University Hospitals of North Midlands NHS Trust : (RJE)	13	25	18	15	
St Helens and Knowsley Hospital Services NHS Trust : (RBN)	158	15	8	1	
Alder Hey Children's NHS Foundation Trust : (RBS)	560	14	2	1	
Wirral University Teaching Hospital NHS Foundation Trust : (RBL)	19	10	3	1	

3.3.3 Long Waiters Analysis: Top 2 Providers split by Specialty

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

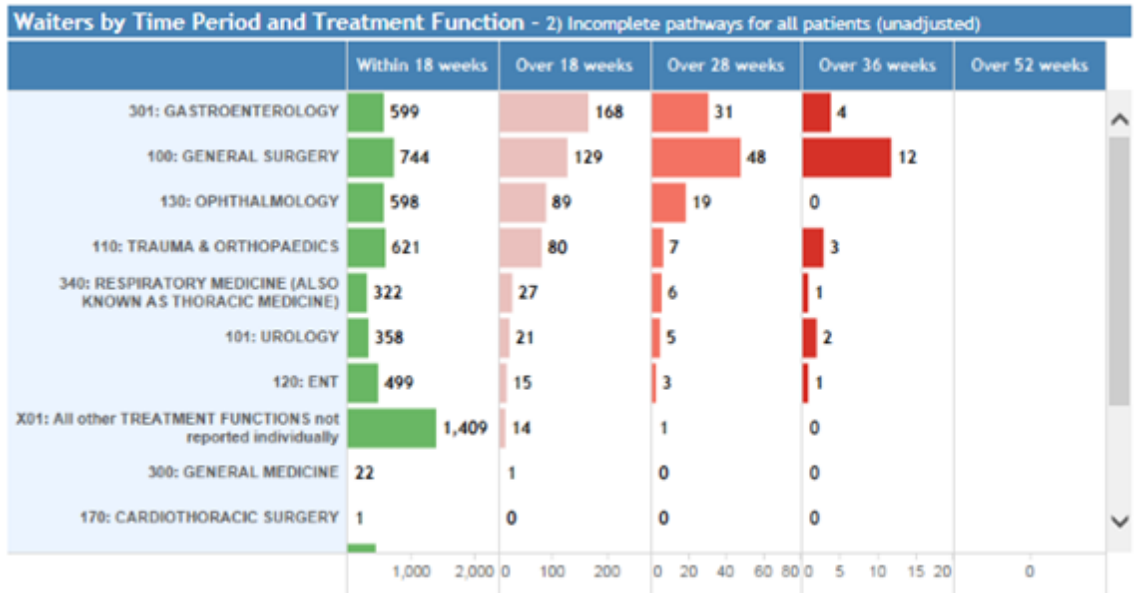
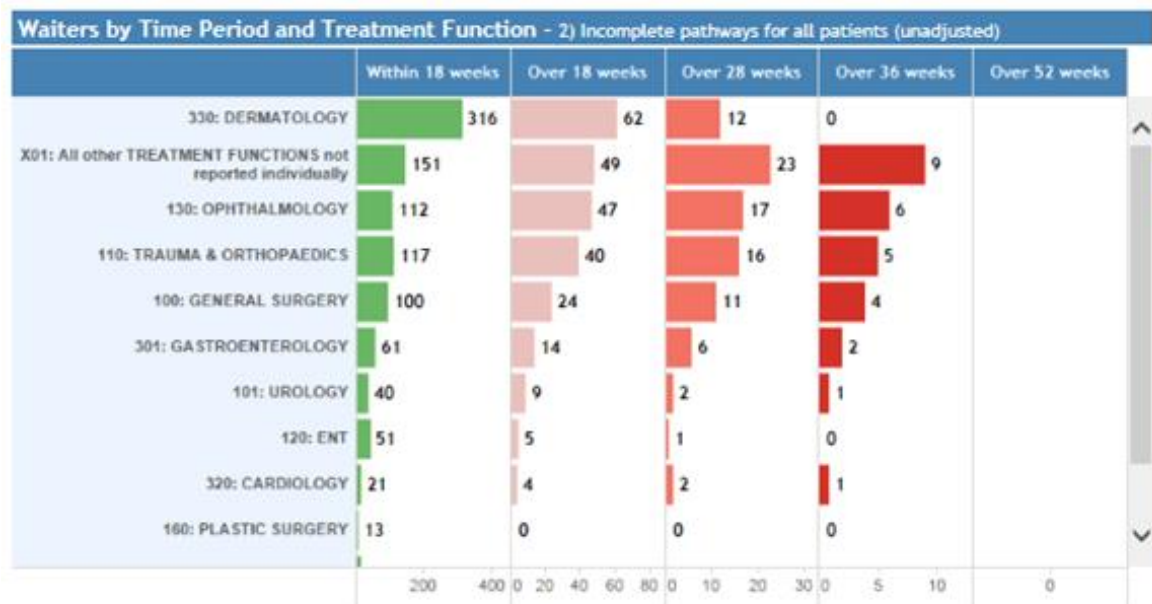


Figure 16 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters CSU

Figure 17 - South Sefton CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
South Sefton CCG	Aintree	General Surgery	41	TCI 11/04/2018	
South Sefton CCG	Aintree	General Surgery	41	TCI 01/03/2018	Clock stopped 01/03/2018 - 1st treatment
South Sefton CCG	Aintree	T&O	41	Clock Stop 19/03/2018	Clock stopped 19/03/2018 - Active Monitoring
South Sefton CCG	Aintree	General Surgery	42	TCI 09/04/2018	TCI 09/04/2018
South Sefton CCG	Aintree	T&O	44	TCI 10/04/2018	Patient declined TCI 05/04/2018; new TCI 10/04/2018
South Sefton CCG	Aintree	Ent	45	Treated 16/03/2018	Clock stopped 16/03/2018 - 1st treatment
South Sefton CCG	Royal Liverpool	General Surgery	40	Patient treated in March	Capacity
South Sefton CCG	Royal Liverpool	T&O	40	Patient treated in March	Capacity
South Sefton CCG	Royal Liverpool	Ophthalmology	40	TCI 04/04/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	Ophthalmology	41	Patient treated in March	Capacity
South Sefton CCG	Royal Liverpool	T&O	42	Patient treated in March	Capacity
South Sefton CCG	Royal Liverpool	All Other	42	TCI 12/04/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	Gastroenterology	43	TCI 25/05/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	Ophthalmology	44	Patient treated in March	Capacity
South Sefton CCG	Royal Liverpool	Cardiology	44	Patient treated in March	Capacity
South Sefton CCG	Royal Liverpool	General Surgery	46	TCI 03/04/2018	Long Wait on Waiting List
South Sefton CCG	North Midlands	General Surgery	41	Trust only provides comments on	very long waiters
South Sefton CCG	North Midlands	General Surgery	41	Trust only provides comments on	very long waiters
South Sefton CCG	North Midlands	General Surgery	42	Trust only provides comments on	very long waiters
South Sefton CCG	North Midlands	General Surgery	42	Trust only provides comments on	very long waiters
South Sefton CCG	North Midlands	General Surgery	43	Trust only provides comments on	very long waiters
South Sefton CCG	North Midlands	General Surgery	44	Trust only provides comments on	very long waiters
South Sefton CCG	North Midlands	General Surgery	45	Trust only provides comments on	very long waiters
South Sefton CCG	North Midlands	General Surgery	46	Trust only provides comments on	very long waiters
South Sefton CCG	Wirral	General Surgery	50	Trust no longer responding to 40	week requests
South Sefton CCG	Oxford	T&O	40	TCI 05/04/2018	The patient attended an outpatient clinic appointment on the 13th March 2018, they were then added to an inpatient/daycase waiting list and were given a TCI date for the 5th April and can confirm that the patient was admitted for the procedure.

After contacting the Trust the 50 week waiter at Wirral University Teaching Hospital Trust (WUTH) unfortunately will breach 52 weeks on the March snapshot as the pathway will still be open. The patient had a diagnostic gastroscopy on the 4th April. The consultant is following up the patient in clinic on the 26th April to discuss the future plan for the patient.

For information WUTH will be working to eliminate 52 week waits by March 2019 in accordance with the 52 week RTT recovery trajectory which will be agreed between NHS Wirral CCG and WUTH by the 30th April 2018.

3.4 Cancelled Operations

3.4.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days

Figure 18 – Aintree Cancelled Operations

Cancelled Operations				
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - Aintree	17/18 - Feb	0	0	1 ↔

3.4.2 No urgent operation to be cancelled for a 2nd time

Figure 19 – Aintree Cancelled Operations for a second time

Cancelled Operations				
No urgent operation should be cancelled for a second time - Aintree	17/18 - Feb	0	0	1 ↔

3.5 Cancer Indicators Performance

3.5.1 - Two Week Waiting Time Performance

Figure 20 – Two Week Cancer Performance measures

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	17/18 - Feb	93%	93.78%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	17/18 - Feb	93%	94.28%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	17/18 - Feb	93%	91.25%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Aintree)	17/18 - Feb	93%	91.91%	↔

The CCG failed the 93% target for 2 week waits for first outpatient appointments for patients referred urgently with breast symptoms in February, with 90.12% and is currently failing year to date at 91.25% due to lower rates in May, June and July. In February there were 8 breaches out of a total of 81 patients.

Aintree achieved the 93% breast target for February reaching 93.19% and also failing year to date 91.91%. In February, out of 235 patients there were 16 breaches. The majority of breaches were due to patient choice.

A Be Clear on Cancer campaign will be launched in late February targeting breast symptoms in the over 70s. This could increase demand on breast services and negatively affect performance against this target.

3.5.2- 31 Day Cancer Waiting Time Performance

Figure 21 – 31 Day Cancer Performance measures

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	17/18 - Feb	96%	98.18%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	17/18 - Feb	96%	97.52%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	17/18 - Feb	94%	97.77%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	17/18 - Feb	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	17/18 - Feb	94%	94.12%	↑
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	17/18 - Feb	94%	91.54%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	17/18 - Feb	98%	99.37%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	17/18 - Feb	98%	99.69%	↔

Aintree failed the 94% target for 31 day wait for subsequent treatment (surgery) in February recording 93.33% and are also under plan year to date (91.54%). In February there were 2 breaches out of a total of 30 patients. Of the two breaches which occurred one was an Upper GI patient whose pathway breached due to theatre capacity, the second patient had a complex sarcoma which required two surgeons to operate.

Actions:

- Escalate issues with theatre capacity to the CBMs/DDO for discussion/consideration at resource panel.
- Escalate constraints to the patient pathway to the daily Cancer Performance briefing led by the Divisional Director of operations Diagnostics & Support Services.
- A robust recovery plan has been formulated and has been discussed at Senior Operational meetings. It is now with the Divisions of Surgery to implement.

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 22 – 62 Day Cancer Performance measures

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	17/18 - Feb	85% local target	90.38%	↓
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Aintree)	17/18 - Feb	85% local target	80.65%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	17/18 - Feb	90%	95.89%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	17/18 - Feb	90%	88.44%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	17/18 - Feb	85%	86.53%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	17/18 - Feb	85%	84.34%	↔

Aintree failed the local 85% target in February for 62 day wait for definitive treatment following consultant’s decision to upgrade, recording 68% and are still also failing year to date (80.65%) partly due to previous months breaches. In February the equivalent of 4 out of 12.5 patients breached the target. Reasons for breaches include: 2 x patient choice, 2 x complex diagnostics.

Actions:

- Continued monitoring and intervention by the Clinical Business Unit to manage the patient pathways and remove any barriers which maybe preventing treatment.
- Escalate constraints in the patient pathway to the weekly Cancer Performance Meeting (CPG) and to the Divisional Director of Ops.
- Escalate constraints in the patient pathway to the daily Cancer Performance briefing led by the Divisional Director of Operations Diagnostics and Support Services.

- A robust recovery plan has been formulated and has been discussed at Senior Operational meetings. The Divisions of Surgery and Specialty Medicine to implement the recovery plan.

Aintree achieved the 90% target for 62 day screening in February with a no patient breaches out of a total of 7 patients recording 100% but are still failing year to date reaching 88.44% partly due to previous breaches.

Aintree also achieved the 85% target in February for 2 month wait from urgent GP referral to first definitive treatment recording 86.73%, but are still failing year to date 84.34%. In February there was the equivalent of 7.5 breaches out of a total of 56.5 patients.

The main reasons for breaches include: patient choice where patients were unavailable due to holidays or work commitments, capacity in theatres, complex pathways (patients not fit for treatment or needing multiple investigations) and equipment failure. Late referrals from other specialties have also caused some delays in February. There has been an improvement in the turnaround time for histopathology reports in general. There are 121 more patients on Cancer pathways in February than there were in January 2018.

Actions:

- Continued monitoring and intervention by the Clinical Business Unit to manage the patient pathways and remove any barriers which maybe preventing treatment.
- Escalation of delays and constraints to the individual patient journey at the twice weekly Cancer Performance Meetings.
- Continued tracking by the Central Cancer team to support performance improvement in the tumour groups. Early escalation of issues to Divisional Directors of Operations and the Cancer Performance meeting.
- Escalation of delays in Histopathology reporting to LCL via the weekly Cancer Performance Group, emails and tracking by MDT co-ordinators.
- Daily Performance meetings continue with escalation to the Divisional Directors as required. Twice weekly performance meetings with relevant CBMs continue.
- Continue work with Surgery to assess the impact of theatre refurbishment and to ensure effective use of all available theatre lists particularly for Urology and head & neck.

In February there was a meeting held with NHSE, Aintree 62 Days Cancer Delivery Meeting, included were South Sefton and Knowsley CCGs and the Cheshire and Merseyside Cancer Alliance.

Key Trust actions:

- Liverpool Clinical Laboratories work around agreement of criteria of priority samples and workforce and recruitment programme.
- Patient navigator to support engagement and attendance for appointments and investigations.
- Work on late transfer to Aintree for head and neck patients from other providers.
- Radiology, investigate potential to reduce double reporting when patients are transferred from other providers.

South Sefton CCG actions:

- To work with Knowsley CCG to ensure information is available at CQPG regarding clinical validation and review of +104 days waiters with information available at patient level.
- Auditing use of patient letters within primary care designed to reinforce importance of attending appointments and investigations.

104+ Day Breaches

The Managing Long Waiting Cancer Patients - policy on “backstop” measures introduced in 2015 signalled the need for harm reviews to be undertaken in addition to root cause analyses on pathways breaching 104 days. In month 11 there was the equivalent of 1 patient breach (2 half breaches) waiting over 104 days one patient needed a repeat biopsy and the second patients delay was due to referral between trust on day 105, resulting in a 107 day wait. Harm reviews are awaited.

3.6 Patient Experience of Planned Care

Figure 23 – Aintree Inpatient Friends and Family Test Results

Friends and Family Response Rates and Scores
 Aintree University Hospital NHS Foundation Trust
 Latest Month: Feb-18

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	25.0%	20.3%		96%	91%		2%	5%	

The Friends and Family Test (FFT) Indicator comprises of three parts:

- % Response Rate
- % Recommended
- % Not Recommended

The Trust has failed patient response rates and is reporting under target for February at 20.3%. The proportion of patients who would recommend has dropped 2% since last month recording 91%. (England average 96%). The proportion who would not recommend is higher than last month at 5%, which is 3% higher than the England average.

Plans are in place for the Trust to present an update on their FFT and patient experience later in the year to the CCG Engagement and Patient Experience Group (EPEG).

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 11 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£2.3m/-5.2%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£436k/-0.9%.

At specific over performing Trusts, Spire Liverpool are reporting the largest cost variance with a total of £133k/20% followed by Royal Liverpool (£121k/3%). In contrast, Aintree and Southport & Ormskirk are under performing by -£1.5m/-6% and -£685k/-26% respectively.

Figure 24 - Planned Care - All Providers

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	167,327	161,033	-6,294	-4%	£28,715	£27,115	£-1,599	-6%	£1,599	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	12,600	12,954	354	3%	£1,585	£1,510	£-75	-5%	£75	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1,113	1,275	162	15%	£379	£418	£39	10%	£-39	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	14,653	13,218	-1,435	-10%	£2,783	£2,512	£-272	-10%	£272	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	27,894	30,170	2,276	8%	£4,659	£4,780	£121	3%	£-121	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2,856	2,829	-27	-1%	£917	£762	£-155	-17%	£155	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	226,443	221,479	-4,964	-2%	£39,038	£37,097	£-1,941	-5%	£1,941	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	79	220	141	179%	£20	£42	£22	111%	£0	£22	111%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	149	149	0%	£0	£20	£20	0%	£0	£20	#DIV/0!
FAIRFIELD HOSPITAL	176	144	-32	-18%	£47	£44	£-4	-7%	£0	£-4	-7%
ISIGHT (SOUTHPORT)	469	501	32	7%	£109	£90	£-19	-18%	£0	£-19	-18%
RENACRES HOSPITAL	5,764	5,435	-329	-6%	£1,620	£1,596	£-24	-1%	£0	£-24	-1%
SALFORD ROYAL NHS FOUNDATION TRUST	0	144	144	0%	£0	£39	£39	0%	£0	£39	#DIV/0!
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	14,119	11,633	-2,486	-18%	£2,629	£1,944	£-685	-26%	£0	£-685	-26%
SPIRE LIVERPOOL HOSPITAL	2,185	2,598	413	19%	£679	£811	£133	20%	£0	£133	20%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	3,386	4,184	798	24%	£929	£898	£-31	-3%	£0	£-31	-3%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	972	1,182	210	22%	£228	£281	£53	23%	£0	£53	23%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	99	168	69	70%	£15	£31	£16	109%	£0	£16	109%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	96	96	0%	£0	£11	£11	0%	£0	£11	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	422	327	-95	-23%	£112	£83	£-29	-26%	£0	£-29	-26%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1,116	1,392	276	25%	£441	£504	£62	14%	£0	£62	14%
ALL REMAINING PROVIDERS TOTAL	28,788	28,173	-615	-2%	£6,830	£6,394	£-436	-6%	£0	£-436	-6%
GRAND TOTAL	255,231	249,652	-5,579	-2%	£45,868	£43,491	£-2,377	-5.2%	£1,941	£-436	-0.9%

*PbR Only

3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

Figure 25 - Planned Care - Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Planned Care PODs	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	13,172	11,667	-1,505	-11%	£7,836	£7,438	£-398	-5%
Elective	1,832	1,423	-409	-22%	£5,189	£4,292	£-897	-17%
Elective Excess BedDays	604	419	-185	-31%	£146	£100	£-46	-31%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	411	213	-198	-48%	£86	£48	£-38	-44%
OPFANFTF - Outpatient first attendance non face to face	2,377	3,335	958	40%	£67	£87	£20	29%
OPFASPCL - Outpatient first attendance single professional consultant led	30,800	28,676	-2,124	-7%	£4,864	£4,672	£-192	-4%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,335	845	-490	-37%	£113	£85	£-28	-25%
OPFUPNFTF - Outpatient follow up non face to face	3,054	7,438	4,384	144%	£74	£180	£106	143%
OPFUPSPCL - Outpatient follow up single professional consultant led	77,621	70,325	-7,296	-9%	£5,368	£5,063	£-305	-6%
Outpatient Procedure	21,802	21,905	103	0%	£2,883	£2,887	£4	0%
Unbundled Diagnostics	12,953	13,344	391	3%	£1,046	£1,170	£124	12%
Wet AMD	1,364	1,443	79	6%	£1,042	£1,094	£52	5%
Grand Total	167,327	161,033	-6,294	-4%	£28,715	£27,115	£-1,599	-6%

Non face to face activity (both first and follow up attendances) are reporting an over performance within planned care at month 12 with the majority of other areas within outpatients currently under performing (the exception being outpatient procedures). The over performance for non-face to face first outpatient activity is focussed within Acute Internal Medicine (GP Hotline at £24 per call) whereas non face to face follow up over performance is credited to the Ophthalmology, Cardiology and Dermatology specialties.

Unbundled diagnostics is the highest over performing POD in planned care with a cost variance of £124k/12% against plan. Complex CT Scans and Vascular Ultrasound scans account for £109k of activity with each having zero plan set.

Cardiology is showing the largest cost variance at month 11 (£691k/50%). The cardiology over performance is largely related to day case activity, which can be attributed to the heart failure pathway. Conversely, Trauma & Orthopaedics is under performing by -£1m/-21% against plan.

Overall, year to date costs for planned care PODs at Aintree University Hospital are currently - £1.6m/-6% down against plan at month 11. Despite this indicative underspend; there is no financial impact of this to South Sefton CCG due to the Acting As One block contract arrangement.

The table below illustrates the Planned Care year to date variance by Specialty, focussing on the top and bottom 10 specialties in terms of cost variances against plan at month 11:

Figure 26 - Planned Care - Aintree University Hospital NHS Foundation Trust Variance from plan by Specialty and by POD

Specialty	DAY CASES		ELECTIVE INPATIENTS		ELECTIVE XBDS		OUTPATIENT FIRST ATT		OUTPATIENT FU ATT		OUTPATIENT PROCEDURES		Total Activity YTD Var	Total Price YTD Var
	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var		
Cardiology	858	£701,743	9	£17,905	23	£5,436	296	(£7,761)	-66	(£78,972)	429	£52,936	1,549	£691,287
Geriatric medicine	3	(£1,602)	8	(£2,812)	99	£24,597	198	£54,395	449	£60,644	-1	(£196)	756	£135,025
Acute internal medicine	1	£391	3	£2,391	-18	(£4,272)	1,307	£143,956	1	£426	-84	(£12,078)	1,210	£130,814
Nephrology	40	£16,066	-3	£522	4	£868	377	£102,518	-282	(£30,519)	21	£2,378	157	£91,832
Colorectal surgery	-33	(£11,939)	-10	£153,831	-280	(£65,986)	-81	(£20,271)	247	£13,070	32	£3,989	-125	£72,694
Breast surgery	60	£130,987	-18	(£48,685)			-138	(£27,102)	-130	(£9,328)	130	£18,409	-96	£64,281
Physiotherapy							-279	(£13,531)	2,044	£67,154	2	£66	1,767	£53,689
Transient ischaemic attack							212	£64,635	-37	£0	-238	(£30,145)	-63	£34,490
Rheumatology	56	£16,832	-4	(£2,797)	-10	(£2,432)	36	£9,165	243	£17,717	-30	(£7,784)	291	£30,702
Hepatobiliary & pancreatic surgery	25	£32,387	-3	(£10,412)			-7	£652	-30	(£2,961)	2	£235	-13	£19,900
Ent	-47	(£50,343)	-34	(£58,288)			-49	(£6,121)	-20	(£681)	654	£71,745	503	(£43,688)
Upper gastrointestinal surgery	-37	(£55,215)	0	£6,014	-4	(£864)	-35	(£6,163)	-145	(£9,390)	-3	(£417)	-223	(£66,035)
Clinical haematology	-680	(£81,326)	-22	(£31,048)	-58	(£16,179)	-151	(£38,210)	766	£83,652	1	£177	-144	(£82,933)
Anticoagulant service									-5,068	(£130,548)			-5,068	(£130,548)
General surgery	-95	(£105,943)	-39	(£55,360)	4	£1,002	-75	(£12,670)	-405	(£29,472)	-5	(£813)	-616	(£203,256)
Dermatology	-43	(£21,595)					-791	(£109,260)	-18	(£32,277)	-835	(£80,056)	-1,687	(£243,188)
Urology	-161	(£37,323)	-61	(£130,710)	44	£9,784	-611	(£89,818)	-8	(£1,102)	-268	(£41,034)	-1,066	(£290,203)
Ophthalmology	-452	(£342,195)	0	£5,060	3	£859	-446	(£65,128)	1,352	£4,882	784	£77,572	1,241	(£318,950)
Gastroenterology	-795	(£344,330)	-40	(£86,871)	-42	(£10,278)	-534	(£111,655)	-1,245	(£79,639)	-21	£2,177	-2,677	(£630,596)
Trauma & orthopaedics	-269	(£317,343)	-156	(£585,032)	46	£10,698	-260	(£40,724)	-823	(£50,573)	-690	(£86,096)	-2,151	(£1,069,069)
Grand Total	-1,505	(£397,792)	-409	(£896,791)	-185	(£45,985)	-1,364	(£210,365)	-3,403	(£227,655)	103	£3,703	-6,764	(£1,774,884)

3.7.2 Planned Care Southport & Ormskirk Hospital

Figure 27 - Planned Care - Southport & Ormskirk Hospital by POD

Southport & Ormskirk Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	879	748	-131	-15%	£637	£465	-\$172	-27%
Elective	185	131	-54	-29%	£519	£286	-\$233	-45%
Elective Excess BedDays	32	1	-31	-97%	£12	£0	-\$11	-98%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	225	112	-113	-50%	£37	£19	-\$17	-47%
OPFASPCL - Outpatient first attendance single professional consultant led	2,108	1,512	-596	-28%	£347	£247	-\$100	-29%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	517	245	-272	-53%	£39	£20	-\$19	-49%
OPFUPSPCL - Outpatient follow up single professional consultant led	4,489	3,728	-761	-17%	£344	£290	-\$53	-15%
Outpatient Procedure	4,868	4,428	-440	-9%	£636	£559	-\$77	-12%
Unbundled Diagnostics	816	728	-88	-11%	£60	£57	-\$3	-5%
Grand Total	14,119	11,633	-2,486	-18%	£2,629	£1,944	-\$685	-26%

*PbR only

The Trend of under-performance for planned care at the Trust has continued into month 11 with overall underspend at £685k. Although all PODs are under plan, the majority of the focus is within Day Case and Elective cost.

Trauma and Orthopaedics is the main specialty under plan with General Surgery and Gynaecology also notably under-performing for planned procedures.

GP referrals have reduced which is filtering through to reduced levels of outpatient activity. Similar to planned procedures T&O is the main specialty under plan; however the majority of specialties are below expected levels.

Dermatology has reduced somewhat against the original plan. This is understandable due to the low staffing levels at the Trust with activity flowing to the CCGs community provider and other acute trusts.

Winter planning has also meant a number of planned operations cancelled. The Trust has assured all cancellations have been rebooked and scheduled to take place, if not already done so.

3.7.3 Renacres Hospital

Figure 28 - Planned Care - Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	567	464	-103	-18%	£685	£533	£-152	-22%
Elective	105	144	39	37%	£499	£666	£168	34%
OPFASPCL - Outpatient first attendance single professional consultant led	1,174	919	-255	-22%	£187	£151	£-36	-19%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,446	1,525	79	5%	£91	£97	£6	7%
Outpatient Procedure	746	351	-395	-53%	£78	£55	£-23	-30%
Unbundled Diagnostics	467	368	-99	-21%	£44	£35	£-9	-20%
Physio	1,258	1,304	46	4%	£37	£38	£1	4%
Grand Total	5,764	5,075	-689	-12%	£1,620	£1,575	£-45	-3%

Renacres under performance of -£45k/-3% is driven by a -£152k/-22% under performance in day cases with reduced activity focussed particularly in the Trauma & Orthopaedic and General Surgery specialties. At HRG level 'Major Knee Procedures for Non-Trauma, 19 years and over, with CC Score 0-1' has seen a notable reduction in activity within T&O.

In contrast to day cases, elective activity is currently over performing by £168k/34%, which can be attributed to Very Major Hip and Knee Procedures for Non-Trauma within Trauma & Orthopaedics (notably those with CC scores 2-3).

3.7.4 Spire Liverpool

Spire Liverpool Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	191	281	90	47%	£272	£368	£97	36%
Elective	51	50	-1	-1%	£260	£258	£-3	-1%
OPFASPCL - Outpatient first attendance single professional consultant led	248	348	100	40%	£41	£57	£16	39%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,321	1,489	168	13%	£60	£79	£19	32%
OPFUPSPNCL - Outpatient follow up single professional non-consultant led	42	66	24	58%	£2	£3	£1	58%
Outpatient Procedure	204	206	2	1%	£28	£28	£0	0%
Unbundled Diagnostics	127	158	31	24%	£16	£18	£2	13%
Grand Total	2,185	2,598	413	19%	£679	£811	£133	20%

Spire Liverpool is over performing across the majority of PODs in 2017/18. However, total over performance of £133k/20% is driven by a £97k/36% increase in day cases. The majority of activity at Spire Liverpool is within the Trauma & Orthopaedics specialty. Pain Management has also seen an increase in activity against plan (£34k/195%). At HRG level, activity has been recorded across a number of HRGs, many against a zero plan.

3.8 Personal Health Budgets

Figure 29 - South Sefton CCG – 2017/18 PHB Plans

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
1) Personal health budgets in place at the beginning of quarter (total number per CCG)	48	11	52	23	56	24	60	
2) New personal health budgets that began during the quarter (total number per CCG)	4	0	4	1	4	2	4	
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	52	11	56	24	60	26	64	0
4) GP registered population (total number per CCG)	154916	154916	154916	154916	154916	154916	154916	154916
Rate of PHBs per 100,000 GP registered population	33.57	7.10	36.15	15.49	38.73	16.78	41.31	

Personal health budgets (PHBs) provide an amount of money to eligible residents to support their identified health and wellbeing needs, which are planned and agreed between the person and their local NHS team. The CCG are under plan for personal health budgets as at quarter 3 and continue to look for potential ways to increase the number of PHBs and collaborative work continues with other CCGs. The CCG’s quality team has supported the review of the current PHB processes to be more streamlined, which is providing positive results. We have also been successful in applying for support from NHS England which will enable us to improve how we deliver PHB services for wheelchair users and children and young people.

3.9 Continuing Health Care (CHC)

A number of measures are reported nationally on the NHS England website relating to Continuing Health Care (CHC). Three are reported in this report, and further indicators will be added to the report in the coming months.

Figure 30 - People eligible (both newly eligible and existing patients) at the end of the quarter (snapshot) divided by the population aged 18+, and expressed as a rate per 50,000 population

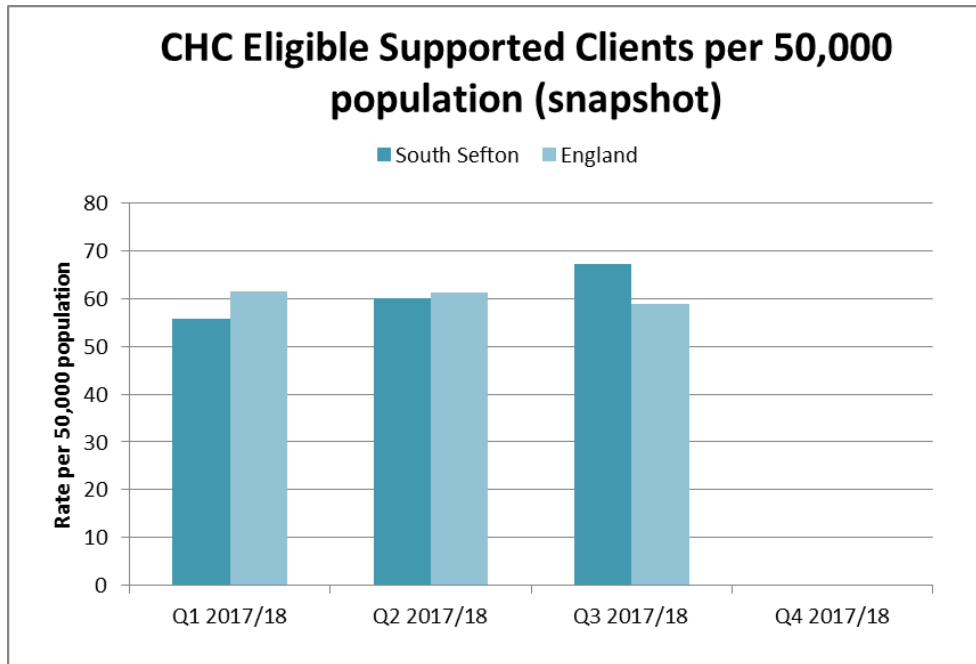


Figure 31 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

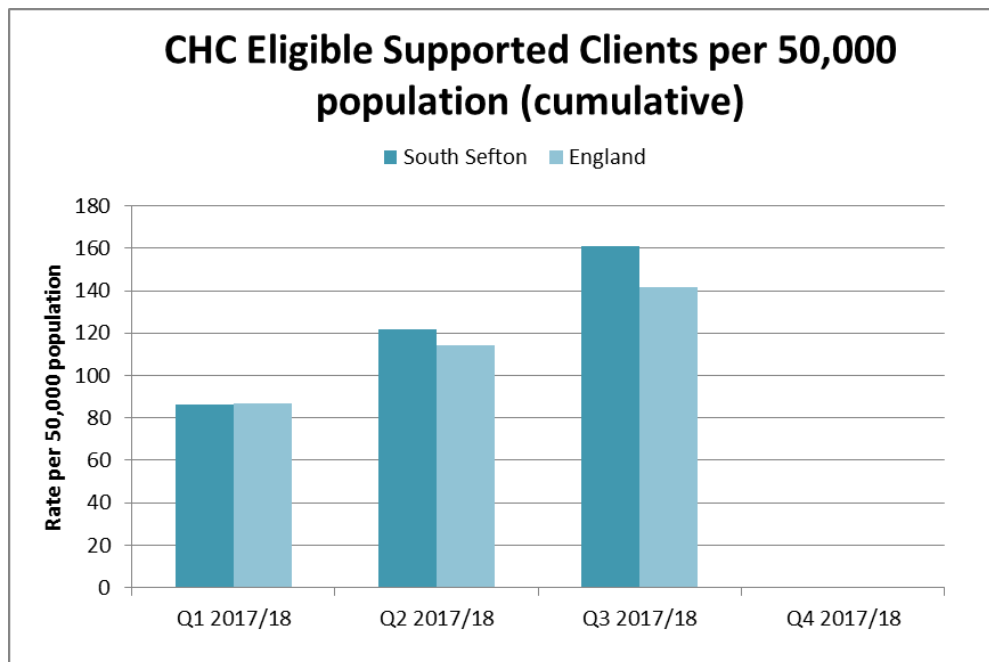


Figure 32 – Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist

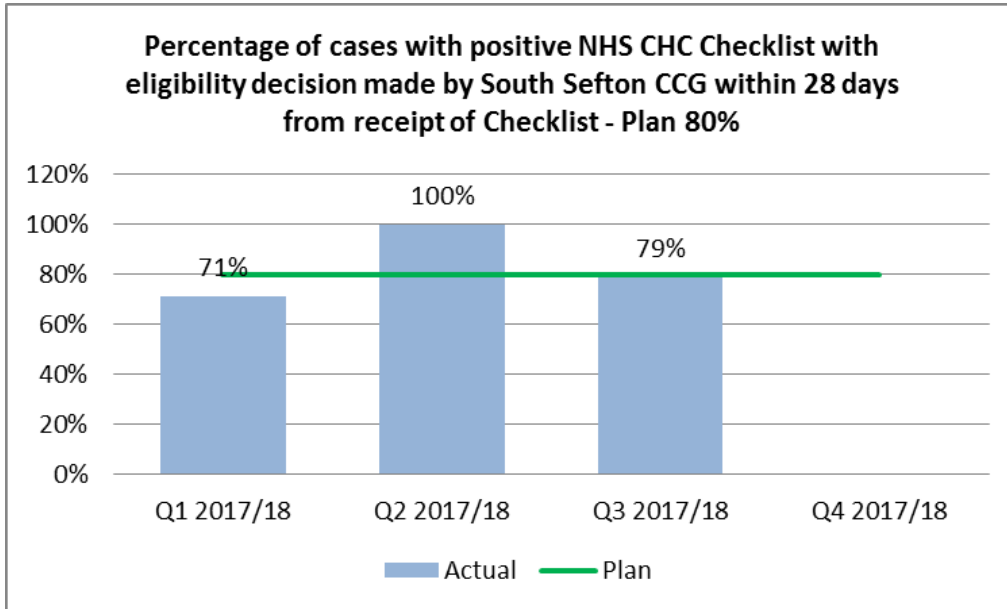
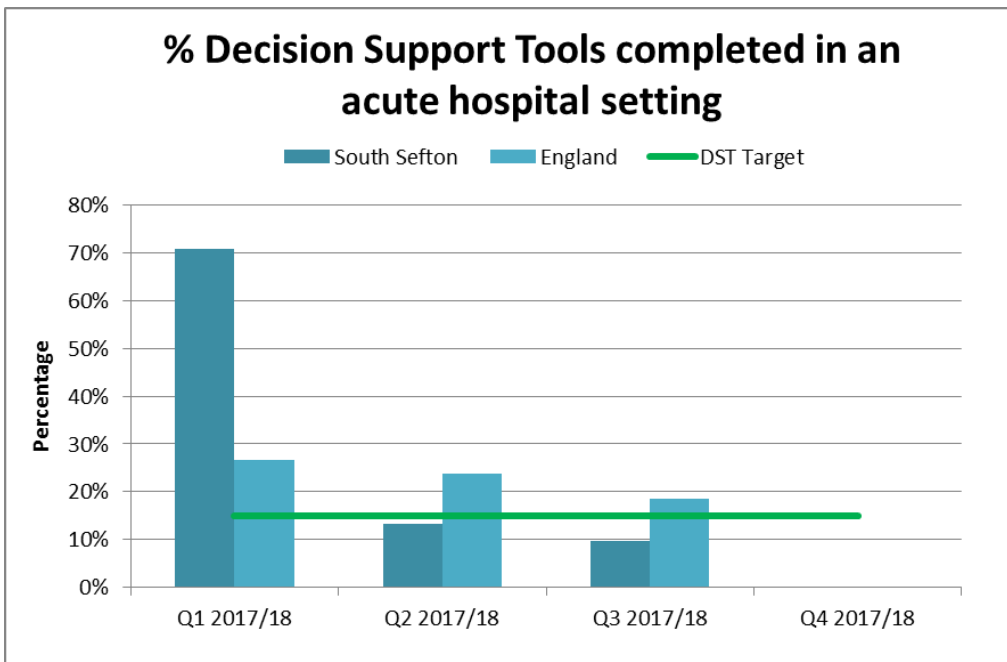


Figure 33 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



The proportion of DST assessments occurring in an acute hospital bed in South Sefton was significantly higher than the national average of 27% in Q1. Data submissions were validated to ensure accuracy, and a significant improvement was recorded at both Q2 with 13.3% and Q3 with 9.8% occurring in an acute setting. Further improvement is anticipated in Q4 with the introduction of 28 day health step down beds to support assessments for individuals with long term health needs being undertaken within a community setting. This work is being piloted at present and evaluation will be required to evaluate improvements to the pathway.

A CHC Programme Board has been established to replace the CHC Steering Group. The new board met in January, bringing together commissioners, providers and Local Authority colleagues.

3.10 Smoking at Time of Delivery (SATOD)

Figure 34 - Smoking at Time of Delivery (SATOD)

	South Sefton				
	Actual Q1	Actual Q2	Actual Q3	YTD	FOT
Number of maternities	367	452	402	1221	1628
Number of women known to be smokers at the time of delivery	56	62	69	187	249
Number of women known not to be smokers at the time of delivery	310	389	332	1031	1375
Number of women whose smoking status was not known at the time of delivery	1	1	1	3	4
Data coverage %	99.7%	99.8%	99.8%	99.8%	99.8%
Percentage of maternities where mother smoked	15.3%	13.7%	17.2%	14.4%	14.4%

The CCG is again above the data coverage plan of 95% at Q3, meaning the data is generally robust, but currently above the national ambition of 11% for the percentage of maternities where mother smoked the ambition will be 6% by the end of 2022. There is no national target for this measure. Performance against this metric is discussed with Providers at Maternity Commissioning Leads meetings attended by the CCG managerial lead for Children and Maternity Services.

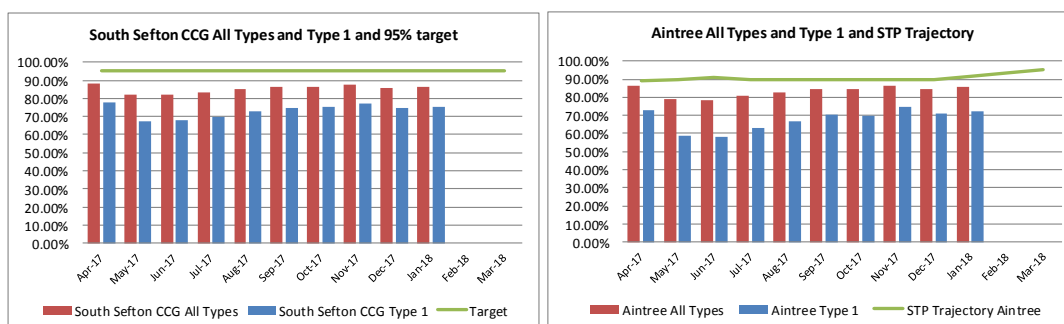
4. Unplanned Care

4.1 Accident & Emergency Performance

Figure 35 - A&E Performance

A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	17/18 - Feb	95%	85.26%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	17/18 - Feb	95%	73.19%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	17/18 - Feb	STP Trajectory Feb Target 93.3%	83.27%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	17/18 - Feb	95%	67.74%	↔

A&E All Types	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	YTD
STP Trajectory Aintree	89%	90%	91%	90%	90%	90%	90%	90%	90%	91.7%	93.3%	%
Aintree All Types	86.13%	78.78%	78.42%	80.81%	82.35%	84.47%	84.41%	86.58%	84.79%	85.59%	83.90%	83.27%



Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2017/18 and have failed the 93.3% February plan agreed with NHS Improvement recording performance with 83.9% (for all A&E department types) in February 2017, representing a 1.69% decrease compared to January.

Actions for improvement include:

- Continue to embed all aspects of the Emergency and Acute Care Plan and regularly monitor performance to ensure delivery of 90% ED performance and 75% notification to handover (N2H) performance.
- Complete review of the medical workforce establishment and submit for consideration at Business Case Review Group (BCRG). Additional sessions are being arranged to cover gaps in the existing rotas. This project is being supported by to ensure realignment of

current workforce is undertaken prior to business case completion. A super week is planned for 19th March to capture referral times and seen times by specialty doctors in ED.

- Paramedic bank commenced on 15th January within ED to help reduce the agency spend for nursing.
- NWAS 90 day project completed. Awaiting start date agreement for direct conveyancing to AEC. Raised at NWAS meeting and action was taken for NWAS to inform the Trust of start date.
- Recruitment of Acute Physicians and ED Consultants was successful with 3 consultants appointed for AMU start dates April and May. The successful candidate for ED started 5th February. The advert for another AMU consultant and a new post of Chief Medical Registrar has gone to advert.
- Complete full ED nurse establishment review. Completing a dependency study within the department which will complete on 19/11. The findings will be fed into the review.
- Develop series of PDSA cycles to test improvements in the following elements of EACP:
 - See and Treat – Allocation of rooms has been introduced and patient allocated to room for review
 - Board rounds - walk arounds have commenced to ensure staff are redirected to any hot spots.
 - Direct pathways to assessment areas
 - ‘Super Week’ planned for week commencing 19th March to bring all aspects of programme together.

Multi Agency Discharge Events (MADE) are being undertaken on a weekly basis with representation from health and social care to review practice at ward level. These are supplemented by weekly patient flow telephone meetings to facilitate and support discharge processes with multi-agency representation. The implementation programme for the SAFER patient flow bundle was affected by winter pressures but with work now refocused to ensure systems developed in all required ward areas. Roll out programme – Cohorts 1 and 2 rolled out, Cohort 3 rollout by end of March 2018 followed by Cohorts 4-9 rollouts by end of June 2018.

Figure 36 - A&E Performance – 12 hour breaches

12 Hour A&E Breaches				
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - Aintree (cumulative)	17/18 - Feb	0	18	↓

Aintree had no 12-hour breaches in February. 18 have been reported year to date; (9 in May, 2 in June and 4 in December). A Root Cause Analysis of the breaches are been submitted by the Trust. Initial review of the analysis identifies issues relating to access to specialist beds e.g. cardiology, respiratory with consideration needing to be given in future resilience planning to enabling capacity of specialist resources. The CCG will consider all issues and provide feedback to the Trust.

4.2 Ambulance Service Performance

In August NWAS went live with the implementation of the Ambulance Response Programme (ARP). NWAS performance is measured on the ability to reach patients as quickly as possible. Performance will be based upon the average (mean) time for all Category 1 and 2 incidents.

Performance will also be measured on a 90th percentile (9 out of 10 times) for Category 1, 2, 3 and 4 incidents.

In March data has been published at a national level to allow commissioners see performance against the new standards for the first time. NWSAS have found the implementation of ARP significantly more challenging than expected and performance has been disappointing.

In February there was an average response time in South Sefton of 10 minutes against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response was 33 minutes against a target of 18 minutes. The CCG however achieved the target of 90th percentile of calls within 180 minutes for category 4 calls, the only CCG in Merseyside to do so. The longest response times for Category 1 calls within Merseyside are in South Sefton and Southport and Formby.

Figure 37 – Ambulance handover time performance

Handover Times				
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	17/18 - Feb	0	162	↑ ↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	17/18 - Feb	0	101	↓

There has been an improvement in the number of handover delays in excess of 30 minutes to 162 (-36) and delays in excess of 60 to 101 (-36). The average time from notification to handover standard of 15 minutes has increased slightly by 40 seconds (8.34 to 19.14) compared to January. The time to see 1st clinician has increased to 79 minutes, against the 60 minute clinical quality indicated (an increase of 8 minutes against January 2018). The clinical quality indicators for the number of patients who leave the department before being seen and the 15 minute from registration to triage are being met month on month.

In mid-November, a guidance letter was issued to CCGs, Providers, and A&E Delivery Boards from the National Directors for Acute and Urgent Care at NHS England. The guidance 'Addressing ambulance handover delays: Actions for Local A&E Delivery Boards' sets out the main points from recent guidance documents, and separates them into actions to be embedded as part of normal working practice, and actions to be taken should ambulances begin to queue. There are 4 key principles that local systems should note:

- The patients in the urgent care pathway who are at highest risk of preventable harm are those for whom a high priority 999 emergency call has been received, but no ambulance resource is available for dispatch.
- Acute Trusts must always accept handover of patients within 15 minutes of an ambulance arriving at the ED or other urgent admission facility (e.g. medical/surgical assessment units, ambulatory care etc.).
- Leaving patients waiting in ambulances or in a corridor supervised by ambulance personnel is inappropriate.
- The patient is the responsibility of the ED from the moment that the ambulance arrives outside the ED department, regardless of the exact location of the patient.

This Ambulance Response Programme will remain a key area of review by the CCG with a focus on understanding work being undertaken to improve hospital turnaround times within Aintree.

A separate report around the new ambulance performance targets was presented to the Governing Body at the March meetings to update the Governing Body on the new performance targets and the issues facing the ambulance service.

Since then the north west contract for ambulance services for 2018/19 has been negotiated after extensive discussions and commissioning leads have recommended north west CCGs to increase the contract offer to NWS by a further £3.5m per annum (3.2% increase original contract value, in addition to the £4.5m additional funding in line with the 2018/19 NHSE planning guidance) as part of two year time limited monies to provide additional support to enable them to continue to improve ARP performance and importantly address concerns regarding patient safety. This funding is predicated on the North West achieving a 30 minute average hospital turnaround time, delivering by the end of quarter 1 and sustained through quarter 2. If hospital delays have not reduced by the end of quarter 2 further discussions will be triggered with NWS and NHSE/I. A performance improvement plan is in place to assure commissioners on delivery and patient safety. This plan includes 18 additional clinicians to support call handlers to provide greater assurance on the safe management of long patient waits and the upgrading of calls, standardised and simplified operational processes, an additional 43 double crewed ambulances and some workforce changes to provide additional capacity particularly for higher acuity calls, and a further option to increase the ambulance fleet with another 6 vehicles and 69 staff.

A performance risk share approach has been agreed acknowledging that although most of the major actions and responsibility lie with NWS to deliver, there are some clear CCG and system responsibilities relating to ambulance handover and AVS delays.

Commissioners do now have more confidence in the revised performance trajectories provided as these are based on clear actions and robust modelling. It is accepted however, that despite both NWS and commissioner actions that the ARP and turnaround targets will not be met for quarter 1. The service aims to deliver consistent performance of the standards by September 2018 with significant improvement by June 2018.

4.3 NNAS, 111 and Out of Hours

4.3.1 111 Service Calls



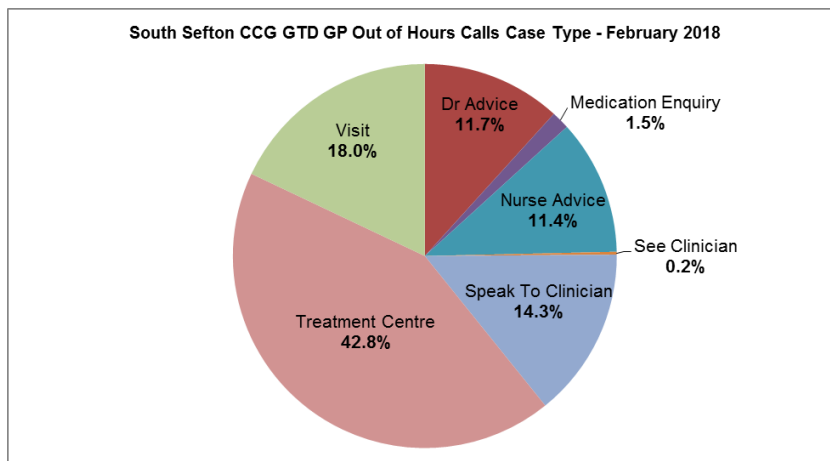
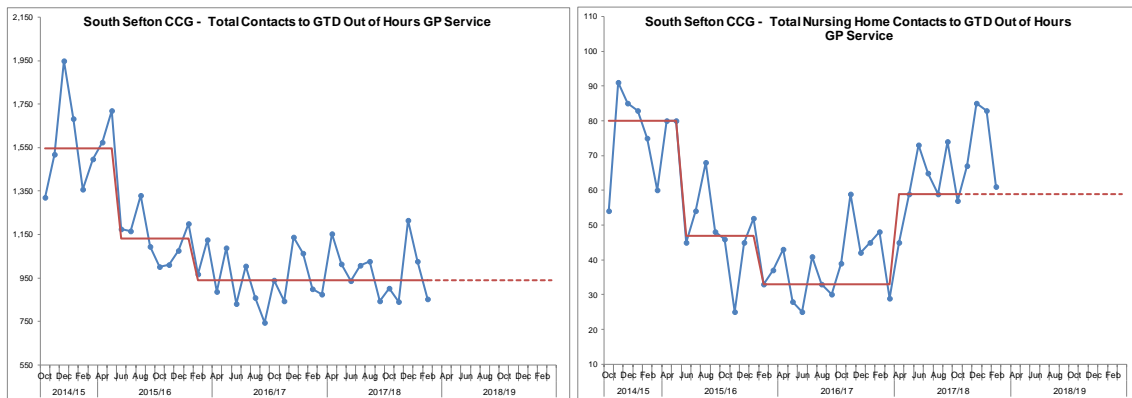
The number of calls in February from South Sefton CCG patients fell to 1,834 from 2,342 in January. There were a similar number of calls in February of the previous year (1,928) and when compared to the same 11 months of the previous year, there were a similar number of calls.

The breakdown for outcomes of 111 calls in February 2018 is as follows:

- 58% advised to attend primary and community care
- 16% closed with advice only
- 16% transferred to ambulance
- 7% advised to attend A&E
- 3% advised to other service

The percentage of calls which resulted in a transfer to an ambulance has been increasing. The average in 2015/16 was 13%, this has risen to 16% in 2017/18. A Similar increase can be seen in the proportion being advised to another service.

4.3.2 GP Out of Hours Service Calls



The number of calls from South Sefton patients to the GP OOH service has fallen in February to 852. When compared to the same point in the previous year, there have been 755 more calls so far in the first 11 months of 2017/18, an increase of 7.3%.

The majority of these calls (42.8%) resulted in a referral to a Treatment Centre. The number of calls which were case type See Clinician has fallen by 80%, and the proportion of calls which were Medication Enquiries has more than doubled from making up 2.4% in 2016/17 to 4.6% in 2017/18. The number of calls which were case type Dr. Advice have also shown an increase in 2017/18, with 281 more calls than in the previous year YTD.

For the fourth consecutive month, the number of GTD OOH calls from nursing homes remains above trend with 61 calls in month, compared to an average calls/month in 2016/17 of 39. The number of calls is also high when compared to February 2017, when the CCG recorded 48 calls from nursing homes. At this point in the previous year, there were 433 calls recorded, in 2017/18 there have been 728, an increase of 68%.

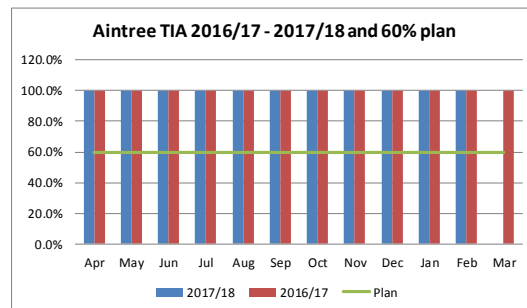
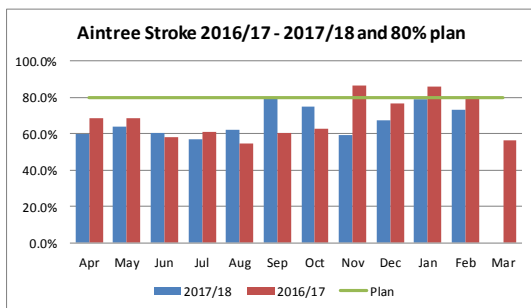
South Sefton CCG, in collaboration with Go To Doc (GTD) and NWAS, has now gone live with their out of hours Clinical Assessment Service (CAS) in June 2017.

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Figure 38 - Stroke & TIA performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	17/18 - Feb	80%	73.20%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	17/18 - Feb	60%	100%	↔



Aintree failed the 80% target of stroke patients spending at least 90% of their time on a stroke unit in February, achieving 73.2%, a decline on last month when they recorded 79.1%. In February 41 patients with a diagnosis of stroke were discharged from the Trust during the month. 30 patients spent 90% of their stay on the Stroke Unit; the standard was not achieved for 11 patients. All breaches of the standard are reviewed and reasons for underperformance identified:

- 9 patients required admission to the Stroke Unit but no beds were available
- 1 patient was diagnosed as a stroke after MRI
- 1 patient was referred to the Stroke team after an MRI

Lack of available stroke beds remains a consistent issue in preventing achievement of the standard. A focused piece of work is being undertaken sponsored by the Chief Nurse and Chief Operating Officer in an attempt to improve compliance with the stroke standards.

Actions:

- Continue Registered Nurse and Therapy recruitment for funded HASU beds.
- Discuss and agree options to support recruitment with the Divisional Nurse.
- Present case studies of Stroke patients who were seen by Stroke Nurse Clinician on arrival and accepted after MRI result.
- Explore options for step down facility for Stroke rehabilitation patients.
- Terms of reference to be agreed by the Division for the improvement work which is to be undertaken.

4.4.2 Mixed Sex Accommodation

Figure 39 - Mixed Sex Accommodation breaches

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	17/18 - Feb	0.00	0.00	↔
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	17/18 - Feb	0.00	0.00	↔

4.4.3 Healthcare associated infections (HCAI)

Figure 40 - Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - Feb	50	40	↔
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	17/18 - Feb	42	60 (45 following appeal)	↓
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - Feb	0	1	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	17/18 - Feb	0	1	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	17/18 - Feb	129	127	↓
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	17/18 - Feb	No Plan	268	↓

The CCG had 3 new cases of Clostridium Difficile reported in February (40 year to date) against a year to date plan of 50 (24 apportioned to acute trust and 16 apportioned to community). The year-end plan is 54. Aintree had 3 new cases reported in February (60 year to date) against a year to date plan of 42. (There have been 15 successful appeals upheld at panel, so 45 cases following appeal). The year-end plan is 46.

The CCG and Aintree had no new cases of MRSA in February and just 1 case of MRSA in June. The case was subject to the national Post Infection Review (PIR) process and the case was finally assigned to the Trust. The PIR review team could not identify any lapses in care, however the patient was screened negative on admission and the first indication of MRSA was the confirmation of the bacteraemia.

The National HCAI data capture system does not reflect appeal decisions taken locally therefore regional and national reporting of cases still includes those which have been successfully appealed.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2017/18 which is 142 for South Sefton CCG, in February there were 11 cases bringing the year to date total to 127 which is now under the 129 year to date plan. There are no targets set for Trusts at present.

4.4.4 Hospital Mortality

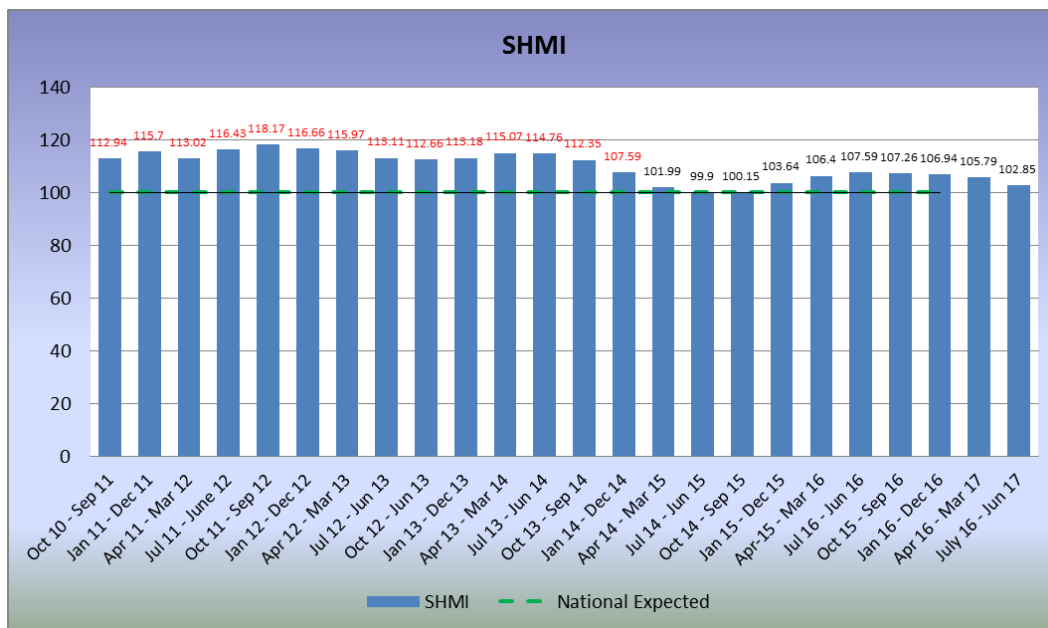
Figure 41 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - Feb	100	94.29	↑
Summary Hospital Level Mortality Indicator (SHMI)	Jul 16 - Jun 17	100	102.85	↓

HSMR is reported for the rolling 12 months to November 2017 with the latest data showing a marginal increase to 94.29 from 93.3 previously reported. Position remains better than expected. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected.

SHMI at 102.85 is marginally better at June 2017 and within tolerance levels.

Figure 42 - Summary Hospital Mortality Indicator



4.5 CCG Serious Incident Management

A lack assurance for CCG serious incident processes has been highlighted following review of the Month 11 data. A deep dive and data cleansing has taken place on request of the Chief Nurse which has been led by Corporate Governance Manager. The Chief Nurse has commissioned an external review of CCG serious incident processes by MIAA, and peer review from Bolton NHS Foundation Trust, Bolton CCG and west Cheshire CCG as part of end to end processes.

Aintree University Hospital NHS Foundation Trust have reported eight serious incidents on StEIS which are also recorded as a Never Event between August 2017 and March 2018. Seven being wrong site surgery or wrong implant / prosthesis. Five relate to orthopaedic surgery. Assurances are being sought by the CCG and NHS E C&M which includes an external review being commissioned from the Royal College of Orthopaedics. NHS E C&M have requested assurance from the CCGs Serious Incident Review Groups (SIRGs) and in the process of reviewing the minutes of the SIRGs and a number of RCA's and responses, with a meeting in place to review any learning and recommendations.

4.6 CCG Delayed Transfers of Care

Delayed transfers of care data is sourced from the NHS England website. The data is submitted by NHS providers (acute, community and mental health) monthly to the Unify2 system.

NHS England are replacing the previous patient snapshot measure with a DTOC Beds figure, which is the delayed days figure divided by the number of days in the month. This should be a similar figure to the snapshot figure, but more representative.

Figure 43 - Average Delayed Transfers of Care per Day at Aintree April 2017 – February 2018

Reason for Delay	2017/18											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
A) COMPLETION ASSESSMENT	0	0	2	1	2	2	1	1	0	1	0	
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	
C) WAITING FURTHER NHS NON-ACUTE CARE	11	9	11	7	8	9	9	16	5	6	7	
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	
DII) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	
E) AWAITING CARE PACKAGE IN OWN HOME	4	1	6	1	3	2	5	4	5	6	7	
F) COMMUNITY EQUIPMENT/ADAPPTIONS	0	0	1	0	1	0	1	0	0	0	0	
G) PATIENT OR FAMILY CHOICE	13	18	20	8	14	15	8	17	15	9	9	
H) DISPUTES	0	0	0	0	0	0	0	0	1	0	0	
I) HOUSING	0	0	0	0	0	1	0	0	0	0	0	
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	
Grand Total	28	29	39	18	28	29	24	38	26	22	23	

The average number of delays per day in Aintree hospital increased slightly in February to 23 from 22 reported in January. Of the 23, 9 were patient or family choice (39.1%), 7 were awaiting further NHS non-acute care (30.4%) and 7 were awaiting care package in own home (30.4%).

Analysis of average delays in February 2018 compared to February 2017 shows one more delay in February 2018 (23 compared to 22 for 2017 a 4.5% increase).

Figure 44 - Agency Responsible for Days Delayed at Aintree April 2017 – February 2018

Agency Responsible	2017/18										
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
NHS - Days Delayed	726	852	962	515	725	800	584	991	665	461	445
Social Care - Days Delayed	112	45	221	34	134	93	176	134	164	217	219
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0

The total number of days delayed due to the NHS was 445 in February, a decrease of 16 from January when 461 was reported. Delays due to social care was 219 in February, a slight increase from 217 reported in January. No delays due to both were reported in February.

In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the acute setting, the Urgent Care Commissioning Lead participates in a weekly system wide teleconference. In addition weekly MADE events are held to support patient flow within the trust with representatives from health and social care.

Figure 45 - Average Delayed Transfers of Care per Day - Merseycare - April 2017 – February 2018

Average Delays per Day

Reason for Delay	2017/18										
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
I) HOUSING	1	4	5	3	8	10	10	8	8	8	9
C) WAITING FURTHER NHS NON-ACUTE CARE	9	6	7	6	6	6	6	5	5	4	6
DIII) AWAITING NURSING HOME PLACEMENT	4	4	4	7	8	8	7	8	5	4	4
G) PATIENT OR FAMILY CHOICE	0	0	0	1	1	2	3	3	2	3	4
B) PUBLIC FUNDING	8	6	5	3	2	1	2	2	2	2	3
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	3	1	0	3	4	3	2	3	3	3	3
A) COMPLETION ASSESSMENT	8	4	6	6	6	5	6	5	4	2	2
E) AWAITING CARE PACKAGE IN OWN HOME	2	1	5	5	3	3	4	3	0	0	1
H) DISPUTES	0	0	0	1	1	1	1	1	1	1	0
F) COMMUNITY EQUIPMENT/ADAPPTIONS	0	0	0	1	1	0	0	0	0	0	0
O) OTHER	0	3	2	1	1	1	0	2	2	2	0
Grand Total	35	29	34	37	41	40	41	40	32	29	32

The average number of delays per day at Merseycare increased slightly to 32 in February. Of the 32 delays, 9 were due to housing, 6 waiting further NHS non-acute care, 4 were awaiting nursing home placements, 4 were delayed due to patient or family choice, 3 awaiting residential care home placement, 3 public funding, 2 were awaiting completion of assessment, and 1 was awaiting care package in their own home.

Analysis of average delays in February 2018 compared to February 2017 shows them to be lower by 2 (5.9%).

Figure 46 - Agency Responsible and Total Days Delayed - Merseycare - April 2017 – February 2018

Agency Responsible	2017/18										
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
NHS - Days Delayed	409	488	447	403	613	680	704	705	587	612	538
Social Care - Days Delayed	351	243	367	574	526	406	396	327	218	214	184
Both - Days Delayed	285	197	217	149	132	151	178	166	179	90	153

The total number of days delayed caused by NHS was 538 in February, compared to 612 last month. Analysis of these in February 2018 compared to February 2017 shows an increase from 436 to 538 (23.4%). The total number of days delayed caused by Social Care was 184 in

February, compared to 214 in January. MerseyCare also have delays caused by both which were 153 in February, a 70.0% increase from the previous month when 90 were reported.

4.7 ICRAS

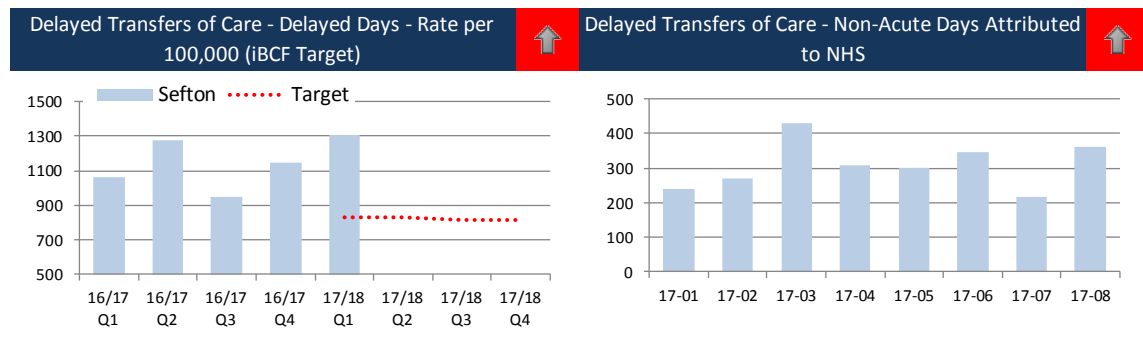
The Integrated Community Reablement and Assessment Service (ICRAS) responds to the need for aligned community services in Sefton, Liverpool and Knowsley for the delivery of step-up (admission avoidance) and step-down care (transition from hospital or other urgent care setting) for those with support needs.

Phase 1 of ICRAS commenced on the 2nd October 2017 and is integral to the delivery of responsive 24/7 urgent community health and care services. The ICRAS comprises a range of intermediate health and social care services, which includes:

- an intermediate care/assessment bed base(s) delivered via locality hubs;
- multi-disciplinary care in a person's usual place of residence; or
- reablement support.

This model is predicated on the 'lanes' approach to hospital discharge and the hospital having less social workers based at the hospital, the majority of which will become community-based.

In its first three months of operation, significant savings in terms of admissions avoided have already been made. Phase 2 of the project commenced on 1 April 2018 and specific metrics for the service have also been developed and will be reported to Sefton Health and Wellbeing Board as part of an integrated dashboard.





4.8 Patient Experience of Unplanned Care

Figure 47 - Aintree A&E Friends and Family Test performance

Friends and Family Response Rates and Scores
 Aintree University Hospital NHS Foundation Trust
 Latest Month: Feb-18

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	15.0%	17.3%		85%	84%		8%	10%	

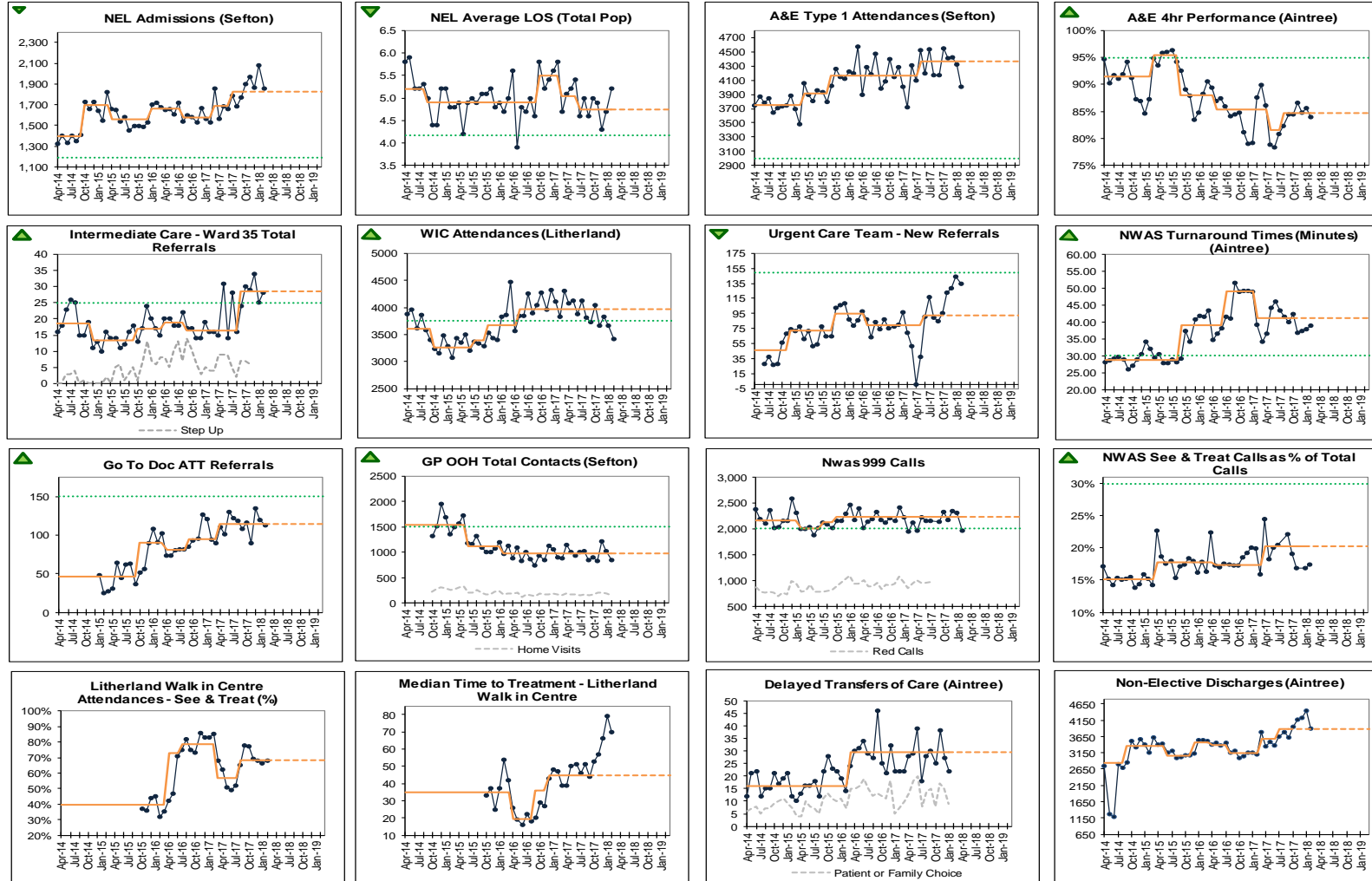
The Friends and Family Test (FFT) Indicator comprises of three parts:

- % Response Rate
- % Recommended
- % Not Recommended

The percentage of people that would recommend A&E is below the England average (85%) reporting 84% in February 3% lower than January. The not recommended percentage is at 10% in February 2% lower than the previous month and the England average 8%.

4.9 South Sefton Urgent Care Dashboard

An urgent care system dashboard has been developed by Dr Pete Chamberlain incorporating 16 key measures of urgent care. It forms part of a wider project to develop system-wide cascading dashboards to bring multiple indicators together to provide oversight of care in different settings.



Definitions

Measure	Description	Expected Directional Travel	
Non-Elective Admissions (O#1)	Spells with an admission method of 21-28 where the patient is registered to a South Sefton GP practice.	↓	Commissioners aim to reduce non-elective admissions by 15%
Non-Elective Admissions Length of Stay (O#2)	The average length of stay (days) for spells with an admission method of 21-28 where the patient is registered to a South Sefton GP practice.	↓	Commissioners aim to see a reduction in average non-elective length of stay.
A&E Type 1 Attendances (O#3)	South Sefton registered patients A&E attendances to a Type 1 A&E department i.e. consultant led 24 hour service with full resus facilities and designated accommodation for the reception of A&E patients.	↓	Commissioners aim to see fewer patients attending Type 1 A&E departments.
A&E 4hr % Aintree - All Types (O#4)	The percentage of A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge. Refers to Aintree University Hospital Trust catchment activity across all A&E department types (including walk-in centres).	↑	Commissioners aim to improve A&E performance to ensure that it meets/exceeds the 95% target.
Walk-in Centre Attendances (P#1)	All attendances (irrespective of patient registered GP practice) to Litherland walk-in centre.	↑	Commissioners aim to see an increase in patients attending walk-in centres (thus avoiding Type 1 A&E departments where possible).
Urgent Care Team New Referrals (P#2)	New patients seen by the Community Urgent Care Team in South Sefton.	↑	Commissioners aim to see an increase in patients being referred to the Community Urgent Care Team.
Intermediate Care - Ward 35 Total Referrals (P#3)	New referrals for South Sefton patients to Ward 35 Intermediate Care Unit at Aintree University Hospital.	↑	Commissioners aim to see an increase in patients being referred to Ward 35 Intermediate Care Unit.
Go to Doc ATT Referrals (P#4)	All South Sefton referrals to the Alternative to Transfer (ATT) service.	↑	Commissioners aim to see an increase in referrals to the ATT service.
Go to Doc Out of Hours Activity (P#5)	Total contacts to the South Sefton out of hours provider.	↑	Commissioners aim to see an increase in out of hours contacts.
NWAS Turnaround Times - Aintree (P#6)	Average time of Ambulance arrival (geofence or button press) to Ambulance clear and available (of All attendances) at Aintree University Hospital.	↓	Commissioners aim to see a reduction in average turnaround times so that they are less than or meet the 30 minute standard.
NWAS 999 Calls (B#1)	South Sefton - The total number of emergency and urgent calls presented to switchboard and answered.	↓	Commissioners aim to see a decrease in the number of emergency calls.
NWAS Cat Red Calls (B#2)	South Sefton - A combination of Red 1 and Red 2 Calls. Red 1 refers to life-threatening requiring intervention and ambulance response. Red 2 refers to immediately life-threatening requiring ambulance response.	↓	Commissioners aim to see a decrease in the number of life-threatening emergency calls.
NWAS See & Treat Calls	South Sefton - The number of incidents, following emergency or urgent calls, resolved with the patient being treated and discharged from ambulance responsibility on scene. There is no conveyance of any patient.	↑	Commissioners aim to see an increase in the number of patients who can be seen and treated on scene (where possible) to avoid an unnecessary conveyance to hospital.

4.10 Unplanned Care Activity & Finance, All Providers

4.10.1 All Providers

Performance at Month 11 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £2.2m/5.1%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£118k/-0.3%.

Aintree and Royal Liverpool represent the highest over performing providers for unplanned care at month 11 with a year to date variance of £2.4m/8% and £360k/20% respectively. In contrast, Southport & Ormskirk is currently underperforming by -£393k/-14%.

Figure 48 - Month 11 Unplanned Care – All Providers

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	86,735	97,589	10,854	13%	£32,599	£35,069	£2,471	8%	-£2,471	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	9,069	8,553	-516	-6%	£1,958	£1,790	-£168	-9%	£168	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	226	143	-83	-37%	£373	£361	-£12	-3%	£12	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	3,147	2,931	-216	-7%	£3,811	£3,540	-£270	-7%	£270	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	4,927	5,066	139	3%	£1,803	£2,163	£360	20%	-£360	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	9	7	-2	-24%	£51	£51	£1	1%	-£1	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	104,113	114,289	10,176	10%	£40,594	£42,975	£2,381	6%	-£2,381	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	61	101	40	64%	£15	£32	£17	115%	£0	£17	115%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	78	78	0%	£0	£16	£16	0%	£0	£16	#DIV/0!
SALFORD ROYAL NHS FOUNDATION TRUST	0	29	29	0%	£0	£7	£7	0%	£0	£7	#DIV/0!
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	7,440	7,114	-326	-4%	£2,817	£2,424	-£393	-14%	£0	-£393	-14%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	814	992	178	22%	£362	£412	£51	14%	£0	£51	14%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	61	134	73	119%	£164	£237	£74	45%	£0	£74	45%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	37	38	1	2%	£13	£19	£6	47%	£0	£6	47%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	175	175	0%	£0	£41	£41	0%	£0	£41	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	223	269	46	20%	£82	£143	£61	75%	£0	£61	75%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	55	68	13	23%	£35	£36	£1	4%	£0	£1	4%
ALL REMAINING PROVIDERS TOTAL	8,692	8,998	306	4%	£3,487	£3,368	-£118	-3%	£0	-£118	-3%
GRAND TOTAL	112,805	123,287	10,482	9%	£44,081	£46,343	£2,262	5.1%	-£2,381	-£118	-0.3%

*PbR Only

4.10.2 Aintree University Hospital NHS Foundation Trust

Figure 49 - Month 11 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E WiC Litherland	37,350	42,403	5,053	14%	£893	£893	£0	0%
A&E - Accident & Emergency	27,682	30,167	2,485	9%	£3,732	£4,137	£405	11%
NEL - Non Elective	13,443	13,906	463	3%	£25,049	£26,377	£1,328	5%
NELNE - Non Elective Non-Emergency	44	41	-3	-8%	£159	£150	-£9	-6%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	19	97	78	424%	£5	£24	£19	371%
NELST - Non Elective Short Stay	1,833	2,019	186	10%	£1,231	£1,382	£150	12%
NELXBD - Non Elective Excess Bed Day	6,364	8,956	2,592	41%	£1,529	£2,107	£578	38%
Grand Total	86,735	97,589	10,854	13%	£32,599	£35,069	£2,471	7.6%

4.10.3 Aintree Hospital Key Issues

Aintree is over performing across the majority of PODs related to Urgent Care. However, the total over spend of £2.4m/7.6% is mainly driven by an over performance within Non Electives, Non Elective Excess Bed Days and A&E. The key specialties over performing within unplanned care include Acute Internal Medicine, Gastroenterology, Diabetic Medicine and Cardiology. In contrast, there is currently a significant under spend within the Geriatric Medicine, Colorectal Surgery, Trauma & Orthopaedic and Accident & Emergency specialties.

Despite the overall indicative overspend for unplanned care PODs at Aintree, there is no financial impact of this to South Sefton CCG due to the Acting As One block contract arrangement.

4.10.4 Royal Liverpool University Hospital

Figure 50 - Month 11 Unplanned Care – Royal Liverpool University Hospital Trust by POD

The Royal Liverpool Hospital Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E - Accident & Emergency	4,070	3,992	-78	-2%	£423	£447	£24	6%
AMAU - Acute Medical unit	20	68	48	244%	£2	£6	£5	244%
NEL - Non Elective	615	617	2	0%	£1,219	£1,464	£245	20%
NELNE - Non Elective Non-Emergency	13	20	7	51%	£77	£105	£28	36%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	0	1	1	0%	£0	£0	£0	0%
NELST - Non Elective Short Stay	82	123	41	50%	£52	£82	£30	58%
NELXBD - Non Elective Excess Bed Day	128	245	117	91%	£30	£58	£28	95%
Grand Total	4,927	5,066	139	3%	£1,803	£2,163	£360	20%

4.10.5 Royal Liverpool University Hospital Key Issues

The overall Urgent Care over spend of £360k/20% is largely driven by a £245k/20% over performance in Non-Elective costs. Vascular Surgery is the top over performing speciality within this POD with a variance of £163k/125% against plan.

As with Aintree Hospital, despite the overall indicative overspend for unplanned care PODs at Royal Liverpool, there is no financial impact of this to South Sefton CCG due to the Acting As One block contract arrangement.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 51 - NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	Caseload as at 28/02/2018	2017/18 Plan	Variance from Plan	Variance on 28/02/2018
1 Common Mental Health Problems (Low Severity)	14	43	- 29	- 41
2 Common Mental Health Problems (Low Severity with greater need)	5	25	- 20	- 25
3 Non-Psychotic (Moderate Severity)	69	150	- 81	- 58
4 Non-Psychotic (Severe)	272	270	2	- 21
5 Non-psychotic Disorders (Very Severe)	89	67	22	3
6 Non-Psychotic Disorder of Over-Valued Ideas	36	46	- 10	- 8
7 Enduring Non-Psychotic Disorders (High Disability)	306	251	55	26
8 Non-Psychotic Chaotic and Challenging Disorders	136	122	14	- 6
10 First Episode Psychosis	147	144	3	- 4
11 On-going Recurrent Psychosis (Low Symptoms)	316	399	- 83	- 52
12 On-going or Recurrent Psychosis (High Disability)	386	354	32	4
13 On-going or Recurrent Psychosis (High Symptom & Disability)	108	101	7	1
14 Psychotic Crisis	24	27	- 3	- 2
15 Severe Psychotic Depression	8	6	2	2
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	43	38	5	2
17 Psychosis and Affective Disorder – Difficult to Engage	40	50	- 10	- 9
18 Cognitive Impairment (Low Need)	232	224	8	- 13
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	398	446	- 48	- 45
20 Cognitive Impairment or Dementia Complicated (High Need)	436	398	38	16
21 Cognitive Impairment or Dementia (High Physical or Engagement)	118	140	- 22	- 24
Cluster 99	281	558	- 277	- 403
Total	3,464	3,859	- 375	- 661

5.1.1 Key Mental Health Performance Indicators

Figure 52 - CPA – Percentage of People under CPA followed up within 7 days of discharge

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	95%	97%	100%	92.6%	92.3%	96%	89.3%	100%	81.0%	100%
Rolling Quarter				97%	100%	96.0%	95.2%	96%	92.6%	94.2%	81.0%	90.7%

Figure 53 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	No Patients	100%	No Patients	100%	100%	100%	66.7%	66.7%	100%	100%	100%
Rolling Quarter				100%	100%	100%	100%	66.7%	66.7%	77.8%	100%	100%

Figure 54 - EIP 2 week waits

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	No Patients	100%	67%	100%	50%	100%	67%	40.0%	100%	66.7%	87.5%
Rolling Quarter				80%	100%	81.8%	84.6%	67%	50%	64%	66.7%	81.8%

5.1.2 Out of Area Placements (OAP's)

Figure 55 - OAP Days

Period	Period Covered	Total number of OAP days over the period
	Feb 17 to Apr 17	128
	Mar 17 to May 17	160
Q1 2017/18	Apr 17 to June 17	96
	May 17 to Jul 17	51
	June 17 to Aug 17	28
Q2 2017/18	Jul 17 to Sep 17	23
	Aug 17 to Oct 17	20
	Sep 17 to Nov 17	10
Q3 2017/18	Oct 17 to Dec 17	15
	Nov 17 to Jan 18	100

The CCG has a target to reduce OAP's by 33% based on quarter 4 2016/17 activity. In quarter 4 2016/17, 104 OAP's were reported, and therefore the target for 2017/18 is 70. The latest reporting period is November to January 2018 where 100 OAP's were reported, an increase on the last reporting period of 15. The CCG is therefore currently failing to meet the target.

Please note due to operational reasons publication of this data for February has been delayed so will be reported in the next report.

5.1.3 Mental Health Contract Quality Overview

From April 2017 Liverpool CCG became the lead commissioner for the Mersey Care NHS Trust Foundation contract and as such joint contract and quality monitoring arrangements have been put in place to provide oversight and scrutiny to the contract.

Transformation Update

The Trust, in response to the recent Crisis Resolution Home Treatment Team (CRHTT) core fidelity review findings has established an urgent pathway work-stream to establish a Single Point of Access to enable a more responsive access point for urgent referrals. This work also includes the identification of staff who undertake CRHTT team functions with the aim of establishing a one stop integrated referral and response across the Trust's footprint. It is expected that the new CRHTT staffing structure and arrangements will be in place by March 2018.

The first phase of this work has involved assessment based staff being within a single team with the Trust's footprint with agreed triage and assessment process with Liverpool and South Sefton assessment staff now being co-located at Clock View. Assessment staff remain at Southport but are also now within a unified management structure. The assessment function will support a centralised point for triage on a daily basis, Monday to Friday - 08:00- 20:00, Saturday and Sunday - 09:00 - 13:00.

The assessment function also contains a bed management oversight and this arrangement has contributed to zero usage of Out of Area placements in months 9, 10 and 11 within the Trust's footprint. No mental health related 12 hours breaches have also been reported since October 2017.

In conjunction with the urgent pathway redesign and recognising the need to improve collaborative working, the Trust has developed enhanced GP liaison building upon the primary care mental health practitioners which have been in place since 2013/14. Consultant psychiatrists have been aligned to primary care localities so as to increase the mental health support available for GPs. Contact is being established to arrange consultant visits to practices and within these meetings it will be possible to discuss GP patients open to mental health services, and those patients not open but for whom the GP may wish to take advice on to either avoid the need for a referral or for support with signposting to an appropriate alternative service e.g. The Life Rooms. Meetings are ongoing to explore the discharge pathway from secondary to primary care for adult mental health patients.

Highlighted KPIs

The following KPIs within contract have been performing below agreed thresholds over a long reporting period.

- KPI 123 - Psychotherapy Treatment commencing within 18 weeks of referral: Threshold is 95%.
- KPI 125 - Eating Disorder Service Treatment commencing within 18 weeks of referrals: Threshold is 95%.

- KPI 147 - Adults on Care Programme Approach (CPA) receive a review within 12 months: Threshold is 97%.
- KPI 158 - Communication - (Inpatients). Appropriate Supply of Medication on Discharge: Threshold is 95%.

KPI 123: Psychotherapy treatment commencing within 18 weeks of referral

The psychotherapy service offers a safe, evidence-based therapeutic working relationship to enable service users to increase their understanding of themselves and their psychological difficulties, enabling them to be better equipped to manage their lives and maximise their recovery. Generally there is high patient engagement and low DNA rates (10%). Around 150 people are going through treatment at any time including group work.

The table below details performance to date (February 2018).

Psychotherapy Treatment commencing within 18 weeks of referral 95%	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	YTD
South Sefton CCG number	7	10	7	8	8	12	11	8	7	7	4	89
South Sefton CCG denom	27	30	25	23	23	24	21	17	8	16	12	226
% seen within 18 weeks	25.93%	33.33%	28.00%	34.78%	39.66%	50.00%	52.38%	47.06%	87.50%	43.75%	33.33%	39.38%
Southport & Formby CCG number	1	2	0	1	1	1	1	1	2	1	2	13
Southport & Formby CCG denom	3	4	1	2	2	3	3	3	3	2	2	28
% seen within 18 weeks	33.33%	50.00%	0.00%	50.00%	50.00%	33.33%	33.33%	33.33%	66.67%	50.00%	100.00%	46.43%
Trust catchment number	31	36	34	37	32	43	46	40	37	32	37	336
Trust catchment denom	103	110	96	91	83	96	90	75	48	73	63	792
% seen within 18 weeks	30.10%	32.73%	35.42%	40.66%	38.55%	44.79%	51.11%	53.33%	77.08%	43.84%	58.73%	42.42%

A course of Psychotherapy within the Trust takes up to 20 weeks. Individuals are assessed over 1-2 sessions prior to starting treatment. The psychotherapy service now has 8.0 WTE therapists, with 3.0 WTE additional posts commencing in February 2017. It is difficult to sustainably meet the 18 week target due to the length of therapy (average 16 weeks), and the complexity of service users. Holidays and sickness in a small service will also impact on waiting times.

There has been a reduction in those waiting 18 weeks or more from 41 to 26 people. 15 people of those 26 will be commencing a group in March 2018. A number of modalities of therapy are now seeing people referred for therapy within 18 weeks. The Trust has reported that the maximum wait has reduced from 56 weeks to 32 weeks which is still outside the 18 week threshold.

It should be noted that patient numbers within the two Sefton CCGs are small and therefore the KPI is therefore sensitive to small fluctuation.

Contact activity levels for both CCGs are over performing and this will also impact on waiting times. This is shown in the table below.

CCG	Annual Plan Contacts	Month 11 YTD Contacts	Variance
South Sefton CCG	273	994	721
Southport & Formby CCG	49	387	338

It is acknowledged that the achievement and maintenance of the 18 week standard will be challenging. The Trust has been requested to provide an update on progress for the April 2018 CQPG meeting.

KPI 125: Eating Disorder treatment commencing within 18 weeks of referral

The service offers assessment, psycho-education and psychological outpatient therapy to people with a wide range of psychological difficulties associated with eating. The service operates from the Rathbone Hospital site in Liverpool and the Hesketh Centre site in Southport.

The service is a psychotherapy led service with only one session per month physical health input being provided by a Liverpool GP. The service offers an initial 8 sessions, after which patients may be discharged, but for some patients the decision will be made at their 6th session to extend to 16 or 24 sessions. There are complex patients with severe and enduring presentation who will remain in the service for several years. Group therapy is also offered by the service. Patients who require inpatient admissions will be discussed with NHS England who commission regional inpatient eating disorder services. The service recently confirmed that no patient has waited more than 23 weeks for treatment.

Complex patients will also impact on wait times. Commissioners met with the service in February 2018 to discuss increasing medical/physical health support to primary care for those complex patients on the caseload. One option being explored is to run a pilot in Sefton only for a nurse practitioner to support GP colleagues in the management and review of complex patients. Sefton referrals as a total average 7 per month out of an average of 38 referrals received per month by the service as a whole. For the last 3 years the service has received an average of 450 referrals per year which is in excess of the demand originally envisaged.

The table below details performance to date (February 2018).

Eating Disorder commencing within 18 weeks of referral 95%	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	YTD
South Sefton CCG number	6	5	10	7	9	6	6	5	7	7	9	77
South Sefton CCG denom	9	7	10	7	12	9	8	8	8	9	10	87
% seen within 18 weeks	66.67%	71.43%	100.00%	100.00%	69.77%	66.67%	75.00%	62.50%	87.50%	77.78%	90.00%	88.51%
Southport & Formby CCG number	1	2	3	6	3	4	3	2	2	4	7	30
Southport & Formby CCG denom	7	2	3	6	4	6	5	5	3	5	8	46
% seen within 18 weeks	14.29%	100.00%	100.00%	100.00%	75.00%	66.67%	60.00%	40.00%	66.67%	80.00%	87.50%	65.22%
Trust catchment number	26	34	42	42	42	41	44	42	37	38	52	350
Trust catchment denom	72	40	44	51	59	57	57	58	48	46	59	486
% seen within 18 weeks	36.11%	85.00%	95.45%	82.35%	71.19%	71.93%	77.19%	72.41%	77.08%	82.61%	88.14%	72.02%

The Eating Disorder service currently has 5.45 WTE therapists (at various bands) within the service. In February 2018 a total of 124 people were reported as currently being seen within the service. The majority of patients receive either weekly 1:1 sessions or weekly group sessions with the latter recently introduced so as to improve access. April 2017 performance was particularly poor across Southport & Formby CCG and Liverpool CCG with a vacant post not being filled until May 2017.

It should be noted that patient numbers within the two Sefton CCGs are small and therefore the KPI is therefore sensitive to small fluctuation.

Contact activity levels for both CCGs are over performing and this will also impact on waiting times. This is shown in the table below.

CCG	Annual Plan Contacts	Month 11 YTD Contacts	Variance
South Sefton CCG	288	500	212
Southport & Formby CCG	291	447	156

KPI 147: Adults on Care Programme Approach (CPA) receive a review within 12 months

This indicator is collected quarterly. All patients within the Trust who are subject to CPA should have their plan reviewed at least annually and that it is made available within case notes and electronically filed. The details of the care plan should be consistent the published 21 mental health cluster pathways guidelines e.g. Cluster 11 – Ongoing recurring psychosis. This indicator will mostly apply to patients within adult CMHTs. The table below details performance to date (Quarter 3).

Adults on Care Programme Approach receive a review within 12 months 97%	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
South Sefton CCG number	357	491	493	0	1341
South Sefton CCG denom	366	544	519	0	1429
% reviewed annually	97.54%	90.26%	94.99%	#DIV/0!	93.84%
Southport & Formby CCG number	212	303	307	0	822
Southport & Formby CCG denom	218	367	356	0	941
% reviewed annually	97.25%	82.56%	86.24%	#DIV/0!	87.35%
Trust catchment number	2187	2951	3011	0	8149
Trust catchment denom	2239	3241	3181	0	8661
% reviewed annually	97.68%	91.05%	94.66%	#DIV/0!	94.09%

Sub optimal performance for this indicator is not confined to any single issue. CPA reviews are directly related to staffing, patient DNA and clinic cancellations.

The Trust recently reported that the CMHT staffing establishment in South Sefton was fully recruited to with previously vacant post being filled. There are a number of vacancies in Southport CMHT that the Trust is actively recruiting to, and in addition there are staff currently on long term sick which has impacted on Southport & Formby CCG performance which is reflected in the table above. The Trust has confirmed that remedial actions are being undertaken within Southport to ensure that all outstanding reviews will be undertaken in by early March 2018 and that they are properly recorded on Epex. The Trust has further confirmed that there is a wider internal focus to improve performance. Remedial actions include:

- Weekly reviews at MDT
- Supervision with individual practitioners
- Text reminders
- Telephone reminders

KPI 158: Communication - (Inpatients). Appropriate Supply of Medication on Discharge (minimum of 7 days) 95%

Performance has significantly deteriorated against this KPI since Quarter 1. The KPI is based on quarterly sampled audit. The table below details performance to date (Quarter 3).

Communication - (Inpatients). Appropriate Supply of Medication on Discharge (min of 7 days) 95%	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
South Sefton CCG number	27	11	6	0	44
South Sefton CCG denom	30	23	22	0	75
% appropriate supply	90.00%	47.83%	27.27%	#DIV/0!	58.67%
Southport & Formby CCG num	9	4	4	0	17
Southport & Formby CCG denom	14	18	15	0	47
% appropriate supply	64.29%	22.22%	26.67%	#DIV/0!	36.17%
Liverpool CCG number	58	50	43	0	151
Liverpool CCG denom	64	96	111	0	271
% appropriate supply	90.63%	52.08%	38.74%	#DIV/0!	55.72%
Trust catchment number	103	69	55	0	227
Trust catchment denom	117	148	157	0	422
% appropriate supply	88.03%	46.62%	35.03%	#DIV/0!	53.79%

At the end of Quarter 1 2017/18 responsibility of the audit was transferred from the Local Division to the Trust's clinical audit team at which point performance has deteriorated. The Local Division are working with their internal audit team to ensure all data fields that are used as part of the audit are completed i.e. all patients are offered a copy of the discharge and receive medication but if this is not recorded in the correct field on the Exep system then the audit team cannot verify this as being achieved. The Trust has also been advised of the NHS England Guidance: *Responsibility for prescribing between Primary, Secondary/Tertiary care* which was published in January 2018. Communication related KPIs within the contract continue to be a focus of concern. Commissioners are not satisfied that sufficient progress is being made. The Trust has reported that it is introducing digital based technology to enable more efficient transcription and that it is working to reduce the backlog of clinical letters.

Safeguarding

The Trust was issued with a Performance Notice on 11th May 2017 following deterioration in Safeguarding related performance between Quarter 2 and Quarter 3 in 2016/17 since then related performance has improved and commissioners are satisfied with the Trust's progress against staff training trajectories and the Trust is on track to meet agreed timescales. Updates will still be provided to the CQPG but will be less frequent for the contract review meeting. The Contract Performance Notice will stay open for 6 months after the training target has been reached to ensure sustainability.

RiO Clinical Information System

The Trust is in the process of implementing its new clinical information system (RiO), expected to go live across all services in June 2018. The Trust previously advised that there is likely to be a period of at least 6 months where activity and performance monitoring information will be reduced or unavailable. Risk is that KPIs may be not able to be captured and this could impede the quality assurance controls currently in place through the contract. This will impact the CCGs' ability to effectively manage the contract and is also likely to add further delays to the development and implementation of mental health currencies. There are already data quality issues for the small services that have already gone "live" with RiO and it is likely that more issues will be identified

with the transition of the major services, making planning and monitoring of contract activity and demand difficult. The Trust has confirmed that their business intelligence team priorities are national mental health data set and commissioner reporting requirements. This risk has been added to the CCG risk register.

Activity and data quality discussions currently take place at the Currency Development Group and the Trust has action plans in place for the Data Quality issues identified within the existing system. RiO is also a standing agenda item for the contract review meeting.

5.1.4 Patient Experience of Mental Health Services

Figure 56 - Merseycare Friends and Family Test performance

Friends and Family Response Rates and Scores
Mersey Care NHS Foundation Trust
Latest Month: Feb-18

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Mental Health	2.5%	2.7%		89%	92%		4%	2%	

Merseycare recorded 92% of respondents as recommending, this is now above the England average of 89% an improvement from the previous month when 87% was recorded. The rate of those not recommending is 2%, which is 2% lower than the England average.

5.2 Improving Access to Psychological Therapies

Figure 57 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2016/17	282	294	294	272	246	269	269	254	198	307	284	315
	2017/18	223	319	331	315	269	289	295	358	232	336	245	
Access % ACTUAL - Monthly target 1.25% for Q1 to Q3 - Quarter 4 only 1.4% is required	2016/17	1.16%	1.21%	1.21%	1.12%	1.01%	1.11%	1.11%	1.05%	0.81%	1.26%	1.17%	1.30%
	2017/18	0.92%	1.31%	1.36%	1.30%	1.11%	1.19%	1.21%	1.47%	0.95%	1.38%	1.01%	
Recovery % ACTUAL - 50% target	2016/17	41.1%	37.9%	30.7%	38.9%	34.5%	42.0%	39.0%	41.1%	36.7%	40.6%	50.3%	52.3%
	2017/18	35.4%	46.3%	41.9%	43.9%	47.4%	49.5%	43.0%	46.6%	42.1%	46.8%	41.5%	
ACTUAL % 6 weeks waits - 75% target	2016/17	93.5%	98.5%	96.4%	97.4%	97.7%	95.5%	98.0%	99.5%	98.0%	98.8%	99.4%	99.5%
	2017/18	98.8%	98.90%	97.9%	100.0%	99.5%	98.4%	99.5%	99.5%	99.3%	100.0%	99.5%	
ACTUAL % 18 weeks waits - 95% target	2016/17	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	99.3%	100.0%	100.0%	100.0%
	2017/18	100.0%	100.0%	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
National definition of those who have completed treatment (KPI5)	2016/17	166	162	156	164	148	171	162	212	153	167	173	189
	2017/18	169	181	196	184	199	186	192	197	150	179	203	
National definition of those who have entered Below Caseness (KPI6b)	2016/17	3	9	3	7	6	9	8	10	6	12	10	13
	2017/18	8	4	5	4	9	2	6	8	5			
National definition of those who have moved to recovery (KPI6)	2016/17	67	58	47	61	49	68	60	83	54	63	82	92
	2017/18	57	82	80	79	90	91	80	88	61	80	81	
Referral opt in rate (%)	2016/17	87.9%	89.4%	91.4%	84.2%	85.7%	84.2%	88.2%	83.2%	81.4%	84.1%	83.7%	80.4%
	2017/18	84.5%	89.0%	90.3%	84.7%	88.6%	88.9%	91.8%	89.3%	86.9%	91.3%	82.6%	

Cheshire and Wirral Partnership reported 245 patients entering treatment in Month 11, which is a 27.1% decrease from the 336 reported in Month 10. Confirmation from NHS England has outlined that Commissioners are advised that for 2017/18 the access standard of 4.2% per quarter (16.8% annually) should apply to quarter 4 only.

The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is therefore set for Quarter 4 at 4.2% which equates to 1.4% per month. The access rate for Month 11 was 1.01% and therefore failed to meet the standard.

There were 363 Referrals in Month 11, which was a 14.6% decrease compared to the previous month when there were 425. Of these, 67.77% were Self-referrals which is a decrease from the previous month (71.06%). GP Referrals were lower than the previous month with 66 compared to 69 for Month 10. The provider is working closely with Clock View, attending weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery was 41.5% in Month 11, which is a deterioration from 46.8% for the previous month and failing to meet the target of 50%.

Cancelled appointments by the provider saw a decrease in Month 11 with 100 compared to 114 in Month 10.

There was a decrease in DNAs in Month 11 (from 228 in Month 10 to 206 in Month 11); the provider has commented that the DNA policy has been tightened with all clients made aware at the

outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

In month 11, 99.5% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have therefore also waited less than 18 weeks (against a standard of 95%).

The provider has confirmed that in response to primary care queries they are working to develop a prioritisation tool.

From the point of referral, the provider is able to routinely offer an appointment to clients within five days. Subsequent appointment times are dependent on the agreed appropriate clinical intervention and the client's own personal preference and internal waits continue to be monitored weekly.

The provider is currently overhauling its internal wait reporting and no data is yet available it is expected that future reports will contain internal wait information.

5.3 Dementia

Figure 58 - Dementia casefinding

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
People Diagnosed with Dementia (Age 65+)	1219	1213	1224	1237	1247	1245	1259	1250	1216	1205	1178
Estimated Prevalence (Age 65+)	1845	1851.4	1855.3	1862	1860.5	1864.6	1864.6	1862.3	1870.5	1865.4	1864
NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)	66.07%	65.52%	65.97%	66.43%	67.02%	66.77%	67.52%	67.12%	65.01%	64.60%	63.20%
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

The latest data on the HSCIC website shows that South Sefton CCG are recording a dementia diagnosis rate in February of 63.2% which is under the national dementia diagnosis ambition of 66.7%. The rate has continued to drop over the past 3 months, and a recovery plan has been submitted to NHS England.

Sefton CCGs are developing a dedicated website for General Practice that will have information and resources to support practices through the process of case finding patients with dementia. A pilot is being undertaken to develop a multidisciplinary/ multi agency approach to the management of people living well with Alzheimer's disease, as well as a planned data cleansing exercise in SSCCG practices which may improve diagnosis rates.

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

Figure 59 - NHS South Sefton CCG – Improve Access Rate to CYPMH 17/18 (30% Target)

E.H.9	Q1 17/18		Q2 17/18		Q3 17/18		2017/18 Total	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
2a- Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	160	75	210	75	260	85	940	235
2b- Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	3,121	3,121	3,121	3,121	3,121	3,121	3,121	3,121
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	5.1%	2.4%	6.7%	2.4%	8.3%	2.7%	30.1%	7.5%

The data is published nationally by NHS Digital. Recent communications with the NHS Digital team have revealed that the data tables relating to this indicator have been removed from the publication. Discussions on the methods used to calculate these measures are ongoing between NHS England and NHS Digital therefore at this moment the information on how many new referrals have been made is omitted.

The CCG target is to achieve 30% by the end of the financial year. Quarter 3 performance showed 2.7% of children and young people receiving treatment (85* out of an estimated 3,121 with a diagnosable mental health condition), against a target of 8.3%. 175* more patients needed to have received treatment to achieve the quarter 3 target. This is an improvement on the previous 2 quarters when 75 was reported in each.

*For this data all values of less than 5 are suppressed by NHS Digital and replaced with a *, and all other values are rounded to the nearest 5.

5.5 Waiting Times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services

Figure 60 - South Sefton CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2017/18 Plans (95% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	2	1	2	6	2	4	2	
Number of CYP with a suspected ED (routine cases) that start treatment	2	3	2	6	2	4	2	
%	100.00%	33.33%	100.00%	100.00%	100.00%	100.00%	100.00%	

Figure 61 - South Sefton CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2017/18 Plans (95% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	2	0	2	0	2	1	2	
Number of CYP with a suspected ED (urgent cases) that start treatment	2	0	2	0	2	1	2	
%	100.00%	N/A	100.00%	N/A	100.00%	100.00%	100.00%	

For Q3 South Sefton had 1 patient waiting for urgent (less than 1 week waiting), and had 4 patient waiting for a routine appointments. Of those 4 patients, 1 was seen between 0-1 weeks, 1 was seen at 1-2 weeks and 2 were seen at 2-3 weeks so performance against the 4 week target is 100% (against national standard of 95%).

The performance in this category is calculated against completed pathways only.

5.6 CAMHS (18 weeks referral to treatment)

Alder Hey CAMHS performance continues to be adversely affected by staffing challenges within Sefton and Liverpool. The average waits for the pathway have risen in previous months but is now holding as recruitment plans are realised. As increased capacity will come online throughout Q4 waiting times will reduce. The current CAMHS dataset is being revised. Current waits identified in the table below:

Liverpool				Sefton			
	Partnership	Choice	Total		Partnership	Choice	Total
Under 18 weeks	56	183	239	Under 18 weeks	32	95	127
Over 18 weeks	76	5	81	Over 18 weeks	78	1	79
Over 40 weeks	2	0	2	Over 40 weeks	1	0	1
Total	134	188	322	Total	111	96	207
Average Ref to choice (weeks)			8	Average ref to choice (weeks)			11
Average Choice to P/Ship (weeks)			13	Average Choice to P/Ship (weeks)			12
Average RTT (weeks)			13	Average RTT (weeks)			23
RTT Pathway (%)			74	RTT Pathway (%)			61

6. Community Health

6.1 Mersey Care Community Contract

The information leads from the CCG and the new community provider, Mersey Care, continue to meet on a monthly basis to discuss the current contract performance. Along with the performance review of each service, discussions regarding the targets set out in the service specifications such as waiting time targets are also being had. The service reviews will be completed in full in May 2018 with a presentation of the outcomes to be arranged with the CCG.

Further work to understand the impact of ICRAS and the reporting mechanism for such schemes are on-going. The Trust is currently undertaking a gap analysis of each measure stipulated in the contract, detailing what is currently available and which needs further work. This is to be shared with the CCGs on completion in the coming months.

6.1.1 Quality

The CCG Quality Team and Mersey Care Community, frequently discuss the Quality Schedule KPIs, Compliance Measures and CQUIN development, this is to ensure that any issues are dealt with in a timely manner. The work programme continues to be reviewed, and is updated with specific areas requiring assurance, as well as focussing on areas highlighted in the QRP (Quality Risk Profile), Aintree CQC Inspection Action Plan (Community Services) and the enhanced surveillance from the transition handover document.

There is a review of all KPIs included in the Service Specifications, being undertaken by Mersey Care Community. This work will include LCH and Mersey Care Community BI Teams. KPIs

focusing on Quality, Patient Safety, Clinical Effectiveness and Patient Experience will be prioritised.

6.1.2 Patient DNA's and Provider Cancellations

A number of services have seen a high number of DNA's and Provider cancellations so far in 2017/18.

Patient DNAs

The Physiotherapy service continues to perform well above the threshold at 11.3% in February; this is an improvement from January (14.8%). The service is yet to report under the target position in 2017/18.

The Diabetes service in February is reporting above the target at 10.6%, a further decline in performance from 9.5% reported in January. The service has failed four out of the eleven months in 2017/18.

Dietetics performance has declined from 8.7% in January to 14% in February, remaining above the threshold. The service is yet to achieve the target in 2017/18 and has failed to do so for the previous years.

Provider Cancellations

Treatment room cancellations in February reported performance at 4.3%, a slight improvement from January's figures. The service has achieved the target only once in 2017/18 back in November.

The Diabetes service reported 3.7% of all appointments as cancelled by the Provider; this is an improvement from January but remains above the threshold. This service is failing in both patient DNA rates and Provider cancellations.

Provider cancellation rates have been discussed between the CCG and Trust in the latest contract meetings. The Trust has stated that they have recently been rearranging patients' appointments for an earlier date in order to improve the patients care and also reduce waiting times. Unfortunately the only way to do this is to cancel the existing appointment, resulting in higher provider cancellation rates.

6.1.3 Waiting Times

In February 2018, the following services reported above the 18 week waiting times target for the completed pathways (95th percentile).

Physiotherapy: February's position for completed pathways has improved slightly from 30 weeks in January to 29 weeks. Incomplete pathways have also improved from 24 weeks in January to 19 weeks in February. The longest wait is currently recorded at 28 weeks by two patients.

Nutrition & Dietetics: January's completed pathways position has also improved from 27 weeks in January to 20 weeks in February. The longest wait is currently recorded at 29 weeks by a single patient. Looking at the position of the 92nd percentile for incomplete pathways the service is within 18 weeks.

A review of waiting times is currently being undertaken in view of the service specifications. Current performance is monitored against the standard 18 week target.

6.2 Any Qualified Provider Mersey Care Podiatry Contract

The AQP Podiatry contract for South Sefton CCG patients transferred over to Mersey Care on 1st June. Therefore the following information reports a year to date position from month 3 onwards.

At Month 11 2017/18 YTD the costs for the CCG for initial contacts was £23,002 with 339 contacts and for follow-ups costs were £201,081 with 5,533 contacts.

The high number of costed follow ups is currently being queried with the Trust to enable the CCG to better understand the clinical need of these patients.

6.2.1 Liverpool Community Health Quality Overview

Paediatric Therapy Services - From 1st May 2017, therapy services were transitioned across to Alder Hey; the CCG will continue close monitoring of performance and patient safety particularly in relation to waiting times.

6.3 Alder Hey Community Services

6.3.1 Services

The following services have been taken over by the Trust for South Sefton CCG patients;

- Paediatric Continence
- Paediatric Dietetics
- Paediatric OT
- Paediatric SALT

Dietetic paediatric Outpatient Clinic DNA performance is at 5.2% so reporting green for February and improvement from the previous several months. Cancellations by the provider continues to be 0% as it has been all year, and cancellations by patient's reports to be 25.7% in February.

6.3.2 Waiting Times

Paediatric SALT: The issue of long waiters with SALT has been raised with the Trust at recent CQPG and Contract meetings, and it is understood that data cleansing exercise is being undertaken. The current waiting times (February) are 24 weeks at the 92nd percentile with 3 patients waiting as long as 36 weeks. Performance has steadily worsened over the year and the target of 18 weeks has not been achieved in 2017/18.

6.4 Percentage of Children Waiting more than 18 Weeks for a Wheelchair

Figure 62 - South Sefton CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2017/18 (92% Target)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of Children whose episode of care was closed within the reporting period where equipment was delivered in 18 weeks or less being referred to the service	19	Nil return	19	Nil return	19	Nil return	19	
Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made	20	Nil return	20	Nil return	20	Nil return	20	
%	95.00%	0.00%	95.00%	0.00%	95.00%	0.00%	95.00%	

NHS England guidance states that CCGs should set out improvement plans to halve the number of children waiting 18 weeks by Q4 2017/18 and eliminate 18 week waits for wheelchairs by the end of 2018/19. All children requiring a wheelchair will receive one within 18 weeks from referral in 92% of cases by Q4 2017/18 and in 100% of cases by Q4 2018/19.

South Sefton CCG commissioning arrangements have recently been clarified with NHS England commissioning this service and not South Sefton CCG, so a nil return for the CCG was recorded.

7. Third Sector Overview

Reports detailing activity and outcomes during Q3 have now been finalised, a copy of this report has now been circulated amongst CCG commissioning leads. Referrals to some services have increased during Q3 compared to the same period last year, others are stable; the complexity of service user issues is also increasing, cases are now taking longer to resolve.

A number of services providing support for service users applying for benefits have also informed the CCG of an increase in the number of people presenting with anxiety and stress as a result of the new Universal Credit application process. The online application is said to be difficult and has an effect on a high volume of service users, in particular those suffering mental health. A number of agencies have informed that the majority of payments appear to be delayed and residents of Sefton are suffering severe hardship as a result.

All services have reported that the impacts of funding efficiencies have impacted back office functions in the main and all are working hard to ensure front line service delivery in unaffected wherever possible.

Age Concern – Liverpool & Sefton

Age Concern are to attend Locality meetings to present an overview of services provided. Contact has also been made with Cheshire & Wirral Partnership (Access Sefton) to scope the possibility of collaborative working in particular peer group support meetings and talking therapies aimed at service users affected by bereavement, social isolation and depression. During Q3, Age Concern has a total of 98 service users engaging with the service per week. New referrals are stable in the region of 86 per quarter. All referred clients were assessed within 14 days from receipt of referral, plans detailing expected reablement outcomes were carried out for all and a total of 105 care plan reviews have taken place for clients within 6 weeks from commencement.

Alzheimer's Society

Alzheimer's Society is continuing to work in partnership with GP practices across the Sefton footprint, including attending locality meetings and with a regular drop in session at the Strand by Me Shop in Bootle Strand. The service is also working with a number of practices delivering dementia support clinics for patients and carers. This project has been very well received by patients, carers and practice staff. During Q3 Alzheimer's Society received a total of 65 new referrals and closed 154 cases (40% where the case was completed with outcomes met), the service currently has around 160 active cases. New referrals this year compared to Q3 last year are similar but overall referrals to the service have continued to increase by around 65% year on year. For the first time the service has reported more referrals via a health route than self/carer, this is a mixture of the memory clinics, GP's and other health services.

Expect Ltd

Expect LTD has a total of 137 existing clients across Sefton. The centre has had 1,948 contacts during Q3. Approximately 1,195 of these contacts engaged in structured activities such as Easy & Healthy Cooking and are particularly well attended by males who have been typically harder to engage with. Case studies of service users have reported significant positive outcomes in improved mental health and associated reductions in utilisation of crisis services, A&E attendances and hospital admissions from self-harm and resulting in users returning to employment.

Sefton Carers Centre

The service has approx. 334 carers registered, including 58 parent carers and 54 young carers. During Q3 there have been 34 new referrals made to the service, the ages of those who have registered during this period has increased significantly with the majority of carers supporting people with dementia and Alzheimer's. Sefton Carers Centre is authorised by the Local Authority to approve Child's Needs Assessments, these inform the Carers' Support Plans completed on the Local Authority's behalf, and 258 have been completed by the centre in Q3. Sefton Carers Centre has also secured £71k in backdated welfare benefits for the residents of Sefton during Q3 bringing the total year to date figure to more than £1.1m. The service currently has 49 volunteers, and the volunteer value at the centre during Q3 equates to £21k.

Sefton CAB

Sefton CAB has received 34 new referrals during Q3; slightly less referrals than during the same period 2016-17. The sources of referral are mostly Mental Health Professionals 57% and Self referrals 42%. Most enquiries are in relation to benefits and changes to Universal Credit (namely online applications) have been problematic as most service users have profound mental health issues. Appeals for benefit claims are becoming more frequent and delayed discharges are mainly as a result of funding issues for those requiring supported living accommodation. A number of patients with Mental Health conditions have been readmitted to Clock View and this has been reported to be due to poor, inappropriate or inadequate accommodation. The financial outcome as a result of intervention from Sefton CAB is over £1m to date.

Sefton CVS

Support for Black and Minority Ethnic group patients has increased with 26 new referrals in Q3 as well as 75 existing cases. This service has supported people in registering with GP's and encouraged a number of people to access other healthcare providers including mental health care, and support around benefits, again with issues accessing Universal Credit online and debt issues. Health and Wellbeing trainers saw 161 new referrals in Q3 in addition to the caseload of 61. Reasons for accessing support include social inclusion and confidence building (43%), finances, accommodation and housing (35%), and health related issues (18%). Half of referrals in Q3 were from District Nurses and Community Matrons, and 15% from GPs.

Sefton Advocacy

Sefton Pensioner's Advocacy has merged with Sefton Advocacy. The Pensioner service has received a total of 54 new referrals in Q3 and a caseload of 141 existing cases. The main reasons for advocacy were in regard to finance/benefits (40%), housing (26%) health & wellbeing (12%) & complaints/appeals (12%). Service users report feeling Safer and more secure at home, improved Health and Emotional Wellbeing and a reduction in social isolation and has managed to secure £620,894 in benefits, grants and CHC funding for clients during Q2.

Swan Women's Centre

The counselling service has seen 75 new referrals in Q3 with 48 on the service caseload. Almost 50% are self-referrals and a further 32% from health professionals including GPs. Service users are reporting health related benefits such as increased physical activity and stopping smoking as healthy coping strategies to deal with mental health issues.

Imagine Independence

During Q3, Imagine Independence carried forward 28 existing cases. A further 139 were referred to the service via IAPT this quarter, an increase on the same period last year. A total of 34 service users attended job interviews, 16 managed to secure paid work for 16+ hours per week and the service supported 31 people in retaining their current employment.

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

SWACA received 338 new referrals during Q3 from a variety of sources; the top 3 referrals were received from Police (36%), Self (17%) and Safeguarding Children (20%).

The service makes onward referrals and liaises with other agencies, often Local Authority safeguarding teams and offers refuge to service users.

Stroke Association

There were 65 referrals within South Sefton and a further 94 within Southport & Formby during Q3. Over 90% of referrals are direct from Hospitals often while a patient is still in hospital and service staff attend weekly discharge planning meetings. These meetings are utilised to discuss the support and rehabilitation needs of new and existing service users in order to jointly plan the way forward. The service continues to support users post stroke which includes back to work support, welfare benefits and financial support, emotional support, and tailored information for younger families. The Stroke Association has developed a stroke specific Outcomes Framework which links to Public Health, NHS and Adult Social Care outcome indicators. Some indicators are a subjective assessment of achievement having been discussed and agreed by the coordinator in conversation with the service user. Others are more objective for example numbers who report as attending and enjoying regular peer support groups and so have reduced isolation or those who have had their benefits maximised.

Parenting 2000

During Q3 the service received 12 adult referrals and 73 referrals for children. The majority of referrals are self-referrals. There are 39 existing service users accessing counselling across the borough of Sefton such as bereavement counselling with parents or behaviour counselling with children.

Netherton Feelgood Factory

Drop in sessions are offered at the centre with clients with complex personality disorders plus severe anxiety/depression, with substantial minority with bipolar, schizoaffective disorders, learning disabilities or dementia. Many service users accessing this service have medically unexplained symptoms, e.g. pain, headaches, fatigue. By accepting the reality of their symptoms and talking things through, the service has managed to reduce appointments with GPs and unnecessary

investigations and referrals. The service has also taken people for appointments with Atos, job centres, hospitals, GPs and social workers which may otherwise DNA.

CHART (Crosby Housing and Reablement Team)

During Q3 the service received 65 new referrals, of these new referrals 23 people have been accommodated, a further 38 people have been supported to stay in their current residence. Of these referrals, the service has enabled 16 patients to be discharged from hospital and have prevented 17 people becoming homeless. The main source of referral during this period has come from Mersey Care NHS Trust (86%).

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Figure 63 - South Sefton CCG - Extended Access at GP services 2017/18 Plans

		E.D.14	Months 1-6	Months 7-12
Extended access (evening and weekends) at GP services	2017/18 Plan	Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group. The criteria of 'Full extended access' are: <ul style="list-style-type: none"> • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice 	-	-
		Total number of practices within the CCG.	30	30
		%	0.00%	0.00%
	2018/19 Plan	Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group. The criteria of 'Full extended access' are: <ul style="list-style-type: none"> • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice 	-	-
		Total number of practices within the CCG.	30	30
		%	0.00%	0.00%

This indicator is based on the percentage of practices within a CCG which meet the definition of offering extended access; that is where patients have the option of accessing routine (bookable) appointments outside of standard working hours Monday to Friday. The numerator in future will be calculated from the extended access to general practice survey, a new data collection from GP practices in the form of a bi-annual survey conducted through the Primary Care Web Tool (PCWT). Currently in South Sefton 15 out of 30 practices and in Southport and Formby 18 out of 19 practices are offering some extended hours, however the planning requirements include Saturday and Sunday and appointments outside core hours. No practices in either CCG are offering all three elements and there are no plans to do so at this stage.

A CCG working group are developing a service specification for an extended hours hub model to provide extended access in line with the GP Five Year Forward View requirements. This service will be live from October 2018.

8.2 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission and details of any inspection results are published on their website. There has been one new inspection in South Sefton recently; this was The Strand Medical Centre who continues to score 'good' for aspects. All the results are listed below:

Figure 64 - CQC Inspection Table

South Sefton CCG									
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led	
N84002	Aintree Road Medical Centre	19 March 2018	Good	Good	Good	Good	Good	Good	
N84015	Bootle Village Surgery	03 August 2016	Good	Good	Good	Good	Good	Good	
N84016	Moore Street Medical Centre	17 June 2016	Good	Good	Good	Good	Good	Good	
N84019	North Park Health Center	n/a	Not yet inspected the service was registered by CQC on 7 March 2017						
N84028	The Strand Medical Centre	04 April 2018	Good	Good	Good	Good	Good	Good	
N84034	Park Street Surgery	17 June 2016	Good	Good	Good	Good	Good	Good	
N84038	Concept House Surgery	24 July 2017	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement	
	129 Sefton Road (Branch Surgery)	08 August 2017	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement	
N84001	42 Kingsway	07 November 2016	Good	Good	Good	Good	Good	Good	
N84007	Liverpool Rd Medical Practice	06 April 2017	Good	Good	Good	Good	Good	Good	
N84011	Eastview Surgery	11 October 2017	Good	Good	Good	Good	Good	Good	
N84020	Blundellsands Surgery	24 November 2016	Good	Good	Good	Good	Good	Good	
N84026	Crosby Village Surgery	29 October 2015	Requires Improvement	Good	Good	Good	Good	Requires Improvement	
N84041	Kingsway Surgery	07 November 2016	Good	Good	Good	Good	Good	Good	
N84621	Thornton Practice	19 February 2015	Good	Requires Improvement	Good	Good	Good	Good	
N84627	Crossways Practice	06 August 2015	Good	Good	Good	Good	Good	Good	
N84626	Hightown Village Surgery	18 February 2016	Good	Requires Improvement	Good	Good	Good	Good	
N84003	High Pastures Surgery	09 June 2017	Good	Good	Good	Good	Good	Good	
N84010	Maghull Family Surgery (Dr Sapre)	21 August 2017	Good	Requires Improvement	Good	Good	Good	Good	
N84025	Westway Medical Centre	23 September 2016	Good	Good	Good	Good	Good	Good	
N84624	Maghull Health Centre	05 February 2015	Good	Good	Good	Good	Good	Good	
Y00446	Maghull Practice	19 March 2015	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	
N84004	Glovers Lane Surgery	10 May 2016	Good	Good	Good	Good	Good	Good	
N84023	Bridge Road Medical Centre	15 June 2016	Good	Good	Good	Good	Good	Good	
N84027	Orrell Park Medical Centre	20 August 2015	Good	Good	Good	Good	Good	Good	
N84029	Ford Medical Practice	31 March 2015	Good	Good	Good	Good	Good	Good	
N84035	15 Sefton Road	22 March 2017	Good	Good	Good	Good	Good	Good	
N84043	Seaforth Village Practice	29 October 2015	Good	Good	Good	Good	Good	Good	
N84605	Litherland Town Hall Health Centre	26 November 2015	Good	Good	Good	Good	Good	Good	
N84615	Rawson Road Medical Centre	16 March 2018	Good	Good	Good	Good	Good	Good	
N84630	Netherton Practice	24 September 2015	Good	Requires Improvement	Good	Good	Good	Good	

Key	
	= Outstanding
	= Good
	= Requires Improvement
	= Inadequate
	= Not Rated
	= Not Applicable

9. Better Care Fund

A quarter 4 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in April 2018. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date. BCF planning guidance is awaited for 2018/19 and has been delayed until after local elections.

A summary of the Q4 BCF performance is as follows:

Figure 65 – BCF Metric performance

Metric	Definition	Assessment of progress against the planned target for the quarter
NEA	Reduction in non-elective admissions	On track to meet target
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target

Figure 66 – BCF High Impact Change Model assessment

		Maturity assessment				
		Q2 17/18	Q3 17/18	Q4 17/18 (Current)	Q1 18/19 (Planned)	Q2 18/19 (Planned)
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place
Chg 2	Systems to monitor patient flow	Established	Established	Established	Established	Established
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Established	Established
Chg 4	Home first/discharge to assess	Mature	Mature	Mature	Mature	Mature
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place
Chg 6	Trusted assessors	Established	Established	Established	Established	Established
Chg 7	Focus on choice	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

The CCG Improvement and Assessment Framework (IAF) draws together in one place 51 indicators including NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. These are located in the four domains of better health, better care, sustainability and leadership. The assessment also includes detailed assessments of six clinical priority areas of cancer, mental health, dementia, maternity, diabetes and learning disabilities (updated results for these will not be reported until later in the year). The framework is then used alongside other information to determine CCG ratings for the entire financial year.

A full exception report for each of the indicators citing performance in the worst quartile of CCG performance nationally or a trend of three deteriorating time periods is presented to Governing Body as a standalone report. This outlines reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible, and expected date of improvement for the indicators.

11. NHS England Monthly Activity Monitoring

CCGs were required to submit two year (2017-19) activity plans to NHS England in December 2016. NHSE monitor actual activity against these planned activity levels, however NHSE use a different data source than CCGs to monitor the actual activity against plan. The variance between the plan and the NHS England generated actuals have highlighted significant variances for our CCGs. CCGs are required to submit the table below on a monthly basis providing exception commentary for any variances +/- 3%. The main variances are due to the data source used by NHSE; this assigns national activity data to CCGs by a different method. The end column of the table below describes the CCG calculated variances from plan and any actions being taken to address over/under performance which is of concern. A national issue has been identified regarding the application of Identification Rules to identify activity relating to Specialised Commissioning. This has had the (unquantifiable at this stage) effect of overinflating the % variance for each CCG.

Please note there is no update for month 11 due to a deadline being a later than normal from NHS England for the submission.

MEETING OF THE GOVERNING BODY MAY 2018

Agenda Item: 18/78	Author of the Paper: Becky Williams Strategy & Outcomes Officer Email: becky.williams@southseftonccg.nhs.uk Tel: 0151 317 8456
Report date: April 2018	
Title: Improvement and Assessment Framework 2017/18 Quarter 2 Exception Report.	
Summary/Key Issues: This paper presents an overview of the 2017/18 CCG Improvement and Assessment Framework, and a summary of Q2 performance including exception commentary regarding CCG Improvement and Assessment Framework indicators for which the CCG is either ranked as performing in the lowest 25% of CCGs nationally, or where performance is consistently declining. The report describes reasons for underperformance, actions being taken by clinical and managerial leads to improve performance, and expected date of improvement.	
Recommendation	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to receive this report.	

Links to Corporate Objectives *(x those that apply)*

	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	X			A summary Dashboard is presented to Finance & Resource Committee upon release each quarter.

Links to National Outcomes Framework (<i>x those that apply</i>)	
X	Preventing people from dying prematurely
X	Enhancing quality of life for people with long-term conditions
X	Helping people to recover from episodes of ill health or following injury
X	Ensuring that people have a positive experience of care
X	Treating and caring for people in a safe environment and protecting them from avoidable harm

Report to Governing Body **MAY 2018**

1. Executive Summary

The Improvement and Assessment framework draws together in one place 51 indicators including NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. These are located in the four domains of better health, better care, sustainability and leadership. The assessment also includes detailed assessments of six clinical priority areas of cancer, mental health, dementia, maternity, diabetes and learning disabilities. The framework is then used alongside other information to determine CCG ratings for the entire financial year.

An IAF dashboard is released by NHS England on a quarterly basis identifying areas of declining performance, or performance indicators which sit in the most adverse quartile nationally. The Q2 dashboard was released to CCGs 2 February 2018, before public release on My NHS on 8 February 2018. An update of the six clinical property areas for 2017/18 is awaited.

Some areas of performance have been identified as a Key Line of Enquiry (KLOE) by NHS England due to either a significant improving or deteriorating position (identified by three consecutive data points in the same direction). Other indicators have been identified as residing in the best or worst quartile (25%) of CCGs nationally.

A framework has been drawn up to assign Leadership Team, Clinical, and Managerial leads to every indicator. The purpose of this is to assign responsibility to improving performance for each indicator to a named lead. This paper presents an overview of the 2017/18 CCG Improvement and Assessment Framework, and a summary of Q2 performance including exception commentary regarding CCG Improvement and Assessment Framework indicators for which the CCG is either ranked as performing in the lowest 25% of CCGs nationally, or where performance is consistently declining. The report describes reasons for underperformance, actions being taken by clinical and managerial leads to improve performance, and expected date of improvement.

The IAF dashboard is also included in the Integrated Performance Report presented to Governing Body monthly for review and assurance.

2. Introduction and Background

A dashboard is released each quarter by NHS England outlining performance for all performance indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance for those indicators. This approach allows for sharing of good practice between the two CCGs, and the dashboard is released for all CCGs nationwide allowing further sharing of good practice.

An update of the six clinical property areas for Q1 2017/18 is awaited.

Figure 1 – Q2 2017/18 IAF Dashboard

NHS South Sefton CCG

2016/17 Year End Rating:

Requires Improvement

Better Health		Period	CCG	Peers	England	Trend	
R	102a % 10-11 classified overweight 2013/14 to 2015/16		35.4%	↑	6/11	142/207	
R	103a Diabetes patients who achieved 2016-17		41.3%	↑	5/11	66/207	
R	103b Attendance of structured education 2016-17*		8.6%	↑	5/11	65/207	
R	104a Injuries from falls in people aged 65+ 17-18 Q1		2,731	↓	9/11	195/207	
R	105b Personal health budgets 17-18 Q2		16	↑	7/11	84/207	
R	106a Inequality Chronic - ACS & UC 17-18 Q1		3,268	↑	9/11	191/207	
R	107a AMR: appropriate prescribing 2017 09		1.214	↓	5/11	188/207	
R	107b AMR: Broad spectrum prescribing 2017 09		8.3%	↓	7/11	81/207	
	108a Quality of life of carers (not available)						

Sustainability		Period	CCG	Peers	England	Trend	
R	141b In-year financial performance 17-18 Q2		Amber	↔	#N/A	#N/A	
R	144a Utilisation of the NHS e-referral 2017 10		21.5%	↑	11/11	196/207	

Leadership		Period	CCG	Peers	England	Trend	
R	162a Probity and corporate governance 17-18 Q2		Fully Compliant	↔	#N/A	#N/A	
	163a Staff engagement index 2016		3.70	↓	9/11	183/207	
	163b Progress against WRES 2016		0.12	○	7/11	95/207	
	164a Working relationship effectiveness 16-17		63.79	↓	9/11	157/207	
	166a CCG compliance with standards of public and patient participation (not available)						
R	165a Quality of CCG leadership 17-18 Q2		Amber	↔	#N/A	#N/A	

Key	
	Worst quartile in England
	Best quartile in England
	Interquartile range

Better Care		Period	CCG	Peers	England	Trend	
R	121a High quality care - acute 17-18 Q2		60	↓	9/11	90/207	
R	121b High quality care - primary care 17-18 Q2		64	↓	10/11	154/207	
R	121c High quality care - adult social care 17-18 Q2		59	↓	7/11	154/207	
	122a Cancers diagnosed at early stage 2015		49.1%	↑	7/11	166/207	
R	122b Cancer 62 days of referral to treatment 17-18 Q2		86.4%	↑	4/11	44/207	
R	122c One-year survival from all cancers 2015		72.7%	↑	2/11	71/207	
	122d Cancer patient experience 2016		8.8	↑	7/11	54/207	
R	123a IAPT recovery rate 2017 09		46.4%	↑	9/11	170/207	
R	123b IAPT Access 2017 09		2.9%	↑	10/11	195/207	
R	123c EIP 2 week referral 2017 11		74.4%	↓	8/11	122/207	
	123d MH - CYP mental health (not available)						
	123f MH - OAP (not available)						
	123e MH - Crisis care and liaison (not available)						
R	124a LD - reliance on specialist IP care 17-18 Q2		66	↔	3/11	144/207	
R	124b LD - annual health check 2016-17		28.3%	○	11/11	203/207	
R	124c Completeness of the GP learn 2016-17		0.45%	○	11/11	121/207	
R	125d Maternal smoking at delivery 17-18 Q2		13.7%	↓	4/11	138/207	
	125a Neonatal mortality and stillbirths 2015		6.1	○	8/11	166/207	
	125b Experience of maternity services 2015		81.2	○	7/11	73/207	
	125c Choices in maternity services 2015		67.0	○	6/11	70/207	
R	126a Dementia diagnosis rate 2017 11		67.1%	↓	10/11	122/207	
R	126b Dementia post diagnostic support 2016-17		74.6%	↑	9/11	187/207	
R	127b Emergency admissions for UC 17-18 Q1		3,203	↓	6/11	184/207	

R	127c	A&E admission, transfer, disc 2017 12	85.8%	↓	6/11	68/207	
R	127e	Delayed transfers of care per : 2017 11	18.0	↑	10/11	180/207	
R	127f	Hospital bed use following em 17-18 Q1	606.6	↑	10/11	193/207	
	105c	% of deaths with 3+ emergency admissions in last three months of life (not available)					
	128b	Patient experience of GP servi 2017	83.9%	↑	9/11	128/207	
R	128c	Primary care access 2017 10	0.0%	↔	6/11	120/207	
	128d	Primary care workforce 2017 03	0.90	↑	9/11	163/207	
R	129a	18 week RTT 2017 11	92.2%	↓	8/11	62/207	
	130a	7 DS - achievement of standards (not available)					
R	131a	% NHS CHC full assessments t 17-18 Q2	13.3%	↓	8/11	61/207	
	132a	Sepsis awareness (not available)					

3. Key Issues

Areas of performance which have been identified as deteriorating in performance or residing in the worst performing quartile (20%) of CCGs nationally, or identified as a Key Line of Enquiry (KLOE) by NHS England. KLOEs are identified by three consecutive data points in the same direction.

To note:

122b Cancer 62 day referral to treatment target has improved markedly in Q2 with the CCG performing in the top quartile nationally (86.4%)

125d Maternal Smoking at Time of Delivery (SATOD) has improved in Q2. CCG no longer in worst quartile nationally (13.7%)

Indicator No.	Indicator Description	Q2 2017/18 Performance	SLT/ Clinical/ Managerial Lead	Reasons for underperformance	Actions to address underperformance	Expected Date of Improvement
104a	Injuries from falls in people aged 65yrs +	Worst quartile, but improving (2,731 falls in over 65s Q1 17/18)	Jan Leonard/ TBC/ TBC	No strategy in place, Community Provider has not recruited to falls service lead vacancy	CCG has developed a joint integrated programme with the Local Authority (Integrated Commissioning Group). The CCG has reviewed its existing falls incidence and assessed opportunities in relation to	2018/19

					Rightcare. A draft strategy was considered through QIPP Committee in June 2017.	
106a	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions (ACS)	Worst quartile and deteriorating (3,268 in Q1 17/18)	Jan Leonard/ Andy Mimmagh/ David Warwick	Nationally there are large inequalities in the rate of unplanned hospitalisation for chronic ambulatory care sensitive conditions when comparing the most and least deprived areas. The most deprived decile has about three times as many emergency admissions compared to the least deprived decile at a national level.	Primary Care Streaming service commenced in Aintree 2/10/17. As the service develops the volume of primary care eligible patients, and therefore a number of the non-complex UCS presentations, is expected to increase. This development will reduce the volume of ACS admissions into the acute Trust. The CCG are awaiting data from Aintree relating to the Acute Frailty Unit (AFU) Service. This will support a review of attendances to the AFU which are all classified as admissions.	June 2018
107a	Anti-microbial resistance – appropriate prescribing in primary care	Worst quartile but improving (1.2 antibacterial drug items per STAR PU Oct 16 – Sept 17)	Jan Leonard/ Anna Ferguson/ Susanne Lynch	National evidence suggests that antimicrobial resistance (AMR) is driven by over-using antibiotics and prescribing them inappropriately. Reducing inappropriate antibiotic use will also protect patients from healthcare acquired infections such as Clostridium difficile infections. Locally some issues with prescribing codes and we need to liaise with other prescribing services attached to the CCG not just GP practices (e.g. sexual health)	Antimicrobial resistance is within the CCG local quality contract facilitated by the CCG medicines management team. Discussions at Practice Quarterly meetings of practice prescribing of antimicrobials using data on the QP target for antimicrobial items per STAR-PU. Implementation within the practice of a process for the issue of delayed / deferred / back-up prescriptions where appropriate, for upper respiratory tract infections and UTI, and inclusion of the processes to support this within the practice prescribing policy.	March 2018
122a	Cancers	Worst quartile	Jan	49.1% of cancers in South	There is a data lag in respect of this	2016 data

	diagnosed at early stage	but improving (no data refresh from previous IAF Q1 publication)	Leonard/ Debbie Harvey/ Sarah McGrath	Sefton were recorded at stage 1 or 2 in 2015 compared with 52.2% nationally. However 1 year survival which is used as a proxy for early stage survival stands at 70.2% similar to the national average of 70.4%.	measure. Since 2015 NICE has produced new guidance for the referral and management of suspected cancer. We have increased GP access to investigations such as CT abdomen in line with NICE. The Cancer Transformation fund has dedicated strand for early diagnosis looking at lung, colorectal and vague symptoms pathways	release (release date TBC)
123a	IAPT recovery rate	Worst quartile, but improving	Jan Leonard/ Sue Gough/ Geraldine O'Carroll	June 2017 performance of 42.4% was reported in the Q1 IAF release. Recovery rates dipped as the IAPT provider has worked to bring the patients who have been waiting longest into the service. These patients are more likely to disengage without completing treatment. However, as waits reduce, this was expected to improve and September 2017 recovery rate stands at 46.4%.	Recruitment of additional staff, increased opening times with late evening sessions, Practitioners have undergone NHSE Long Term Condition training and EMDR training (specific therapy for trauma clients) to meet population needs. Pre-therapy groups offered to waiting list patients waiting for CBT based on feedback that clients are not always prepared for therapy. Anxiety workshops, telephone system upgrade.	March 2018.
123b	IAPT Access Rate	Worst quartile, but improving	Jan Leonard/ Sue Gough/ Geraldine O'Carroll	Q2 access rate stands at 2.9% against 3.75% quarterly target for Q1-Q3 (1.25% per month) and 4.2% in Q4.	As above. IAPT service is progressing toward the last Quarter target of 4.20 % for 2017/18. The provider has confirmed that in response to primary care queries they are working to develop a prioritisation tool.	2018/19
124b	LD Annual Health checks	Worst quartile, no trend	Jan Leonard/ Sue Gough/ Tracy Reed	2016/17 performance is reported in the Q2 2017/18 IAF and at 28.3% South Sefton is ranked one of the	Working with practices with low uptake, to identify any difficulties or support issues with access to the LD health checks by people with learning disabilities. Promote awareness	Q4 2017/18

				lowest CCGs nationally at 203rd of 207 CCGs. Some practices have signed up to DES with NHS England. Capacity to conduct checks across all practices has been cited as a challenge.	and importance of the LD Annual Health Checks Scheme with stakeholders. Community LD Team to develop a strategy to ensure that systems are in place to maintain relationships with GP practices, and that people with learning disabilities known to team are receiving Health Checks.	
125a	Neonatal mortality and stillbirths	Worst quartile nationally (no data refresh from previous IAF Q1 publication)	Debbie Fagan/ Wendy Hewitt/ Peter Wong	2015 performance is reported in the Q1 2017/18 IAF and at 6.1 South Sefton is ranked 166 of 207 CCGs.	Implementation of Saving Babies Lives Care Bundle. Seek assurance from maternity providers via data collection and requesting information such as implementation of policies and procedures e.g. use of foetal weight charts, supporting mothers who smoke, seek evidence of case note audits). Providers engaged within Children & Maternity Vanguard developments re: neonatal and maternity care.	2016 data release
126b	Dementia post diagnostic support	Worst quartile, but improving	Jan Leonard/ Sue Gough/ Kevin Thorne	2016/17 performance is reported in the Q2 2017/18 IAF and at 74.6%. South Sefton is ranked 187 of 207 CCGs nationally. Low uptake by some practices.	Practices should develop a planned programme of activity to establish internal routines to appropriately review patients with dementia and engage with carers as per QOF guidance. Awareness raising and support from Sefton Alzheimer's Society and Sefton Carers centre should also assist practices to meet these requirements.	2016/17 data 74.6% which is improving and still above QOF requirement of 70%.
127b	Emergency admissions for urgent care sensitive conditions (UCS)	Worst quartile but improving	Jan Leonard/ Andy Mimmagh/ David Warwick	Q1 2017/18 performance is 3,203 admissions. There are large inequalities in the rate of emergency admissions for urgent care sensitive conditions when comparing the most and least deprived	Locally a Primary Care Streaming service commenced in Aintree on 2 nd October 2017. As the service develops the volume of primary care eligible patients, and therefore a number of the non-complex UCS presentations, is expected to increase. This development will, over time, reduce the	March 2018



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				<p>areas nationally. A well performing urgent and emergency care system should minimise the rate of emergency admission for urgent care sensitive conditions in more as well as less deprived areas.</p>	<p>volume of ACS admissions into the acute Trust. The CCG are awaiting data from Aintree relating to the Acute Frailty Unit (AFU) Service. This will support a review of attendances to the AFU which are all classified as admissions.</p>	
127c	A&E admission, transfer, discharge within 4 hours	Deteriorating position	Jan Leonard/ Andy Mimmagh/ David Warwick	<p>December 2017 performance reported in the Q2 2017/18 IAF at 85.8%.</p>	<p>Continue to embed all aspects of the Emergency and Acute Care Plan and regularly monitor performance to ensure delivery performance. Complete review of the medical workforce establishment. Additional sessions are being arranged to cover gaps in the existing rotas. This project is being supported by Ernst & Young to ensure realignment of current workforce is undertaken prior to business case completion. •Following financial agreement for PCS, fully implement •NWAS 90 day project completed. Awaiting start date agreement for direct conveyancing to AEC. Progress the recruitment of Acute Physicians. Interview date scheduled for January. Complete full ED nurse establishment review, including a dependency study within the department which will complete on 19/11. The findings will be fed into the review. EY and Exec support is in place to ensure the delivery the KPI's to improve quality and</p>	September 2018



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					<p>performance. A rapid improvement event with focus on the See & Treat area is planned for week commencing 20/11.</p> <p>Develop series of PDSA cycles to test improvements in the following elements of the EACP:- See and Treat- Board rounds - 60 minute to first clinician- Direct pathways to assessment areas.</p>	
127e	Delayed Transfers of Care per 100,000 population	Worst quartile, and deteriorating	Jan Leonard/ Andy Mimmagh/ David Warwick	November 2017 performance 18 per 100,000. 180 th of 207 CCGs nationally.	<p>The Urgent Care Commissioning Lead participates in a weekly system wide teleconference to review DTOC's, with the acute Trust, Local Authorities and CCG's. This aims to remove blockages which prevent a patient being discharged to their chosen place of care. In addition there is also CCG representation at the weekly focused MADE (Multi Agency Discharge Event) on the Aintree site. This has representation from system partners and focuses on providing targeted support to inpatient wards with a high number of health and social care delays. Additionally, local CCG representatives provide a daily "CCG Link Officer" whose role is to be the single point of contact for acute providers and support system pressures including delays to discharge. LA colleagues have made available monies to deliver transitional placement and increased weekly rates of pay to care homes and the hourly rate of pay top domiciliary providers in an attempt to attract additional capacity into the local market.</p>	March 2018



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					The Intermediate Care, Reablement and Assessment Service (ICRAS) model, which using a lane model with development of trusted assessor roles in the acute setting, transfer of Social Work support to the community setting and increased availability of packages of care, commenced on October 2 nd 2017 and will facilitate timely discharge of patients to the most appropriate setting.	
127f	Population use of hospital beds following emergency admission	Worst quartile, and deteriorating	Jan Leonard/ Andy Mimmagh/ David Warwick	Q1 2017/18 performance is 606.6 admissions. Emergency admissions per weighted population (age, sex, deprivation).	The North Mersey ICRAS service went live on 2 nd October and aims to deliver a discharge to assess model which will ultimately reduce the number of bed days in hospital once a patient is medically and therapy safe for discharge. SSCCG have increased the number of ICB beds by 11 (+44%) on 2 nd October 2017. This is additional capacity designated to step up (admission from primary care) and step down (admission from Acute Trust) patients. CCG Quality Team and Urgent Care Operational Team visit Aintree weekly to review and, where required, progress all Sefton CHC and Fast Track referrals. Weekly Delayed Discharge Teleconferences and Bi-weekly MADE meetings continue to take place with all local CCG and LA's represented.	March 2018
128d	Primary care workforce	Worst quartile nationally (no data refresh from	Jan Leonard/ Craig Gillespie/	March 2017 is the latest reported period within the Q1 IAF, at 0.9 per weighted population.	Using 2017/18 to understand access and current workforce/skillmix including practice vacancies in order to produce a comprehensive workforce plan to develop a	November 2017 Workforce data is being

		previous IAF Q1 publication)	Angela Price	The counts of GPs, nurses and other clinical staff are from the workforce Minimum Data Set, wMDS. Data from the wMDS are published bi-annually by NHS Digital as “General and Personal Medical Services” data.	sustainable general practice model which is attractive to work in. Current initiatives through GPFV are being explored. A Primary Care Workforce plan will be developed in conjunction with other organisations including Mersey Deanery and Health Education England.	collected as part of the GPFV International Recruitment bid.
144a	E-Referral utilisation	Worst quartile nationally but improving	Jan Leonard/ Andy Mimmagh/ Sarah McGrath	October 2017 is the latest reported period within the IAF, at 21.5%.	Small improvements month on month. Aintree is undergoing a paper switch off programme with NHS Digital, which will be fully implemented by August 2018. This is supported by a CQUIN in relation to all service being available on the E-Referral system and appointment slot issues minimised through alignment of appointment polling ranges with waiting times at specialty level; a re-launch and training for E-Referral with GP practices, and a communications plan. In addition, the Local Quality Contract for General Practice supports the period prior to full paper switch off (October 2018) by asking practices to identify training needs, monitor utilisation rates, and be aware of the timetable for local Providers becoming paper free. December uptake stands at 23%.	Q2 2018/19 in line with national ambition
163a	Staff engagement index	Worst quartile, and deteriorating (no data refresh from previous IAF	Tracy Jeffes	To signal the expectation that CCGs demonstrate leadership across the organisations in their part of the NHS. The indicator of workforce engagement will	This is a composite measure from NHS Staff Survey results for the main Providers the CCG commission from. The variation nationally is small; the CCG composite score (last reported 2016) is flagged as being in the lowest quartile with a staff engagement index	2018/19



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		Q1 publication)		show the extent of progress in good engagement across the patch which will inform discussions between the CCGs and their provider organisations on how further progress can be made. Measured as the level of engagement reported by staff in the NHS staff survey for providers in the NHS footprint of the CCG weighted according to the financial flows.	of 3.7 whilst the peer group average and indeed national average is 3.8. South Sefton CCG results are consistently higher than those of our Providers with the latest at 4.01 demonstrating good engagement with CCG staff setting an example to our Providers.	
164a	Effectiveness of working relationships in the local system	Worst quartile, and deteriorating (no data refresh from previous IAF Q1 publication)	Tracy Jeffes	To identify relationships that need to be strengthened and areas within the system where support may be necessary. Data from NHS England – CCG stakeholder 360 survey 2016-17.	Improved relationships with Sefton MBC through progress on a route map for integration and linking of BCF and wider integration strategy. Improved functioning and governance of the Integrated Commissioning Group High level system leadership through Chief Officer membership of North Mersey LDS and A&E delivery Board. Implementation of system wide intermediate care scheme ICRAS now underway. Further development of work and function of Aintree Clinical Liaison Forum (South Sefton only) Development of system wise "Care for You" programme around services for Southport and Formby Residents. (Southport & Formby only)	2018/19



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					Regular collaboration with Healthwatch and the VCF sector through EPEG and a wide variety of other connections.	
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4. Conclusions

The indicators identified as requiring improvement are all either existing metrics reported through the Integrated Performance Report, meaning actions are already in train and are monitored for improvement on a monthly basis to Governing Body e.g. IAPT recovery, dementia diagnosis, emergency admissions, DTOC, RTT. Or they form part of Operational Plans for 2017-19 e.g. Falls, e-referrals, CYPMH transformation. These newer metrics have been added to the Integrated Performance Report for 2017/18 onwards to ensure performance and mitigating actions are monitored.

A timetable for reporting has now been published by NHS England (subject to change) which means the following reports will be available as follows:

Financial Quarter	Estimated dashboard release by NHSE
Q1	22/11/17
Q2	02/02/18
Q3	19/03/18
Q4	TBC

5. Recommendations

The Committee is asked to note the contents of the exception report.

Becky Williams
April 2018

MEETING OF THE GOVERNING BODY MAY 2018

Agenda Item: 18/79	Author of the Paper: Martin McDowell Chief Finance Officer martin.mcdowell@southseftonccg.nhs.uk 0151 317 8350
Report date: May 2018	

Title: Finance & Resource Committee Terms of Reference

Summary/Key Issues:

The Terms of Reference for the Finance & Resource (F&R) Committee were reviewed and discussed at the F&R Committee meeting on 22nd February 2018. The following proposed changes were agreed:

- The Locality Clinical Representative is to be removed from the membership.
- The Lay Member (Patient Experience and Engagement) is to be the Vice Chair of the Committee.
- The job titles for the Chief Redesign and Commissioning Officer and Chief Nurse and Quality Officer are to be updated to the new titles for these roles: Director of Commissioning and Redesign and Chief Nurse.

The enclosed updated F&R Committee Terms of Reference show the above proposed amendments via track changes. The F&R Committee recommend the enclosed Terms of Reference to the CCG Governing Body for approval.

Recommendation

The Governing Body is asked to approve the enclosed F&R Committee Terms of Reference.

Receive	
Approve	X
Ratify	

Links to Corporate Objectives *(x those that apply)*

X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.

X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	X			F&R Committee

Links to National Outcomes Framework (<i>x those that apply</i>)	
	Preventing people from dying prematurely
	Enhancing quality of life for people with long-term conditions
	Helping people to recover from episodes of ill health or following injury
	Ensuring that people have a positive experience of care
	Treating and caring for people in a safe environment and protecting them from avoidable harm

NHS South Sefton CCG

Finance and Resource Committee

Terms of Reference

1. Authority

- 1.1. The Finance and Resource Committee shall be established as a committee of the Governing Body to perform the following functions on behalf of the CCG Governing Body.
- 1.2. The principal functions of the Committee are as follows:
 - The Committee shall be authorised by the CCG Governing Body to undertake any activity within these terms of reference and act within the powers delegated to it in line with the Scheme of Reservation and Delegation.
 - To provide assurance to the Governing Body that there are appropriate systems in place which operate in order to enable the Committee to fulfil its monitoring requirements.
 - To provide regular reports to the Governing Body on a timely basis and to provide an annual report on the work carried out by the Committee including a self-assessment of how it has discharged its functions and responsibilities.

2. Membership

- 2.1. The following will be members of the Committee:
 - Lay Member (Governance) (Chair)
 - Lay Member (Patient Experience and Engagement) (~~Vice Chair~~)
 - Clinical Governing Body Member (~~Vice Chair~~)
 - Clinical Governing Body Member
 - Practice Manager Governing Body Member
 - ~~Locality Clinical Representatives~~
 - Chief Finance Officer
 - Deputy Chief Finance Officer
 - ~~Director of Commissioning and Redesign Chief Redesign and Commissioning Officer~~
 - Chief Nurse ~~and Quality Officer~~
 - Head of Medicines Management

The Chief Officer shall be an ex-officio member of the Committee

- 2.2. The Chair of the Governing Body will not be a member of the Committee although they will be invited to attend one meeting each year in order to form a view on, and understanding of, the Committee's operations.
- 2.3. Members are expected to personally attend a minimum of 60% of meetings held and can send a deputy to attend in their absence as required.
- 2.4. Relevant Officers from the CCG will be invited to attend in line with agenda items. Officers from other organisations including the Commissioning Support Unit (CSU) and from the Local Authority Public Health team will also be invited to attend in line with agenda items.

- 2.5. All Members are required to nominate a deputy to attend in their absence (in the event of sickness absence nominations are not required). Deputies will count towards the quorum but shall be of sufficient seniority to enable decision making.

3. Responsibilities of the Committee

The Finance and Resource Committee is responsible for the following.

- 3.1. Advising the Governing Body on all financial matters and to provide assurance in relation to the discharge of statutory functions in line with the Prime Financial Policies
- 3.2. Reviewing the overall financial position of the CCG to ensure that the organisation meets its statutory financial duties.
- 3.3. Overall financial management of the organisation including the delivery of investment plans, monitoring of reserves, and delivery of QIPP and financial recovery plans and cost improvement plans.
- 3.4. Ensuring that the performance of commissioned services is monitored in line with CCG expectations.
- 3.5. Monitoring key performance indicators (e.g. any outlined in the NHS Operating Framework).
- 3.6. Advising the Governing Body on the approval of annual financial plans.
- 3.7. Monitoring and advising appropriate courses of action with regard to other key areas of CCG business (notably procurement, contracting and monitoring progress of Foundation Trust (FT) applications of local providers.)
- 3.8. Supporting the work of the Audit Committee through review of financial arrangements as required.
- 3.9. Determining banking arrangements
- 3.10. Approving arrangements for exceptional/novel treatments which shall include arrangements for review and consideration of Individual Funding Requests (IFRs)
- 3.11. To receive recommendations from the local Individual patient review (IFR) panel and approve as appropriate.
- 3.12. Reviewing and approving requests for Ex-Gratia payments

4. Duties of the Committee

The Committee is delegated by the Governing Body to undertake the following duties and any others appropriate to fulfilling the purpose of the Committee (other than duties which are reserved to the Governing Body or Membership alone).

- 4.1. Oversee the development of the short and medium-term strategies for the CCG including assessment of the assumptions underpinning the financial models.

- 4.2. To ensure the delivery of financial balance and that the organisation meets its statutory financial targets.
- 4.3. Ensure that the Finance and Performance Plans are consistent with and complementary to the CCGs Annual Budget, Shaping Sefton Strategy and QIPP plans
- 4.4. To monitor implementation of the annual financial plan to ensure that the total resource available to CCG is invested in high quality services that support the achievement and delivery of specified priorities.
- 4.5. Approving any variations to planned investment within the limits set out in the detailed financial policies of the CCG, ensuring that any amended plans remain within the overall CCG budget and do not adversely affect the strategic performance of the CCG.
- 4.6. Monitoring Financial and Operational Performance across all commissioned services on an exception basis, assessing potential shortfalls and risk and recommending actions to address them.
- 4.7. Monitoring Key Performance Indicators (KPIs) relating to CCG performance, for example as outlined in the NHS Operating Framework.
- 4.8. Monitoring delivery of any QIPP programmes and agreeing corrective action if required.
- 4.9. Monitor key risks facing the CCG, understand the financial consequences and make recommendations for inclusion on the CCG risk register accordingly.
- 4.10. Oversee the approval development and delivery of capital investment plans including any schemes progressed through the LIFT or 3PD initiatives.
- 4.11. Oversee the approval, development and implementation of the Estates strategy.
- 4.12. Oversee the approval, development and implementation of Human Resource strategies, plans and policies
- 4.13. Maintain an overview of recruitment, retention, turnover and sickness trends.
- 4.14. To ensure that services provided by other organisations, notably the CSU, are being delivered as per the CCG's expectations and to advise on remedial action where necessary.
- 4.15. To review, monitor and agree corrective action for all agreed financial performance indicators (KPIs to be determined based on CCG finance regime when published).
- 4.16. To review the CCG procurement strategy and advise on an appropriate course of action regarding commissioning of new services / re-tendering arrangements for existing services.
- 4.17. To review and monitor progress regarding contracting arrangements with healthcare providers.
- 4.18. To monitor progress of local provider plans, particularly aspirant FTs, to advise the Governing Body in terms of key issues and any recommend decisions as appropriate.

- 4.19. The Committee will review monthly reports detailing performance of commissioned services against core standards, national and local targets and the CCGs Strategic Plans, review may be on an exception basis.
- 4.20. To review and approve plans for Emergency Planning and Business Continuity
- 4.21. To produce an Annual Report of the key work programmes of the Committee to the Governing Body on an annual basis.

5. Establishment of Sub-Groups of the Committee

- 5.1. The Committee will undertake regular review of its workload and will from time to time establish sub-groups to ensure that it conducts its business in an effective and appropriate manner. These sub groups will be required to provide key update reports as stipulated by the Finance and Resource Committee and submit ratified notes of meetings to the Finance and Resource Committee.

6. Administration

- 6.1. The Committee will be supported by an appropriate Secretary that will be responsible for supporting the Chair in the management of the Committee's business.
- 6.2. The agenda for the meetings will be agreed by the Chair of the Committee and papers will be distributed one week in advance of the meeting.
- 6.3. The Secretary will take minutes and produce action plans as required to be circulated to the members within 10 working days of the meeting.

7. Quorum

- 7.1. Meetings with at least 50% of the Committee membership, at least one Clinical Governing Body Member, at least one Lay Person and either the Chief Finance Officer or Deputy Finance Officer in attendance shall be quorate for the purposes of the CCG's business.
- 7.2. The quorum shall exclude any member affected by a Conflict of Interest. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

8. Frequency and notice of meetings

The Committee shall meet at least 8 times a year. Members shall be notified at least 10 days in advance that a meeting is due to take place.

9. Reporting

The ratified minutes of the Finance and Resource Committee will be submitted to the Governing Body private meeting. Exception reports will also be submitted at the request of the Governing Body. The minutes and key issues arising from this meeting will be submitted to the Audit Committee.

10. Conduct

- 10.1. All members are required to maintain accurate statements of their register of interest with the Governing Body. Members should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting.
- 10.2. In the event that there is a Conflict of Interest declared before or during a meeting the procedure for dealing with Conflicts of Interest as set out in the NHS South Sefton CCG Constitution shall apply.
- 10.3. All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

11. Review

Date:	February 2018
Version Number:	7
Review date	February 2019

MEETING OF THE GOVERNING BODY MAY 2018

Agenda Item: 18/80	Author of the Paper: Fiona Taylor Chief Officer Fiona.taylor@southseftonccg.nhs.uk 0151 317 3456
Report date: May 2018	

Title: Establishing a North Mersey Joint Committee of Clinical Commissioning Groups and Terms of Reference

Summary/Key Issues: This paper sets out a proposal to establish a Joint Committee across South Sefton, Southport and Formby, Knowsley and Liverpool CCGs.

Recommendation

Receive	
Approve	x
Ratify	

The Governing Body is asked to

- Support the establishment of a North Mersey Joint Committee;
- Recommends for approval by the wider constituent group, the Terms of Reference for the Joint Committee
- Recommends for approval by the wider constituent group the proposed work programme for the Joint Committee.

Links to Corporate Objectives *(x those that apply)*

x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
x	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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		
Resource Implications Considered	x			
Locality Engagement				
Presented to other Committees				

Links to National Outcomes Framework (<i>x those that apply</i>)	
	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

Report to Governing Body May 2018

1. Purpose

The purpose of this paper is to propose the establishment of a North Mersey Joint Committee, to enable joined-up, effective decision-making for defined services that are commissioned collectively by Knowsley, Liverpool, Southport and Formby and South Sefton CCGs.

2. Background

The *Next Steps on the NHS Five year Forward View (March 2017)* stated that commissioners and providers should collaborate to improve the health and wellbeing of their local population. For commissioners this included a call to establish appropriate decision making mechanisms for proposals relating to populations larger than a single CCG footprint.

A Joint Committee is a statutory mechanism to support integration and strategic alignment in commissioning decisions. The NHS Act 2006 (as amended) ('the NHS Act'), was amended through the introduction of a Legislative Reform Order ("LRO") to allow CCGs to form joint committees.

The CCGs serving the populations of Knowsley, Liverpool, Southport and Formby and South Sefton form the footprint for the Joint Committee, as this represents the geography of the local health system where commissioners plan and fund services, delivered by a shared network of NHS providers.

There is a track record of collaboration in commissioning in North Mersey which this proposal seeks to build upon. A Committee(s) in Common (CIC) was established across Liverpool, South Sefton and Knowsley CCGs in October 2014 to consider changes in hospital services arising from the Healthy Liverpool Programme. Southport and Formby CCG joined the CIC in 2017.

3. Progress to date

A proposal to establish a North Mersey Joint Committee was considered by all four North Mersey Governing Bodies in January 2018. Each Governing Body responded with similar comments and issues, which led to the proposal to be deferred, subject to further discussion and assurance.

In summary, the key issues raised by Governing Bodies included:

- Concerns about delegating CCG responsibilities. Members asked for a clearly defined work programme for proposed decisions for the Joint Committee to provide assurance about the scope of delegation.
- Members asked whether decisions made by the Joint Committee would be binding on member CCGs.
- Members asked for further assurance regarding voting arrangements.

It was agreed that the Committees in Common would consider these issues, review the Terms of Reference and develop a proposed work plan, to be considered again by each North Mersey CCG in May 2018.

4. Purpose of the Joint Committee

The Committee in Common has reviewed the Terms of Reference in response to the issues raised by Governing Bodies.

The terms of reference state the purpose of the Joint Committee is to take collective commissioning decisions about clearly specified services commissioned by the four CCGs for the North Mersey population. The Terms of reference are at **Appendix 1**.

Decisions will be taken by members of the Joint Committee in accordance with the authority delegated from the North Mersey CCGs, which is restricted to proposals approved for delegation, as set out in a Joint Committee work programme.

In delegating specific decisions to be made by the Joint Committee, those decisions would be binding on member Clinical Commissioning Groups.

The Joint Committee would be expected to make decisions in the best interests of the whole North Mersey population, with members representing this wider constituency rather than the population of the Governing Body they are drawn from.

Individual CCGs remain accountable for meeting their statutory duties, and the Joint Committee would undertake its delegated functions in a manner which complies with the statutory duties of the CCGs, as set out in the NHS Act 2006.

5. Membership and Decision Making

Each North Mersey CCG would nominate three Governing Body representatives to the Joint Committee.

The Joint Committee would aim to make decisions through consensus. In the event of a requirement to make a decision by taking a vote, the threshold for a decision would be a majority of 10 out of 12 votes.

Each CCG Governing Body would receive assurance through representation on the committee as well as the submission of minutes and an annual report to inform annual governance statements.

6. Scope of the Joint Committee

The Joint Committee will be responsible for decisions regarding the delivery of defined programmes of service redesign commissioned collectively North Mersey members. The proposed services within scope are detailed in a draft work programme to be approved by each CCG Governing Body, set out at **Appendix 2**.

It is proposed that the decisions to be delegated to the North Mersey Joint Committee are restricted to the following hospital reconfiguration proposals:

1. A single orthopaedics surgery service across the Royal Liverpool and Aintree Hospitals.
2. To re-locate the women's and neonatal services provided by Liverpool Women's Hospital to a new hospital co-located on an adult acute hospital campus.

It is intended that the Committees in Common will continue, with a role to develop a pipeline of collaborative service change proposals, to recommend any changes or additions to the work programme of the Joint Committee and to engage and involve partners in the development of proposals. The CIC does not have delegated decision making powers; its role is to only make recommendations.

Some proposals recommended to the Joint Committee will also be decisions for NHS Specialised Commissioning if they include specialist services. NHS England Specialised Commissioning has its own governance route for decision-making. NHSE Specialised Commissioning is represented on the Committees in Common, which enables the CIC to co-ordinate these separate decision-making processes.

7. Recommendations

The governing body is asked to:

- Support the establishment of a North Mersey Joint Committee;
- Recommends for approval by the wider constituent group, the Terms of Reference for the Joint Committee
- Recommends for approval by the wider constituent group the proposed work programme for the Joint Committee.

Fiona Taylor
Chief Officer
May 2018

North Mersey Joint Committee of Clinical Commissioning Groups (CCGs)

Terms of Reference

1 Introduction

- 1.1 The NHS Act 2006 (as amended) ('the NHS Act'), was amended through the introduction of a Legislative Reform Order ("LRO") to allow CCGs to form joint committees. This means that two or more CCGs exercising commissioning functions jointly may form a joint committee as a result of the LRO amendment to s.14Z3 (CCGs working together) of the NHS Act. Joint committees are statutory mechanisms which enable CCGs to undertake collective strategic decision making.
- 1.2 Health and Care Partnerships have been established nationally in accordance with the NHS Shared Planning Guidance requirements 2015/16, which required every health and care system to come together to develop plans to accelerate implementation of the NHS Five Year Forward View. CCGs are encouraged to form Joint Committees to facilitate effective, collaborative decision-making, where appropriate.

2 Establishment

- 2.1 The CCGs have agreed to establish and constitute a Joint Committee with these terms of reference to be known as the North Mersey Joint Committee of Clinical Commissioning Groups (CCGs).

3 Role of the Committee

- 3.1 The overarching role of the Joint Committee is to take collective commissioning decisions about services provided for the North Mersey population. Decisions will be taken by members of the Joint Committee in accordance with delegated authority from each CCG. Members will represent the whole North Mersey population and make decisions in the interests of all patients.
- 3.2 Decisions will also support the aims and objectives of the Health and Care Partnership for Cheshire & Merseyside and will contribute to the sustainability and transformation of local health and social care systems. The Joint Committee will at all times, act in accordance with all relevant laws and guidance applicable to the CCGs.

4 Remit of the Joint Committee

- 4.1 The Joint Committee will be responsible for decisions regarding the delivery of programmes of transformation / service redesign across a defined range of services commissioned collectively by its members. The services within scope will be defined in a forward programme approved by each CCG Governing Body, to be appended to the Terms of Reference.

5 Functions of the Joint Committee

- 5.1 The Committee is a Joint Committee of NHS Knowsley CCG, NHS Liverpool CCG, NHS South Sefton CCG and NHS Southport & Formby CCG established through the powers conferred by section 14Z3 of the NHS Act 2006 (as amended). Its primary function is to make collective decisions on the review, planning and procurement of health services within its delegated remit.
- 5.2 In order to deliver its delegated functions the Joint Committee will:
- Make decisions defined in a work plan, approved by each North Mersey Governing Body
 - Agree and oversee an effective risk management strategy to support decision-making in all areas of business related to the Joint Committee's remit
 - Act as a decision-making body; authorising sub-groups to oversee and lead implementation of service changes
 - Within the defined work programme, approve service models, specifications, and business cases up to the value as determined for the

Governing Body by each constituent CCG's Scheme of Reservation & Delegation.

- Ensure appropriate patient and public consultation and engagement, which meets best practice standards and is compliant with CCGs' statutory responsibilities with regard to involvement, as set out in the NHS Health and Social Care Act 2012.
- Ensure compliance with public sector equality duties, as set out in the Equality Act 2010 for the purposes of implementation.
- Ensure appropriate consultation with the Overview and Scrutiny Committees and Health and Wellbeing Boards (or equivalent) established by the relevant Local Authorities

5.3 Whilst it is acknowledged that individual CCGs remain accountable for meeting their statutory duties, the Joint Committee will undertake its delegated functions in a manner which complies with the statutory duties of the CCGs as set out in the NHS Act 2006 and including:

- Management of conflicts of interest (section 14O)
- Duty to promote the NHS Constitution (section 14P)
- Duty to exercise its functions effectively, efficiently and economically (section 14Q)
- Duty as to the improvement in quality of services (section 14R)
- Duties as to reducing inequalities (section 14T)
- Duty to promote the involvement of patients (section 14U)
- Duty as to patient choice (section 14V)
- Duty as to promoting integration (section 14Z1)
- Public involvement and consultation (section 14Z2)

5.4 In discharging its responsibilities the Joint Committee will provide assurance to each Governing Body through the submission of minutes and templates, presented to Governing Body meetings, setting out key actions and decisions from each meeting and an annual report to inform constituent CCGs' annual governance statements.

5.5 The Committee will conduct an annual effectiveness review which will be reported to each CCG's Audit Committee.

6 Membership

6.1 The North Mersey Joint Committee member organisations are:

- NHS Knowsley CCG
- NHS Liverpool CCG
- NHS South Sefton CCG
- NHS Southport & Formby CCG

6.2 Each full member organisation will nominate three Governing Body representatives to sit on the Committee.

6.3 Chairing of the Joint Committee will be managed on a 6 month rotation between the four CCGs. A Deputy Chair will be identified in the event of absence of the Chair.

6.4 Decisions made by the Joint Committee, within its remit, will be binding on its member Clinical Commissioning Groups.

6.5 Healthwatch will be invited to have one representative to be in attendance on behalf of the local Healthwatch Groups in the North Mersey footprint.

6.6 Other organisations, including local authorities within the North Mersey area, may be invited to send representatives to the meetings. In attendance members may represent other functions / parties/ organisations or stakeholders who are involved in the programmes of work of the Joint Committee and may provide support and advice to members.

6.7 Representatives from NHS England will be co-opted to attend as required.

7 Deputies

7.1 Each full member organisation will identify a named deputy member to represent members in the event of absence.

7.2 A named deputy will have delegated decision making authority to fully participate in the business of the Committee.

8 Decision-Making

- 8.1 The Joint Committee will aim to make decisions through consensus. In the event of a requirement to make a decision by taking a vote, the threshold for a decision will be by achieving a majority by members of 10 out of 12 votes.
- 8.2 Joint Committee members will make decisions in the best interests of the whole North Mersey population, rather than the population of the Governing Body they are drawn from.

9 Quoracy

- 9.1 The meeting will be quorate with at least two representatives of each CCG (including the Joint Committee Chair/Deputy).
- 9.2 In the event of the Joint Committee making a formal decision which requires a vote, ten members (or deputies) will be required for the meeting to be considered quorate.

10 Meetings

- 10.1 The Joint Committee shall meet at least annually and then as required in order to make decisions regarding the work programme. The Chair will have authority to call an extraordinary meeting with at least 5 days' notice.
- 10.2 Meetings will be scheduled to ensure they do not conflict with respective CCG Governing Body meetings.
- 10.3 Meeting dates will be published on the four CCG websites at least 5 days before the meeting. Agendas and papers will be published on the four CCG websites.
- 10.4 In the event that a sub group or working group is considered appropriate from such a meeting, all parties will need to agree the reporting arrangements.
- 10.5 Joint Committee meetings will be held in public. Members of the public may observe deliberations of the Committee, with feedback encouraged through the public engagement or consultation process. Items the Committee considers commercial in confidence or not to be in the public interest will be held in a private session (Part 2) of the meeting, which will not be held in public as per Schedule 1A, paragraph 8 of the NHS Act 2006.

11 Conflicts of Interest

- 11.1 Individual members of the Joint Committee will have made declarations to their own CCG; a register of the interests of all members of the committee (full and associate) will be compiled and maintained as a Joint Committee Register of Interests. This register shall record all relevant and material, personal or business interests, and management action as agreed by the individual's CCG. The Joint Committee register of interests will be published on each individual CCG's website and available for inspection at the offices of each CCG.
- 11.2 Each member and attendee of the Committee shall be under a duty to declare any such interests. Any change to these interests should be notified to the Chair.
- 11.3 Where any Joint Committee member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) taking into account any management action in place at the individual's CCG and having regard to the nature of the potential or actual conflict of interest, shall decide whether or not that Joint Committee member may participate in the meeting (or part of meeting) in which the relevant matter is discussed. Where the Chair decides to exclude a Joint Committee member, the relevant CCG may send a deputy to take the place of that conflicted Joint Committee member in relation to that matter, as per section 7 above.
- 11.4 Should the Committee Chair have a conflict of interest, the committee members will agree a deputy for that item in line with NHSE guidance.
- 11.5 Any interest relating to an agenda item should be brought to the attention of the Chair in advance of the meeting, or notified as soon as the interest arises and recorded in the minutes.
- 11.6 Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the respective CCG's Conflicts of Interest Policy, the Standards of Business Conduct for NHS Staff (where applicable) and the NHS Code of Conduct.

12 Attendance at Meetings

- 12.1 Members of the committee may participate in meetings in person or virtually via video, telephone, web link or other live and uninterrupted conferencing facilities.

13 Administration

- 13.1 Support for the Joint Committee will be provided on a rotation basis by the participating CCGs in line with the rotation agreed for Chairing the Joint Committee.
- 13.2 Papers for each meeting will issued to Joint Committee members no later than five working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.

14 Review

- 14.1 These terms of reference shall be reviewed by the Joint Committee annually, with input from governing bodies, and any amendments approved by each CCG Governing Body.
- 14.2 Proposals for any additions or changes to the Joint Committee work programme will be recommended by the North Mersey Committees in Common, which has a role in developing a pipeline of proposals for service change.

North Mersey Joint Committee Work Programme – May 2018

Proposal	Detail	Milestones	Population
<p>To establish a single service for adult orthopaedics surgery for the North Mersey population</p>	<p>North Mersey CCGs propose a reconfiguration of orthopaedic services, aligned to the Healthy Liverpool hospitals vision to establish “a centralised university teaching hospital campus with single-service, city-wide delivery, delivered through centres of academic, clinical and service excellence.”</p> <p>The single service model is intended to reduce variation and improve patient care, also enabling solutions to the fundamental shared challenges around improving outcomes, ensuring that the system has the right workforce capacity, skills and financial sustainability.</p> <p>An option appraisal process determined a preferred option, which was to establish a unified Liverpool Orthopaedic and Trauma Service (LOATS), with the following model, service configuration and benefits:</p> <ul style="list-style-type: none"> • an elective orthopaedic centre on the Royal Liverpool’s Broadgreen site to enable delivery of high quality and high volume services and sub-specialist service delivery; • Transfer of all orthopaedic trauma, including spinal trauma, to the Aintree (AUH) site; • Services and pathways standardised to best practice, with unwarranted variation eliminated. 	<p>Consultation concluded 15th September.</p> <p>Capital funding for service improvements secured.</p> <p>Decision-making Business Case to be received by the two trusts in May 2018</p> <p>Proposed decision to Joint Committee, June 2018</p> <p>Implementation to align with timescales for the opening of the new Royal Liverpool Hospital</p>	<p>Liverpool South Sefton Knowsley</p>

	<ul style="list-style-type: none"> Decreased waiting times for inpatient orthopaedic trauma and flexibility in dealing with ambulatory orthopaedic trauma and elective cases, to reduce overall waiting times and length of stay, delivered and supported by a combined consultant rota. 		
<p>Review of Women’s and Neonatal Services provided by Liverpool Women’s Hospital</p>	<p>In 2016 North Mersey commissioners commenced a review of women’s and neonatal services provided by Liverpool Women’s Hospital, in order to identify a solution to ensure clinical and financial sustainability for these services.</p> <p>The case for change is primarily driven by the need to address critical clinical risks and to ensure future clinical sustainability.</p> <p>The review is represented in a Pre-Consultation Business Case (PCBC), published in January 2016, which identified four shortlisted options and a preferred option - a new hospital for women’s and neonatal services co-located on the new Royal Liverpool Hospital campus.</p> <p>Due to the significance of the required capital investment, further assurance was required by NHS England and NHS Improvement regarding the financial and economic case. It was also recommended that the clinical case be corroborated through an independent review conducted by an NHS Clinical Senate from another region. The independent clinical review supported the proposals.</p> <p>Commissioners await approval from NHS England to proceed to a formal public consultation on the proposal.</p>	<p>NHSE Assurance process is ongoing.</p> <p>If NHS England supports the proposal, the Joint Committee will be asked to approve the pre-consultation business case and plans for a formal public consultation.</p> <p>The consultation would take place post May local elections. The earliest date would to commence would be during summer 2018.</p>	<p>Liverpool South Sefton Southport & Formby Knowsley</p>

DRAFT

MEETING OF THE GOVERNING BODY MAY 2018

Agenda Item: 18/81	Author of the Paper: Fiona Taylor Chief Officer Fiona.taylor@southseftonccg.nhs.uk 0151 317 3456						
Report date: May 2018							
Title: Establishing a collaborative commissioning forum for Cheshire & Merseyside and Terms of Reference							
<p>Summary/Key Issues:</p> <p>The paper proposes the creation of a Collaborative Commissioning Forum (CCF) of CCGs across Cheshire and Merseyside as a Joint Forum in the first instance.</p> <p>The paper was presented to the Cheshire and Merseyside Clinical Commissioning Group (CCG) Chief Officers on 20th April 2018 proposing a Collaborative Commissioning Forum (CCF) be established. Following consideration at a Decision Making Framework Task and Finish Group on 23rd April 2018 a number of changes have been made. These have been highlighted in red.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to</p> <ul style="list-style-type: none"> approve in principle to establish a Collaborative Commissioning Forum (CCF) as a Joint Forum. 	<table border="0"> <tr> <td>Receive</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td><input type="checkbox"/></td> </tr> </table>	Receive	<input type="checkbox"/>	Approve	<input checked="" type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input type="checkbox"/>						
Approve	<input checked="" type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives *(x those that apply)*

X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
X	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.

X	To advance integration of in-hospital and community services in support of the CCG locality model of care.
X	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement				
Clinical Engagement				
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees	x			<ul style="list-style-type: none"> - Cheshire and Merseyside Clinical Commissioning Group (CCG) Chief Officers on 20th April 2018. - Southport & Formby CCG Governing Body meeting 2nd May 2018

Links to National Outcomes Framework (<i>x those that apply</i>)	
	Preventing people from dying prematurely
	Enhancing quality of life for people with long-term conditions
	Helping people to recover from episodes of ill health or following injury
	Ensuring that people have a positive experience of care
	Treating and caring for people in a safe environment and protecting them from avoidable harm

Cheshire & Merseyside Collaborative Commissioning Forum

Draft Terms of Reference V 1.2

Document Control	
Title	Cheshire & Merseyside Collaborative Commissioning Forum - Terms of Reference
Purpose	To document the Terms of Reference of the Collaborative Commissioning Forum
Governance Route/Approved By	Cheshire & Merseyside CCG Governing Bodies NHS England (North)
Author	Clare Powell, NHS Transformation Unit
Date Created	08.04.18
Date Approved	[insert date version was approved]
Version	V 1.2
Date Last Amended	27.04.18
Review Date	

Document History			
Date	Version	Author(s)	Description of Amendments
08.04.18	1.0	Clare Powell, NHS Transformation Unit	Initial draft created.
23.04.18	1.1	Clare Powell, NHS Transformation Unit	Amendments following AOs meeting 20.04.18 and Task & Finish Group 23.04.18
27.4.18	1.2	Simon Banks	Amendments from Matthew Cunningham

1. Purpose of the Terms of Reference

- 1.1 This document describes the Terms of Reference of the Cheshire & Merseyside (C&M) Collaborative Commissioning Forum (CCF).
- 1.2 This document describes the purpose, responsibilities, membership, authority and governance of the CCF.
- 1.3 The Terms of Reference will be kept under review as the CCF develops.

2. Purpose of the C&M Collaborative Commissioning Forum

- 2.1 The CCF has the primary purpose of enabling Cheshire and Merseyside CCGs and NHS England to commission effectively together; to collaborate and make recommendations for decision through the most appropriate governance arrangements.
- 2.2 The CCF will support the development of a clear regional approach to clinical and financial sustainability. In bringing commissioning leaders together, it will support strategic planning, **share good practice** and provide an interface with both providers of health services and social care.
- 2.3 **The CCF will not initially be established as a decision-making body.**

3. Principles

In exercising their duties, members of the C&M CCF agree to observe the following key principles:

- 3.1 **Combined focus and local perspective:** Collaboration can enable all commissioners to benefit from economies of scale. However, each member organisation will be able to retain its focus on the communities it represents and ensure their needs inform collaborative commissioning decisions.
- 3.2 **Integrity:** All commissioners will act with integrity when working with each other, and also within their interactions with key stakeholders (patients, service providers, Local Authorities and others). All commissioners will operate openly and transparently.
- 3.3 **Clinical leadership:** Collaboration will be clinically-informed. Collaborative activities will need to encourage the appropriate input of clinical commissioners at all stages in the collaborative commissioning process.
- 3.4 **Patient engagement:** Collaboration between commissioners will need to be cognisant of the impact on the public and patients of Cheshire and Merseyside and how they can improve health and well-being, reduce inequalities and improve the quality and experience of care. Collaborative decisions and recommendations need to be informed by the collective public and patient insight accumulated by the member organisations of the CCF.
- 3.5 **Efficient and effective use of money and resources:** Collaboration will enable the efficient use of resources within commissioning activity and more widely across

the health economy. It will also enable the identification of financial opportunities i.e. in bringing resource into C&M e.g. through new streams of national funding, and through the sharing of best practice schemes which improve efficiency and value for money. Members and staff of the member commissioning organisations also have a responsibility to collaborate and share information and commissioning intentions so as not to undermine the financial stability of the C&M health economy.

- 3.6 *Accountability and subsidiarity*: In all parts of the collaborative commissioning arrangements the overarching principles of accountability and subsidiarity remain constant. Decisions will be taken at the lowest possible level or closest to where they have their effect.

4. Scope of the C&M Collaborative Commissioning Forum

4.1 The scope of the services considered by the CCF will be agreed by the CCF on an annual basis in order to plan the annual work programme.

4.2 The initial services in scope are likely to include:

- The Cheshire and Merseyside Health and Care Partnership work streams
- Non-delegated primary health care services i.e. pharmacy, dental and optometry
- Forward View for Primary Care
- Regionally Commissioned Specialised Services
- Learning Disabilities: Transforming Care Programme
- Ambulance services:
 - Non-emergency Patient Transport Services
 - Paramedic Emergency Services
- Services for military veterans
- Offender health

5. Responsibilities

5.1 Draft the scope of the annual CCF work programme for agreement by the CCG Governing Bodies and NHSE.

5.2 **Co-ordinate** commissioning activities for the services in scope across Cheshire & Merseyside.

5.3 **Recommend** collective strategies, commissioning intentions, models of care and quality standards in order to improve outcomes and reduce inequalities across C&M.

5.4 Develop commissioning service specifications for inclusion in contracts.

5.5 **Consider and learn from different approaches** to commissioning incentives and payment mechanisms to incentivise best practice and new models of care.

5.6 **Co-ordinate** the response to national and regional initiatives e.g. calls for bids, on behalf of C&M.

5.7 Develop co-commissioning arrangements with NHS England.

- 5.8 Review the outcomes and implications of national or regional service reviews, implementing recommendations as appropriate.
- 5.9 Collaborate and share best practice on Quality Innovation Productivity and Prevention initiatives.
- 5.10 Promote the adoption of best clinical practice including the commissioning of clinical networks as appropriate.
- 5.11 Provide mutual support and share learning to improve system commissioning and aid in organisational development.
- 5.12 Establish and approve the terms of reference of sub-groups or task and finish groups as necessary to deliver the annual work plan.
- 5.13 Support system management and resilience.
- 5.14 Propose to System Management Board future programmes of work to be added to the portfolio that will support delivery of the Partnership's central purpose to close the three gaps: health and wellbeing, quality of care and financial sustainability.
- 5.15 Receive and review proposed changes from C&M Partnership programmes to ensure they take on board a broad and representative range of comments and advise the System Management Board of its support or otherwise of changes proposed by C&M programme SROs.
- 5.16 Liaise with the Provider Forum to inform commissioning plans and priorities.
- 5.17 Agree key messages from the CCF for dissemination by members across the C&M system e.g. through Chief Officer reports.

6. Governance

- 6.1 Decisions reached by consensus at the CCF are not/will not be binding on the member organisations but collective/consensus decisions will form the basis of recommendations to the appropriate decision making forum.
- 6.2 The C&M CCF may in due course become a Committees in Common (CIC) and/or a Joint Committee.

7. Authority

- 7.1 The CCF is authorised to instigate any activity within its terms of reference and to seek information as necessary in order to meet the annually agreed work programme.

8. Membership of the CCF and the Committees in Common

- 8.1 Accountable Officers and Clinical Chairs will be the primary members of the CCF for the majority of CCGs.
- 8.2 Named deputies, who are members of the Governing Body, are permitted to

attend the CCF on behalf of the AO or clinical chair e.g. Chief Finance Officer, Director of Commissioning.

- 8.3 Members of the Group are required to attend at least 75% of meetings per annum.
- 8.4 Other members may be invited to attend as required depending on the agenda.
- 8.5 The Group is proposed to comprise the following members (names / functions to be finalised):

Core Members		
Role/Function	Name	Title
Chair	TBC	To be identified from the membership below
Vice Chair	TBC	To be identified from the membership below
NHS Southport & Formby CCG		
NHS Southport & Formby CCG		
NHS Wirral CCG		
NHS Wirral CCG		
NHS West Cheshire CCG		
NHS West Cheshire CCG		
NHS Vale Royal CCG		
NHS Vale Royal CCG		
NHS South Cheshire CCG		
NHS South Cheshire CCG		
NHS Eastern Cheshire CCG		
NHS Eastern Cheshire CCG		
NHS Warrington CCG		
NHS Warrington CCG		
NHS St Helens CCG		
NHS St Helens CCG		
NHS Knowsley CCG		

NHS Knowsley CCG		
NHS Halton CCG		
NHS Halton CCG		
NHS Liverpool CCG		
NHS Liverpool CCG		
NHS England (Specialised Commissioning)		
NHS England (Primary Care)		
In Attendance		
Cheshire and Merseyside Health and Care Partnership		Implementation Director
Administrative Support		

9. Attendance

- 9.1 All CCGs and NHSE are expected to be represented by at least one senior (Director level) member at each meeting.

10. Meeting Management

- 10.1 The CCF will determine the frequency of meetings; initially these are expected to be bi-monthly.
- 10.2 The meetings will be run by the Chair. In the event of the Chair's absence the meeting shall be chaired by the Vice Chair.
- 10.3 The Chair may at any time convene extraordinary meetings to consider business that requires urgent attention or when required to manage significant risks.
- 10.4 Representatives from other organisations may be invited to attend meetings to speak on specific matters.
- 10.5 Access to meetings may be granted to other professional colleagues with the permission of the Chair.
- 10.6 The Chair and Vice Chair will be appointed for a maximum 6-month term and will be drawn from different organisations.

11. Agendas and Minutes

- 11.1 Papers may only be tabled by agreement of the Chair and the agenda and papers are to be agreed with the Chair ten working days prior to the meeting and must be received by the meeting administrator seven working days prior to the meeting.

- 11.2 The agenda and supporting papers will be circulated to all members of the Group five working days prior to the meeting.
- 11.3 Minutes of the meetings will be taken by [insert agreed supporting resource] and distributed to the members of the Group within [insert number of working days agreed] working days after the meeting.

12. Declaration of Interests

- 12.1 “Declaration of Interests” will be a standing item on all agendas.
- 12.2 All new declarations of interest must be notified to the Chair within fourteen days of a member taking office or any interests requiring registration, or within fourteen days of a change to a member’s registered interests. Copies of these notifications should be sent to the Administrator of the CCF for the purposes of maintaining the register of interests.

13. Confidentiality and Information Governance

- 13.1 All papers that are marked “draft, commercial in confidence” must not be shared beyond the CCF without agreement from the Chair.
- 13.2 Papers will be sent in PDF format, documents will be password protected as appropriate.
- 13.3 Members of the group may be asked to sign a confidentiality agreement.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 18th January 2018

Chair:
Graham Morris

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG's likely case scenario forecasts a deficit of £4.312m including NCSO cost pressure of £1.253m. 	<ul style="list-style-type: none"> The CCG is not on target to deliver its statutory duty / financial target. 	<ul style="list-style-type: none"> Further review of expenditure / schemes to identify further savings to meet financial plans. This issue needs to be reviewed at every Governing Body meeting until the Governing Body is assured that it has a robust deliverable financial plan.

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

- The committee approved the recommended next steps in relation to the Occupational Health Contract.
- The HR performance report was received. Decline in statutory / mandatory compliance rate. The CCG will ask manager leads to increase performance / review of categorisation of 'absence reasons' required.
- CSU services - good apart from CHC and HR performance, although it was noted that the CHC team had responded well to winter pressures.
- The CCG Procurement Schedule 2018-20 was received.
- The committee reviewed the F&R risk register and elevated the risk to reflect that it is 'almost certain' that the CCG will not deliver its financial duty.
- The terms of reference for the Sefton Property Estates Partnership Group were approved.
- The proposed CCG realisation list was approved.
- The committee approved Informatics Merseyside's IT Training Service Strategy 2017-2019 and Training Plan for Primary Care.

- Prescribing – the ‘check and challenge’ sessions had reinforced delivery of QIPP plan, although some of the cost reductions achieved were being offset by the NCSO cost pressure.
- The committee approved the Pan Mersey APC recommendation for the commissioning of AFLIBERCEPT intravitreal injection (Eylea®) for treatment of Myopic choroidal neovascularisation.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 22nd February 2018

Chair:
 Graham Morris

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG's likely case scenario forecasts a deficit of £4.300m at Month 10. 	<ul style="list-style-type: none"> The CCG is not on target to deliver its statutory duty / financial target. 	<ul style="list-style-type: none"> Further review of expenditure / schemes to identify further savings to meet financial plans. This issue needs to be reviewed at every Governing Body meeting until the Governing Body is assured that it has a robust deliverable financial plan.

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

- The Security Management Policy v2 was approved subject to minor changes.
- The committee agreed to convene and oversee a working group to consider future of DPS.
- The IM&T Steering Group Terms of Reference were approved.
- Minor changes made to F&R risk register – the rating for likelihood has increased due to position becoming more certain.
- The committee approved the pharmacy rebate policy.
- The committee has made a recommendation to the Governing Body regarding the F&R Terms of Reference with updated proposal regarding membership.
- The 18/19 planning table was discussed under Any Other Business, noting that the timescales are tight.

Key Issues Report to SSCCG Governing Body



**South Sefton
Clinical Commissioning Group**

Joint Quality Committee Meeting held on 25th January 2018
Southport & Formby CCG and South Sefton CCG

Chaired by:
Dr Rob Caudwell

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

Non-Medical Prescribing Policy - approved for CCG staff but not for General Practice staff at this time. Implementation of the Non-Medical Prescribing Policy to be added to discussions for inclusion within this year's LQC to support adoption within General Practice.

CCG Corporate Risk Register - Quality Team to liaise with the CCGs' commissioning and performance teams to review the risk register and ensure that all apparent risks for S&O were included on Quality Risk Register

Key Issues Report to Governing Body

Audit Committees in Common: Wednesday 10th January 2018
NHS South Sefton CCG

Chair:
Graham Morris

Key Issue	Risk Identified	Mitigating Actions

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

- The Internal Audit update report from MIAA was received. High level of assurance for financial reporting was reported.
- The External Audit plan presented by Grant Thornton was approved.
- The committee noted the revised presentation of the risk register as positive and noted that further work is being undertaken to moderate risks.
- The committee requested that the Governing Body Assurance Framework and Corporate Risk Register be taken to the Governing Body in February 2018 for further discussion given the increased number of red risks reported.
- The CCG Register of Interests was received. Agreed for Register of Interests to be included as an item on Governing Body meeting agendas as appropriate, for members to review their individual entries and confirm any changes.
- The Anti-Fraud Bribery and Corruption Policy was approved.

Key Issues Report to Governing Body

South Sefton & NHSE Joint Commissioning Meeting Part 1, Thursday 08 March 2018

Chair: Graham Bayliss

Key Issue	Risk Identified	Mitigating Actions
Delegated Commissioning. The committee discussed the option to apply to become delated commissioners for Primary Medical Care Services.	Increased workload for the CCG, additional staffing will be required. Financial risk, due diligence required prior to taking over responsibility.	Staffing requirements to be identified. Review financial information shared by NHSE. Membership vote to be undertaken

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

The recent application to the International Recruitment programme as part of GPFV has been successful and the programme is being mobilised.

Key Issues Report

South Sefton Localities

February – April 2018

Bootle Locality		
Key Issues	Risks Identified	Mitigating Actions
<p>1. Primary Care Support England ongoing issues:</p> <ul style="list-style-type: none"> • Long delays for transfer of patient records • Delays in registration of patients • Registration of pension contribution for recruited salaried GPs • Pension contributions for GPs • Delays with performers list 	<ul style="list-style-type: none"> • Patient care • Patient quality • GP contracts 	<ul style="list-style-type: none"> • Locality Manager and Primary Care Programme Lead attend monthly NHSE/Capita Stakeholder meetings to escalate concerns • Locality Manager has also escalated to Joint CCG/NHSE Operational Team meeting. • Locality Manager has collated issues for Jan Leonard to officially escalate to NHSE.
<p>2. District Nurses</p> <ul style="list-style-type: none"> • A practice asked a DN to visit a palliative patient to administer a driver on a Thursday pm, DN refused as unable to obtain prescription. • Practice contacted the chemist and prescription was delivered to the patient's home, DN visited the following day however did not set up driver. Following a further call to DN from the practice, the DN visited the patient on the Sunday, set up the syringe driver and the patient subsequently passed away later that day. 	<ul style="list-style-type: none"> • Patient care • Patient quality 	<ul style="list-style-type: none"> • Practice has launched a formal complaint with Mersey Care Community Services which is now going through a formal investigation process.
<p>3. Health Checks ceased in Primary care now being carried out by Sefton Public Health</p> <ul style="list-style-type: none"> • Practices concerned in relation to the now unfunded work that could potential come from referring high risk patients to primary care • Use of MESH to transfer information creates another work stream • Responsibility for action needed as a result of abnormal tests being transferred to primary care • Concerns in relation to patient consent • What happens to HCAs who have been specifically employed by practices to carry out health checks 	<ul style="list-style-type: none"> • Patient care • Patient quality 	<ul style="list-style-type: none"> • GP Locality Lead raised with LMC to be discussed at a future meeting.

Key Issues Report South Sefton Localities February – April 2018



South Sefton
Clinical Commissioning Group

<p>4. Long waiting times in Adult ADHD service.</p> <ul style="list-style-type: none"> • Delays for patients being assessed • Delays for patients receiving medication 	<ul style="list-style-type: none"> • Patient care • Patient quality • Patient experience 	<ul style="list-style-type: none"> • Locality Manager escalated to Mental Health Commissioning Lead and Head of Medicines Management. • Draft shared care agreement has been developed and forwarded to LMC for approval. • Shared care agreement has been approved and will be forwarded to GPs • No improvements made so far, however the Consultant Psychiatrist has visited the locality to discuss a process of how to safely return patients to the care of the GP.
<p>5. DNA at Community Clinics</p> <ul style="list-style-type: none"> • Practices reported patients are being referred back to GP for re-referral to community clinics following one DNA. 	<ul style="list-style-type: none"> • Patient care • Patient quality 	<ul style="list-style-type: none"> • Mersey Care Community Service relationship manager agreed to investigate. • Practices asked to provide examples for investigation. • Mersey Care Community Services have provided a DNA policy to practices. Any further incidents to be reported to the Locality Manager.
<p>6. Phlebotomy Services</p> <ul style="list-style-type: none"> • Practices experiencing problems making referrals to phlebotomy services reporting that clinical have been cancelled. • Patients experiencing long delays of up 6 weeks 	<ul style="list-style-type: none"> • Patient care • Patient quality • Patient experience 	<ul style="list-style-type: none"> • North West Boroughs have recently taken on the contract for phlebotomy service across South Sefton and have been invited to attend locality meetings to discussion concerns and explain how they are working through current issues.
<p>7. Review of inappropriate requests of primary care to secondary care</p>	<ul style="list-style-type: none"> • Patient care 	<ul style="list-style-type: none"> • Escalated to LMC and CCG. • Jan Leonard has passed all information to AUH for a response.

Key Issues Report

South Sefton Localities

February – April 2018

Crosby Locality		
Key Issues	Risks Identified	Mitigating Actions
<p>1. Primary Care Support England</p> <ul style="list-style-type: none"> • Long delays for transfer of patient records • Delays in registration of patients • Registration of pension contribution for recruited salaried GPs • Pension contributions for GPs • Delays with performers list 	<ul style="list-style-type: none"> • Patient care • Patient quality • GP contracts 	<ul style="list-style-type: none"> • Locality Manager and Primary Care Programme Lead attend monthly NHSE/Capita Stakeholder meetings to escalate concerns • Locality Manager has also escalated to Joint CCG/NHSE Operational Team meeting. • Locality Manager has collated issues for Jan Leonard to officially escalate to NHSE.
<p>2. Ongoing issue in relation to closure of practices lists in Crosby. A number of patients have been seeking registration on a weekly basis.</p>	<ul style="list-style-type: none"> • Patient care • Patient experience 	<ul style="list-style-type: none"> • Project lead visited all practices and produced a report. • NHSE attended September locality meeting to feedback on the report and discuss options going forward for all practice lists to open • In the first instance, it was agreed that NHSE would meet with Practice Managers. Meeting arranged for 19th October. • No resolution sought, NHSE to attend the January locality meeting for further discussion. • The locality is in the process of undertaking a phased approach to open all lists by June 2018. Currently in phase 1 of this process that has been agreed by the LMC. • Registration figures are monitored weekly by NHSE & the CCG where they are discussed at the Joint Operational Group and locality meeting.
<p>3. Phlebotomy Services</p> <ul style="list-style-type: none"> • Practices experiencing problems making referrals to phlebotomy services reporting that clinical have been cancelled. • Patients experiencing long delays of up 6 weeks 	<ul style="list-style-type: none"> • Patient care • Patient quality • Patient experience 	<ul style="list-style-type: none"> • North West Boroughs have recently taken on the contract for phlebotomy service across South Sefton and have been invited to attend locality meetings to discussion concerns and explain how they are working through current issues.

Key Issues Report South Sefton Localities February – April 2018



South Sefton
Clinical Commissioning Group

<p>4. Practices have experienced rejection of referrals to Neurologists due to patients not having an MRI prior to referral.</p>	<ul style="list-style-type: none"> • Patient care • Patient quality • Patient experience 	<ul style="list-style-type: none"> • CCG aware and discussions have taken place at Board level.
<p>5. Discharge from ENT Aintree – Treatment Rooms</p> <ul style="list-style-type: none"> • A patient was discharged from Aintree ENT late on a Friday pm and was advised to go to treatment rooms for removal of stiches. Unfortunately, there was no capacity. This was subsequently picked up by the GP who ensured patient was treated accordingly. 	<ul style="list-style-type: none"> • Patient care • Patient quality • Patient experience 	<ul style="list-style-type: none"> • Plans in place for Quality Team Head of Clinical Quality to meet with practice and assess patient journey to look at what happened and what should have happened.
<p>6. Review of inappropriate requests of primary care to secondary care</p>	<ul style="list-style-type: none"> • Patient care 	<ul style="list-style-type: none"> • Escalated to LMC and CCG. • Jan Leonard has passed all information to AUH for a response.
<p>7. Long waiting times in Adult ADHD service.</p> <ul style="list-style-type: none"> • Delays for patients being assessed • Delays for patients receiving medication 	<ul style="list-style-type: none"> • Patient care • Patient quality • Patient experience 	<ul style="list-style-type: none"> • Locality Manager escalated to Mental Health Commissioning Lead and Head of Medicines Management. • Draft shared care agreement has been developed and forwarded to LMC for approval. • Shared care agreement has been approved and will be forwarded to GPs • It was been agreed that the Consultant Psychiatrist will visit the locality.
<p>8. Continence Service – ongoing issue</p> <ul style="list-style-type: none"> • Concerns that the service is not accepting referrals from District Nurses 	<ul style="list-style-type: none"> • Patient care • Patient experience 	<ul style="list-style-type: none"> • Community Services Relationship Manager was present at the meeting and informed the locality that all services are currently under review and will report back further information when available. • A number of issues remain within this service which are currently being addressed. Updates will be communicated when available.

Key Issues Report

South Sefton Localities

February – April 2018

Seaforth & Litherland Locality		
Key Issues	Risks Identified	Mitigating Actions
1. Primary Care Support England ongoing issues: <ul style="list-style-type: none"> • Long delays for transfer of patient records • Delays in registration of patients • Registration of contribution for recruited salaried GPs • Pension contributions for GPs • Delays with performers list • Dual registration of patients 	<ul style="list-style-type: none"> • Patient care • Patient quality • GP contract 	<ul style="list-style-type: none"> • Locality Manager and Primary Care Programme Lead attend monthly NHSE/Capita Stakeholder meetings to escalate concerns. • Locality Manager has also escalated to Joint CCG/NHSE Operational Team meeting. • Locality Manager has collated issues for Jan Leonard to officially escalate to NHSE. • Dual registration issue has been added to the primary care risk register and escalated to NHSE.
2. Review of inappropriate requests of primary care to secondary care.	<ul style="list-style-type: none"> • Patient care 	<ul style="list-style-type: none"> • Escalated to LMC and CCG. • Jan Leonard has passed all information to Aintree University Hospital for a response.
3. NWAS - practice oxygen supply <ul style="list-style-type: none"> • NWAS using the practice's oxygen when attending to patients on their premises. • Resulting in practice having to replace • Potential effect on patient safety in the event oxygen waiting replacement and a patient becomes ill. 	<ul style="list-style-type: none"> • Patient care • Patient quality 	<ul style="list-style-type: none"> • Locality Manager has escalated to the South Sefton CCG Urgent Care Lead to raise at NWAS contract meeting.
4. Phlebotomy services <ul style="list-style-type: none"> • Practices experiencing problems making referrals to phlebotomy services reporting that clinical have been cancelled • Patients experiencing long delays of up 6 weeks 	<ul style="list-style-type: none"> • Patient care • Patient quality • Patient experience 	<ul style="list-style-type: none"> • North West Boroughs have recently taken on the contract for phlebotomy service across South Sefton and have been invited to attend locality meetings to discussion concerns and explain how they are working through current issues.
5. Community District Nurse Teams	<ul style="list-style-type: none"> • Patient care 	<ul style="list-style-type: none"> • Locality Manager has escalated to Community

Key Issues Report

South Sefton Localities

February – April 2018



South Sefton
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<ul style="list-style-type: none"> Practices experience problems referring patients for treatment who are not registered as housebound but unable to attend the treatment rooms. The patient is 88yrs old, unable to apply cream to back daily, needs support. District Nurses refusing to attend to administer treatment. 	<ul style="list-style-type: none"> Patient quality Patient experience 	<p>Services Relationship Manager for resolution.</p> <ul style="list-style-type: none"> GP attended to assist patient in this instance. No solution has yet been agreed. Escalated to South Sefton Community Services Lead to discuss with Community Services Senior Managers.
<p>6. Use of Practice Defibrillators</p> <ul style="list-style-type: none"> NWAS requested the use of a practice defibrillator off-site to attend to a member of the public close to a practice. Practices concerns and asked for this to be escalated to LMC and to ascertain NWAS protocols 	<ul style="list-style-type: none"> Patient care 	<ul style="list-style-type: none"> Locality Manager escalated to the LMC who are picking this up at a national level. Difficult to find any documented information into the use of practice defibrillators off-site.
<ul style="list-style-type: none"> Health Checks ceased in Primary care now being carried out by Sefton Public Health Practices concerned in relation to the now unfunded work that could potential come from referring high risk patients to primary care Use of MESH to transfer information creates another work stream Responsibility for action needed as a result of abnormal tests being transferred to primary care Concerns in relation to patient consent What happens to HCAs who have been specifically employed by practices to carry out health checks 	<ul style="list-style-type: none"> Patient care Patient quality 	<ul style="list-style-type: none"> GP Locality Lead raised with LMC to be discussed at a future meeting.

Key Issues Report

South Sefton Localities

February – April 2018

Maghull Locality		
Key Issues	Risks Identified	Mitigating Actions
1. Acute Visit Scheme – concerns raised in relation to the cessation of the home visiting element of the scheme.	<ul style="list-style-type: none"> • Patient care • Patient quality 	<ul style="list-style-type: none"> • CCG unable to continue with this service due to financial aspects. • Discussions have taken place in all localities to look at working up a home visiting scheme for South Sefton.
2. PCSE ongoing issues: <ul style="list-style-type: none"> • Long delays for transfer of patient records • Delays in registration of patients • Registration of contribution for recruited salaried GPs • Pension contributions for GPs • Delays with performers list 	<ul style="list-style-type: none"> • Patient care • Patient quality • GP contract 	<ul style="list-style-type: none"> • Locality Manager and Primary Care Programme Lead attend monthly NHSE/Capita Stakeholder meetings to escalate concerns. • Locality Manager has also escalated to Joint CCG/NHSE Operational Team meeting. • Locality Manager has collated issues for Jan Leonard to officially escalate to NHSE.
3. Review of inappropriate requests of primary care to secondary care	<ul style="list-style-type: none"> • Patient care 	<ul style="list-style-type: none"> • Escalated to LMC and CCG. • Jan Leonard has passed all information to AUH for a response.
4. Future Estates in Maghull - ongoing <ul style="list-style-type: none"> • Practices asked for more information regarding potential sites, planning and finances • Practices raised concerns in relation to new housing development (Poppyfields). Residents now moving in and one practice has had patients allocated to them by NHSE. • Further concerns have been raised in relation to the difficulty in recruiting GPs into Maghull practice where vacancies remain • The locality have reported that there is a major estates and GP crisis in Maghull which, if no action is taken, will result in severe disruption to patient care. 	<ul style="list-style-type: none"> • Patient care • Patient quality • Patient experience 	<ul style="list-style-type: none"> • A workshop was held on 20th September, all practices in Maghull were represented and took part in constructive discussions • Actions were agreed to take forward as part of continuing future planning. • Allocation of patients has been escalated to the CCG • Locality Manager has escalated to Jan Leonard for discussion at Senior Leadership Team.



South Sefton

Clinical Commissioning Group

Key Issues Report South Sefton Localities February – April 2018

<p>5. Phlebotomy Service</p> <ul style="list-style-type: none">• Practices experiencing problems making referrals to phlebotomy services reporting that clinical have been cancelled• Patients experiencing long delays of up 6 weeks	<ul style="list-style-type: none">• Patient care• Patient quality• Patient experience	<ul style="list-style-type: none">• North West Boroughs have recently taken on the contract for phlebotomy service across South Sefton and have been invited to attend locality meetings to discussion concerns and explain how they are working through current issues.
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Finance and Resource Committee Minutes

Thursday 18th January 2018, 1.00pm to 3.00pm
NHS South Sefton CCG, 3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL

<p>Attendees (Membership) Graham Morris Graham Bayliss Debbie Fagan (Items FR18/01 – FR18/09) Jan Leonard (From item FR18/10 onwards and part FR18/04) Susanne Lynch Martin McDowell Alison Ormrod Dr Sunil Sapre</p> <p>Ex-officio Member* Fiona Taylor (Items FR18/01 – FR18/09)</p> <p>In attendance Tracy Jeffes (Items FR18/01 – FR18/07) Jason Morris</p> <p>Apologies Lin Bennett John Wray</p> <p>Minutes Tahreen Kutub</p>	<p>Lay Member (Chair) Lay Member Chief Nurse & Quality Officer Chief Redesign & Commissioning Officer Head of Medicines Management Chief Finance Officer Deputy Chief Finance Officer GP Governing Body Member</p> <p>Chief Officer</p> <p>Chief Delivery and Integration Officer Contract Accountant</p> <p>Practice Manager & Governing Body Member GP Governing Body Member</p> <p>PA to the Chief Finance Officer</p>	<p>GM GB DF JL SL MMcD AOR SS</p> <p>FLT</p> <p>TJ JM</p> <p>LB JW</p> <p>TK</p>
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Attendance Tracker ✓ = Present A = Apologies N = Non-attendance

Name	Membership	Jan 17	Feb 17	Mar 17	May 17	June 17	July 17	Sept 17	Oct 17	Nov 17	Jan 18
Graham Morris	Lay Member (Chair)	✓	✓	✓	✓	A	A	✓	✓	✓	✓
Graham Bayliss	Lay Member	✓	✓	A	✓	✓	✓	✓	✓	A	✓
Dr Sunil Sapre	GP Governing Body Member	✓	✓	✓	A	✓	✓	✓	✓	✓	✓
John Wray	GP Governing Body Member	A	A	A	A	A	A	A	A	✓	A
Lin Bennett	Practice Manager & Governing Body Member	✓	✓	✓	✓	✓	✓	A	A	A	A
Martin McDowell	Chief Finance Officer	✓	A	✓	✓	✓	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A	✓	✓	A	✓	✓	A	✓
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	A	✓	✓	✓	✓	✓	A	✓
Jan Leonard	Chief Redesign & Commissioning Officer	✓	A	A	✓	✓	A	✓	✓	✓	✓
Susanne Lynch	CCG Lead for Medicines Management	✓	A	✓	✓	A	✓	✓	✓	✓	✓
Fiona Taylor	Chief Officer	*	*	*	*	✓	✓	*	*	*	✓

No	Item	Action
General Business		
FR18/01	<p>Apologies for absence</p> <p>Apologies for absence were received from Lin Bennett and Dr John Wray.</p> <p>Jason Morris introduced himself to the committee, noting that he has recently joined the CCG as Contract Accountant.</p>	
FR18/02	<p>Declarations of interest regarding agenda items</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations made by members of the South Sefton Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <p>Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	
FR18/03	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting on 23rd November 2017 were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	
FR18/04	<p>Action points from the previous meeting</p> <p>FR17/86 - Individual Funding Requests Annual Report 2016/17</p> <p>JL confirmed she has not yet received data regarding year on year referral trends, in reference to <i>Appendix B – IFR Application Sources and Outcomes</i> in the IFR Annual Report 2016/17. Action still open.</p> <p>FR17/144 - Access to Outpatient Appointments at Aintree University Hospital</p> <p>SS noted that he is yet to send Sarah McGrath (Planned Care Lead at the CCG) examples of clinics which do not seem to be on the Choose and Book system. He confirmed he had queries on the Choose & Book system. TK to ask Sarah McGrath to contact SS to discuss his queries and examples of clinics which do not seem to be on the Choose and Book system. This action is to supersede the current action on the tracker.</p> <p>FR17/144 - Access to Outpatient Appointments at Aintree University Hospital</p> <p>MMcD noted that progress has been made (on the issue regarding assurance that all Aintree clinics are on the current Choose and Book system) as part of preparation for rollout of e-referrals but could not be certain that the issue had</p>	TK

No	Item	Action
	<p>been resolved. Action to stay on the tracker.</p> <p>FR17/144 - Access to Outpatient Appointments at Aintree University Hospital Action still open: Sarah McGrath to monitor CQUIN performance in relation to appointment slot issues and service availability. Hospital cancellation rates alongside appointment slot issues are also to be monitored.</p> <p>FR17/144 - Access to Outpatient Appointments at Aintree University Hospital JL reported that the CCG has raised concerns with Aintree University Hospital regarding lack of assurance on Aintree's plans for the delivery of the e-referral system plan as well as the governance structure for the scheduled switch-off of paper records by August 2018. She confirmed that NHS England are aware of this. Action closed.</p> <p>FR17/144 - Access to Outpatient Appointments at Aintree University Hospital JL confirmed that e-referrals are included as part of the GP contract for 2018/19. Action closed.</p> <p>FR17/144 - Access to Outpatient Appointments at Aintree University Hospital Action still open: access to outpatient appointments and eRS is to be considered as an agenda item for an upcoming Board to Board meeting between Aintree University Hospital and South Sefton CCG. JL updated the committee that a Board to Board meeting had not taken place since the last F&R Committee meeting on 23rd November 2017.</p> <p>FR17/150 - Prescribing Rebate Scheme - GlucoMen® Areo glucose sensors Action still open: SL to check whether the CCG policy regarding rebate schemes is up to date or needs refreshing.</p> <p>FR17/155 - Any Other Business <u>A&E Admittance – Aintree University Hospital</u> MMcD confirmed that an update on the following will be provided at the next F&R Committee meeting: the issue of A&E admittance at Aintree University Hospital being approximately 10% higher than that at both Southport and Ormskirk Hospital and Royal Liverpool and Broadgreen University Hospitals. Action to stay on the tracker.</p>	
<i>Human Resources</i>		
FR18/05	<p>Occupational Health Contract TJ reported that the CCG's contract with Aintree University Hospital NHS Foundation Trust for the provision of Occupational Health services for CCG employees is due to expire on 31st March 2018. She asked the committee to approve the following next steps.</p> <ul style="list-style-type: none"> • Continue to work with the North Mersey LDS Corporate Services Group to develop a joint approach to the procurement of Occupational Health services • Should that approach not lead to a new service for April 2018, extend the 	

No	Item	Action
	<p>current contract with Aintree University Hospitals for another 12 months, subject to procurement advice and the completion of a tender waiver proforma.</p> <p>TJ confirmed that a single tender action form would be taken to the Audit Committee to receive when they next meet in April 2018. MMcD confirmed the contract value is in his delegated limits as Chief Finance Officer to sign off.</p> <p><i>The committee approved the recommended next steps in relation to the Occupational Health Contract.</i></p>	
FR18/06	<p>HR Performance Report</p> <p>TJ presented the HR performance dashboard. She noted that there has been a decline in the overall compliance rate for Statutory and Mandatory training and that she will be working with CCG line managers to increase the compliance rate.</p> <p>The monthly sickness absence rate was discussed. It was noted that as the CCG's workforce is small, the case of one staff member could potentially have a significant impact on statistics. Queries were also raised about whether stress / anxiety / depression, as detailed on the dashboard, is related to the workplace. Further to the queries and discussion at the meeting, it was agreed for future dashboards to be presented with explanatory narrative to provide context to the graphs and figures.</p> <p>FLT asked for future HR performance reports to be reviewed by the Leadership Team prior to presentation to the F&R committee. TJ to action.</p> <p><i>The committee received this report.</i></p>	<p>MMcD (TJ)</p> <p>MMcD (TJ)</p>
<i>Service Contracts</i>		
FR18/07	<p>Midland and Lancashire CSU: Summary Service Report</p> <p>TJ presented the Summary Service Report produced by Midlands and Lancashire CSU. TJ highlighted service issues relating to Continuing Healthcare (CHC) and HR service delivery. These issues are being addressed by the CSU. She noted all other areas of service delivery were satisfactory or above.</p> <p>In relation to CHC, DF reported that due to winter pressures, the CSU have needed to re-prioritise workload to meet demands and ensure patient safety. This may result in a backlog for CHC assessments and follow-up reviews as focus of activity has been directed to secondary care to facilitate safe and appropriate discharges.</p> <p><i>The committee received this report.</i></p>	
FR18/08	<p>CCG Procurement Schedule 2018-20</p> <p>MMcD presented the CCG procurement schedule for 2018-20 and noted the following:</p> <ul style="list-style-type: none"> • AQP audiology: contracts are due to expire on 30th September 2018. The CCG is facilitating a meeting with other CCGs in Merseyside next week to 	

No	Item	Action
	<p>discuss the approach to managing the end of the contracts.</p> <ul style="list-style-type: none"> Services delivered by the CSU will be going out to procurement in March 2019. The CCG will require an alternative provider to the CSU to support the procurement of these services. <p>The committee received this report.</p>	
Finance		
FR18/09	<p>Finance Report - Month 9 2017/18</p> <p>AOR provided an overview of the year-to-date financial position for NHS South Sefton CCG as at 31st December 2017. The following points were highlighted:</p> <ul style="list-style-type: none"> The year to date financial position is a deficit of £3.200m, which represents deterioration against the planned deficit of £0.250m. The CCG's most likely case scenario forecasts a deficit of £4.312m, including NCSO cost pressure of £1.253m. QIPP Delivery is £1.806m to date, which is £3.568m behind planned QIPP delivery at month 9. The Sefton CCGs' QIPP Week commenced on 15th January 2018. Challenge and confirm sessions are being held with QIPP leads during this week. BPPC performance is above the 95% target in all areas for the year to date. NHS England have advised that cash availability to the end of the financial year may be limited. Weekly teleconferences are being held with NHS England regarding 2017/18 year-end processes. Updates will be provided to the committee accordingly. An update was provided on the progress being made against the NHS England timetable for Month 9 reporting requirements. CHC: a meeting took place yesterday between Adam DPS and members of the CCG finance team to discuss unresolved issues, the financial impact of the introduction of the DPS, and benchmarking. A report will be brought to the next F&R Committee meeting on 22nd February 2018. <p>MMcD noted that after a fuller review of the month 9 position, taking the year to date position into account, the risks previously reported by the CCG are almost certain to crystallise in line with NHS England's prediction at month 7.</p> <p>GM referred to section 4 of the finance report, entitled <i>Provider Expenditure Analysis – Aintree University Hospital NHS Foundation Trust</i>. He noted that non-elective costs in October and November 2017 are significantly higher than in October and November 2016. AOR to liaise with Dave McCoy in the CCG's Business Intelligence team to understand the increase in activity.</p> <p>The committee received the finance report and noted the summary points as detailed in the report.</p>	<p>AOR</p> <p>AOR</p>
FR18/10	<p>Finance & Resource Committee Risk Register</p> <p>The committee reviewed the risk register and agreed the following, further to discussion on the CCG's financial position during item <i>FR18/09</i>. The following changes / reviews are to be actioned.</p>	<p>MMcD & AOR</p>

No	Item	Action
	<ul style="list-style-type: none"> <li data-bbox="304 226 1305 389">• <i>Risk FR001: CCG fails to deliver its statutory breakeven duty (or financial target set through legal directions) in 2017/18.</i> The likelihood post mitigation score is to increase to 5, resulting in a post mitigation total score of 25 to recognise that it is almost certain that the CCG will not deliver its financial plan. <li data-bbox="304 439 1305 562">• <i>Sub risk FR001a: CCG fails to deliver its QIPP target in 2017/18.</i> The likelihood post mitigation score is to increase to 5, resulting in a post mitigation total score of 25 to recognise that it is almost certain that the CCG will not deliver its QIPP target. <li data-bbox="304 611 1305 831">• <i>Risk FR002: CCG fails to pay CHC/ FNC providers accurately and within agreed timescales as a result of processing changes from the implementation of the Adam Dynamic Purchasing System; Risk of duplicate payment where urgent payment is made via the CCG and by Adam DPS; Reputational risk to CCG resulting from delayed payment and ongoing difficulties experienced by service providers.</i> The score for this risk is to be increased. To be reviewed by MMcD and AOR. <p data-bbox="304 880 1305 981">SL confirmed that a report with recommendations relating to risk FR003 to do with prescribing code issues will be presented at the next F&R committee meeting on 22nd February 2018.</p> <p data-bbox="304 1025 1305 1093"><i>The committee approved the risk register subject to the amendments / reviews agreed at the meeting.</i></p>	<p data-bbox="1337 779 1461 846">MMcD & AOR</p> <p data-bbox="1337 902 1369 936">SL</p>
FR18/11	<p data-bbox="304 1144 624 1178">Finance Strategy Update</p> <p data-bbox="304 1182 1305 1249">The committee noted that the CCG's 5-year financial strategy is being produced and will be presented to the Governing Body in March.</p> <p data-bbox="304 1294 863 1328"><i>The committee received this verbal update.</i></p>	
FR18/12	<p data-bbox="304 1375 616 1408">Benchmarking and VFM</p> <p data-bbox="304 1413 879 1447">It was noted that there was no update to report.</p>	
Estates		
FR18/13	<p data-bbox="304 1561 504 1594">Estates Update</p> <p data-bbox="304 1599 1305 1756">MMcD provided an update on estates, as detailed in the report. He presented the proposed realisation list for the CCG, which has been compiled after discussion with estates advisors; this lists NHS Property Services buildings within South Sefton that have been categorised with a view to consider potential building disposals.</p> <p data-bbox="304 1800 1305 1901">MMcD reported that NHS Property Services have met with the landlord of Merton House regarding lease renewal for the CCG's accommodation. An offer has been made by the landlord, which is currently being negotiated.</p> <p data-bbox="304 1946 1305 1980"><i>The committee reviewed the CCG's estates requirement and approved the</i></p>	

No	Item	Action
	<i>realisation list and noted the position regarding the CCG's accommodation at Merton House.</i>	
FR18/14	<p>SPEP Terms of Reference</p> <p>MMcD presented the draft terms of reference for the Sefton Property Estates Partnership Group (SPEP), which have been agreed by the group.</p> <p><i>The committee approved the SPEP terms of reference.</i></p>	
<i>IT</i>		
FR18/15	<p>Informatics Merseyside Training Service Strategy and Primary Care Training Plan</p> <p>MMcD presented Informatics Merseyside's <i>IT Training Service Strategy 2017-2019</i> and <i>Training Plan for Primary Care</i> for the committee's approval.</p> <p><i>The committee approved Informatics Merseyside's IT Training Service Strategy 2017-2019 and Training Plan for Primary Care.</i></p>	
<i>Performance</i>		
FR18/16	<p>CCG Improvement and Assurance Framework Q1 2017/18</p> <p>MMcD presented the CCG Improvement and Assurance Framework Q1 2017/18. The committees reviewed and discussed the dashboard contained within the report.</p> <p><i>The committee received this report.</i></p>	
<i>Prescribing</i>		
FR18/17	<p>Prescribing Spend Report – Month 7 2017/18</p> <p>SL presented the prescribing report for Month 7 (October 2017).</p> <p>It was noted that at Month 7, the CCG is forecast to be underspent by 5%, when the 1.5% efficiency factor is applied to the CCG prescribing budget of £28.640m.</p> <p><i>The committee received this report.</i></p>	
FR18/18	<p>Quarter 2 Prescribing Performance Report 2017/18</p> <p>SL presented the quarterly report noting prescribing performance for the second quarter of 2017/18 for South Sefton CCG practices. The report presents actual cost and items percentage growth, for the 12 months up to September 2017 against the same point in the previous year, compared to other CCGs in the Merseyside and Warrington area.</p> <p>It was noted that the CCG's actual cost growth is -3.6% and item percentage growth is -3.0% in the 12 months up to Sept 2017.</p> <p><i>The committee received this report.</i></p>	

No	Item	Action
FR18/19	<p>Pan Mersey APC Recommendations</p> <p>SL asked the committee to consider approving the following Pan Mersey APC recommendation:</p> <ul style="list-style-type: none"> AFLIBERCEPT intravitreal injection (Eylea®) for treatment of Myopic choroidal neovascularisation. <p>SL confirmed that this is a NICE recommendation.</p> <p><i>The committee approved the Pan Mersey APC recommendation for the commissioning of AFLIBERCEPT intravitreal injection (Eylea®) for treatment of Myopic choroidal neovascularisation.</i></p> <p><u>Post-meeting note</u></p> <p><i>At the F&R Committee meeting held on 22nd February 2018, SL reported there was an error in the Pan Mersey APC Recommendations paper related to AFLIBERCEPT intravitreal injection (Eylea®) for Myopic choroidal neovascularisation (as per NICE TA 486), which was presented to the F&R Committee on 18th January 2018. The paper had noted that the implementation deadline was 90 days; SL confirmed that the implementation deadline was actually 30 days and requested this correction be noted in the minutes of the meeting as a post-meeting note.</i></p> <p><i>SL also reported that SARILUMAB subcutaneous injection (Kevzara®▼) for rheumatoid arthritis (as per NICE TA 485) was approved via MMcD prior to the F&R Committee meeting in January 2018, as the CCG had been informed by Midlands & Lancashire CSU that there was a 30-day commissioning deadline. SL reported there was an error in the advice provided and that the commissioning deadline was actually 90 days. SL asked for this to be noted in the minutes of the meeting on 18th January 2018 as a post-meeting note.</i></p>	
2018/19 F&R Meeting Work Plan and Dates		
FR18/20	<p>Committee Work Plan 2018/19</p> <p>MMcD presented the committee work plan for 2018/19. He asked committee members to inform TK if they have any changes or additions for the work plan.</p> <p>The committee agreed that the standing item on <i>External Updates/Benchmarking and VFM Reports</i> should be presented on a quarterly basis. The work plan is to be updated accordingly.</p> <p><i>The committee received the committee work plan for 2018/19.</i></p>	TK & AOR
FR18/21	<p>Committee Meeting Dates 2018/19</p> <p>MMcD presented the committee meeting dates for 2018/19. He noted that two provisional meetings have been scheduled for 23rd August 2018 and 20th December 2018 should these be required closer to the time.</p> <p><i>The committee received the committee meeting dates for 2018/19.</i></p>	

No	Item	Action
<i>Minutes of Steering Groups to be formally received (taken as read)</i>		
FR18/22	<p>Minutes of Steering Groups to be formally received</p> <ul style="list-style-type: none"> • Sefton Property Estates Partnership (SPEP) Steering Group – October 2017 <p><i>The committee received the minutes of the SPEP Steering Group meeting in October 2017.</i></p>	
Closing business		
FR18/23	<p>Any Other Business</p> <p>No items of other business were raised at this meeting.</p>	
FR18/24	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of Next Meeting</p> <p>Thursday 22nd February 2018 1.00pm to 3.00pm 3rd Floor Board Room, Merton House</p>	

Finance and Resource Committee Minutes

Thursday 22nd February 2018, 1.00pm to 3.00pm

NHS South Sefton CCG, 3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL

Attendees (Membership)		
Graham Morris	Lay Member (Chair)	GM
Debbie Fagan	Chief Nurse	DF
Jan Leonard	Director of Commissioning and Redesign	JL
Martin McDowell	Chief Finance Officer	MMcD
Alison Ormrod	Deputy Chief Finance Officer	AOR
Dr Sunil Sapre	GP Governing Body Member	SS
Susanne Lynch	Head of Medicines Management	SL
In attendance		
Gary Holmes (for FR18/29)	Health & Safety, Fire & Security Officer, MLCSU	GH
Apologies		
Graham Bayliss	Lay Member	GB
Dr John Wray	GP Governing Body Member	JW
Fiona Taylor	Chief Officer (Ex-officio member)	FLT
Minutes		
Tahreen Kutub	PA to the Chief Finance Officer	TK

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Membership	Jan 18	Feb 18	Mar 18	May 18	June 18	July 18	Sept 18	Oct 18	Nov 18	Jan 19
Graham Morris	Lay Member (Chair)	✓	✓								
Graham Bayliss	Lay Member	✓	A								
Dr Sunil Sapre	GP Governing Body Member	✓	✓								
John Wray	GP Governing Body Member	A	A								
Lin Bennett	Practice Manager & Governing Body Member	A									
Martin McDowell	Chief Finance Officer	✓	✓								
Alison Ormrod	Deputy Chief Finance Officer	✓	✓								
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓								
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓								
Susanne Lynch	CCG Lead for Medicines Management	✓	✓								
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	✓	*								

No	Item	Action
General Business		
FR18/25	<p>Apologies for absence</p> <p>Apologies for absence were received from Graham Bayliss, Dr John Wray and Fiona Taylor.</p>	
FR18/26	<p>Declarations of interest regarding agenda items</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations made by members of the South Sefton Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <p>Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	
FR18/27	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting on 18th January 2018 were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	
FR18/28	<p>Action points from the previous meeting</p> <p>FR17/86 - Individual Funding Requests Annual Report 2016/17 In reference to <i>Appendix B – IFR Application Sources and Outcomes</i> in the IFR Annual Report 2016/17 - JL circulated a paper showing trends related to number of GP applications by decision and number of applications per GP applicant In South Sefton CCG. She noted that this information would be included in future quarterly reports. GM commented that it would be helpful to have the information shown via practice size; JL confirmed she would forward this feedback to the IFR team. Action closed.</p> <p>FR17/144 - Access to Outpatient Appointments at Aintree University Hospital Re. extension of polling range - MMcD reported that from this month there will be a phased approach by specialty with clinics extending polling range to 12 weeks for new appointments and 6 weeks for follow ups (unless current waits are shorter than this, in which case, the polling range will match actual waiting times). Action closed.</p> <p>FR17/144 - Access to Outpatient Appointments at Aintree University Hospital Re. CQUIN performance in relation to appointment slot issues and service availability - DF confirmed that a Q1 and Q2 CQUIN update was provided at the Joint Quality Committee meeting this morning and that she would ensure the</p>	

No	Item	Action
	<p>CCG's finance team receive this information.</p> <p>Re. monitoring of hospital cancellation rates alongside appointment slot issues - MMcD reported that the current cancellation rates as baseline (month 9) are at 5.3% and the DNA first appointment rate is 11.7%. Action closed.</p> <p>FR17/144 - Access to Outpatient Appointments at Aintree University Hospital</p> <p>It was noted that a Board to Board meeting between South Sefton CCG and Aintree University Hospital is yet to take place. Action still open.</p> <p>FR18/04 - Action points from the previous meeting (FR17/144 - Access to Outpatient Appointments at Aintree University Hospital)</p> <p>SS and Sarah McGrath are yet to discuss his queries and examples of clinics which do not seem to be on the Choose and Book system. Action still open.</p> <p>FR17/150 - Prescribing Rebate Scheme - GlucoMen® Areo glucose sensors</p> <p>A CCG policy regarding approval of rebate schemes is on the agenda. Action closed.</p> <p>FR17/155 - Any Other Business <u>A&E Admittance – Aintree University Hospital</u></p> <p>JL reported that review work undertaken by the CCG has concluded that A&E admittance at Aintree University Hospital is higher than that at Southport and Ormskirk Hospital and Royal Liverpool and Broadgreen University Hospitals. Further work is to follow to understand the reasons for this. AOR confirmed that this issue was raised at the Aintree University Hospital - Contract Review Meeting this morning. Action closed.</p> <p>FR18/06 - HR Performance Report</p> <p>Tracy Jeffes (Director of Corporate Services) has confirmed that future HR dashboards will be presented with explanatory narrative to provide context to the graphs and figures. Action closed.</p> <p>FR18/06 - HR Performance Report</p> <p>Tracy Jeffes has confirmed that future HR performance reports will be reviewed by the Leadership Team prior to presentation to the F&R Committee. DF confirmed that the report has been discussed at a Leadership Team meeting since the last F&R Committee meeting on 18th January 2018. Action closed.</p> <p>FR18/09 - Finance Report - Month 9 2017/18</p> <p>A report on the Adam DPS is on the agenda. Action closed.</p> <p>FR18/09 - Finance Report - Month 9 2017/18</p> <p>In reference to section 4 of the finance report, entitled <i>Provider Expenditure Analysis – Aintree University Hospital NHS Foundation Trust</i> - AOR provided an update on the increase in activity (non-elective costs in October and November 2017 are significantly higher than in October and November 2016). Janet Spallen (Unplanned Care Manager) and Anthony North (Lead Analyst in the CCG's Business Intelligence team) have been investigating this; further work is to follow as noted under action <i>FR17/155 - Any Other Business A&E Admittance – Aintree</i></p>	

No	Item	Action
	<p><i>University Hospital</i>. Action closed.</p> <p>FR18/10 - Finance & Resource Committee Risk Register The scores in the risk register have been updated with the changes agreed at the last F&R Committee meeting. To be discussed further under item FR18/31. Action closed.</p> <p>FR18/10 - Finance & Resource Committee Risk Register SL confirmed further work is to be done on a report being produced on recommendations relating to prescribing code issues. Action still open.</p> <p>FR18/20 - Committee Work Plan 2018/19 The F&R Committee work plan has been updated to reflect that the item on <i>External Updates/Benchmarking and VFM Reports</i> will be presented on a quarterly basis. Action closed.</p>	
<i>Policies for approval</i>		
FR18/29	<p>Security Management Policy v2</p> <p>GH presented an updated security management policy, which was discussed and recommended for approval at the Corporate Governance Support Group meeting in January 2018. The policy has been updated, taking into account that NHS Protect has ceased to exist.</p> <p>The committee agreed on the following changes to the policy, which are to be actioned.</p> <ul style="list-style-type: none"> • Section 6.2: This section is entitled <i>Clinical Chief Officer</i>. The CCG does not have this post in place and therefore this section is to be corrected in the policy. • Section 6.4: This section refers to the responsibilities of <i>Directors</i> in the CCG. Not all members of the Leadership Team are directors and therefore this is to be reworded accordingly. • Section 7.4: This section refers to CCTV. The car park at Merton House has CCTV coverage but the building itself does not have coverage. CCG accommodation at Curzon Road (where a number of joint CCG staff are based) also does not have CCTV coverage. This section is to be reworded to take this into account. • Section 7.5: This section refers to CCG staff being issued with a fob for access to the buildings and areas they are employed to work within. It was noted that although fobs are issued for Merton House, staff at Curzon Road gain access to the building with key pads which should be taken into account in this section of the policy. <p><i>The committee approved the Security Management Policy v2 subject to the changes agreed at the meeting.</i></p>	MMcD (GH)
<i>Finance</i>		
FR18/30	<p>Finance Report - Month 10 2017/18</p> <p>AOR provided an overview of the year-to-date financial position for NHS South</p>	

No	Item	Action
	<p>Sefton CCG as at 31st January 2018. The following points were highlighted:</p> <ul style="list-style-type: none"> • The CCG forecast financial position is a deficit of £4.300m. • The year to date financial position is a deficit of £3.600m, which represents deterioration against the planned deficit of £0.100m. • The main financial pressures include cost pressures relating to Continuing Healthcare packages. Further work is required to provide full assurance regarding the information provided by the Adam DPS. • The year to date performance for Acting as One providers shows an over-performance spend against plan. It was noted this would represent a year to date overspend of £0.993m under usual contract arrangements. • QIPP Delivery is £2.006m to date, which is £4.403m behind the planned delivery at Month 10. • The expert determination process relating to issues associated with Southport & Ormskirk NHS Trust has commenced. • The Month 9 NHSE Agreement of Balances exercise is progressing. • A submission has been made to NHSE indicating cash requirements for the remainder of the financial year. To date, no indication has been received from NHSE that there is an issue with cash provision. <p>The committee discussed the finance report and CCG's financial position.</p> <p>MMcD commented on the financial risks detailed in <i>Appendix 6: Risk Adjusted Position</i>. MMcD noted that following discussion with NHSE, the CCG's best and most likely case scenarios have now been assessed as the same. It was also noted that the NCSO cost pressure is assessed at £1.619m.</p> <p>MMcD commented on the expected reported financial position, noting that the NHSE performance position is assessed as a deficit of £4.300m deficit. The deficit position that will be reported for statutory accounts purposes will be £2.692m, which reflects the application of NHSE reserves (0.5% risk reserve of £1.210m and the return of Cat M funding reserve of £0.398m, although the latter figure remains subject to confirmation).</p> <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	
FR18/31	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the risk register and explained the rationale for the post mitigation scoring of risks, reconciling it to the finance report. He noted that the CCG is working to reformat the Corporate Risk Register to ensure further clarity, which will in turn impact the format of the F&R Committee risk register.</p> <p>The committee reviewed the risk register and noted / agreed the following:</p> <ul style="list-style-type: none"> • <i>Sub risk FR001b: CCG fails to control expenditure against its opening budgets in 2017/18.</i> <p>It was agreed that the likelihood post mitigation score is to increase from 4 to 5, as it is almost certain that the CCG will not deliver operational budgets.</p> <ul style="list-style-type: none"> • <i>Risk FR003: The number of prescriber code issues with NHS Business</i> 	AOR

No	Item	Action
	<p>Services Authority this year has been significant compared to previous years. There is a risk that GPs may prescribe using inappropriate prescriber codes which may result in inaccuracies in prescribing activity. There is a risk that this may impact adversely on the financial position and planning data.</p> <p>SL confirmed the Medicines Management team have been working with iMerseyside to produce a training guide for practices, which details who to inform/request prescriber codes from and how to correctly set up prescriber codes within EMIS. A paper related to this will be brought to the next F&R Committee meeting on 22nd March, as noted under item <i>FR18/28: Action points from the previous meeting</i>. These mitigating actions are to be recorded on the F&R risk register.</p> <p>The committee approved the risk register subject to the amendments agreed at the meeting.</p>	SL / TK
FR18/32	<p>Implementation of Adam DPS – May to December 2017</p> <p>AOR presented a report on the implementation of the Adam DPS, covering the period May 2017-December 2017. The report covers the financial impact of the introduction of the DPS, including preliminary benchmarking information, and actions being taken by the CCG Finance team with Midlands & Lancashire CSU and Adam DPS to resolve outstanding risks and issues.</p> <p>The committee discussed the Adam DPS and the outstanding risks and issues. Further to this discussion, the committee agreed to convene and oversee a working group to consider the future of the DPS. The committee discussed timescales for this review and it was agreed for a report to be brought to the F&R Committee meeting in June 2018. GM asked for this working group / review to be noted in the risk register as a mitigating action for risk FR002 which is related to the Adam DPS.</p> <p>The committee received this report and agreed to convene and oversee a working group to consider the future of the DPS.</p>	AOR
FR18/33	<p>Better Care Fund Update</p> <p>MMcD provided an update on the Better Care Fund, noting that the CCG and the local authority are in the process of submitting Q3 results against plans.</p> <p>AOR reported that work is in progress to review and update the Section 75 agreement between the CCG and Sefton Council.</p> <p>The committee received this verbal update.</p>	
FR18/34	<p>Individual Funding Request Service Q3 2017/18</p> <p>JL provided an overview of the Q3 (2017/18) report for the Individual Funding Request (IFR) Service. She noted that the top two categories of requests are for Cosmetic Surgery and Equipment treatments/interventions.</p> <p>The committee received this report.</p>	

No	Item	Action
<i>IT</i>		
FR18/35	<p>IM&T Draft Terms of Reference MMcD presented the draft terms of reference for the Information Management & Technology (IM&T) Steering Group, which have been agreed by the group.</p> <p>MMcD noted that an IM&T update will be provided at an upcoming Governing Body meeting.</p> <p>It was noted that Lin Bennett had been the IM&T Governing Body Portfolio Lead for South Sefton CCG but is no longer in this role further to resignation from the Governing Body in January 2018. It was agreed for MMcD to liaise with Tracy Jeffes (Director of Corporate Services) about appointing a replacement for this role on the IM&T Steering Group.</p> <p><i>The committee approved the IM&T terms of reference.</i></p>	MMcD
<i>Performance</i>		
FR18/36	<p>CCG Improvement and Assurance Framework Q2 2017/18 It was noted that further to discussion at the Senior Leadership Team meeting, future CCG IAF reports will no longer be presented to the F&R Committee. Updates will be provided at Integrated Performance meetings with exception reports taken to Governing Body for further scrutiny.</p> <p>The committee discussed the Q2 report, including the CCG's IAF position on 18 week RTT, LD-annual health check, A&E admission and emergency admissions for unplanned care 17-18 Q1. It was noted that the position on LD-annual health check is a composite measure that includes all CCG providers.</p> <p><i>The committee received this report.</i></p>	
FR18/37	<p>Quality Premium Report JL presented the Quality Premium Report, which outlines the Quality Premium requirements for 2017/18 performance to date.</p> <p>DF reported that the NHS England Q3 CHC Assurance report has been presented to the Joint Quality Committee. The CCG has not been identified as an area that warrants further assurance / understanding needed. She noted that NHSE National Programmes were going to provide 5 days of support to CCGs to look at systems and processes and review some case examples but this offer has currently been withdrawn due to the need to prioritise time for other CCG areas. DF noted that the Chief Officer has expressed the intention to commission an independent review of CHC.</p> <p><i>The committee received this report.</i></p>	
<i>Prescribing</i>		
FR18/38	<p>Prescribing Spend Report – Month 8 2017/18 SL presented the prescribing report for Month 8 (November 2017).</p>	

No	Item	Action
	<p>It was noted that at Month 8, the CCG is forecast to be underspent by 5%, when the 1.5% efficiency factor is applied to the CCG prescribing budget of £28.640m.</p> <p>SL presented the figures in the prescribing budget table, noting that the format has been revised to help ensure clarity. She noted that further QIPP review work will be undertaken by the medicines management team for 17/18.</p> <p><i>The committee received this report.</i></p>	
FR18/39	<p>CCG Approval of Primary Care Rebate Schemes (PCRS)</p> <p>SL presented the policy for approving primary care prescribing rebate schemes. She noted that this policy formalises the rebate approval process which has been followed by the CCG.</p> <p>The committee reviewed the policy and agreed that no changes were required.</p> <p><i>The committee approved the policy for approving primary care prescribing rebate schemes.</i></p>	
Committee Governance		
FR18/40	<p>F&R Committee Terms of Reference</p> <p>The committee reviewed the F&R Committee Terms of Reference and agreed the following changes:</p> <ul style="list-style-type: none"> • The <i>Locality Clinical Representative</i> is to be removed from the membership. • The <i>Lay Member (Patient Experience and Engagement)</i> is to be the Vice Chair of the Committee. • The job titles for the <i>Chief Redesign and Commissioning Officer</i> and <i>Chief Nurse and Quality Officer</i> are to be updated to the new titles for these roles: <i>Director of Commissioning and Redesign</i> and <i>Chief Nurse</i>. <p>The above changes are to be made to the Terms of Reference, which are then to be recommended to the CCG Governing Body for approval.</p> <p>It was also agreed for MMcD to speak to Tracy Jeffes (Director of Corporate Services) about appointing a Clinical Governing Body member to join the committee, given that JW has been unable to attend meetings due to time conflicts with work commitments.</p> <p><i>The committee agreed changes to the F&R Committee Terms of Reference, the amended version of which is to be recommended to the CCG Governing Body for approval.</i></p>	<p>TK / MMcD</p> <p>MMcD</p>
Minutes of Steering Groups to be formally received (taken as read)		
FR18/41	<p>Minutes of Steering Groups to be formally received</p> <ul style="list-style-type: none"> • Information Management & Technology (IM&T) Steering Group – 	

No	Item	Action
	<p>November 2017</p> <ul style="list-style-type: none"> • Sefton Property Estates Partnership (SPEP) Steering Group – December 2017 <p>The committee received the minutes of the IM&T Steering Group meeting in November 2017 and the SPEP Steering Group meeting in December 2017.</p> <p>MMcD provided an update on the move of IT infrastructure to AIMES and confirmed he would be liaising with iMerseyside about the expected downtime. He noted the current IT infrastructure at Mere Lane will remain and confirmed this will be a back-up site to AIMES.</p>	
Closing business		
FR18/42	<p>Any Other Business</p> <p><u>Pan Mersey APC Recommendations</u></p> <p>SL reported there was an error in the Pan Mersey APC Recommendations paper related to AFLIBERCEPT intravitreal injection (Eylea®) for Myopic choroidal neovascularisation (as per NICE TA 486), which was presented to the F&R Committee at the last meeting on 18th January 2018. The paper had noted that the implementation deadline was 90 days; SL confirmed that the implementation deadline was actually 30 days and requested this correction be noted in the minutes of the last meeting as a post-meeting note.</p> <p>SL also reported that SARILUMAB subcutaneous injection (Kevzara®▼) for rheumatoid arthritis (as per NICE TA 485) was approved via MMcD prior to the F&R Committee meeting in January 2018, as the CCG had been informed by M&L CSU that there was a 30-day commissioning deadline. SL reported there was an error in the advice provided and that the commissioning deadline was actually 90 days. SL asked for this to be noted in the minutes of the last meeting as a post-meeting note.</p> <p>The committee agreed for the notes to be added to the minutes of the previous meeting as requested by SL. The committee provided delegated authority to the Chair to approve the minutes of the last meeting further to inclusion of the post-meeting notes.</p> <p><u>Planning Guidance 18/19</u></p> <p>MMcD provided an overview of the planning guidance for 18/19. The committee noted that the timescales are tight. MMcD confirmed a financial strategy update would be brought to the next F&R Committee meeting on 22nd March 2018.</p>	TK / SL GM
FR18/43	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of Next Meeting</p> <p>Thursday 22nd March 2018 1.00pm to 3.00pm 3rd Floor Board Room, Merton House</p>	

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

Date: Thursday 25th January 2018, 09:00 – 12:00
Venue: The Marshside Surgery, 117 Fylde Road, Southport PR9 9XP

Membership		
Graham Bayliss	Lay Member (SSCCG)	GB
Gill Brown	Lay Member (SFCCG)	GBr
Dr Doug Callow	GP Quality Lead (SFCCG)	DC
Dr Rob Caudwell	(Chair) GP Governing Body Member (SFCCG)	RC
Billie Dodd	Head of Commissioning (SFCCG / SSCCG)	BD
Debbie Fagan	Chief Nurse & Quality Officer (SFCCG / SSCCG)	DF
Dr Gina Halstead	GP Clinical Quality Lead (SSCCG)	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Andy Mimmagh	Chair & Governing Body Member (SSCCG)	AM
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Ex Officio Member		
Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
In Attendance		
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Helen Roberts	Senior Pharmacist (SFCCG / SSCCG)	HR
Karen Garside	Designated Nurse Safeguarding Children	KG
Apologies		
Dr Andy Mimmagh	Chair & Governing Body Member (SSCCG)	AM
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
Helen Smith	Head of Safeguarding	HS
Susanne Lynch	Head of Medicines Management	SL
Minutes		
Jo Woodward	PA to Chief Nurse / Quality Officer & Deputy Chief Nurse (SFCCG / SSCCG)	JW

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

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

Membership Attendance Tracker

Name	Membership	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
Dr Rob Caudwell	GP Governing Body Member	✓											
Graham Bayliss	Lay Member for Patient & Public Involvement	✓											
Gill Brown	Lay Member for Patient & Public Involvement	✓											
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓											
Billie Dodd	Head of CCG Development	✓											
Debbie Fagan	Chief Nurse & Quality Officer	✓											
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓											
Martin McDowell	Chief Finance Officer	✓											
Dr Andrew Mimmagh	Clinical Governing Body Member	A											
Dr Jeffrey Simmonds	Secondary Care Doctor	A											

- ✓ Present
- A Apologies
- L Late or left early

No	Item	Actions
18/01	<p>Welcome, Introductions & Apologies</p> <p>All were welcomed to the meeting. Apologies were received from FLT, LB, HS, SL, DrPC, DrAM and DrJS. The meeting was deemed quorate.</p>	
18/02	<p>Declarations of Interest</p> <p>None were reported other than those staff holding dual roles within the CCGs.</p>	
18/03	<p>Minutes & Key issues log of the previous meeting</p> <p>Subject to the following amendments the minutes were deemed to be an accurate reflection:</p> <ul style="list-style-type: none"> Date of the meeting on October minutes should state 26th October 2017 and not 28th September 2017 Membership attendance tracker requires completion for October and November 2017 <p>The Key issues logs for both Governing Bodies were deemed to be an accurate reflection.</p>	

No	Item	Actions
18/04	<p>Matters Arising / Action Tracker</p> <p>SFCCG 17/181 & SSCCG17/207 - CQUIN Update – Advise on local deviation of national CQUIN</p> <p>Update: NHSE have confirmed that there is to be no deviation away from the national CQUIN. BP has had a discussion with NHSE and confirmed that the CCG has not deviated away from the national CQUIN. DF also confirmed back to NHSE that this had been formally minuted at the S&O contract meeting held on 17th January 2018. Outcome: Committee agreed to close the action</p> <p>17/191(i) S&O CQC Regulation 10 / Section 65 - S&O Communication Plans & Stakeholder Briefings Re; Maternity and RTT</p> <p>Update: BD has contacted the Trust who has confirmed communication with stakeholders and rationale behind decisions. Lay Members no longer requiring to see communication plans. RC advised of the appointment of locum consultants as part of the Obstetrics & Gynaecology medical rotas. Outcome: Closed</p> <p>17/199 EPEG Key Issues</p> <p>Update: DF has contacted the CCG Locality Leads to take forward this action into the localities. JW read feedback from Angie McMahon, Locality Lead regarding the inability to upload the referral form to EMIS to enable GPs to refer directly to a mentor. GH will discuss with lead for Well Sefton outside of the committee. Outcome: Closed</p> <p>17/218(i) CCG representation at the EPaCCS Task & Finish Group</p> <p>Update: BD has confirmed that she will be raising this with MH on her return from annual leave. Request to close this action. Outcome: Closed</p> <p>17/218(ii) EPaCCS to be added to the Quality Committee Workplan</p> <p>Update: JW has added to the Joint Quality Committee Workplan. Request to close this action. Outcome: Closed</p> <p>17/220(i) Provider Performance Reports. S&O Urgent Care Performance Against the NHSI Agreed Trajectory</p> <p>Outcome: Carried forward to next meeting</p> <p>17/220(ii) Provider Performance Reports. Dermatology Case Examples – Low Clinical Value</p> <p>Update: No further evidence found Outcome: Closed</p>	

No	Item	Actions
	<p>17/220(iii) Provider Performance Reports Mersey Care NHS Foundation Trust (Mental health Contract) – Psychotherapy & Eating Disorder Service Treatment Commencing Within 18 Weeks of Referral</p> <p>Update: DF has informed GJ of this action. Request to close this action. Outcome: Close</p> <p>17/222 CCG Information to the CQC for S&O</p> <p>Update: BP has actioned this. Request to close this action. Outcome: Closed</p> <p>17/225(i) EPEG Key Issues. CCG Complaints Report</p> <p>Update: JW has added to the Joint Quality Committee Workplan. Request to close this action. Outcome: Closed</p> <p>17/225(ii) EPEG Key Issues. CCG Complaints Report to be Presented to the Next Meeting</p> <p>Update: Agenda item at meeting scheduled for 25th January 2018. Request to close this action. Outcome: Closed</p>	
18/05	<p>Chief Nurse Report</p> <p>DF presented the Chief Nurse Report which was received by the Committee. The Committee was requested to take particular note of the following update:</p> <p><u>Southport & Ormskirk Hospital Trust</u></p> <p>A two week MADE event was facilitated by ECIP at Southport and Ormskirk Hospital Trust during the first two weeks of January 2018 due to challenging urgent care performance at the Trust. The Chief Nurse and other members of the CCG team have spent a considerable amount of time at the Trust to support the improvement work on patient flow. The Head of Quality and Safety has supported the development of a new discharge flow process with the Trust, LCFT discharge planning team and colleagues from West Lancashire which was introduced on 15th January 2018 – the team has continued to support its implementation. DF and BP gave feedback on the recommendations from the MADE event which had included leadership, culture and the ability to discharge patients.</p>	

No	Item	Actions
	<p>The committee requested assurance that the Trust is 'Safe'. DF stated that the CCG had raised concerns about maintaining safety within the Trust, particularly during these times of unprecedented pressure, and had been working alongside NHSI / ECIP as a system partner to maintain safety and patient flow. DF and BP described walkarounds that the Quality Team had undertaken with the Trust Director of Nursing during the time the team had been working in the Trust and also how the team had raised any concerns, including regarding nurse staffing and boarding, and how they had been addressed during the MADE events. It was acknowledged that patient experience will not have been to the standard that system partners would wish to see during this time due to the pressure being faced within the Trust and the number of escalation areas needing to be opened and staffed.</p> <p>DF described the pressures being felt across the whole of the local system, not just within S&O, and also made reference to the letter that had been sent to all CCGs and Trusts nationally about ceasing non-urgent elective activity until the end of January 2018 and the relaxing of penalties. DF also described the system support that had been offered to S&O which had included diverts to neighbouring Trusts as required, additional staffing and the use of additional bed capacity at LHCH for respiratory patients.</p> <p>RC and DC stated that they had seen increased numbers of home visits from primary care following patient discharge which has an impact on available resource and working hours. It was suggested that BD send out an urgent care bulletin so General Practice are fully aware of the pressures across the system and how they are being managed.</p> <p>GBr stated that she felt the issues that had been discussed regarding the Trust at this Committee did not appear to be noted to the same extent when reading the Trust Public Board papers and queried how these were being communicated to the S&O Board by the provider teams and for the purposes of transparency. GBr informed the Committee that a meeting was scheduled for her to meet the Chair of the Trust and she would raise this issue during their meeting. The Committee asked the Quality Team to liaise with the CCGs' commissioning and performance teams to review the risk register and ensure that all apparent risks were included on Quality Risk Register.</p>	
	<p>Action:</p> <p>18/05(1) Urgent Care Bulletin BD to send out urgent care bulletin to General Practices to ensure they are fully aware of the pressures across the system and how they are being managed.</p>	BD
	<p>18/05(2) CCG Corporate Risk Register Quality Team to liaise with the CCGs' commissioning and performance teams to review the risk register and ensure that all apparent risks for S&O were included on Quality Risk Register.</p>	DF/BP

No	Item	Actions
	<p><u>Aintree University Hospital NHS Foundation Trust</u></p> <p>CCGs' Head of Quality and Safety has been liaising across both AUH and Mersey Care to ensure the process for discharge and assessment is followed and in line with the principles of ICRAS.</p> <p>Due to the system pressures and in recognition of the letter sent out nationally to all CCGs and Provider Trusts, the CQPG planned for January 2018 was cancelled and the next CQPG will take place in February 2018. A shortened and focused CQPG meeting between the Trust Director of Nursing, Medical Director and Director of Operations and the CCG Chief Nurse and GP Clinical Lead for Quality took place on 22nd January 2018 to support quality assurance during these times of pressure. The Trust reported at this meeting that that they had cancelled non-urgent elective activity as per the national letter and confirmed that the process to support the decision-making of which elective procedures to cancel had the required clinical oversight to ensure no harm to patients.</p> <p><u>St Joseph's Hospice – CQC post inspection</u></p> <p>St Joseph's Hospice was re inspected by the Care Quality Commission in December 2017 and has had the restrictions placed on the home subsequently lifted by the CQC. There is now an agreed admissions process for St. Josephs with a restricted number of patients to be admitted on a weekly basis. The Committee recognised Medicines Management for work that went in to the CQPG.</p> <p><u>Kirkup Review – Liverpool Community Health</u></p> <p>The Chief Officer has received a warning letter from the Kirkup Review Team and has provided a written response with supporting evidence by the required deadline to support factual accuracy. The submission has been acknowledged by Dr Kirkup's Review Team. Publication of the report is expected imminently.</p> <p><u>SEND Update</u></p> <p>The quarterly joint monitoring meetings continue with the DfE, NHSE, LA and CCGs. The last meeting took place on 15th December 2017. Feedback received is that the DfE representative has liaised with NHSE and will be reporting to the Minister the recommendation that Sefton be stepped down from this level of monitoring as we have made satisfactory progress against the Written Statement of Action.</p>	
18/06	<p>C&M Quality Surveillance Group Tri-partite Report</p> <p>BP presented the report to the Committee which is submitted to the NHSE Cheshire & Merseyside Quality Surveillance Group. The Committee noted the exception information contained within the report which included for :</p> <ul style="list-style-type: none"> • Local provider acute and community trusts • Local care homes and domiciliary care providers • Local Primary Care / General Practice <p>The committee received the report and asked if the CQC registration for St. Joseph's Hospice could be clarified with the CQC eg. Hospice or Care Home for the purposes of contract monitoring and management..</p>	

No	Item	Actions
	<p>Action:</p> <p>18/06 St Joseph's Hospice CQC Registration Category</p> <p>TF to ask the question regarding St Joseph's registration status at the next CQC meeting to inform contract monitoring and management.</p>	TF
18/07	<p>Quality Risk Register</p> <p>BP presented the committee with the Quality Risk Register for the CCGs. GBr stated that she found the Risk Registers in this format difficult to read. Further developments to the process for completing, reviewing and presenting the Corporate Risk Registers were discussed including the utilisation of a heat map.</p> <p>DF asked for particular attention to be given to risk QUA025 which was in relation to Initial Health Assessments and Reviews for Looked After Children. DF discussed her concerns regarding the lack of provider pace in bringing about the necessary improvements and the potential reasons for this along with the mitigating actions and escalation that has taken place. DF also highlighted to the committee that the CCGs had approved a business case from AHCH and LCCG for funding to increase the amount of Designated Doctor for LAC and specialist nurse time to support improving outcomes for this cohort of children and young people in Sefton. In addition, DF reminded the committee of the Governing Body decision to fund a whole time equivalent Designated Nurse for LAC for Sefton in support of the CCGs' Corporate Parenting role and statutory duties.</p>	
18/08	<p>Safeguarding Quarterly Report</p> <p>KG presented the report which provided the Committee with an update in relation to adult and children safeguarding and an analysis of the Safeguarding KPIs for Q2 2017-18 for the main commissioned NHS Providers which included the current levels of assurance.</p> <p>The committee were asked to take particular note of the following:</p> <ul style="list-style-type: none"> • AUH did not provide a Q2 submission and therefore a 'limited' assurance rating has been applied. The Safeguarding Designated Nurses have met with the Trust's interim Safeguarding Team (support being provided through a Service Level Agreement with Liverpool Women's Hospital NHS Trust) for the purposes of support and assurance. As previously highlighted to the committee, the recent CQC inspection resulted in a Section 29 letter to the Trust in respect of the timely identification and assessment of capacity to consent to treatment and the oversight and monitoring of the MCA/ DoLS process. An action plan has been developed to address the findings and progress will be monitored via the Trust Safeguarding Board. • NWBHCT (0-19 Year (Sefton)) has fallen to a 'limited assurance' rating. DF questioned the amber rating on overall assurance, KG advised this was limited to children not amber overall as an organisation. DF informed the committee that this performance would also be raised when she met with the Trust team to discuss the Looked After Children performance issues. 	

No	Item	Actions
18/09	<p>Safeguarding Alerts on EMIS</p> <p>GH presented the report to the Committee which outlined issues that had been identified following a serious incident involving NHS111 and how Safeguarding Managed Alerts (CP alerts) are used within the EMIS clinical record and shared across primary care records. It was thought that the CP alerts are not currently being used most effectively and there is a possible training need for GP practices to utilise the CP alert system.</p> <p>GH stated that she is working with the Named GP, Designated Nurse and iMerseyside to develop effective training for primary care to be delivered through Information Facilitators.</p> <p>The committee received the report and noted the work that GH has described. Further updates to be received as appropriate.</p>	
18/10	<p>Non-Medical Prescribing Policy</p> <p>BP presented the Non-Medical Prescribing Policy for approval. A discussion took place regarding the implementation for CCG and General Practice staff. It was felt that as the policy did not form part of a GP practice contract it may be hard to approve for general practice staff and the suggested documentation for completion within the policy was likely to have a resource impact for general practice.</p> <p>A discussion also took place regarding the registration of non-medical prescribers and HR gave some suggestions.</p> <p>The Committee approved the policy for CCG employees but did not approve at present for general practice staff but suggested that this be added to discussions for inclusion within this year's LQC to support adoption within General Practice.</p>	
	<p>Action:</p> <p>18/10 Non-Medical Prescribing Policy</p> <p>Implementation of the Non-Medical Prescribing Policy to be added to discussions for inclusion within this year's LQC to support adoption within General Practice.</p>	DF / BP
18/11	<p>Controlled Drugs Occurrence Report</p> <p>HR presented the Commissioner Quarterly CD Report to NHS England for Q3 2017-18. HR and GH stated they will work together to look at reporting changes and format going forward. GH felt it would be good to be made aware of which practices are prescribing opiates excessively, HR stated she would extract key issues going forward for the purposes of the committee then the committee can look at incidents and occurrence's and identify any trends and themes.</p> <p>The Committee received the report.</p>	

No	Item	Actions
18/12	<p>Complaints Overview Report</p> <p>DF presented the CCG Complaints Report to the Committee which contained an overview of complaints and PALS contacts in Q1 & Q2 2017/18. The Committee received the report.</p>	
18/13	<p>EPEG Key Issues Log</p> <p>Feedback was received from the recent meeting of EPEG. Issues highlighted included the work being done by Health Watch to support service re-configuration regarding orthopaedics.</p>	
18/14	<p>Corporate Governance Support Group Key Issues Report</p> <p>The Corporate Governance key issues report was noted and received by the Committee.</p>	
18/15	<p>Corporate Governance Support Group Terms of Reference</p> <p>The Committee were asked to approve the Corporate Governance Support Group updated Terms of Reference. The amendments were outlined to the committee. The committee approved the revised Terms of Reference.</p>	
18/16	<p>GP Quality Lead Update</p> <p>An update was given by DrDC.</p>	
18/17	<p>AOB</p> <ul style="list-style-type: none"> • CQUIN Update – This will be an agenda item at the next meeting. • Provider Quality Account Presentations – A date has been set for May 2018. The event this year is being facilitated by LCCG. • Provider CIP Presentations – A date has been set in March 2018. LCCG is co-ordinating this event. • Domestic Homicide Review – A domestic homicide review for Sefton will be published later this week. Provider action plans are in place. • MRSA – SFCCG have been notified of a possible community attributable case of MRSA. The CCG will be chairing the PIR meeting when set. 	

No	Item	Actions
18/18	<p>Key Issues Log (issues identified from this meeting)</p> <p>SFCCG</p> <p>Non-Medical Prescribing Policy - approved for CCG staff but not for General Practice staff at this time. Implementation of the Non-Medical Prescribing Policy to be added to discussions for inclusion within this year's LQC to support adoption within General Practice.</p> <p>MRSA – SFCCG have been notified of a possible community attributable case of MRSA. The CCG will be chairing the PIR meeting when set.</p> <p>CCG Corporate Risk Register - Quality Team to liaise with the CCGs' commissioning and performance teams to review the risk register and ensure that all apparent risks for S&O were included on Quality Risk Register.</p> <p>SSCCG</p> <p>Non-Medical Prescribing Policy - approved for CCG staff but not for General Practice staff at this time. Implementation of the Non-Medical Prescribing Policy to be added to discussions for inclusion within this year's LQC to support adoption within General Practice.</p> <p>CCG Corporate Risk Register - Quality Team to liaise with the CCGs' commissioning and performance teams to review the risk register and ensure that all apparent risks for S&O were included on Quality Risk Register.</p>	
18/19	<p>Date of Next Meeting and notice of apologies</p> <p>Date: Thursday 22nd February 2018</p> <p>Time: 0900hrs-1200hrs</p> <p>Venue: Boardroom, 3rd Floor, Merton House, Stanley Road, Bootle L20 3DL</p> <p>Advance notice of apologies received from DrAM, FLT, Helen Smith, Susanne Lynch, DrJS.</p>	

Audit Committees in Common NHS South Sefton CCG Minutes

Wednesday 10th January 2018, 1.30pm to 4pm
3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL

South Sefton CCG Members present

Graham Morris	Lay Member (Chair)	GM
Graham Bayliss	Lay Member	GB
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS

Southport and Formby CCG Members present

Helen Nichols	Lay Member (Chair)	HN
Gill Brown	Lay Member	GB
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS

In attendance

Martin McDowell	Chief Finance Officer, SSCCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SSCCG	AO
Phil Rule	Interim Chief Accountant, SSCCG	PR
Adrian Poll	Audit Manager, MIAA	AP
Georgia Jones	Manager, Grant Thornton	GJ

Apologies

Lin Bennett	Practice Manager and Governing Body Member	LB
Robin Baker	Audit Director, Grant Thornton	RB
Michelle Moss	Local Counter Fraud Specialist, MIAA	MM

Minutes

Tahreen Kutub	PA to Chief Finance Officer	TK
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Attendance Tracker

✓ = Present A = Apologies N = Non-attendance

Name	Position	April 17	May 17	July 17	Oct 17	Jan 18
Graham Morris	Lay Member (Chair)	✓	✓	✓	✓	✓
Graham Bayliss	Lay Member	✓	A	✓	✓	✓
Lin Bennett	Practice Manager and Governing Body Member				✓	A
Dr Dan McDowell	Secondary Care Doctor and Governing Body Member	✓	✓	✓	✓	
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member					✓
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A	✓	✓
Leah Robinson	Chief Accountant [On maternity leave from October 2017]	✓	✓	✓		
Phil Rule	Interim Chief Accountant					✓
Michelle Moss	Local Counter Fraud Specialist, MIAA	✓	A	A	A	A
Adrian Poll	Audit Manager, MIAA	✓	A	✓	✓	✓
Ann Ellis	Audit Manager, MIAA	N	A	N	N	
Rob Jones	Audit Director, KPMG	A	✓			
Jerri Lewis	Audit Manager, KPMG	N	N			
Gordon Haworth	Assistant Manager, Public Sector Audit, KPMG	✓	✓			
Robin Baker	Audit Director, Grant Thornton			✓	✓	A
Georgia Jones	Manager, Grant Thornton			✓	A	✓

No	Item	Action
A18/01	<p>Introductions and apologies for absence</p> <p>The new format of the Audit Committees in Common meeting was noted. The meeting will now have both Audit Committees present for the full duration rather than have the meeting take place in parts specific to each CCG. It was noted that the role of Chair would alternate between the respective Audit Committee Chairs of South Sefton CCG and Southport and Formby CCG. GM, Chair of the South Sefton CCG Audit Committee, chaired this meeting.</p> <p>Apologies for absence were received from Lin Bennett, Robin Baker and Michelle Moss.</p>	
A18/02	<p>Declarations of interest</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group or NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the South Sefton Audit Committee are listed in the CCG's Register of Interests. The register is available via the CCG website at the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations made by members of the Southport & Formby Audit Committee are listed in the CCG's Register of Interests. The register is available via the CCG website at the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • PR declared an interest as a Lay Member of Health Education England (North West) and confirmed the required paperwork would be completed to have this recorded on the CCG Register of Interests. • JS declared he is a member of both of the respective governing bodies for South Sefton CCG and Southport and Formby CCG. • Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. <p>It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	
A18/03	<p>Minutes of the previous meetings and key issues</p> <p><u>Part B: Joint CCG</u></p> <p>The minutes of Part B of the previous meeting on 11th October 2017 were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from Part B of the previous meeting.</p> <p><u>Part C: South Sefton CCG</u></p> <p>The minutes of Part C of the previous meeting on 11th October 2017 were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from Part C of the previous meeting.</p>	

<p>A18/04</p>	<p>Action points from previous meetings</p> <p>Part B: Joint CCG</p> <p>A17/104: Losses and special payments The resolution for the following item from Part B of the last Audit Committees in Common meeting on 11th October 2017 was ratified. <i>A17/108: Review of Remuneration Committee Procedures 2013 – 2017.</i></p> <p>Action closed.</p> <p>A17/106: External Audit Progress Report MMcD has liaised with Tracy Jeffes (Director of Delivery & Integration at the Sefton CCGs) about including the subject of GPs looking to transform and operate at scale on a future Wider Constituent Group meeting agenda for each of the Sefton CCGs. He noted that further planning work needs to be carried out on this. It was agreed to keep the action on the tracker.</p> <p>A17/108: Review of Remuneration Committee Procedures 2013 – 2017 HN and GM confirmed the following.</p> <ul style="list-style-type: none"> • The recommendation that the Remuneration Committee handle and approve all matters to do with remuneration except that related to the Chief Officer and Chief Finance Officer was proposed for approval to each of the CCG Governing Bodies. • The issue discussed in relation to Remuneration Committee membership and NHSE guidance (raised by HN in the context of her situation and detailed in the minutes of Part B of the last meeting) was taken to both Governing Bodies for discussion and resolution. <p>GM confirmed he would contact Debbie Fairclough (QIPP Programme Manager) regarding progress on the below action.</p> <ul style="list-style-type: none"> • The terms of reference for each Remuneration Committee are to be revised to ensure they are aligned with the scheme of delegation. The revised terms of reference are to be submitted to each of the CCG Governing Bodies for approval. <p>A17/110: Information Governance Bi-Monthly Report GM confirmed he was sent a list of future dates for Information Governance training sessions following the last Audit Committees in Common meeting on 11th October 2017. It was noted that future IG training in 2018 onwards will be online only. Action closed.</p> <p>A17/111: Any other business <u>Format of Audit Committees in Common meeting</u> GM and HN confirmed they reviewed the format of the Audit Committees in Common meeting following the last meeting in October 2017, which has resulted in the new format for the current meeting. Action closed. Committee members discussed the possibility of having more joint CCG papers for this meeting rather than a separate paper for each CCG. Members also enquired about the possibility of joint CCG policies. Concerns were raised about potential governance issues with this approach. MMcD to seek guidance from Debbie Fairclough in relation to this matter.</p>	<p>GM</p> <p>MMcD</p>
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	<p>Part C: South Sefton CCG</p> <p>A17/81: Risk Register and GBAF MMcD noted that the Leadership Team has reviewed risks on the Corporate Risk Register and that a moderation process is ongoing to determine whether risks reflected CCG overall view. A risk heat map has also been produced to summarise all the CCG mitigated risks with a score of 12 and above; this will be discussed further under item A18/11. Action closed.</p> <p>A17/116: Action points from previous meetings (A17/32 Information Governance Toolkit Review) MMcD reported that the Information Governance Support Officers for the CCG have confirmed that data flow mapping has not highlighted any data processed outside the UK. It was agreed to close this action. GM asked for the response from IG to be logged on file.</p> <p>A17/119: Review of NFI matches GM noted he has further queries regarding the NFI match under investigation in relation to procurement – payroll to Companies House (Director). He confirmed he will liaise with AOR outside the meeting. It was agreed to close this action.</p> <p>A17/120: MIAA Internal Audit Progress Report GM and HN have agreed to produce annual reports for the respective Remuneration Committees and Approvals Committees of each of the Sefton CCGs, which they chair. The reports will be for the financial year ended 31st March. This is to help to ensure that the reporting requirements of the approved committees are being accomplished, which is a key area agreed for action following the MIAA audit on Governing Body reporting. It was noted that the reports will need to be approved by the respective Remuneration Committees and Approvals Committees of each of the Sefton CCGs before they are presented to the respective Audit Committees. Action closed.</p> <p>A17/123: Register of Interests Inaccuracies in the register, which were noted at the Audit Committees in Common meeting on 11th October 2017, have been forwarded to the Corporate Business Manager to rectify. Action closed.</p> <p>A17/123: Register of Interests Action still open.</p>	MMcD / TK
<i>Audit and Anti-Fraud Specialist</i>		
A18/05	<p>Audit Committee Recommendations Tracker PR presented the recommendations tracker. The committee discussed the format of the tracker and any improvements that could be made.</p> <p>It was agreed for PR to review the presentation of the tracker and the possibility of having a single tracker incorporating both of the Sefton CCGs.</p> <p><i>The committee received this report.</i></p>	PR
A18/06	<p>MIAA Internal Audit Progress Report AP provided an overview of the Internal Audit Progress Report. He highlighted the following:</p> <ul style="list-style-type: none"> MIAA have completed an audit to evaluate the robustness of the processes 	

	<p>in place at the CCG in relation to financial reporting. A positive conclusion has been reached with a high level of assurance that the CCG has robust processes in place.</p> <ul style="list-style-type: none"> • MIAA have completed an audit regarding financial systems controls. A positive conclusion has been reached with significant assurance on the effectiveness of the key controls in place across each of the key financial systems. • Audit work relating to conflicts of interest and information governance is in progress. <p><i>The committee received this report.</i></p>	
A18/07	<p>Review of NFI Matches AOR provided an update on the review of NFI matches, noting that the investigation of mismatches is nearing completion. Remaining outstanding issues with NHS Shared Business Services are being dealt with by the finance team.</p> <p><i>The committee received this verbal update.</i></p>	
A18/08	<p>Anti-Fraud Proactive Detection Exercise: Minor Ailment Review MMcD presented the Minor Ailment Review. The report has made a number of recommendations to the CCG to help reduce the risk of inappropriate payments and strengthen the controls in place to help prevent any fraudulent claims being submitted to the CCG. The CCG has implemented the majority of the recommendations and will finalise all outstanding actions, which will be monitored through audit follow-up reviews.</p> <p>MMcD noted that correspondence has been sent to an individual highlighted in the report, following advice from the Anti-Fraud Specialist. A response has yet to be received.</p> <p><i>The committee received this report.</i></p>	
A18/09	<p>External Audit Plan GJ presented the External Audit Plan, providing an overview of the planned scope and timing of the audit of South Sefton CCG. She highlighted the significant risks identified, materiality and Value for Money arrangements, as detailed in the report.</p> <p><i>The committee approved the external audit plan.</i></p>	
A18/10	<p>External Audit Progress Report GJ presented the progress report for external audit, highlighting the progress to date and the scope of Grant Thornton's work relating to Value for Money, which is set out in the guidance issued by the National Audit Office. She noted that the report details audit deliverables as well as a sector update.</p> <p>It was noted that Grant Thornton will be issuing their 'Benchmarking Annual Reports' summary in the first quarter of 2018, which benchmarks CCG annual reports against peers.</p> <p><i>The committee received this report.</i></p>	

Risk		
A18/11	<p>Governing Body Assurance Framework, Corporate Risk Register and Heat Map</p> <p>PR presented the Governing Body Assurance Framework (GBAF) and Corporate Risk Register (CRR). He also provided an overview of the newly created heat map, which summarises all the mitigated risks of the CCG with a score of 12 and above. The committee provided positive feedback on the presentation of the CRR on the heat map.</p> <p>Concerns were raised about the number of 'red rated' risks on the CRR and heat map and it was agreed for this to be escalated to the Governing Body for review. MMcD to action.</p> <p>An error was noted on the heat map relating to the placing of risk SS039, which PR confirmed would be corrected before circulation to the Governing Body.</p> <p><i>The committee approved the updates to the GBAF and CRR.</i></p>	<p>MMcD</p> <p>PR</p>
Governance		
A18/12	<p>Losses, Special Payments and Aged Debt</p> <p>AOR provided an update on losses, special payments and aged debt since the last report presented to the Audit Committee on 11th October 2017. She confirmed there have been no losses identified for write-off and no special payments made in the period since the last Audit Committee meeting.</p> <p>AOR noted there are five invoices above the £5k threshold which are greater than 6 months old; updates on the status of each are contained within the report. Three of the invoices relate to LQC underperformance for 2016/17. An insolvency practitioner has contacted the CCG regarding these invoices, indicating that a creditor's voluntary liquidation is being progressed. Submissions on balances outstanding between the CCG and each practice will be provided to the insolvency practitioner by the required date of 12th January 2018.</p> <p><i>The committee received this report.</i></p>	
A18/13	<p>Scheme of Delegation</p> <p>The committee was advised that PR will be working with Debbie Fairclough (QIPP Programme Manager) to review and update the Scheme of Delegation as appropriate. This is in response to recommendations within the draft MIAA Financial Systems Review report which has recently been issued to the CCG.</p> <p><i>The committee received this verbal update.</i></p>	
A18/14	<p>Register of Interests</p> <p>The committee discussed the updating of the Register of Interests (ROI). Concerns were raised that the register was not fully up to date. Committee members identified the importance of having a single point of contact at the CCG to send updates to.</p> <p>The committee agreed that the CCG consider including the Register of Interests as an item on Governing Body meeting agendas as appropriate, for members to review their individual entries and confirm any changes. MMcD to action.</p> <p>It was agreed that MMcD review best practice regarding the frequency of emails to request updates for declarations of interest and gifts and hospitality returns.</p>	<p>MMcD</p> <p>MMcD</p>

	<p>It was also agreed for the CCG to consider a potential online system with the facility for individuals to update their own entries on the Register of Interests.</p> <p><i>The committee received the Register of Interests.</i></p>	MMcD
A18/15	<p>Anti-Fraud Bribery and Corruption Policy and Response Plan 2017/18 PR presented the Anti-Fraud Bribery and Corruption Policy and Response Plan 2017/18. He noted that the policy has been updated following the launch of the Counter Fraud Authority and two new items of legislation in 2017, which relate to the Criminal Finances Act 2017 and the Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017.</p> <p><i>The committee approved the Anti-Fraud Bribery and Corruption Policy and Response Plan 2017/18.</i></p>	
A18/16	<p>Policy Tracker MMcD presented the policy tracker and provided an update on the following policies that are out of their review dates: Infertility Policy, Commissioning Policy, Security Management Policy, Safeguarding Children and Adults at Risk Policy, Information Governance Handbook and Disinvestment Policy & Procedure.</p> <p>A status on each policy is detailed in the report; the tracker will continue to be monitored by the Corporate Team.</p> <p><i>The committee received this report.</i></p>	
A18/17	<p>Information Governance Bi-Monthly Report MMcD provided an overview of the Information Governance Bi-Monthly report, noting that this covers the period 1st April 2017 to 24th November 2017.</p> <p>It was agreed for PR to review the IG risks detailed in the report and assess whether they need inclusion in the CCG's corporate risk register.</p> <p>It was noted that the sign-off of the IG toolkit will need to be actioned in March, prior to the next Audit Committees in Common meeting on 23rd April 2018. The committee agreed to provide delegated authority to GM and MMcD to review and sign the South Sefton IG toolkit. TK to arrange a teleconference between MMcD and GM to review and sign-off the IG toolkit.</p> <p><i>The committee received this report.</i></p>	<p>PR</p> <p>GM / MMcD / TK</p>
A18/18	<p>Committee Work Plan 2018/19 MMcD presented the committee work plan for 2018/19 and noted that the draft annual report will be presented at the next meeting in April 2018. He asked committee members to inform TK if they have any changes or additions for the work plan.</p> <p>AOR confirmed that she will be working with the communications and governance teams to produce a work plan for the production of the annual report.</p> <p><i>The committee received the committee work plan for 2018/19.</i></p>	AOR

A18/19	<p>Committee Meeting Dates 2018/19 MMcD presented the committee meeting dates for 2018/19.</p> <p>It was agreed for the start time of the meeting scheduled for 24th May 2018 to be moved to 12.30pm to allow a half hour interval between the end of the Southport and Formby Audit Committee meeting and the start of the South Sefton Audit Committee meeting. TK to action.</p> <p><i>The committee received the committee meeting dates for 2018/19.</i></p>	TK
A18/20	<p>Key Issues reports of other committees</p> <ul style="list-style-type: none"> • Finance and Resource Committees September and October 2017 • Joint Quality Committee August, September and October 2017 <p><i>The committee received the key issues of the Finance and Resource Committee and Joint Quality Committee meetings.</i></p>	
A18/21	<p>Any other business No items of other business were raised at this meeting.</p>	
A18/22	<p>Key Issues Review MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues Report to Governing Body.</p>	
	<p>Date and time of next meeting 23rd April 2018 11.00am to 1.30pm 3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL</p>	

SS NHSE Joint Commissioning Committee DRAFT Minutes – Part I

Date: Thursday 8th March, 11.00am – 11.45am
 Venue: Merton House, Stanley Road, Bootle, L20 3DL

Members		
Graham Bayliss	SS CCG Lay Member (Chair)	GB
Jan Leonard	SS CCG Chief Redesign and Commissioning Officer	JL
Dr Craig Gillespie	SS CCG Clinical Vice Chair	CG
Attendees:		
Pippa Rose	SSCCG Quality	PR
Angela Price	Primary Care Programme Lead	AP
Carla Sutton	<i>Senior contracts Manager NHSE (Standing in for Alan Cummings)</i>	CS
Sharon Howard	Programme Manager General Practice Forward View	SH
Minutes		
Jane Elliott	SSCCG	JE

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

Name	Membership	Dec 17	Jan 18	Feb 18	Mar 18
Members:					
Graham Bayliss	SS CCG Lay Member (Chair)	✓	X	✓	
Graham Morris	SS CCG Lay Member (Vice Chair)		X		
Jan Leonard	SS CCG Chief Redesign and Commissioning Officer	✓	X	✓	
Dr Craig Gillespie	SS CCG Clinical Vice Chair	✓	X	✓	
Susanne Lynch	S&F CCG Head of Medicines Management	A	X	N	
Brendan Prescott	Deputy Chief Nurse and Quality Officer	A	X	N	
Alan Cummings	NHSE Senior Commissioning Manager	✓	X	A	
Attendees:					
Sharon Howard	Programme Manager General Practice Forward View	✓	X	✓	
Angela Price	Primary Care Programme Lead	A	X	✓	
Maureen Kelly	Healthwatch Sefton	✓	X	A	
Dwayne Johnson	Sefton MBC Director of Social Services and Health	N	X	N	
Joe Chattin	Sefton LMC	N	X	N	
Rebecca McCullough	SSCCG Head of Strategic Financial Planning	✓	X	A	
Jan Hughes	NHSE Assistant Contract Manager	A	x	A	

No	Item	Action
SSNHSE18/15	<p>Apologies for absence Apologies were received as noted above.</p>	
SSNHSE18/16	<p>Declarations of interest regarding agenda items GB reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of South Sefton Clinical Commissioning Group.</p> <p>Declarations declared by members of the Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the governing body or the CCG website.</p> <p>CG declared that he is also a GP in South Sefton</p>	
SSNHSE18/17	<p>Minutes of the previous meeting The minutes of the previous meeting held on 14th December 2017 were agreed as an accurate record.</p>	
SSNHSE18/18	<p>Action points from the previous meeting The action tracker was discussed and updated.</p>	
SSNHSE18/19	<p>Report from Operational Group and Decisions made JL reported that the group had discussed</p> <ul style="list-style-type: none"> • Informal list closures <p>No decisions had been made.</p>	
SSNHSE18/20	<p>QNI/QNIS Voluntary Standards for General Practice Nursing Educating and Practice PR informed the group that she is currently working with Queens Nursing Institute to make practice nursing a credible career choice. They are looking at supporting student nurses to gain experience of general practice by means of work placements as these do not currently exist. This should improve problems currently being experienced in recruitment and retention of practice nurses.</p>	
SSNHSE18/21	<p>GPFV Operational Plan/ Primary Care Programme Report The report was discussed to include:</p> <ul style="list-style-type: none"> • <i>Resilience funding</i> – 2 Practices in Sefton were successful in their bid for translating call and recall letters into various languages. • <i>Training</i> – ongoing this started in November 2017. The same provider used by Liverpool CCG has been used. SH raised concerns regarding the outcomes of the training not being as effective as initially thought 	

	<ul style="list-style-type: none"> • <i>International recruitment</i> – SH gave an update on NHSE position <ul style="list-style-type: none"> ➢ Bid has been approved ➢ 6month turn around for candidate from recruitment to placement will be employed by practice with reimbursement from NHSE ➢ 25 candidates will be chosen in the first wave, split into groups of 3-4 ➢ Template available to see if practice are ready for placement ➢ Taster weekend will be establish to showcase area and practices ➢ Expecting to have 4 interview panels – ➢ Not all practices will be able to take part in interview panel but <u>will</u> be involved in the selection of candidate • <i>Patient Partner & Envisage</i> – all practices are in receipt of their Envisage screens • <i>Express laptops</i> – a few GP's are now in receipt of a laptop and the feedback has been very positive • <i>ETTF</i> –. The bids are at PID stage, and there is currently no further progress to report with the bids. • <i>New consultations</i> - Ongoing • <i>Enhanced access to Primary Care</i> – a draft specification is being worked on by AP/KS/LT. This is almost ready to go out to open procurement. CG noted that South Sefton are including physiotherapists in their model. • <i>Pharmacy pilot</i> – still awaiting approval by National team • <i>LQC phase 3</i> – in the last month of the contract. Practices will be expected to take part in a validation process in June 2018. • <i>LQC Phase 4</i> – specification has now gone to panel. Awaiting financial information from NHSE • <i>Practice managers development</i> – expressions of interest for various training schemes have been received. GDPR training will be taking place in April • <i>Apex</i> – a demonstration will be given to managers. Initial assessment of the software shows this will be a useful tool. Practices have raised concerns regarding ongoing cost following the initial roll out. SH will look into this and feedback, she is keen for this to be rolled out quickly 	SH
SSNHSE18/22	<p>Primary Care Workshop</p> <p>Planning meeting organised regarding primary care blue print. Feedback will be given at next meeting.</p>	
SSNHSE18/23	<p>Delegation</p> <p>The next stage in the process would be to organise a vote from practices in support of a move to full delegation of commissioning of primary medical care services</p>	JL
SSNHSE18/24	<p>Key Issues Log</p> <p>The key issues report was discussed and updated. International recruitment will be added to the comment field</p>	
SSNHSE18/25	<p>Any Other Business</p> <p>None.</p>	
	<p>Date of Next Meeting: Thursday 19th April 2018 at 10:00am-11:00am, NHS South Sefton CCG, Room 3A Merton House, Stanley Road, Bootle L20 3DL</p>	

Meeting Concluded.

Motion to Exclude the Public:

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