

## Governing Body Meeting in Public Agenda

**Date:** Wednesday 2<sup>nd</sup> May 2018, 13:00 hrs to 15:40 hrs

**Venue:** Family Life Centre, Southport, PR8 6JH

13:00 hrs Members of the public may highlight any particular areas of concern/interest and address questions to Governing Body members. If you wish, you may present your question in writing beforehand to the Chair.

13:15 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 Rob Caudwell	Chair & Clinical Director	RC
Dr Kati Scholtz	Clinical Vice Chair & Clinical Director	KS
Helen Nichols	Deputy Chair & Lay Member for Governance	HN
Matthew Ashton	Director of Public Health, Sefton MBC <i>(co-opted member)</i>	MA
Gill Brown	Lay Member for Patient & Public Engagement	GB
Dr Doug Callow	GP Clinical Director	DC
Debbie Fagan	Chief Nurse	DCF
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
Susan Lowe	Practice Manager	SL
Martin McDowell	Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Clinical Director	HM
Dr Tim Quinlan	GP Clinical Director	TQ
Colette Riley	Practice Manager	CR
Dr Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT

### In Attendance

Debbie Fairclough	QIPP Programme Lead	DFair
Julie Higgins	Sefton Transformation Programme Director	JH
Jan Leonard	Director of Redesign and Commissioning	JL
Karl McCluskey	Director of Strategy & Outcomes	KMcC
Charlotte Smith	Public Health Consultant, Sefton MBC	CS
Judy Graves	Minutes	

**'Sefton Transformation'**  
*presentation by Fiona Taylor*

**Quorum:** 65% of the Governing Body membership and no business to be transacted unless 5 members present including (a) at least one lay member (b) either Chief Officer/Chief Finance Officer (c) at least three clinicians (3.7 Southport & Formby CCG Constitution).

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
<b>General</b>					<b>13:30hrs</b>
GB18/72	Apologies for Absence	Chair	Verbal	Receive	2 mins
GB18/73	Declarations of Interest	Chair	Verbal	Receive	3 mins
GB18/74	Minutes of Previous Meeting held on 1 March 2018	Chair	Report	Approve	5 mins
GB18/75	Action Points from Previous Meeting held on 1 March 2018	Chair	Report	Approve	5 mins
GB18/76	Business Update	Chair	Verbal	Receive	5 mins
GB18/77	Chief Officer Report	FLT	Report	Receive	10 mins
<b>Finance and Quality Performance</b>					
GB18/78	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	Receive	10 mins
GB18/79	2018/19 Revised Budgets	MMcD	Report	Approve	10 mins
GB18/80	Integrated Performance Report	KMcC/ MMcD/DCF	Report	Receive	30 mins
GB18/81	Improvement and Assessment Framework 2017/18: Quarter 2 Exception Report	KMcC	Report	Receive	10 mins
<b>Governance</b>					
GB18/82	Finance & Resource Committee Terms of Reference	MMcD	Report	Approve	10 mins
GB18/83	Establishing a North Mersey Joint Committee of Clinical Commissioning Groups and Terms of Reference	FLT	Report	Approve	10 mins
GB18/84	Establishing a collaborative commissioning forum for Cheshire & Merseyside and Terms of Reference	FLT	Report	Approve	10 Mins
<b>For Information</b>					
GB18/85	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: February 2018 e) Locality Meetings: Q4 2017/18	Chair	Report	Receive	5 mins
GB18/86	F&R Committee Approved Minutes: January and February 2018				
GB18/87	Joint Quality Committee Approved Minutes: January 2018		Report	Receive	
GB18/88	Audit Committee Approved Minutes: January 2018				

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
GB18/89	Joint Commissioning Committee Approved Minutes: February 2018				
GB18/90	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB18/91	Date of Next Meeting  Wednesday 4 <sup>th</sup> July 2018, 13:00hrs at the Family Life Centre, Southport, PR8 6JH  <u>Future Meetings:</u> The Governing Body meetings are held on the first Wednesday of the month. Dates for 2018/19 are as follows:  5 <sup>th</sup> September 2018 7 <sup>th</sup> November 2018 6 <sup>th</sup> February 2018 3 <sup>rd</sup> April 2019 5 <sup>th</sup> June 2019 4 <sup>th</sup> September 2019  All PTI public meetings will commence at 13:00hrs and be held in the Family Life Centre, Southport PR8 6JH.				
Estimated meeting close					<b>15:40 hrs</b>

**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: Wednesday 7<sup>th</sup> March 2018, 13:00hrs to 15:30hrs  
Venue: Family Life Centre, Ash Street, Southport, PR8 6JH

### The Governing Body Members in Attendance

Dr Rob Caudwell	Chair & Clinical Director	RC
Dr Kati Scholtz	Clinical Vice Chair & Clinical Director	KS
Helen Nichols	Deputy Chair & Lay Member for Governance	HN
Gill Brown	Lay Member for Patient and Public Engagement	GB
Dr Doug Callow	GP Clinical Director	DC
Debbie Fagan	Chief Nurse & Quality Officer	DCF
Susan Lowe	Practice Manager	SL
Martin McDowell	Chief Finance Officer	MMcD
Dr Tim Quinlan	GP Clinical Director	TQ
Colette Riley	Practice Manager	CR
Dr Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT

### In Attendance

Lyn Cooke	Head of Comms and Engagement	LC
Steve Gowland	Public Health Lead, Sefton MBC	SG
Jan Leonard	Director of Redesign and Commissioning Officer	JL
Charlotte Smith	Consultant in Public Health	CS
Becky Williams	Strategy and Outcomes Officer	BW
Judy Graves	<i>Minute taker</i>	

### Attendance Tracker

✓ = Present      A = Apologies      N = Non-attendance

Name	Governing Body Membership	May 17	July 17	Sept 17	Nov 17	Feb 18	Mar 18
Dr Rob Caudwell	Chair & Clinical Director	✓	✓	✓	A	✓	✓
Helen Nichols	Vice Chair & Lay Member for Governance	✓	✓	✓	✓	✓	✓
Dr Kati Scholtz	Clinical Vice Chair (May 17) and GP Clinical Director	✓	✓	A	✓	✓	✓
Matthew Ashton (or Deputy)	Director of Public Health, Sefton MBC (co-opted member)	A	✓	A	A	A	✓
Gill Brown	Lay Member for Patient & Public Engagement	✓	✓	✓	✓	A	✓
Dr Doug Callow	GP Clinical Director	✓	✓	✓	✓	✓	✓
Debbie Fagan	Chief Nurse	✓	✓	✓	✓	✓	✓
Dwayne Johnson	Director of Social Service & Health, Sefton MBC	A	A	✓	✓	A	A
Maureen Kelly	Chair, Health watch (co-opted Member)	✓	✓	✓	A	✓	A
Susan Lowe	Practice Manager	✓	✓	A	✓	✓	✓
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓
Dr Hilal Mulla	GP Clinical Director	✓	✓	✓	✓	✓	A
Dr Tim Quinlan	GP Clinical Director		A	✓	✓	✓	✓
Colette Riley	Practice Manager	✓	✓	✓	A	✓	✓
Dr Jeff Simmonds	Secondary Care Doctor	A	A	✓	✓	A	✓
Fiona Taylor	Chief Officer	✓	✓	✓	✓	✓	✓

**Quorum:** 65% of the Governing Body membership and no business to be transacted unless 5 members present including (a) at least one lay member (b) either Chief Officer/Chief Finance Officer (c) at least three clinicians (3.7 Southport & Formby CCG Constitution).

No	Item	Action
Questions	<p><b>Questions from the Public</b></p> <p><b>1. A member of the public asked why there was no walk-in centre provision in Southport and asked what the CCG had done to replace the service? The member of the public explained that following an accident she had been unsure as to where she could go to seek treatment.</b></p> <p>FLT explained that Unplanned Care had been a topic of a prior Big Chat event. The feedback from the public showed that they considered there were a number of options to them to be treated for unplanned care.</p> <p>TQ further explained that following that event and subsequent review, it had been considered that the finances be spent on areas of care better suited to the Southport demographic. Evidence has since shown that there hadn't been a huge impact on A&amp;E attendance, although there had been an increase in GP attendance.</p> <p><b>The member of the public asked what other service, other than 999, could be contacted in the event of an incident and requested clarification on how this had been publicised.</b></p> <p>The member of the public was advised to call 111 who would triage and advise according to the description of the incident and symptoms. 111 hold a directory of services available. One of the methods used to publicise the service was the Winter Keep Well campaign.</p> <p>The importance of getting the greatest benefit of services for the greater good of the population and as per the need of the demographic was highlighted.</p>	
GB18/41	<p><b>Apologies for Absence</b></p> <p>Apologies were given on behalf of Maureen Kelly, Dwayne Johnson and Hilal Mulla. Charlotte Smith attended on behalf of both Matthew Aston and Margaret Jones.</p> <p>Apologies were given for the late arrival of Doug Callow and Debbie Fagan who were both delayed at prior meetings.</p>	
GB18/42	<p><b>Declarations of Interest</b></p> <p>Those holding dual roles across both Southport &amp; Formby CCG and South Sefton CCG declared their interest; Fiona Taylor, Debbie Fagan, Martin McDowell and Dr Jeff Simmonds. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	
GB18/43	<p><b>Minutes of Previous Meeting: 7<sup>th</sup> February 2018</b></p> <p>GB highlighted some minor spelling errors. It was confirmed that these did not constitute any change to the meaning of the minutes nor actions. The draft minutes of the meeting held 7<sup>th</sup> February 2018 were approved as a true and accurate record subject to the minor amendments identified by GB.</p>	
GB18/44	<p><b>Action Points from Previous Meeting: 7<sup>th</sup> February 2018</b></p> <p><u>18/1 Integrated Performance Report (IPF): Planned Care</u> Progress update on e-referral compliance presented to Leadership Team and update provided in IPF report.</p>	Complete

No	Item	Action
	<p><u>18/2 Register of Interest Updates:</u> HN confirmed actions complete with a new request for updates circulated.</p>	Complete
GB18/45	<p><b>Business Update</b></p> <p>RC reported that winter pressures continue, as have seemingly done so most of the year. This has resulted in the healthcare system to continue to be massively under pressure, despite the huge amount of work being done across the system, with patient safety and clinical care paramount. An update was given on the delay of DCF, Chief Nurse, who was on a local 'walk round' to see that despite extreme pressure, patients were being cared for and getting the care needed.</p> <p>A substantive post within a local trust had now been filled. Further information in the Chief Officer Report.</p> <p>QIPP continues to be challenging. The CCG had achieved a high percentage of savings. Those involved were commended on the work carried out.</p> <p>Primary Care CQC inspections were being carried out on a further three practices. Outcome would be provided once available.</p> <p>DC arrived to the meeting.</p> <p><b>RESOLUTION:</b> The governing body received the update.</p>	
GB18/46	<p><b>Chief Officer Report</b></p> <p>The Governing Body received the Chief Officer report. QIPP and financial recovery remains a key priority for the CCG and staff are continuing to focus their efforts on implementation of schemes and identifying new opportunities. During February a second series of "check and challenge" sessions were held which enabled in-depth scrutiny of QIPP schemes and anticipated spend.</p> <p>In February 2018 NHS England and NHS Improvement published new planning guidance that requires commissioners and providers to refresh the existing two year operational plans. The CCG's Executive Team and relevant leads are working through the guidance. A presentation on which will be delivered in the private section of the Governing Body meeting.</p> <p>FLT announced the publication of the report of the Liverpool Community Health Independent Review undertaken by Dr Bill Kirkup which was in relation to patient care and wellbeing. The members were reminded that there had been an agreement for South Sefton CCG to act on behalf of Southport &amp; Formby CCG in relation to LCH, with an update given on the involvement of the CCG in the review. The CCG were in the process of reviewing the report and relevant recommendations in order to consider relevant lessons and ensure the services delivered are of a high standard and safe. The link to the report was provided <a href="https://improvement.nhs.uk/news-alerts/independent-review-liverpool-community-health-nhs-trust-published/">https://improvement.nhs.uk/news-alerts/independent-review-liverpool-community-health-nhs-trust-published/</a></p> <p>The members were updated on Primary Care Co-Commissioning which gives the CCG's an opportunity to take on greater responsibility for general practice commissioning. The work for Southport &amp; Formby CCG was being led by KS, Clinical Lead for Primary Care and Jan Leonard, Director of Redesign and Commissioning. The governing body would be kept apprised of developments.</p> <p>Work continues to ensure that prescribing resources are used effectively. The Medicines Management team were congratulated on the savings and improvements being made in prescribing.</p>	

No	Item	Action
	<p>Work to update specialist children's audiology facilities and equipment at Southport Centre for Health and Wellbeing is taking much longer than anticipated, resulting in a delay of service provision at the centre from March 2018 to July 2018. FLT highlighted that the CCG were assured that the children on the list were being reviewed and on the path to treatment although concerned on the delay.</p> <p>FLT had attended a routine "touch base" meeting with Damien Moore, Member of Parliament for Southport, where discussions had included the future vision of healthcare for Southport.</p> <p><b>RESOLUTION:</b> The governing body received the update.</p>	
GB18/47	<p><b>Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report</b></p> <p>MMcD presented the QIPP dashboards that showed the CCGs performance to date in respect of the QIPP plan. The opening plan required delivery of £10.1m efficiency savings and MMcD reported to the GB that the year to date actual position was £5.176m, with a projection for the year of £6.4m savings.</p> <p>It was reported that the CCG had achieved a significant percentage of savings for the year and, following on from 2016/17, the CCG had achieved a 7.3% QIPP saving over 2016 to 2018. This put the CCG as one of the top QIPP achievers across the North West. It was considered that the systematic process followed by the CCG had enabled the constant review and identification of potential areas of savings.</p> <p><b>RESOLUTION:</b> The Governing Body received the report.</p>	
GB18/48	<p><b>Integrated Performance Report</b></p> <p>Becky Williams presented the governing body with a report which provided summary information on the performance, quality and finance for Southport &amp; Formby and highlighted the Executive Summary on pages 38 to 41. Furthermore the report had been revised to include additional trend, scrutiny and assurance data following liaison with the Governing Body.</p> <p><b>Planned Care</b></p> <p>Consultant-to-consultant referrals are currently 6% higher compared to 2016/17. This can be attributed to significant increases with the Clinical Physiology and Physiotherapy specialities.</p> <p>E-referrals have increased in General Practice to 57%. Although an increase on the prior month it still falls short of the 80% ambition for Q2.</p> <p>Southport &amp; Ormskirk Trust failed the less than 1% target for Diagnostics in December, recording 2.83%, an improvement on the previous month of 3.2%. This was assisted by the additional support previously secured.</p> <p>In terms of cancer targets, the CCG is failing 1 of the 9 measures year to date. Although the 62 day standard was achieved in December, the year to date is failing due to the prior months breaches. It was recognised that this was as a result of patient choice.</p> <p>Reference was made to the under performance against contract within the Joint Health Programme and the stated underspend. It was confirmed that this should relate to some of the open budgets transferred into QIPP, detail provided on page 59.</p>	

No	Item	Action
	<p><b>Unplanned Care</b></p> <p>Members received an overview of unplanned care performance noting that performance against the 4-hour target for December reached 80.3% which is below the Cheshire &amp; Merseyside 5 Year Forward View plan of 93% for December. Members discussed the target in relation to how it is impacted. Further debate was had on the collection of data for unplanned care and how the figures are calculated.</p> <p>Members were highlighted to the three month moratorium in data reporting to allow NWAS time to understand and learn from the Ambulance Response Programme (ARP) so as to enable them time to adjust their reporting accordingly. CCG level data wasn't expected for this financial year.</p> <p>FLT highlighted the need to understand the patient pathway from entering A&amp;E, being assured on both the pathway and the accuracy of the metrics. RC highlighted the discussion on the same at the Quality Committee, especially in relation to 'stroke' patients and those with a high potential to have.</p> <p>The number of calls from Southport and Formby patients to the GP Out of Hours (OOH) service has risen sharply in December 2017 on the previous month (45%).</p> <p>The members were highlighted to Southport &amp; Ormskirk Trusts 15 mixed sex accommodation breaches (a rate of 2.8).</p> <p>Performance at Month 9 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport &amp; Formby CCG shows an over performance of circa £699k/2.8%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total over spend of approximately £357k/1.4%. Reference was made to non-elective services noting that whilst activity wasn't increasing, the costs were.</p> <p>A discussion was had in relation to the percentage of people that would recommend Southport &amp; Ormskirk A&amp;E being below the England average (85%) reporting 57%. It was recognised that the figure could be as a result of the methodologies used, given the demographic of the population. Despite some sharing and learning with Aintree Hospitals, the rate had stayed low. It was considered that there were potentially a number of aspects that were impacting on the figure including the problems with the Ambulance waits, space and facilities.</p> <p>DCF arrived at 2:05.</p> <p>Bed occupancy and activity at Southport and Ormskirk Hospital Trust was highlighted as a concern, as was the difficulty with data collection and metrics for these areas. It was considered important that the performance report reflect the impacting interdependencies. The impact on NWAS patient handover times was given as an example, with NWAS recently experiencing a patient turnaround of seventy-one minutes, which was not believed to be an isolated occurrence. The members were aware that the problems were as a result of issues included systems and processes, capacity, level of illness and the difficulties in recruitment. This was impacted by the demographics of the area compared to other Hospital Trusts that have a different demographic. The members recognised that the staff at the Hospital Trust were doing all that they could with the resources available.</p> <p><b>Mental Health</b></p> <p>The CCG has a target to reduce out of area placements (OAP) by 33% based on</p>	



No	Item	Action
	<p>quarter 4 2016/17. The total number of OAP's in quarter 4 2016/17 was 3 therefore the target for 2017/18 is 2. The latest reporting period is October to December 2017 when 50 OAP days were reported. The CCG is therefore failing to meet the target.</p> <p>Members were referred to page 82 of the report that detailed the Mental Health Contract Quality Overview and Mersey Care NHS Trust Foundation response to the recent Crisis Resolution Home Treatment Team core fidelity review findings. In addition members were updated on the joint work carried out by the Lead Commissioners and Clinical Leads in relation to assurance, activity, performance and referral to treatment. A meeting was held with the Trust in December and then again in February 2018 with the interim reporting being refreshed as a result of those discussions.</p> <p>MerseyCare performed slightly under the England average (88%) for percentage recommended for Friends and Family recording 86%, this has decreased from the previous month (90%).</p> <p>Cheshire &amp; Wirral Partnership reported 165 Southport &amp; Formby patients entering treatment in Month 9. This being a 38.4% decrease from the previous month when 268 patients entered treatment. 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.</p> <p><b>Community Health</b></p> <p>Lancashire Care Trust Community Services is currently undertaking a validation exercise across all services which they have taken over from Southport Trust. The first sets of validations finished January 2018 reporting a December position and include Chronic Care, Community Matrons, Continence and Treatment rooms. The CCG were expecting a report and a timetable for the remaining areas.</p> <p>The CCG Quality Team were holding meetings with Lancashire Care, outside of the CQPG, to discuss Quality Schedule, Compliance Measures and CQIN development to ensure that expectations of data flows and submissions are clear and reported in a timely manner.</p> <p><b>Improvement &amp; Assessment Framework (IAF)</b></p> <p>Members were referred to page 93 of the meeting pack which briefed on the IAF and the CCG responsibilities in relation to NHS England Monthly Activity Monitoring. As per 10.1, a full exception report will be presented to the Governing Body in May 2018.</p> <p><b>Finance</b></p> <p>The agreed financial plan for 2017/18 requires the CCG to break even in year, whilst the cumulative CCG position is a deficit of £6.695m which incorporates the historic deficit brought forward from the previous financial year.</p> <p>Of the £10.137m QIPP savings requirements assessed at the start of the year, year to date had delivered £5.176m.</p> <p>The year to date financial position is a deficit of £3.000m, which represents a deterioration against the planned deficit of £0.200m. The CCG forecasts a deficit of £3.450m and as the CCG enter the final quarter of the year, it is unlikely that the CCG will deliver its original plan.</p>	KMCC

No	Item	Action
	<p><b>Quality</b></p> <p>The members were briefed on the CCG performance in relation to MRSA and notified that a breach would be reported in the next performance report. Following a Post Infection Review Meeting and a review of the national guidance the breach had been attributed to the CCG.</p> <p><b>RESOLUTION:</b> The Governing Body received the report</p>	
GB18/49	<p><b>NWAS Performance Briefing</b></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 where there had been concern raised in relation to performance and the potential for impact on patients. DCF referred to the A&amp;E site visit where the opportunity had been taken to converse with the NWAS crews regarding waiting times. The crews advised DCF that, at that moment, they had a maximum wait of 18 minutes.</p> <p>An update was given on the discussions and work being done by the Quality Surveillance Group and the co-ordinating commissioners, a positive response from which had been received.</p> <p>A discussion was had on the need to understand the CCG's return on investment, both the financial investment and for the CCG area. MMcD and TQ to discuss further outside of the meeting.</p> <p><b>RESOLUTION:</b> The governing body received the report.</p>	MMcD and TQ
GB18/50	<p><b>Refreshed Communications &amp; Engagement Strategy</b></p> <p>The report presented the third refresh of the Communications &amp; 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>It was considered a clear and comprehensive strategy. Thanks were relayed to all those involved including EPEG, CVS and Health watch. It was added that the document highlighted how much work the CCG undertakes in relation to patient and public engagement.</p> <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><b>RESOLUTION:</b> The governing body approved the strategy.</p>	
GB18/51	<p><b>Annual Accounts Process 2017/18 - Governing Body Member's Declaration</b></p> <p>The paper presented reminded the members of the requirement to make an annual declaration as part of the annual audit process.</p>	

No	Item	Action
	<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><b>RESOLUTION:</b> The members present confirmed their declaration as stated and as per 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>	<p>ALL Judy Graves</p>
<p>GB18/52</p>	<p><b>Planning Guidance 2018/19</b></p> <p>The members were presented with the new 2018/19 Planning Guidance from NHSE which was released 2<sup>nd</sup> February 2018 by NHSE. The presentation aimed to provide an overview of the headline areas. With further discussion to take place in the PTII Private Governing Body meeting.</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 realistic 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> <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 30<sup>th</sup> April 2018, with the first draft plan to be submitted 8<sup>th</sup> 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>MMcD highlighted that the further work to be done would need to include growth assumptions.</p>	

No	Item	Action
	<b>RESOLUTION:</b> The members received the update.	
GB18/53	<p><b>Key Issues Reports:</b></p> <p>a) Quality Committee: October and November 2017 b) Joint Commissioning Committee: December 2017</p> <p><b>RESOLUTION:</b> The governing body received the key issues reports</p>	
GB18/54	<p><b>Joint Quality Committee Approved Minutes:</b> October and November 2017</p> <p><b>RESOLUTION:</b> The Governing Body received the approved minutes.</p>	
GB18/55	<p><b>Joint Commissioning Committee Approved Minutes:</b> December 2017</p> <p><b>RESOLUTION:</b> The Governing Body received the approved minutes.</p>	
GB18/56	<p><b>CIC Realigning Hospital Based Care Key Issues: November 2017</b></p> <p><b>RESOLUTION:</b> The Governing Body received the approved minutes.</p>	
GB18/57	<p><b>Any Other Business</b></p> <p>The members were advised of two additional items.</p> <p><u>57.1 Health Checks</u></p> <p>The Chair, GP members and Practice Managers declared an interest in the late agenda item in relation to services delivered from practices (RC, KS, DC, TQ, SL and CR).</p> <p>The two Sefton MBC representatives were introduced; Steve Gowland, Public Health Lead; Charlotte Smith, Consultant in Public Health, Health Checks Lead and new South Sefton CCG Governing Body representative from Sefton MBC on behalf of Matthew Ashton, Director of Public Health.</p> <p>The members were presented with a report which had now been made available following presentation to Cabinet, and which outline the new draft delivery model.</p> <p>The NHS Health Check is a statutory national programme delivered locally to eligible adults aged 40-74. It is designed to spot early signs of stroke, kidney disease, heart disease, type 2-diabetes or dementia and to help find ways for individuals to lower their risk. It is primarily offered to people in Sefton in the 40-74 age groups without a pre-existing condition.</p> <p>Health Checks services has been delivered by GPs for almost 5 years. There have been significant variations in uptake by patients at practices across Sefton with diminishing returns over the last 5 years on the financial investments being made. In addition to this, there are a relatively low numbers of residents who, after receiving a Health Checks, then go on to enter a community or leisure based activity to continue their positive behaviour change.</p> <p>The Health Check provision as currently delivered will cease with effect 1<sup>st</sup> April 2018. With a significant reduction in funding, a new community model of delivery was needed.</p> <p>From 1<sup>st</sup> April 2018, Health Checks will be delivered by Living Well Sefton (LWS) and Active Lifestyles using a community-based delivery model, which is</p>	

No	Item	Action
	<p>significantly different to the current arrangements, but still meets the requirements of the national programme.</p> <p>A Health Check Steering Group had been established, membership of which included Dr Rob Caudwell, Chair of Southport &amp; Formby CCG Governing Body Dr Andy Mimmagh, Chair of South Sefton CCG Governing Body.</p> <p>It was recognised that there would be a loss of income for practices, although differing levels dependent on the level of uptake on the current model of Health Checks.</p> <p>A discussion was had on the draft Operational Pathway for the new model, with a number of points being raised by members.</p> <p>SG confirmed he would be writing to all GP's and the LMC to ask for views.</p> <p><b>RESOLUTION:</b> The governing body received the new draft model and provided comment and suggestions for further work.</p> <p><u>57.2 Foot Care Pathway</u></p> <p>The Chair, GP members and Practice Managers declared an interest in the late agenda item in relation to services delivered from practices (RC, KS, DC, TQ, SL and CR).</p> <p>JL informed the members 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 Southport &amp; Formby and South Sefton 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><b>RESOLUTION:</b> The governing body approved the adoption of the NWSCN Pathway for Diabetes Foot Care.</p>	
GB18/58	<p><b>Date and Time of Next Meeting</b></p> <p>Wednesday 2<sup>nd</sup> May 2018, 13:00hrs at the Family Life Centre, Southport, PR8 6JH.</p> <p><u>Future Meetings:</u> The governing body meetings are held on the first Wednesday of the month. Dates for 2018/19 are as follows:</p> <p>4<sup>th</sup> July 2018 5<sup>th</sup> September 2018 7<sup>th</sup> November 2018 6<sup>th</sup> February 2019</p>	

No	Item	Action
	3 <sup>rd</sup> April 2019 5 <sup>th</sup> June 2019 4 <sup>th</sup> September 2019  13:00hrs at the Family Life Centre, Southport, PR8 6JH.	
<b>Meeting concluded</b>		<b>15:30hrs</b>
<p>Meeting concluded with a motion to exclude the public:</p> <p>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)</p>		

DRAFT

## Governing Body Meeting in Public Action Points

Date: Wednesday 7<sup>th</sup> March 2018

No	Item	Action
GB18/48	<p><b>Integrated Performance Report</b></p> <p><b>Improvement &amp; Assessment Framework (IAF)</b></p> <p>Item to be added to the May 2018 Governing Body agenda.</p>	KMcC
GB18/49	<p><b>NWAS Performance Briefing</b></p> <p>A discussion was had on the need to understand the CCG's return on investment, both the financial investment and for the CCG area. MMcD and TQ was to have a further discussion outside of the meeting.</p>	MMcD and TQ

## MEETING OF THE GOVERNING BODY MAY 2018

<b>Agenda Item:</b> 18/77	<b>Author of the Paper:</b> Fiona Taylor Chief Officer Email: <a href="mailto:fiona.taylor@southseftonccg.nhs.uk">fiona.taylor@southseftonccg.nhs.uk</a> Tel: 0151 317 3456						
<b>Report date:</b> May 2018							
<b>Title:</b> Chief Officer Report							
<b>Summary/Key Issues:</b>  This paper presents the Governing Body with the Chief Officer's monthly update.							
<b>Recommendation</b>  The Governing Body is asked to receive this report.	<table style="float: right;"> <tr><td>Receive</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Approve</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Ratify</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives <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	

<b>Links to National Outcomes Framework (<i>x those that apply</i>)</b>	
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 £6.643m of QIPP savings with a QIPP target of £5.21m 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 30<sup>th</sup> April 2018 along with the CCG's Operational Plan.

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

- The plan is designed to deliver £1m surplus
- The plan sets out the CCG's continued review of Menu of opportunities, RightCare, Dr Foster and other opportunities at Cheshire and Merseyside level
- The CCG has a very challenging QIPP plan
- The Provider Alliance (place base) will help support QIPP delivery and transformation
- PMO – C&M 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 progress 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 frailty work in Southport and Formby 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. CCG serious incident process**

Accountability for the CCG serious incident (SI) process sits within the portfolio of the Chief Nurse but the process is managed by matrix working across several teams within the organisation. Issues relating to the CCG SI process had previously been identified by the Quality Team and work has been on-going to bring about necessary improvements. Challenge had been seen by both the Quality Committee and the Governing Body and the issue had been placed on the CCG Corporate Risk Register. The Chief Nurse felt unable to give the necessary level of assurance and requested a series of actions to be put in place which include a deep-dive into all open cases with remedial action being taken as required, production of a report for consideration by Leadership Team, Joint Peer Review visit from an acute Trust and CCG outside of Cheshire & Merseyside, visit to a CCG in Cheshire, identification of training and a review of CCG processes to be placed on the 18/19 work plan for MIAA.

The CCG has met with NHSE C&M who have requested information from the CCG for the purposes of assurance which has been sent and has also made an offer of support - this has included the CCG Standard Operating Procedure for SIs, Serious Incident Review Group minutes for the last 12 months and a selection of SIs / RCAs picked at random. A further meeting is scheduled with NHSE C&M towards the end of May 2018. The CCG has recently supported the recruitment to the post of Programme Manager for Quality & Risk which will see

additional capacity come into the Quality Team. The new recruit commences in post at the beginning of June 2018 with part of their remit being to support the CCG SI process. The MIAA review has been scheduled for no later than July 2018 which should allow for the required improvements to be put in place.

#### **5. Southport & Ormskirk Hospitals NHS Trust – CQC Chief Inspector of Hospitals Visit**

The Care Quality Commission published their inspection report for Southport and Ormskirk Hospitals NHS Trust in March 2018 with an overall rating of 'Requires Improvement' and "Inadequate" for Well Led. The Trust has responded with an improvement plan to the CQC which has been shared with commissioners and regulators – information has been received by the S&O Improvement Board, shared with the S&O CCF and a report was presented at the S&O CRM/CQPG on 18 April 2018. Regular updates will be received at the S&O Improvement Board and the CCF / CRM/CQPG for the purposes of assurance.

#### **6. Southport & Ormskirk Hospitals NHS Trust Improvement Board**

The S&O Improvement Board last met on 12 April 2018 and the CCG was represented by the Chief Officer. A key issues log from the S&O CCF which met on 11 April 2018 was presented to the Improvement Board. It was agreed that going forward a formal exception report was what is required and the dates of the S&O CCF and S&O CRM/CQPG are being mapped out against the S&O Improvement Board Meeting to identify timelines for reporting going forward.

#### **7. Southport & Ormskirk Hospitals NHS Trust – Meeting with the Trust Interim Medical Director and Acting Chief Nurse**

Following the last Joint Quality Committee (JQC) a meeting has taken place between the Trust Interim Medical Director, Acting Executive Director of Nursing, SFCCG Clinical Chair, CCG Deputy Chief Nurse and Assistant Chief Nurse to discuss CCG concerns on the current Trust SI process with specific reference to timeliness of the process as per framework. The discussion had a specific focus on mortality reviews / Trust Report, falls, 12 hour breaches, ambulance turnaround times and increases pressure ulcer reporting. Commissioners considered themes from the pressure ulcer RCAs were looking similar to those included in the pressure ulcer recovery action plan from 2017.

The outcome of this meeting was discussed by the SFCCG Chief Nurse and Chief Nurse from WLCCG at a regular 2:1 meeting held on 6 April 2018. The above issues were all discussed at the CRM / CQPG meeting which took place on 18 April 2018.

#### **8. Southport & Ormskirk Hospitals NHS Trust Cost Improvement Plan**

The Trust have been provided with two separate dates by commissioners to present a review of their 17/18 CIPs and their CIPs for 18/19. The initial date was sent to attend the North Mersey facilitated event and apologies were sent due to financial recovery work not yet being complete in the Trust. A second date that was given was cancelled by the Trust due to them moving their Trust Board date. The CCG Chief Nurse had made a request to the Trust Director of Finance for an alternative date to be suggested by the Trust which is still being awaited. This has been contained within the Key Issues report that was submitted to the S&O Improvement Board for the meeting held on 12 April 2018. It was also discussed at the CRM / CQPG on 18 April 2018 and the Trust reported that these were not yet completed and therefore commissioners have requested sight of their QIA process whilst the CIPs are awaited.

## **9. Serious Case Review**

The Serious Case Review within Sefton previously reported to the JQC has commenced with a timeline for completion of July 2018.

A further case has recently been considered by the LSCB Practice Review Panel regarding the death of a 7 month old baby. The recommendation was made to the Independent Chair of the LSCB that this case be put forward for a serious case review and this was accepted. The SCR process has been commenced by the LSCB. The CCG Chief Nurse has informed NHSE and the Designated Nurse Safeguarding Children has completed the required notification to the CQC.

## **10. Provider Cost Improvement Plans**

The collaborative CCG assurance event across North Mersey for providers to present a review of their 17/18 CIPs and those for 18/19 has taken place. The CCGs were represented by the CCG CFO and Deputy Chief Nurse.

## **11. Kirkup Review of Liverpool Community Health**

As previously reported to the JQC, the Report of the Liverpool Community Health Independent Review undertaken by Dr. Bill Kirkup was published on 8<sup>th</sup> February 2018 and a link to the report was shared. The Quality Team have been reviewing the report and have requested that this is an agenda item at the next Governing Body Development session.

This review also features as a separate agenda item at today's meeting of the Joint Quality Committee.

## **12. Managing conflicts of interest**

Managing conflicts of interest: online training for CCGs is now available. 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.

## **13. 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 year on year improvement in respondents rating the effectiveness of their working relationships with the CCG. The CCG was also rated above national and local area averages for

- involving the right individuals and organisation
- providing information to explain decisions about commissioning
- having confidence in that the CCG commissions appropriately
- confidence in how the CCG monitors and reviews quality of services

Areas for development highlighted in the feedback related to the understanding, influencing of and ability to deliver plans, system leadership visibility and effectiveness, and engagement with groups who may be more difficult to reach.

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 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.**

#### **14. Primary Care Co-Commissioning – Freshfield Surgery**

Ashurst Health have taken over the running of Freshfield Surgery following the recent procurement. Staff from Ashurst also run Formby Village Surgery and we look forward to supporting them to shape services in the future.

Constituent member practices recently voted in favour of applying to be delegated commissioners of primary medical care. We will progress an application to NHSE to take this forward.

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

#### **15. 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.**

## 16. 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.

## 17. 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 Southport & Formby CCG is Dr Hilal Mulla.

## 18. Recommendation

The Governing Body is asked to formally receive this report.

**Fiona Taylor**  
**Chief Officer**  
**May 2018**

## MEETING OF THE GOVERNING BODY MAY 2018

<b>Agenda Item:</b> 18/78	<b>Author of the Paper:</b> Martin McDowell Chief Finance Officer Email: <a href="mailto:martin.mcdowell@southseftonccg.nhs.uk">martin.mcdowell@southseftonccg.nhs.uk</a> Telephone: 0151 317 8456
<b>Report date:</b> April 2018	
<b>Title:</b> Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	
<b>Summary/Key Issues:</b>  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.	
<b>Recommendation</b>  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>	
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.
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	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

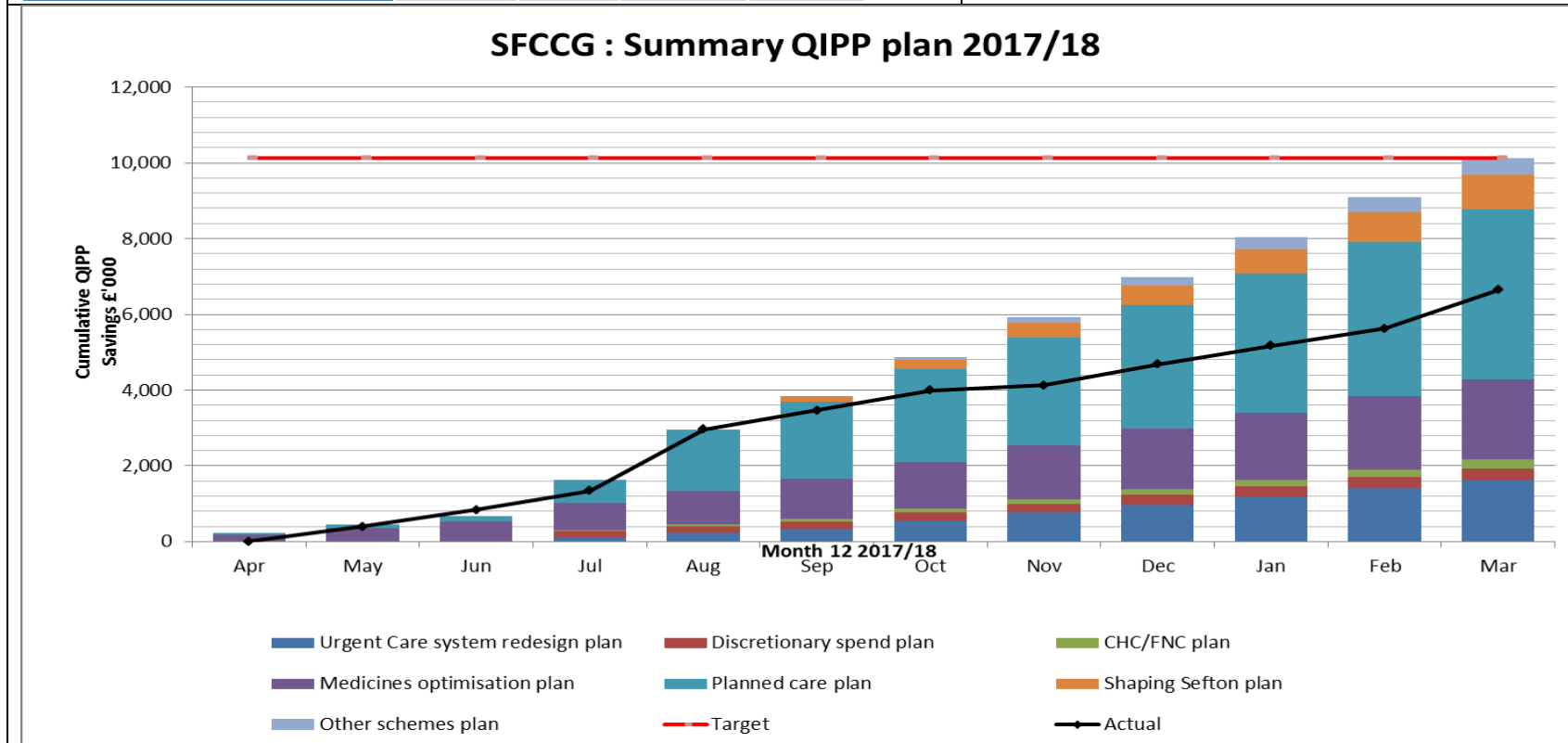
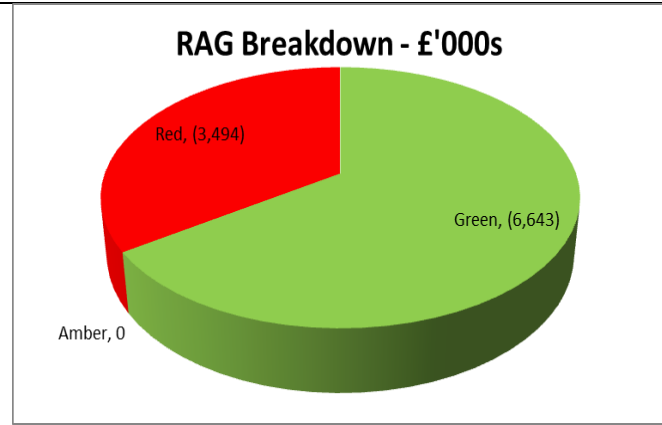


Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement	X			Relevant QIPP schemes have been developed following engagement with the public.
Clinical Engagement	X			The Clinical QIPP Advisory Group and the Joint QIPP Committee provide forums for clinical engagement 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 <sup>th</sup> April 2018.

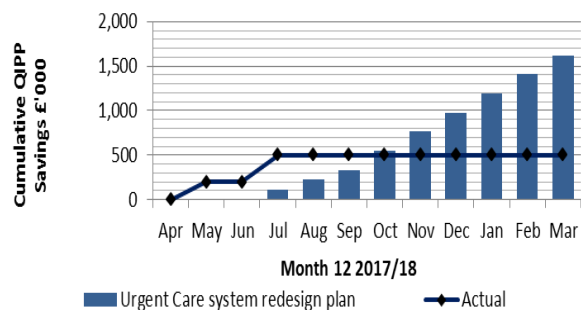
Links to National Outcomes Framework ( <i>x those that apply</i> )	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience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

## QIPP DASHBOARD – SUMMARY SOUTHPORT & FORMBY CCG AT MONTH 12

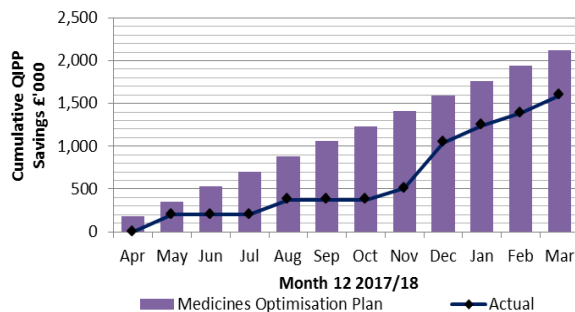
Southport and Formby CCG				
£'000s				
Scheme	Annual Plan	YTD Plan	YTD Actual	Variance
Planned care plan	4,492	4,492	4,369	(123)
Medicines optimisation plan	2,118	2,118	1,594	(525)
CHC/FNC Plan	231	231	0	(205)
Discretionary spend plan	309	309	181	(231)
Urgent Care system redesign	1,620	1,620	500	(128)
Shaping Sefton	907	907	0	(1,120)
Other Schemes	460	460	0	(907)
<b>Total</b>	<b>10,137</b>	<b>10,137</b>	<b>6,643</b>	<b>(3,494)</b>



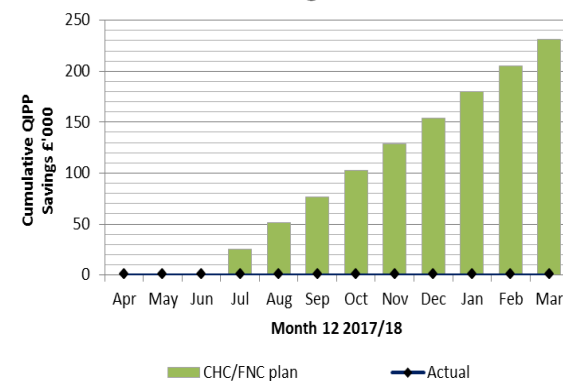
SFCCG : QIPP target - Urgent Care



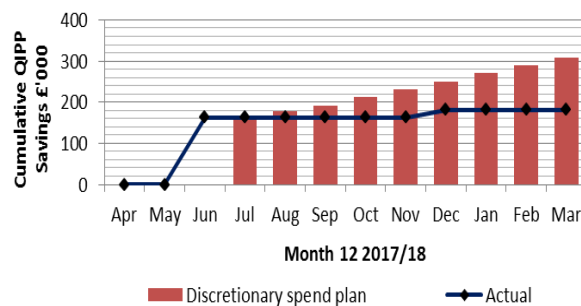
SFCCG : QIPP target - Medicines Optimisation



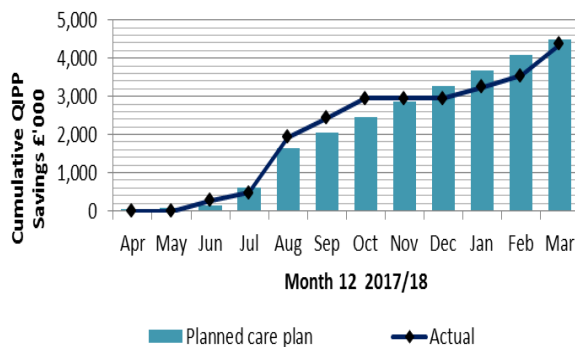
SFCCG : QIPP target - CHC/FNC



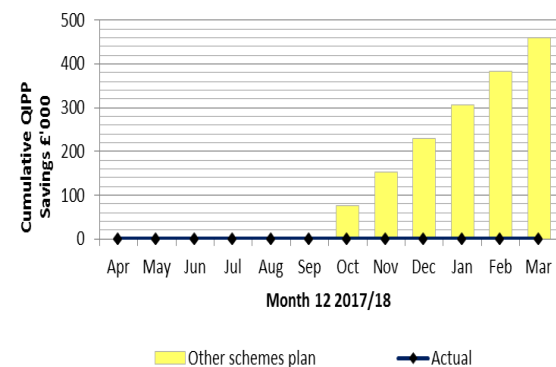
SFCCG : QIPP target - Discretionary spend



SFCCG : QIPP target - Planned Care



SFCCG : QIPP target - Other Schemes



## MEETING OF THE GOVERNING BODY MAY 2018

<b>Agenda Item:</b> 18/79	<b>Author of the Paper:</b> Martin McDowell Chief Finance Officer <a href="mailto:martin.mcdowell@southportandformbyccg.nhs.uk">martin.mcdowell@southportandformbyccg.nhs.uk</a> Tel: 0151 317 8350  Jenny White Head of Financial Management & Planning <a href="mailto:jenny.white@southportandformbyccg.nhs.uk">jenny.white@southportandformbyccg.nhs.uk</a> Tel: 0151 317 8391
<b>Report date:</b> May 2018	
<b>Title:</b> 2018/19 Revised Budgets	
<b>Summary/Key Issues:</b>  This paper presents the Governing Body with an update to the 2018/19 Budgets approved in March 2018.	
<b>Recommendation</b>  The Governing Body is asked to approve the revised 2018/19 budgets.	Receive <input type="checkbox"/> Approve <input checked="" 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 deliver 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 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 0.5% 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 £3.600m.
- 1.4 QIPP delivery for 2017/18 was £6.643m against a target of £10.137m. The cumulative financial position is a deficit of £10.295m 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 **£5.210m**. 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 £1.757m. Further work is required to provide assurance that the QIPP plan can be delivered in full.
- 1.6 The CCG received additional funding of £1.464m, 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 £0.182m in total.
- 1.9 The contract with the main provider in Southport & Formby CCG is outside of the acting as one contract agreement. The contract has been agreed with additional growth funding provided of £0.434m.

### 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
<b>Resources</b>			
Base Allocation	182.164		182.164
Growth	3.603		3.603
Running Cost Allowance	2.590		2.590
Allocation Adjustments - HRG4+ and IR		(3.200)	(3.200)
STP Funding (0.25%)		(0.470)	(0.470)
Additional Funding		1.464	1.464
<b>Available Resources</b>	<b>188.357</b>	<b>(2.206)</b>	<b>186.151</b>
<b>Commissioning Budgets</b>			
NHS Commissioned Services	119.751	3.707	123.458
Corporate & Support Services: admin	2.571	0.019	2.590
Corporate & Support Services: programme	2.998	0.097	3.094
Independent Sector	5.342	0.359	5.701
Prescribing	25.304	-	25.304
Primary Care	3.195	0.269	3.464
Non NHS Commissioning	24.474	0.155	24.629
<b>Sub total Operational budgets</b>	<b>183.634</b>	<b>4.606</b>	<b>188.240</b>
<b>Reserves</b>			
QIPP requirement	(5.073)	(0.137)	(5.210)
Other General reserves	6.962	(5.775)	1.187
Contingency	0.934	0.000	0.934
<b>Sub total Reserves</b>	<b>2.823</b>	<b>(5.912)</b>	<b>(3.089)</b>
<b>Total Anticipated Spend</b>	<b>186.457</b>	<b>(1.306)</b>	<b>185.151</b>
<b>Forecast Surplus/ (Deficit)</b>	<b>1.900</b>	<b>(0.900)</b>	<b>1.000</b>
<b>Expressed as %</b>			<b>0.5%</b>

### 3. 2018/19 Budget Assumptions

#### QIPP Plans

3.1 The CCG budget for 2018/19 includes a QIPP savings target of **£5.210m** 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 £5.210m, a 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 £0.470m 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 £5.210m. 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



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
<b>COMMISSIONING - NON NHS</b>				
603501	Mental Health Contracts	206	206	0
603506	Child and Adolescent Mental Health	318	318	0
603511	Dementia	82	82	0
603521	Learning Difficulties	1,595	1,595	0
603596	Collaborative Commissioning	378	378	0
603661	Out of Hours	977	977	0
603682	CHC Adult Fully Funded	7,093	7,093	0
603683	Chc Ad Full Fund Pers Hlth Bud	262	262	0
603684	Chc Adult Joint Funded	1,893	1,893	0
603685	CHC Adult Joint Funded Personal health Budgets	24	24	0
603687	CHC Children	285	285	0
603691	Funded Nursing Care	4,274	4,274	0
603711	Community Services	4,498	4,498	0
603721	Hospices	932	932	0
603726	Intermediate Care	1,006	1,006	0
603796	Reablement	806	806	0
<b>Sub-Total</b>		<b>24,629</b>	<b>24,629</b>	<b>0</b>
<b>CORPORATE &amp; SUPPORT SERVICES</b>				
605251	Administration & Business Support	181	181	0
605266	Business Informatics	303	303	0
605271	Ceo/ Board Office	431	431	0
605276	Chair And Non Execs	210	210	0
605296	Commissioning	528	528	0
605311	Contract Management	148	148	0
605316	Corporate Costs & Services	350	350	0
605346	Estates And Facilities	34	34	0
605351	Finance	316	316	0
605391	Medicines Management	0	0	0
605426	Quality Assurance	89	89	0
<b>Sub-Total Running Costs</b>		<b>2,590</b>	<b>2,590</b>	<b>0</b>
603646	Commissioning Schemes	804	804	0
603656	Medicines Management - Clinical	786	786	0
603676	Primary Care IT	1,262	1,262	0
603810	Nursing And Quality Programme	242	242	0
<b>Sub-Total Programme Costs</b>		<b>3,094</b>	<b>3,094</b>	<b>0</b>
<b>Sub-Total</b>		<b>5,684</b>	<b>5,684</b>	<b>0</b>

<b>SERVICES COMMISSIONED FROM NHS ORGANISATIONS</b>		
603571	Acute Commissioning	
603576	Acute Childrens Services	
603711	Community Services	
603556	Mental Health Services - SLA	
603809	NHS 111	
603586	Ambulance Services	
603616	NCAs/OATs	
<b>Sub-Total</b>		
<b>INDEPENDENT SECTOR</b>		
603591	Independent Sector	
<b>Sub-Total</b>		
<b>PRIMARY CARE</b>		
603651	Local Enhanced Services and GP Framework	
603662	Primary Care Transformation Fund	
603791	Programme Projects	
<b>Sub-Total</b>		
<b>PRESCRIBING</b>		
603606	High Cost Drugs	
603666	Oxygen	
603671	Prescribing	
<b>Sub-Total</b>		
<b>Sub-Total Operating Budgets pre Reserves</b>		
<b>RESERVES</b>		
603761	Commissioning Reserve	
603781	Non Recurrent Reserve	
<b>Sub-Total</b>		
<b>Grand Total I &amp; E</b>		
	Additional Growth funding	
<b>Grand Total I &amp; E</b>		

## MEETING OF THE GOVERNING BODY MAY 2018

<b>Agenda Item:</b> 18/80	<b>Author of the Paper:</b> Karl McCluskey Director of Strategy & Outcomes Email: <a href="mailto:Karl.Mccluskey@southportandformbyccg.nhs.uk">Karl.Mccluskey@southportandformbyccg.nhs.uk</a> Tel: 0151 317 8468						
<b>Report date:</b> May 2018							
<b>Title:</b> Integrated Performance Report							
<b>Summary/Key Issues:</b>  This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group (note time periods of data are different for each source)							
<b>Recommendation</b>  The Governing Body is asked to receive this report.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Receive</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

<b>Links to Corporate Objectives</b> <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

# Southport & Formby 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

<b>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	G	R	G	G	G	G	G	G	G	G	G		G
	Actual	94.305%	92.00%	94.423%	95.132%	94.635%	93.973%	95.248%	96.364%	95.519%	93.864%	93.608%		94.50%	
	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%	93.00%
<b>17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R	R	R	G	G	G	R	G	G	R	R		R
	Actual	91.304%	90.411%	85.106%	95.385%	93.443%	96.00%	89.286%	100.00%	94.286%	89.189%	92.308%		92.427%	
	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%	93.00%
<b>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> 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	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	R	R		G
	Actual	100.00%	97.368%	97.059%	100.00%	98.333%	98.462%	100.00%	97.468%	98.077%	93.258%	90.625%		97.244%	
	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%	96.00%
<b>26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	R	R	R	G		G
	Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	88.889%	83.333%	85.714%	100%	95.604%	
	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%	94.00%
<b>1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G	G	G	R	R	G	G	G	G	G		G
	Actual	100.00%	100.00%	100.00%	100.00%	92.308%	91.667%	100.00%	100.00%	100.00%	100.00%	100%		98.864%	
	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%	98.00%

<b>25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	R	G	G	G	G	G	G	G	G	
		Actual	95.238%	95.833%	94.737%	93.333%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.059%	100%	97.748%
		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%
<b>539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	G	R	R	R	R	G	G	G	G	R	R	R	
		Actual	86.667%	84.848%	76.471%	82.051%	72.973%	85.294%	96.296%	89.13%	87.879%	71.795%	81.481%		82.85%
		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%
<b>540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	R	G	R	G	G	G	G	G	R	G	R	
		Actual	100.00%	71.429%	100.00%	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	72.727%	100%	89.091%
		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**

<b>138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</b> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	RAG	G			G			R			G		G
		Actual	100.00%			97.436%			92.857%			100%		97.744%
		Target	95.00%			95.00%			95.00%			95.00%		95.00%

**Episode of Psychosis**

<b>2099: First episode of psychosis within two weeks of referral</b> 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.	Southport And Formby CCG	RAG	G	G	G	G	G	G	R	G	G	G	R	G	
		Actual	100.00%	100.00%	50.00%	100.00%	50.00%	60.00%	40.00%	50.00%	100.00%	50.00%	50.00%	0.00%	67.742%
		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**

<b>2166: <a href="#">Estimated diagnosis rate for people with dementia</a></b> Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G	G		R
		Actual	70.60%	70.90%	70.50%	70.30%	71.20%	71.90%	72.60%	72.20%	71.90%	71.50%	71.40%		
		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)**

<b>2183: <a href="#">IAPT Recovery Rate (Improving Access to Psychological Therapies)</a></b> 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.	Southport And Formby CCG	RAG	R	G	G		G
		Actual	47.3%	52.4%	52.9%		51.20%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%
<b>2131: <a href="#">IAPT Roll Out</a></b> 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	Southport And Formby CCG	RAG	R	R	R		R
		Actual	3.02%	3.34%	3.51%		9.88%
		Target	3.75%	3.75%	3.75%	3.75%	15.00%
<b>2253: <a href="#">IAPT Waiting Times - 6 Week Waiters</a></b> 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.	Southport And Formby CCG	RAG	G	G	G		G
		Actual	98.60%	98.90%	99.1%		98.90%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%
<b>2254: <a href="#">IAPT Waiting Times - 18 Week Waiters</a></b> 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.	Southport And Formby CCG	RAG	G	G	G		G
		Actual	99.70%	99.60%	99.6%		99.60%
		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**

<b>2095: <a href="#">The number of completed CYP ED routine referrals within four weeks</a></b> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG	G	G	G		
		Actual	0.00%	100.00%	100.00%		77.778%
		Target					
<b>2096: <a href="#">The number of completed CYP ED urgent referrals within one week</a></b> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And Formby CCG	RAG	G	R	G		G
		Actual	100%	0%	100%		100%
		Target	95%	95%	95%	95%	95%
<b>2097: <a href="#">The number of incomplete pathways (routine) for CYP ED</a></b> Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - routine CYP ED	Southport And Formby CCG	RAG	R	R	R		R
		Actual	1	1	1		3
		Target	1	1	1	1	1
<b>2098: <a href="#">The number of incomplete pathways (urgent) for CYP ED</a></b> Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - urgent CYP ED	Southport And Formby CCG	RAG	G	G	G		G
		Actual	0	0	0		-
		Target	1	1	1	1	1

**Ensuring that People Have a Positive Experience of Care**

**EMSA**

<b>1067: <a href="#">Mixed sex accommodation breaches - All Providers</a></b> No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	3	3	3	5	8	14	10	10	8	4	8		76
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>1812: <a href="#">Mixed Sex Accommodation - MSA Breach Rate</a></b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	0.87	0.83	0.80	1.42	2.32	4.15	2.83	2.83	1.16	1.4	2.3		64.00
		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**

<b>1291: % of all Incomplete RTT pathways within 18 weeks</b> Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G	G		G
		Actual	94.327%	93.628%	93.878%	93.575%	93.377%	93.411%	93.071%	93.492%	93.216%	92.821%	92.492%		93.41%
		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%
<b>1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</b> The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	R		R	
		Actual	0	0	0	0	0	0	0	0	0	0	1		1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>1828: % of patients waiting 6 weeks or more for a diagnostic test</b> The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R		R	
		Actual	3.805%	5.409%	2.877%	2.335%	2.652%	2.823%	2.452%	3.468%	3.42%	3.726%	2.623%		3.236%
		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**

<b>1983: Urgent Operations cancelled for a 2nd time</b> 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.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	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
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

**E-Referrals**

<b>2142: NHS e-Referral Service (e-RS) Utilisation Coverage</b> Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R		R	
		Actual	48.449%	43.429%	47.021%	51.178%	50.448%	49.796%	50.245%	48.306%	57.179%	50.271%	53.20%		50.00%
		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**

<b>2143: <a href="#">Personal health budgets</a></b> 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).	Southport And Formby CCG	RAG	R	R	R		R
		Actual	11.26	14.48	13.68		
		Target	48.27	51.49	54.71	57.93	

**Wheelchairs**

<b>2197: <a href="#">Percentage of children waiting less than 18 weeks for a wheelchair</a></b> 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.	Southport And Formby CCG	RAG	G	G	R		G
		Actual	100.00%	0.00%	92%		94.44%
		Target	93.75%	93.75%	93.75%	92.00%	92.00%

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

**HCAI**

<b>497: <a href="#">Number of MRSA Bacteraemias</a></b> Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	R	R	R	R	
		YTD	0	0	0	0	0	0	0	0	0	1	1	1	1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>24: <a href="#">Number of C.Difficile infections</a></b> Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	R	R	R	R	
		YTD	6	9	10	10	15	18	19	23	25	32	33	39	39
		Target	6	9	13	18	20	24	27	29	29	29	32	38	32



**Accident & Emergency**

<b>2123: <u>4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio)</u></b> % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	90.852%	88.768%	89.682%	87.86%	88.045%	85.62%	85.511%	81.011%	80.564%	81.28%	81.049%	79.115%	84.975%
		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%
<b>431: <u>4-Hour A&amp;E Waiting Time Target (Monthly Aggregate for Total Provider)</u></b> % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	SOUTHPORTAND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	91.10%	89.40%	90.32%	88.27%	88.42%	85.69%	85.55%	80.71%	80.31%	81.03%	80.89%	78.97%	85.08%
		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%
<b>1928: <u>12 Hour Trolley waits in A&amp;E</u></b> Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	SOUTHPORTAND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	G	R	G	G	G	R	R	R	R	R	R
		Actual	3	9	0	2	0	0	0	16	65	63	3	8	169
		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 Southport & Formby Clinical Commissioning Group at Month 11 (note: time periods of data are different for each source).

### Financial position

The financial plan for 2017/18 required the CCG to break even in year, whilst the cumulative CCG position is a deficit of £6.695m which incorporates the historic deficit brought forward from the previous financial year. The cumulative deficit will be addressed as part of the CCG longer term recovery plan.

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 breakeven.

The QIPP savings requirement, assessed at the start of the year to deliver the agreed financial plan was £10.137m. QIPP savings of £6.643m have been achieved in year.

The full year financial position for the CCG is a deficit of £3.600m.

### Planned Care

GP referrals in 2017/18 to date are 14% down on the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 4% higher when compared to 2016/17. This can be attributed to significant increases within the Clinical Physiology and Physiotherapy specialties. A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been approved.

E-referral Utilisation rates in February for the CCG as a whole reached 53.2% an improvement from recorded the previous month (50.0%) but under the 80% ambition for Q3.

The CCG failed the less than 1% target for Diagnostics in February recording 2.6%. Southport & Ormskirk Trust also failed the less than 1% target for Diagnostics in February recording 1.95%, although this is an improvement on the previous month when 3.7% was recorded.

There was 1 patient in February that has been waiting over 52 weeks from referral to treatment. This patient was waiting at the Royal Liverpool & Broadgreen Trust for treatment under General Surgery. The patient had a TCI date of the 20<sup>th</sup> March and has now been seen.

Southport & Ormskirk reported 5 cancelled operations in February, bringing the total YTD figure to 114. The Trust reported all 5 were due to no bed availability.

The CCG are failing 3 of the 9 cancer measures year to date. They include 2 week breast symptom (92.75%), 62 days screening (89.09%) and the 62 day standard (82.62%). Southport & Ormskirk are only failing the 85% target for the 62-day standard in February year to date (82.46%).

Friends and Family inpatient response rates at Southport & Ormskirk are under the 25% target in February at 8.8%. The percentage of patients that would recommend the inpatient service in the Trust has increased slightly to 90% in February although remains below the England average of

96%. The percentage of people who would not recommend the inpatient service has decreased from 5% in January to 4% in February although is still above the England average of 2%.

Performance at Month 11 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£2m/-5.8%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in the remaining a total under spend of approximately -£2m/-5.8%.

### **Unplanned Care**

Southport & Ormskirk's performance against the 4-hour target for January reached 80.88%, which is below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 94% for this month, and year to date 85.66%.

Southport & Ormskirk had just 1 12-hour breach in February, a total of 159 year to date.

Work continues by NWS to address poor ARP (Ambulance Response Programme performance with issues having been escalated significantly at national level and both NHSE and NHI intervention. They have issued a requirement for NWS to submit a recovery plan and recovery trajectory for Category 1 and Category 2 calls where they are some distance from meeting mandated targets. The plan will be carefully monitored by commissioners along with NHSE and NHI.

Hospital turnaround performance continues to be challenging with Southport remaining an area of concern. Some days see averages of 1 hour plus and one of the big issues is sustainability of improvement at Southport as when they hit turnaround times of over 1 hour this inevitably has a significant detrimental impact on ARP performance for Liverpool and Sefton.

The number of calls from Southport and Formby patient to the GP OOH service has fallen in February. When compared to the same point in the previous year, there have been 342 fewer calls so far in the first 11 months of 2017/18, a decrease of 3%.

The number of 111 calls in February from Southport & Formby CCG patients has fallen slightly from the previous month, but when compared to the same 11 months of the previous year, there have been a similar number of calls (1509).

Southport & Ormskirk failed the stroke target in February recording 72.7% with 16 out of 22 patients spending 90% of their time on a stroke unit. This is however an improvement on last month's performance. In relation to the TIAs 0% compliance was reported again in February.

The CCG has reported an MSA rate of 2.3, which equates to a total of 8 breaches in February. All 8 breaches were at Southport & Ormskirk NHS Trust. In February the Trust had 11 mixed sex accommodation breaches (a rate of 2.3) and have therefore breached the zero tolerance threshold.

The CCG are over plan for C.difficile in February, having 1 new case reported, year to date 33 cases against a target of 32. The Trust are under plan for C.difficile for February.

The CCG reported no new cases of MRSA in February; however they remain non-compliant year to date due to the 1 case reported in January.

The average number of delayed transfer of care per day in Southport and Ormskirk hospital decreased to 5 in February. Analysis of average delays in February 2018 compared to February 2017 shows them to be higher by 2 (67%).

The percentage of people that would recommend Southport & Ormskirk A&E is below the England average (85%) reporting 76%. The not recommended percentage is 20% which is above the England average of 8%.

Performance at Month 11 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£84k/-0.3%. 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 -£455k/-1.5%.

### **Mental Health**

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership Trust reported a decrease of 18.3% from previous month of Southport & Formby patients entering treatment in month 11. The access rate for Month 11 was 1.03% and therefore failed to achieve the standard.

### **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 for Southport and Formby CCG as at 31 March 2018.

The full year financial position is a deficit of £3.600m against the planned breakeven position. The cumulative CCG position is a deficit of £10.295m which incorporates the historic deficit of £6.695m brought forward from previous financial years. The cumulative deficit will be addressed as part of the CCG longer term improvement plan and will need to be repaid with planned surpluses in future 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, Lancashire Care Trust relating to continence products, Wrightington, Wigan and Leigh NHS Foundation Trust, mainly due to Orthopaedic Activity, Intermediate Care, due to an increase in the number of beds commissioned to support winter pressures and overperformance on the Aintree contract due to high cost drugs and devices outside the Acting as One contract agreement.

The cost pressures are offset by underspends on the Acute Commissioning and Independent Sector budgets relating to underperformance on the contract with Southport & Ormskirk NHS Trust and Independent Sector providers.

QIPP savings for the financial year have not been delivered in full. The QIPP plan forms part of the CCG recovery plan reported to NHS England.

The CCG has developed the strategic financial plan for the period 2017/18 – 2021/22 which will be 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>	£6.643m
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	99.31%
	NHS - Volume YTD > 95%	94.74%

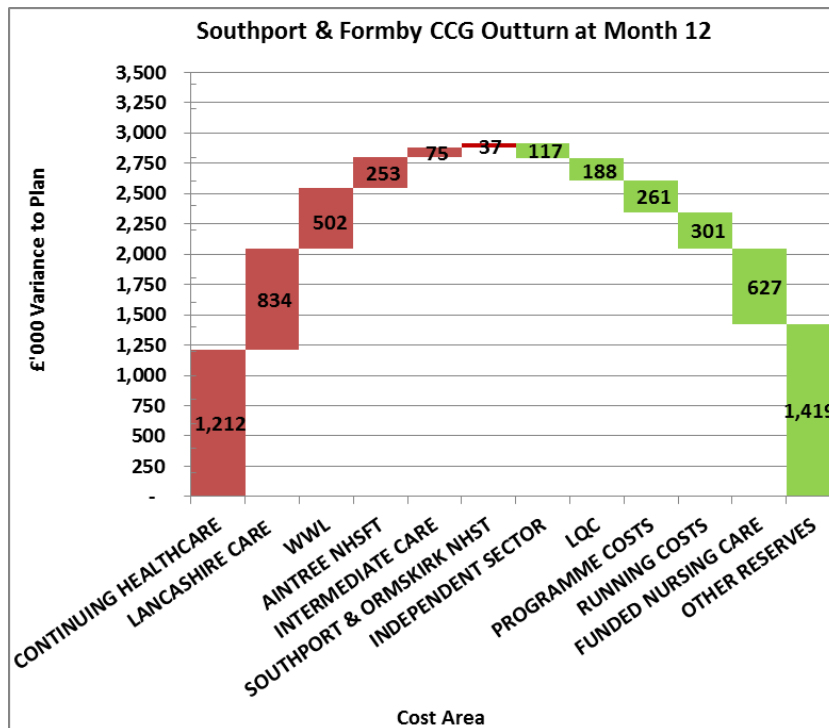
Key Performance Indicator		This Month
	Non NHS - Value YTD > 95%	96.59%
	Non NHS - Volume YTD > 95%	94.23%

- 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 current financial plan was to achieve a break even position in year. The CCG reported position for the financial year is a deficit of £3.600m.
- QIPP Delivery is £6.643m to date which is £3.494m below planned QIPP delivery for 2017-18.
- The expenditure on the Running Cost budget is below the allocation by £0.301m for 2017/18.
- BPPC targets have been achieved to year to date by value but are slightly below the 95% target for volume.

## 2.2 CCG Financial Forecast

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

Figure 2 – Forecast Outturn



- The CCG financial position for the financial year is a deficit of £3.600m.
- The main financial pressures relate to:
  - Cost pressures relating to Continuing Healthcare packages.
  - Cost pressures within Lancashire Care Trust relating to continence products.
  - Overperformance on WWL contract – mainly due to Orthopaedic Activity.
  - Increased costs of intermediate care due to an increase in the number of beds commissioned to support winter pressures.
  - Over performance on the Aintree contract due to high cost drugs and devices outside Acting as One agreement.
- The cost pressures are partially offset by underspends in the Acute Commissioning budget due to underperformance on the contract with Southport and Ormskirk Hospital and within the reserve budget due to the 0.5% contingency held.

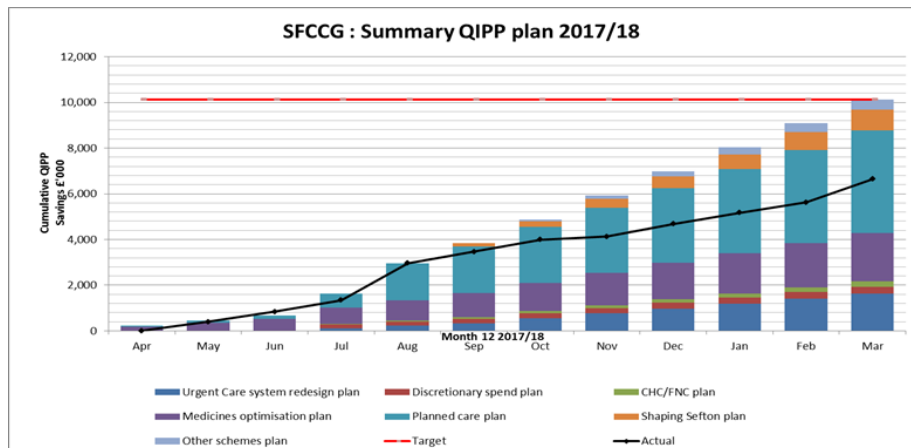
**Figure 3 – Acting as One Contract Performance**

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	<b>0.774</b>
Alder Hey Children’s Hospital NHS Foundation Trust	<b>0.025</b>
Liverpool Women’s NHS Foundation Trust	<b>(0.059)</b>
Liverpool Heart & Chest NHS Foundation Trust	<b>(0.094)</b>
Royal Liverpool and Broadgreen NHS Trust	<b>(0.198)</b>
Mersey Care NHS Foundation Trust	<b>0.000</b>
The Walton Centre NHS Foundation Trust	<b>0.037</b>
<b>Grand Total</b>	<b>0.485</b>

- 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 move 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, identification of 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 £0.485m under usual contract arrangements.

## 2.3 QIPP

**Figure 4 – QIPP Plan and Forecast**



QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	3,842	650	4,492	4,350	0	142	4,492
Medicines optimisation plan	2,118	0	2,118	1,594	0	524	2,118
CHC/FNC plan	231	0	231	0	0	231	231
Discretionary spend plan	309	0	309	181	0	128	309
Urgent Care system redesign plan	120	1,500	1,620	500	0	1,120	1,620
Shaping Sefton plan	907	0	907	0	0	907	907
Other Schemes plan	80	380	460	18	0	442	460
<b>Total QIPP Plan</b>	<b>7,607</b>	<b>2,530</b>	<b>10,137</b>	<b>6,643</b>	<b>0</b>	<b>3,494</b>	<b>10,137</b>
<b>QIPP Delivered 2017/18</b>				<b>(6,643)</b>		<b>0</b>	<b>(6,643)</b>

- The 2017/18 QIPP target is **£10.137m** (opening position). This plan has been phased across the year by scheme and full detail of progress at scheme level is monitored at the QIPP committee.
- In 2017-18 the CCG has achieved **£6.643m** QIPP savings in respect of the following schemes:
  - Prescribing - £1.594m
  - Third Sector Contracts - £0.149m
  - Other Elective - £3.517m
  - Right Care MCAS - £0.677m
  - Other urgent care schemes - £0.5m
  - Referral Management Schemes £0.156m
  - Discretionary spend £0.032m
  - Provider CQUIN £0.018m



## 2.4 Risk

Figure 5 – CCG Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	0.000	0.000	0.000
QIPP Target	(8.425)	(1.712)	(10.137)
Revised surplus / (deficit)	(8.425)	(1.712)	(10.137)
Forecast Outturn (Operational Budgets)	(0.559)	(2.970)	(3.529)
Reserves	1.408	0.865	2.273
QIPP Achieved	3.965	2.678	6.643
<b>Year End Surplus / (Deficit)</b>	<b>(3.611)</b>	<b>(1.139)</b>	<b>(4.750)</b>
Release 0.5% Risk Reserve	0.000	0.910	0.910
Return of CAT M funding	0.000	0.240	0.240
<b>Year End Surplus / (Deficit)</b>	<b>(3.611)</b>	<b>0.011</b>	<b>(3.600)</b>

### Financial Position

- The CCG financial position is a deficit of £3.600m.
- The CCG has released the 0.5% risk reserve of £0.910m in Month 12 as directed by NHS England. The category M drugs rebate of £0.240m has also been released. These adjustments have improved the financial position from £4.750m deficit position to a £3.600m deficit position.
- The CCG statutory accounts for 2017/18 will report the financial deficit of £3.600m.
- The underlying position is a deficit of £3.611m. This position removes non-recurrent expenditure commitments and QIPP savings from the position.

## 2.5 Contract Alignment / Dispute Resolution

Figure 6 – Contract Alignment table

	2017/18 YTD £000		2017/18 YTD £000	Formula
Provider	YTD	Commissioner	YTD	YTD Variance
Aintree University Hospitals NHS Foundation Trust	3,314	NHS Southport and Formby	3,301	(13)
Royal Liverpool and Broadgreen University Hospitals NHS Trust	2,736	NHS Southport and Formby	2,666	(70)
Southport and Ormskirk Hospital NHS Trust	30,412	NHS Southport and Formby	27,406	(3,006)
Lancashire Care NHS Foundation Trust	4,505	NHS Southport and Formby	4,505	-
Mersey Care NHS Foundation Trust	6,187	NHS Southport and Formby	6,156	(31)
<b>Total</b>	<b>47,154</b>		<b>44,034</b>	<b>(3,120)</b>

- CCGs and Providers were required to report a contract alignment position at to highlight any areas of dispute in 2017/18.
- The main issues highlighted relate to the contract with Southport & Ormskirk NHS Trust on a number of outstanding issues:
  - £1.669m - CQUIN
  - £0.522m – ACU Follow ups
  - £0.674m – Contract Sanctions
  - £0.600m - Outpatient Procedure Coding
  - £0.165m – 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 in late April. A provision of £1.300m has been included in 2017-18 accounts as an estimate of the outcome for expert determination for Southport and Formby 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	11	11	11	11	0	0
Receivables	2,041	2,470	2,383	2,742	2,414	2,406
Cash	160	995	1,995	3,152	3,201	63
Payables & Provisions	(9,202)	(11,582)	(12,634)	(12,654)	(12,919)	(12,162)
Value of debt > 180 days old (6months)	723	723	723	723	723	672
BPPC (value)	98%	100%	100%	98%	99%	98%
BPPC (volume)	96%	95%	97%	95%	95%	95%
* In month 1 there were a number of credit notes received from providers relating to 16/17 performance which skewed BPPC data						

- The non-current asset (Non CA) balance relates to assets inherited from Sefton PCT at the inception of the CCG. Movements in this balance relate to depreciation charges.
- The receivables balance includes invoices raised for services provided along with accrued income and prepayments. Outstanding debt in excess of 6 months old currently remains at £0.672m. This balance is predominantly made up of an invoice outstanding with Southport & Ormskirk NHS Trust. Paperwork has been submitted and the process is at expert determination. An outcome is expected on this by midnight on 19 April 2018.

- At month 12, the CCG was required to meet a cash target of 1.25% of its monthly cash drawdown (approximately £0.138m). At 31 March 2018 the CCG had a cash balance of £0.063m; therefore the cash target was achieved.
- The CCG aim to pay at least 95% of invoices within 30 days of the invoice date in line with the Better Payment Practice Code. 2017/18 performance exceeds 95% for invoices by number and value for NHS and Non NHS suppliers. Performance will continue to be reviewed on a monthly basis.

## 2.7 Recommendations

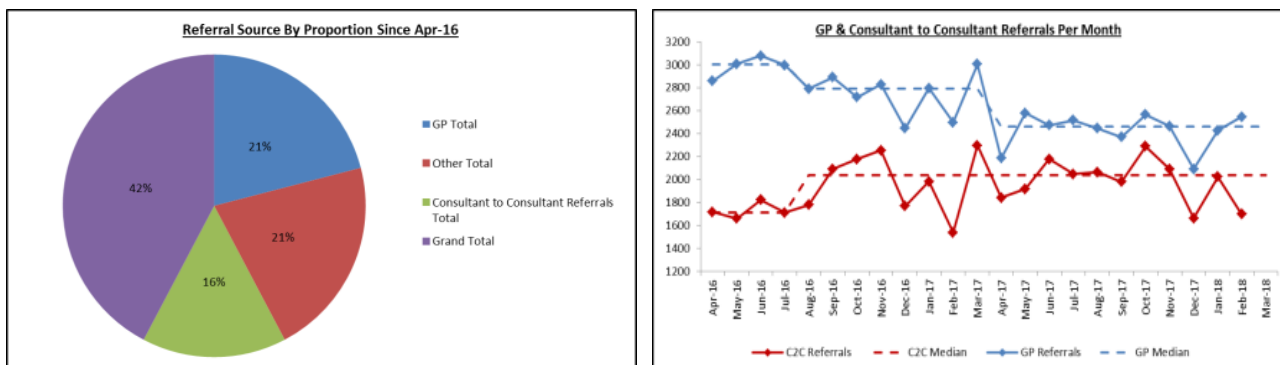
The Governing Body is asked to receive the finance update, noting that:

- The full year financial position for the CCG is a deficit of £3.600m. The agreed financial plan for 2017-18 required the CCG to breakeven in year.
- QIPP delivery is £6.643m, mainly elective care and prescribing savings. The QIPP target for 2017-18 is £10.137m.
- 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 has been evident from member a practice which has enabled the CCG to make significant progress in reducing levels of low value healthcare and improve value for money from the use of the CCG's 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 in future years.

## 3. Planned Care

### 3.1 Referrals by Source

Figure 8 - Referrals by Source across all providers for 2015/16, 2016/17 & 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	YTD %	
GP	3	referral from a GENERAL MEDICAL PRACTITIONER	2,187	2,578	2,472	2,516	2,445	2,371	2,565	2,466	2,092	2,428	2,546	30,899	26,666	-4,233	-14%	
<b>GP Total</b>			<b>2,187</b>	<b>2,578</b>	<b>2,472</b>	<b>2,516</b>	<b>2,445</b>	<b>2,371</b>	<b>2,565</b>	<b>2,466</b>	<b>2,092</b>	<b>2,428</b>	<b>2,546</b>	<b>30,899</b>	<b>26,666</b>	<b>-4,233</b>	<b>-14%</b>	
Other	1	following an emergency admission	270	226	256	231	270	258	294	248	155	207	162	4,814	2,577	-2,237	-46%	
	2	following a Domiciliary Consultation	1		1	2	1			1			1	6	7	1	17%	
	4	referral from an Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	277	290	273	295	259	314	351	302	293	277	293	2,840	3,224	384	14%	
	5	referral from a CONSULTANT, other than in an Accident and Emergency Department	1,200	1,332	1,563	1,447	1,461	1,313	1,538	1,465	1,156	1,455	1,189	12,020	15,119	3,099	26%	
	6	self-referral	189	177	166	145	152	151	185	195	162	179	174	1,602	1,875	273	17%	
	7	referral from a Prosthetist			1								1	3	2	-1	-33%	
	8	Royal Liverpool Code (TBC)	27	41	46	41	50	56	49	43	35	42	45	410	475	65	16%	
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	36	11	24	14	17	19	32	11	16	12	19	235	211	-24	-10%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	59	59	61	59	57	75	73	63	42	72	35	595	655	60	10%	
	12	referral from a General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)		2	3		3	4	3		1	2		12	18	6	50%	
	13	referral from a Specialist NURSE (Secondary Care)	3	2	1	6	2	6		1	2	2	2	38	27	-11	-29%	
	14	referral from an Allied Health Professional	84	115	97	91	98	86	106	111	77	68	93	1,408	1,026	-382	-27%	
	15	referral from an OPTOMETRIST	78	92	85	65	119	93	110	106	77	109	135	934	1,069	135	14%	
	16	referral from an Orthoptist	1	6	2	2	4	4	1	1	1		3	35	25	-10	-29%	
	17	referral from a National Screening Programme	57	48	30	43	34	40	47	72	31	40	58	658	500	-158	-24%	
	92	referral from a GENERAL DENTAL PRACTITIONER	39	31	32	42	32	28	41	37	29	36	41	417	388	-29	-7%	
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	169	179	269	245	256	216	265	262	223	287	244	2,627	2,615	-12	0%	
			Unknown		1			1					3	15	5	-10	-67%	
<b>Other Total</b>			<b>2,490</b>	<b>2,612</b>	<b>2,910</b>	<b>2,728</b>	<b>2,816</b>	<b>2,663</b>	<b>3,095</b>	<b>2,918</b>	<b>2,300</b>	<b>2,788</b>	<b>2,498</b>	<b>28,669</b>	<b>29,818</b>	<b>1,149</b>	<b>4%</b>	
Consultant to Consultant Referrals Total			1,843	1,918	2,178	2,048	2,065	1,979	2,288	2,090	1,662	2,023	1,699	20,510	21,793	1,283	6%	
<b>Grand Total</b>			<b>4,677</b>	<b>5,190</b>	<b>5,382</b>	<b>5,244</b>	<b>5,261</b>	<b>5,034</b>	<b>5,660</b>	<b>5,384</b>	<b>4,392</b>	<b>5,216</b>	<b>5,044</b>	<b>59,568</b>	<b>56,484</b>	<b>-3,084</b>	<b>-5%</b>	

Year to date referrals at month 11 in 2017/18 are currently 5.2% lower compared to the equivalent year to date period in the previous year. Within individual specialties, Ophthalmology is the highest referred to specialty for the CCG but is seeing a year to date decrease of 3.1% compared to 2016/17. In contrast, Physiotherapy has seen a significant 88% increase in referrals when comparing to the same period last year.

Of the top five providers in 2017/18, Aintree Hospital has the highest growth in referral numbers when compared to 2016/17. This 14% upturn is due in large to increased referrals within the Breast Surgery specialty.

Whilst October 2017 saw an increase in referrals resulting in a peak for the current financial year, whilst December 2017 referrals dropped to the lowest for two years. This may be attributable to a fall in consultant-to-consultant referrals and the Physiotherapy specialty. Referrals in February 2018 have seen a decrease in activity compared to the previous month, which is due to a 16%

drop in consultant-to-consultant referrals and with further analysis the cause of this decrease appears to be within Cardiology.

GP referrals in 2017/18 to date are 14% lower than the equivalent period in the previous year. In contrast, consultant-to-consultant referrals are currently 4% higher when compared to 2016/17. This can be attributed to significant increases within the Clinical Physiology and Physiotherapy specialties. A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been approved.

A referral management scheme started on 1st October 2017 in Southport & Formby CCG which is currently in Phase I (administrative phase). Phase II referral management includes clinical triage for Dermatology referrals, which is in place.

Data quality note: Walton Neuro Centre excluded from the above analysis due to data quality issues. For info, A coding change was implemented in March 2017 for Physio at Southport Hospital with these referrals coded as having a referral source of 01 (following an emergency admission) in place of the previous referral source of 03 (GP referral). For consistency, GP referrals relating to physio at Southport Hospital for Months 1-11 of 2016/17 manually corrected to a referral source of 01.

### 3.1.1 E-Referral Utilisation Rates

**Figure 10 – Southport & Formby CCG E Referral Performance**

NHS E-Referral Service Utilisation				
NHS Southport & Formby CCG	17/18 - Feb	80% by Q2 17/18 & 100% by Q2 18/19	53.20%	↑

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. Southport and Ormskirk Trust is an early adopter of the scheme and as such is required to achieve 100% by April 2018.

E-referral Utilisation rates in February for the CCG as a whole reached 53.2%. This shows an increase in performance compared to last month (50%). The CCG's Informatics provider is assisting practices to utilise the e-referral system. The CCG Business Intelligence team have developed monthly practice level E-referral utilisation reports to be published on the e-referral intranet page, and NHS Digital have offered to visit practices with the lowest E-referral rates to support them further.

### 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%	2.62%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	17/18 - Feb	<1%	1.95%	↓

The CCG failed the less than 1% target for Diagnostics in February recording 2.62%. Out of 2,135 patients, 56 patients were waiting 6+ weeks and 9 of them over 13 weeks for their diagnostic test. Majority of the breaches were for a CT scan (14) and cystoscopy (14).

Southport and Ormskirk Hospital also failed the less than 1% target for Diagnostics in February recording 1.95%. Out of 2,815 patients, 69 patients waited over 6 weeks with 14 of these patients over 13 weeks for their diagnostic test. The majority of breaches were for Cystoscopy (27) and echocardiography (14). This is an improvement on last month when 3.72% was recorded.

Issues in a number of areas with the following having the most breaches: Cystoscopy – reduction in core WLI sessions has had a negative impact on capacity. There are capacity issues in both Urology and Urogynaecology.

### 3.3 Referral to Treatment Performance

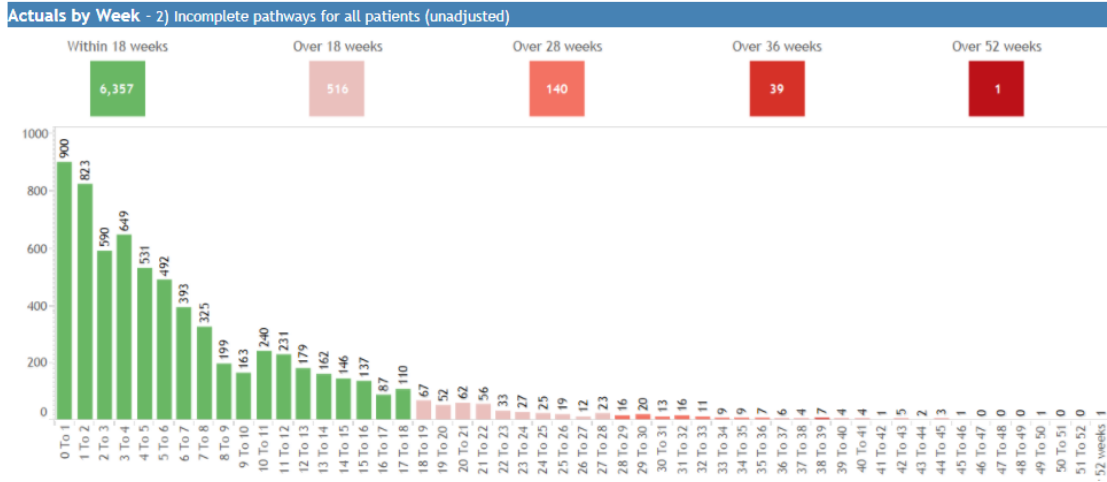
Figure 12- Referral to Treatment Time (RTT) Performance

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	1	↑
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	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%	92.50%	↓
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	17/18 - Feb	92%	93.26%	↓

A 52+ week waiter was reported in February for the CCG. This patient was waiting at the Royal Liverpool & Broadgreen Trust for treatment under General Surgery. The patient had a TCI date of the 20<sup>th</sup> March and has now been seen. The Trust has reported a long wait on a number of their RTT waiting lists including Ophthalmology, General Surgery, Urology, Trauma and Orthopaedics and ENT. There have been a number of actions identified which will reduce demand and increase activity. Advice and guidance has now been rolled out to a number of specialities, as part of the national CQUIN. The team are also monitoring increases in referrals as a direct consequence of certain Trusts E-referral polling ranges being extended to reduce the number of slot issues.

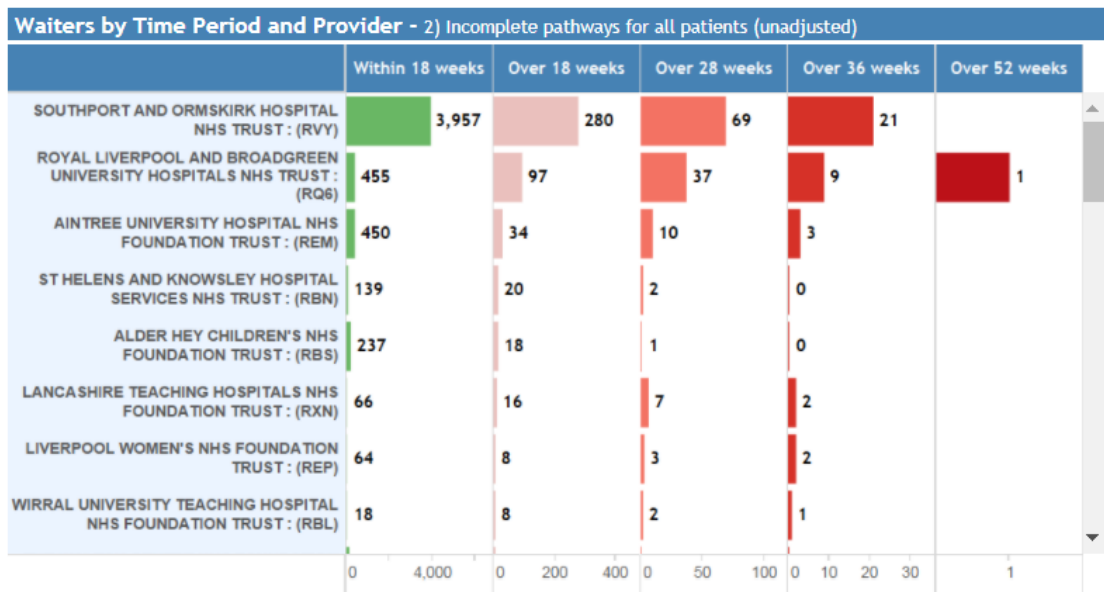
### 3.3.1 Incomplete Pathway Waiting Times

**Figure 13 - Southport & Formby 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**



### 3.3.3 Long waiters analysis: Top 2 Providers split by Specialty

Figure 15 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

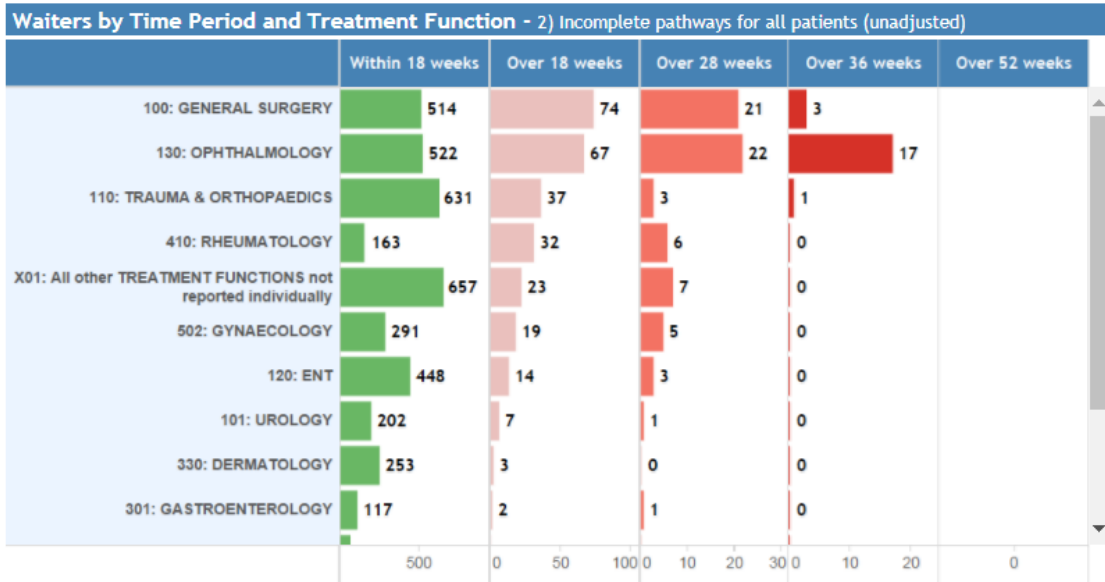
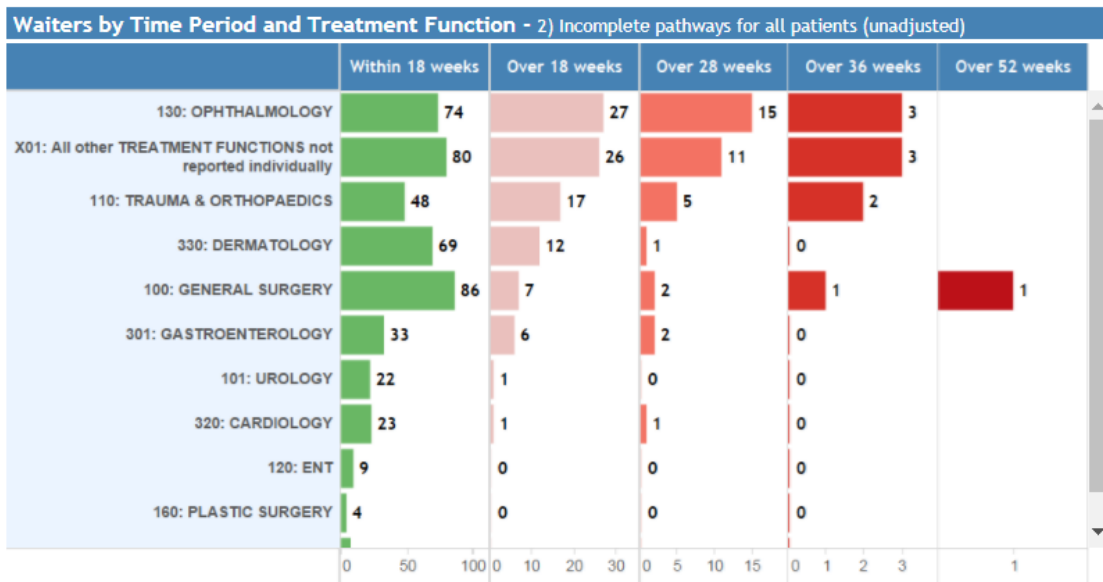


Figure 16 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust





### 3.3.4 Provider assurance for long waiters

Figure 17 – Southport & Formby CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait bai	Has the patient been seen/has a TCI date?	Detailed reason for the delay
Southport & Formby	Southport & Ormskirk	General Surgery	40	TCI /04/2018	Attended 21/6/17 and was sent for Ultra Sound Scan which she had 2/8/17. Attended 4/10/17 and placed on w/l
Southport & Formby	Southport & Ormskirk	Ophthalmology	40	Patient removed from w/l 16/3/18	Added to w/l 19/5/17 for procedure, pt rang 16/3/18 has gone private.
Southport & Formby	Southport & Ormskirk	Ophthalmology	40	Patient removed from w/l 16/3/18	Added to w/l 19/5/17 for procedure, 16/3 pt advised that he is under of UHA for different treatment and will advise when he is fit to go ahead.
Southport & Formby	Southport & Ormskirk	Ophthalmology	40	TCI 19/04/2018	First appointment 20/6/17 added to w/l for NOD to do, no contact so ltr sent 16/3/18 ,contact made
Southport & Formby	Southport & Ormskirk	Ophthalmology	41	TCI 17/04/2018	First appointment 28/7/17 added to w/l for
Southport & Formby	Southport & Ormskirk	Ophthalmology	42	Treated 20/3/2018	1st appointment 11/7/17 and added to w/l. Hospital cancelled TCI 12/3/18 & 13/3/18. Treated 20/3/18
Southport & Formby	Southport & Ormskirk	Ophthalmology	42	Provisional date made for 17/4, await patient confirmation	Added to w/l 5/5/17 for procedure, left message 23/3/18
Southport & Formby	Southport & Ormskirk	Ophthalmology	42	Removed from the w/l 16/03/18	Added to w/l 10/5/17, note on w/l 6/6/17 patient requires echo. Patient removed on 16/3/18 and no longer wants to go ahead with surgery
Southport & Formby	Southport & Ormskirk	Ophthalmology	44	TCI 12/4/18	Added to w/l 21/04/17
Southport & Formby	Southport & Ormskirk	Ophthalmology	44	Removed from w/l 23/3/18	Added to w/l 21/4/17, pt canc tci 21/12 and dna'd tci 15/1, unable to contact, no contact so ltr sent 16/3,
Southport & Formby	Southport & Ormskirk	Ophthalmology	45	Removed from w/l 23/3/18	First appointment 31/5/17, needed to see Consultant, review 28/7/17 added to w/l, , no contact so letter sent 7/12/17 carer rang back 8/1/18, tried contact again to offer date – 2 x messages left & another no contact so letter sent.
Southport & Formby	Royal Liverpool	All Other	42	TCI 19/04/2018	Long Wait on Waiting List
Southport & Formby	Royal Liverpool	Ophthalmology	43	Patient treated in March	Capacity
Southport & Formby	Royal Liverpool	T&O	44	Patient treated in March	Capacity
Southport & Formby	North Midlands	General Surgery	43		Trust only provides comments on very long waiters
Southport & Formby	Lancashire Teaching	cardiology	42	Treated 27/03/18	1st appointment capacity. The clock has now stopped 27/03/18 when the patient had loop recorder implant fitted.
Southport & Formby	Royal Liverpool	General Surgery	52	No Date as yet	Long Wait on Waiting List. RTT issues in various areas including Ophthalmology, General Surgery, Urology, Trauma and Orthopaedics and ENT. There have been a number of actions identified which will reduce demand and increase activity. Advice and guidance has now been rolled out to a number of specialities, as part of the national CQUIN. The team are also monitoring increases in referrals as a direct consequence of certain Trusts E-referral polling ranges being extended to reduce the number of slot issues.

RCA received from the Trust and shared with Planned Care Lead.

### 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 – Southport & Ormskirk 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 - <b>Southport &amp; Ormskirk</b>	17/18 - Feb	0	5	1 ↓

Southport & Ormskirk reported 5 cancelled operations in February, bringing the total YTD figure to 114. The Trust has reported that all 5 cancelled operations were due to no bed availability.

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

**Figure 19 – Southport & Ormskirk Cancelled Operations for a second time**

Cancelled Operations				
No urgent operation should be cancelled for a second time - <b>Southport &amp; Ormskirk</b>	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) <b>(CCG)</b>	17/18 - Feb	93%	94.50%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Feb	93%	95.37%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(CCG)</b>	17/18 - Feb	93%	92.75%	↔

The CCG has failed the target of 93% in February for patients referred urgently with breast symptoms with a performance of 92.31%, and year to date with 92.75%. In February there were a total of 65 patients and 5 patient breaches, all breaches were at Aintree and all due to patient cancellations with a maximum wait of 22 days.

### 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) <b>(CCG)</b>	17/18 - Feb	96%	97.24%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Feb	96%	98.86%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	17/18 - Feb	94%	97.75%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Feb	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	17/18 - Feb	94%	95.60%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Feb	94%	97.37%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	17/18 - Feb	98%	98.86%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Feb	98%	100.00%	↔

### 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) <b>(CCG)</b>	17/18 - Feb	85% (local target)	85.00%	↓
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) <b>(Southport &amp; Ormskirk)</b>	17/18 - Feb	85% (local target)	92.00%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(CCG)</b>	17/18 - Feb	90%	89.09%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Feb	90%	100.00%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(CCG)</b>	17/18 - Feb	85%	82.62%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	17/18 - Feb	85%	82.46%	↔

The CCG achieved the 90% target from referral to screening in February with 100% but are still failing year to date at 89.09% due to previous breaches.

The CCG failed the 85% target from urgent GP referral to first treatment in February recording 81.48% with 5 breaches out of 27 patients, and year to date with 82.62%. Delay reasons include, capacity issues, patient refused appointment, patient holidays and complex pathways.

The Trust also failed the 85% target in February recording 82.61% and are failing year to date with 82.46%. In February, out of the equivalent of 34.5 patients there were 6 breaches.


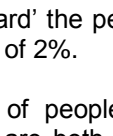
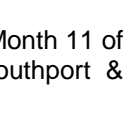
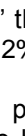

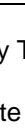
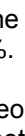


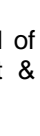


#### 104+ Day Breaches

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 were the equivalent of 2 patient breaches over 104 days, delay reasons include robotic capacity, capacity issues and complex pathway including delay at tertiary centre due to consultant leave. Harm reviews are awaited.

### 3.6 Patient Experience of Planned Care

**Figure 23 – Southport & Ormskirk Inpatient Friends and Family Test Results**

Friends and Family Response Rates and Scores  
 Southport & Ormskirk Hospitals NHS 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%	8.8%		96%	90%		2%	4%	
Q1 - Antenatal Care	N/A	-		97%	*		1%	*	
Q2 - Birth	N/A	6.0%		97%	100%		1%	0%	
Q3 - Postnatal Ward	N/A	-		95%	95%		2%	5%	
Q4 - Postnatal Community	N/A	-		98%	*		1%	*	

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

- % Response rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above. The Trust has again seen a further decrease in response rates for inpatients, from 14.5% in January to 8.8% in February. The percentage of patients that would recommend the inpatient service in the Trust has improved slightly to 90% in February, and remains below the England average of 96%. The percentage of people who would not recommend the inpatient service has decreased to 4% in February from 5% in January and remains above the England average of 2%.

For maternity services, the percentage of people who would not recommend the service in relation to 'Birth', for those areas where data has been captured, are the England average. In relation to the 'Postnatal Ward' the percentage who would not recommend the service is 5% and above the England average of 2%.

The percentage of people who would recommend the service in relation to 'Birth' and the 'Postnatal Ward' are both below the England average, with 100% and 95% respectively. (If an organisation has less than five respondents the data will be suppressed with an \* to protect against the possible risk of disclosure).

Friends and Family is a standing agenda item at the Clinical Quality Performance Group (CQPG) meetings. 'Developing the Experience of Care Strategy' is for approval by the Board of Directors. The CCG Engagement and Patient Experience Group (EPEG) have sight of the Trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience is being addressed.

### 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 Southport & Formby CCG shows an under performance of circa -£2m/-5.8%.

Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in the remaining a total under spend of approximately -£2m/-5.8%.

At individual providers, Wroughtington, Wigan and Leigh (£466k/46%) and Aintree (£225k/6%) are showing the largest over performance at month 11. In contrast, there has been a notable under spend at other providers such as Southport & Ormskirk (-£2.5m/-13%) and Renacres (-£397k/-11%).

**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	16,842	18,712	1,870	11%	£3,606	£3,831	£225	6%	-£225	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	6,863	6,874	11	0%	£496	£507	£11	2%	-£11	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	2,233	1,953	-280	-13%	£923	£881	-£42	-5%	£42	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	2,425	1,858	-567	-23%	£558	£475	-£83	-15%	£83	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	14,447	14,333	-114	-1%	£2,674	£2,624	-£51	-2%	£51	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2,314	2,142	-172	-7%	£694	£643	-£52	-7%	£52	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	45,125	45,872	747	2%	£8,951	£8,960	£9	0%	-£9	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	216	383	167	77%	£41	£96	£55	136%	£0	£55	136%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	92	92	0%	£0	£11	£11	0%	£0	£11	#DIV/0!
FAIRFIELD HOSPITAL	105	91	-14	-13%	£18	£24	£6	33%	£0	£6	33%
ISIGHT (SOUTHPORT)	3,808	5,209	1,401	37%	£787	£803	£16	2%	£0	£16	2%
LANCASHIRE TEACHING HOSPITAL	812	1,119	307	38%	£189	£244	£55	29%	£0	£55	29%
RENACRES HOSPITAL	13,541	11,500	-2,041	-15%	£3,621	£3,224	-£397	-11%	£0	-£397	-11%
SALFORD ROYAL NHS FOUNDATION TRUST	0	298	298	0%	£0	£56	£56	0%	£0	£56	#DIV/0!
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	102,955	93,411	-9,544	-9%	£19,567	£17,027	-£2,541	-13%	£0	-£2,541	-13%
SPIRE LIVERPOOL HOSPITAL	347	336	-11	-3%	£82	£101	£19	23%	£0	£19	23%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	4,122	4,972	850	21%	£1,022	£1,110	£87	9%	£0	£87	9%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	570	705	135	24%	£146	£230	£84	57%	£0	£84	57%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	182	289	107	58%	£33	£56	£23	69%	£0	£23	69%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	122	122	0%	£0	£27	£27	0%	£0	£27	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	288	266	-22	-8%	£94	£61	-£33	-35%	£0	-£33	-35%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	2,873	4,035	1,162	40%	£1,003	£1,470	£466	46%	£0	£466	46%
ALL REMAINING PROVIDERS TOTAL	129,819	122,828	-6,991	-5%	£26,603	£24,536	-£2,067	-8%	£0	-£2,067	-8%
<b>GRAND TOTAL</b>	<b>174,945</b>	<b>168,700</b>	<b>-6,245</b>	<b>-4%</b>	<b>£35,555</b>	<b>£33,497</b>	<b>-£2,058</b>	<b>-5.8%</b>	<b>-£9</b>	<b>-£2,067</b>	<b>-5.8%</b>

\*PbR only

### 3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 25 - Planned Care – Southport and Ormskirk NHS Trust by POD

S&O Hospital Planned Care*	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	10,345	9,945	-400	-4%	£5,633	£4,946	£-688	-12%
Elective	1,476	1,284	-192	-13%	£3,771	£3,025	£-746	-20%
Elective Excess BedDays	347	179	-168	-48%	£84	£43	£-40	-48%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	1,418	595	-823	-58%	£238	£105	£-134	-56%
OPFASPCL - Outpatient first attendance single professional consultant led	12,692	10,555	-2,137	-17%	£2,198	£1,819	£-380	-17%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	3,579	1,333	-2,246	-63%	£272	£118	£-154	-57%
OPFUPSPCL - Outpatient follow up single professional consultant led	36,956	33,399	-3,557	-10%	£3,046	£2,721	£-325	-11%
Outpatient Procedure	25,578	26,830	1,252	5%	£3,416	£3,418	£2	0%
Unbundled Diagnostics	10,564	9,291	-1,273	-12%	£909	£832	£-77	-8%
<b>Grand Total</b>	<b>102,955</b>	<b>93,411</b>	<b>-9,544</b>	<b>-9%</b>	<b>£19,567</b>	<b>£17,027</b>	<b>£-2,541</b>	<b>-13%</b>

\*PbR only

### 3.7.2 Southport & Ormskirk Hospital Key Issues

Month 11 is showing a similar trend as previous months for planned care with the majority of PODs under-performing year to date as well as in month. Of the £2.5m under spend over 50% is within Day Case and Elective procedures.

A number of specialties are under plan for Inpatient Procedures, most notably Trauma & Orthopaedics and General Surgery. The introduction of Joint Health in late 2016 has resulted in reduced levels of T&O activity, not just for the Southport Trust, but within other local providers.

Outpatient levels of activity, as well as other planned care elements, have felt the effects of a number of changes in year. Reduced levels of GP referred activity, implementation of RMS, Cardiology pilot and issues within specialties such as dermatology have all contributed to the reduced levels of activity and finance in year.

Winter pressures have also resulted in the Trust cancelling a few planned procedures. However, the Trust have advised all cancelled operations have been rebooked and due to be completed in the coming months.

### 3.7.3 Aintree University Hospital NHS Foundation Trust

Figure 26 - Planned Care – Aintree University Hospital NHS Foundation Trust by POD

Aintree University 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	748	822	74	10%	£437	£598	£161	37%
Elective	386	292	-94	-24%	£879	£681	£-197	-22%
Elective Excess BedDays	98	79	-19	-19%	£24	£19	£-5	-20%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	134	51	-83	-62%	£28	£11	£-17	-60%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	245	146	-99	-40%	£11	£6	£-4	-41%
OPFASPCL - Outpatient first attendance single professional consultant led	2,697	2,951	254	9%	£468	£501	£33	7%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	152	111	-41	-27%	£14	£12	£-3	-18%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	380	800	420	111%	£9	£19	£10	110%
OPFUPSPCL - Outpatient follow up single professional consultant led	6,996	7,255	259	4%	£579	£587	£8	1%
Outpatient Procedure	2,471	3,389	918	37%	£363	£480	£118	32%
Unbundled Diagnostics	1,637	1,809	172	11%	£114	£154	£40	35%
Wet AMD	900	1,007	107	12%	£681	£762	£81	12%
<b>Grand Total</b>	<b>16,842</b>	<b>18,712</b>	<b>1,870</b>	<b>11%</b>	<b>£3,606</b>	<b>£3,831</b>	<b>£225</b>	<b>6%</b>

Aintree performance is showing a £225k/6% variance against plan at month 11. Day cases, outpatient procedures and Wet AMD are the highest over performing areas with variances against plan of £161k/37%, £118k/32% and £81k/12% respectively. The over performance within day cases is principally within Breast Surgery and Cardiology.

The over performance within outpatient procedures is primarily within Ophthalmology and Respiratory medicine. The latter has seen a significant increase in activity related to the HRG - DZ37A (Non-Invasive Ventilation Support Assessment, 19 years and over).

Despite the indicative overspend at Aintree; there is no financial impact of this to the CCG due to the Acting As One block contract arrangement.



### 3.7.4 Renacres Trust

**Figure 27 – 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	1,517	1,224	-293	-19%	£1,511	£1,185	£-326	-22%
Elective	236	237	1	0%	£1,008	£1,054	£46	5%
OPFASPCL - Outpatient first attendance single professional consultant led	3,070	2,256	-814	-27%	£494	£382	£-112	-23%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,364	2,858	-506	-15%	£217	£189	£-27	-13%
Outpatient Procedure	2,214	1,541	-673	-30%	£229	£236	£7	3%
Unbundled Diagnostics	1,136	849	-287	-25%	£104	£76	£-28	-27%
Physio	2,004	1,584	-420	-21%	£59	£46	£-12	-21%
Outpatient Pre-op	0	951	951	#DIV/0!	£0	£56	£56	#DIV/0!
<b>Grand Total</b>	<b>13,541</b>	<b>11,500</b>	<b>-2,041</b>	<b>-15%</b>	<b>£3,621</b>	<b>£3,224</b>	<b>£-397</b>	<b>-11%</b>

Renacres performance is showing a -£397k/-11% variance against plan with the majority of PODS under performing at month 11. Day case activity is the highest underperforming area with a variance of -£326k/-22% against plan. This is largely a result of reduced activity within Trauma & Orthopaedics and General Surgery. HRG analysis illustrates that HN23C - Major Knee Procedures for Non-Trauma, 19 years and over, with CC Score 0-1 accounts for a large proportion of the reduced Trauma & Orthopaedic costs.

### 3.7.5 Wrightington, Wigan and Leigh NHS Foundation Trust

**Figure 28 – Planned Care - Wrightington, Wigan and Leigh NHS Foundation Trust by POD**

Wrightington, Wigan And Leigh Nhs Foundation Trust 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
All other outpatients	19	38	19	96%	£2	£4	£2	95%
Daycase	158	207	49	31%	£211	£263	£52	25%
Elective	100	158	58	58%	£570	£889	£319	56%
Elective Excess BedDays	28	43	15	55%	£7	£10	£3	47%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	71	94	23	32%	£6	£9	£3	55%
OPFASPCL - Outpatient first attendance single professional consultant led	370	592	222	60%	£50	£83	£33	67%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	104	177	73	70%	£6	£10	£3	57%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	136	274	138	102%	£3	£7	£3	102%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,382	1,709	327	24%	£83	£104	£21	25%
Outpatient Procedure	252	424	172	68%	£34	£57	£22	66%
Unbundled Diagnostics	252	319	67	27%	£31	£35	£5	15%
<b>Grand Total</b>	<b>2,873</b>	<b>4,035</b>	<b>1,162</b>	<b>40%</b>	<b>£1,003</b>	<b>£1,470</b>	<b>£466</b>	<b>46%</b>

Wrightington, Wigan and Leigh performance is showing a £466k/46% variance against plan with all PODS over performing at month 11. Elective activity is the highest over performing area with a variance of £319k/56% against plan. This over performance is largely within Trauma & Orthopaedics. Very major knee and hip procedures (with a CC score of 0-1) are the highest over

performing HRGs for the CCG although there are also small amounts of activity against many HRGs with zero plan.

### 3.7.6 iSIGHT Southport

**Figure 29 – Planned Care - iSIGHT Southport by POD**

iSIGHT (SOUTHPORT) 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	873	982	109	13%	£548	£469	£-78	-14%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	10	2	-8	-80%	£2	£0	£-1	-80%
OPFASPCL - Outpatient first attendance single professional consultant led	714	771	57	8%	£103	£111	£8	8%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	268	71	-197	-73%	£19	£5	£-14	-73%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,726	2,329	603	35%	£95	£128	£33	35%
Outpatient Procedure	217	1,054	837	385%	£21	£89	£68	323%
<b>Grand Total</b>	<b>3,808</b>	<b>5,209</b>	<b>1,401</b>	<b>37%</b>	<b>£787</b>	<b>£803</b>	<b>£16</b>	<b>2%</b>

Isight performance is showing a £16k/2% variance against plan, which is clearly driven by an over performance within outpatient procedures and outpatient follow up attendances. Outpatient procedures are currently £68k/323% above plan at month 11 due to activity related to the HRG - RD30Z (Contrast Fluoroscopy Procedures with duration of less than 20 minutes).

CCG BI and Contracts teams continue to investigate the coding and grouping processes of iSight activity and finance. Investigations are to obtain assurances that the most appropriate tariff is being charged for each episode of care.

In the meantime, iSight have undertaken procurement of a new Clinical Patient Administration System (PAS) in order to comply with National Data Submission requirements i.e. SUS. Implementation timescales and future processes are to be agreed via the Contract Review meetings. Possible contract variations and SLA's are also to be agreed in terms of data processing and recording.

Until the new system is procured, the CCG have proposed that all cataract surgery is coded as HRG BZ34C Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 0-1 as a default position unless exceptionality can be demonstrated for a more complex HRG to be assigned. When this approach is agreed, a new finance and activity plan will be varied into the contract.

### 3.8 Personal Health Budgets

**Figure 30 - Southport & Formby 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)	56	14	60	17	64	17	68	
2) New personal health budgets that began during the quarter (total number per CCG)	4	0	4	1	4	0	4	
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	60	14	64	18	68	17	72	0
4) GP registered population (total number per CCG)	124289	124289	124289	124289	124289	124289	124289	124289
Rate of PHBs per 100,000 GP registered population	48.27	11.26	51.49	14.48	54.71	13.68	57.93	0.00

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 31 - 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**

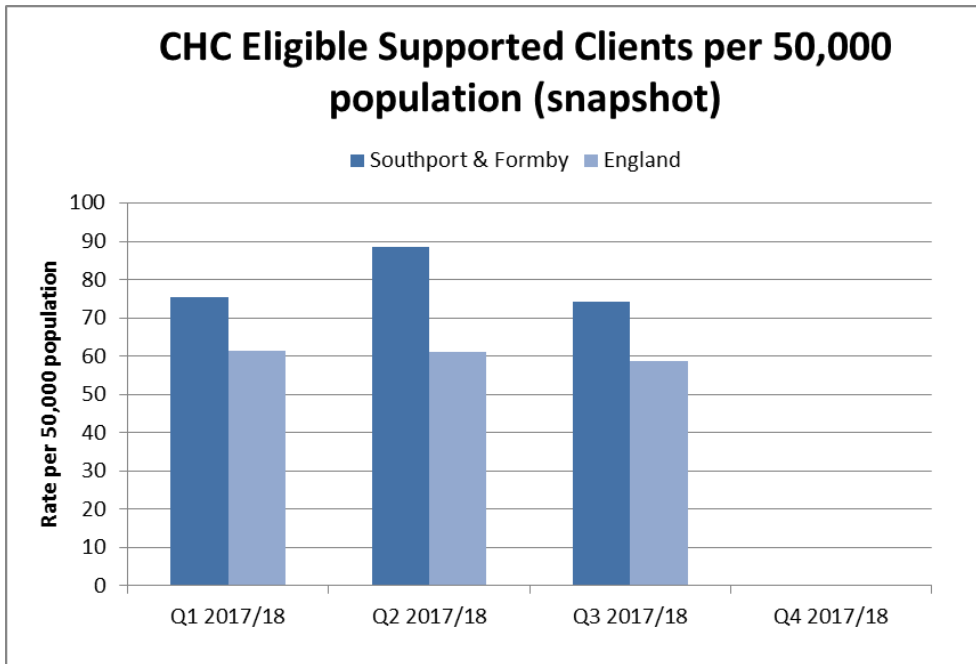
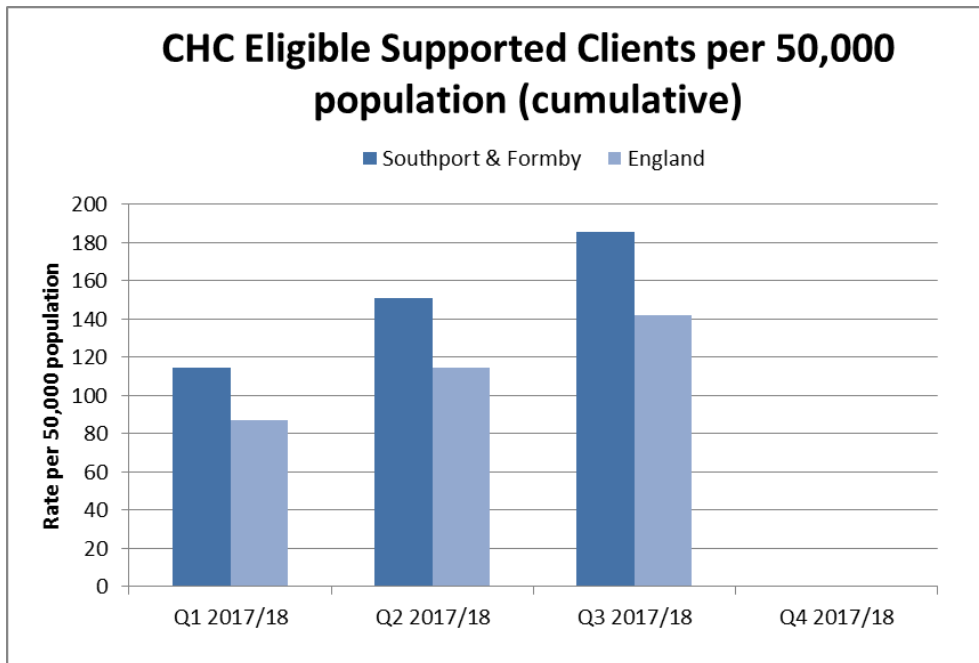
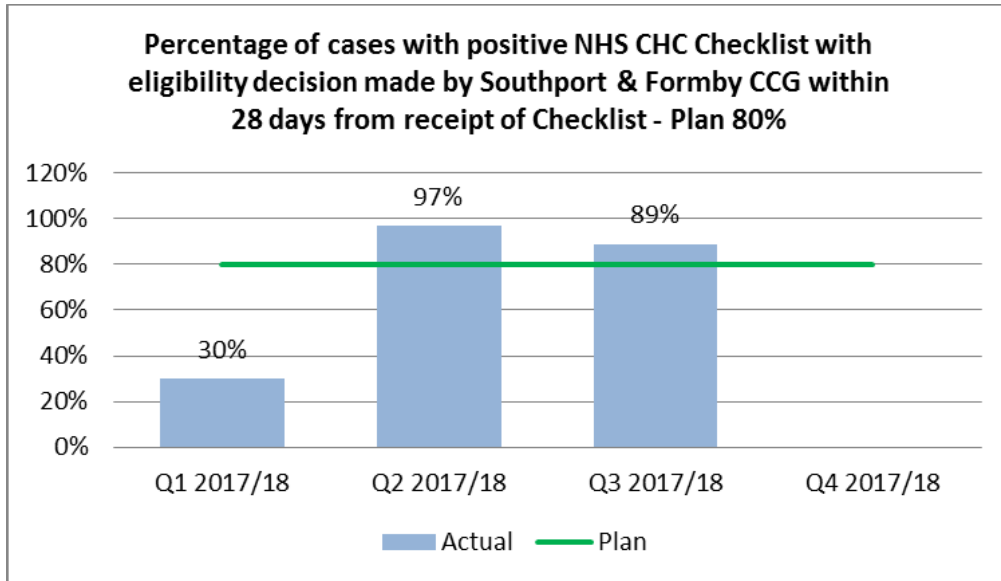


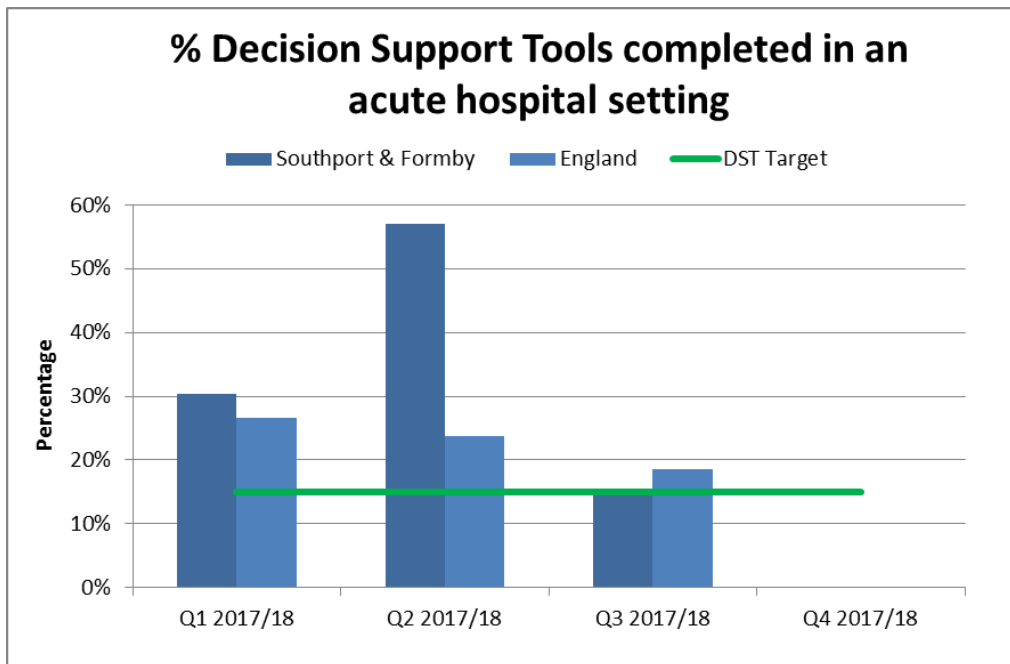
Figure 32 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population



**Figure 33 - Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist**



**Figure 34 - 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 Southport and Formby was higher than the national average of 27% in Q1, and increased to 57.1% in Q2, again

decreased to 15.6% in Q3 slightly above the 15% target. Data submissions were validated to ensure accuracy. We anticipate that this will improve further 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 35 - Smoking at Time of Delivery (SATOD)

	Southport & Formby				
	Actual Q1	Actual Q2	Actual Q3	YTD	FOT
Number of maternities	239	276	261	776	1035
Number of women known to be smokers at the time of delivery	22	33	28	83	111
Number of women known not to be smokers at the time of delivery	212	241	233	686	915
Number of women whose smoking status was not known at the time of delivery	5	2	0	7	9
Data coverage %	97.9%	99.3%	100.0%	99.1%	99.1%
Percentage of maternities where mother smoked	9.2%	12.0%	10.7%	10.7%	10.7%

The CCG is above the data coverage plan of 95% at Q3 and is now under the national ambition of 11% for the percentage of maternities where mother smoked, with 10.7%. There is no national target for this measure.

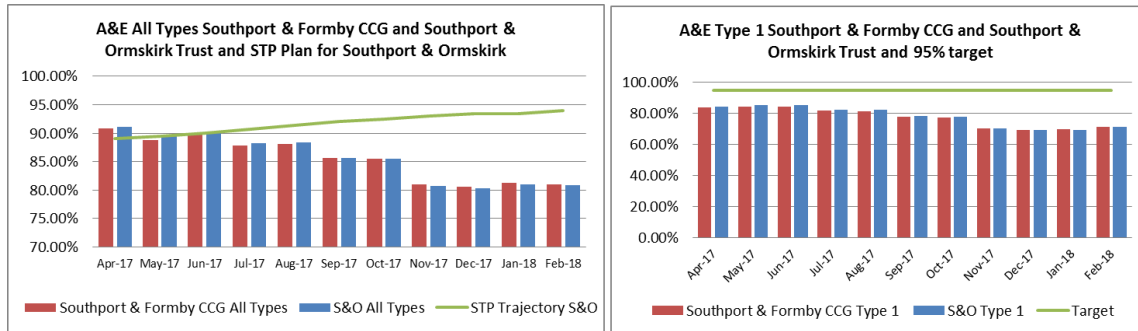
## 4. Unplanned Care

### 4.1 Accident & Emergency Performance

Figure 36 - 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	95.00%	85.53%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	17/18 - Feb	95.00%	77.52%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	17/18 - Feb	STF Trajectory Target for Feb 94%	85.66%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	17/18 - Feb	95.00%	77.97%	↓

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 S&O	89.00%	89.50%	90%	90.7%	91.4%	92%	92.50%	93.00%	93%	93.40%	94.00%	%
S&O All Types	91.10%	89.40%	90.32%	88.27%	88.42%	85.69%	85.55%	80.71%	80.31%	81.03%	80.88%	85.66%



Southport & Ormskirk’s performance against the 4-hour target for February reached 80.88%, which is below the Cheshire & Merseyside 5 Year Forward View (STP) plan of 94% for February, and year to date 85.66%.

In order to support A&E and flow performance across the system during the winter NHS Improvement have provided the services of an Improvement Director for Urgent & Emergency Care (Steve Christian) to work with the teams, to act as a critical friend and to provide access to other Trusts who have addressed similar issues. The role reports directly to the Chief Executive Officer and works alongside the Chief Operating Officer and operational teams to improve quality for patients and staff. The role will work with the wider system to address some of the issues which are beyond the direct control of the Trust.

To support with flow and winter pressures the CCG placed the Chief Nurse, deputy head of quality and safety and a senior commissioning manager in the trust for a period of 2 weeks to support and participate in a multi-agency discharge event. Additional workforce and community bed base was commissioned to aid safe discharge and reduce delays in transfer of care.

Performance against the 4-hour target remains a challenge, particularly given the inpatient pressures and high occupancy of beds at Southport. Attendances at Southport saw an overall increase of 4.4% in attendances; of particular concern majors category saw an increase of 7.4% (212 patients). Ernst & Young remain on site supporting improvement work around urgent care flow, and the A&E Sub Delivery Group continues in its new format with senior leadership focus on 5 key areas to reduce bottlenecks in inpatient flow.

**Figure 37 - 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 - <b>Southport &amp; Ormskirk (cumulative)</b>	17/18 - Feb	0	159	↑

Southport & Ormskirk had one 12-hour breach in the month of February bringing the year to date total to 159. February’s breach related to difficulties in inpatient flow, leading to over-occupancy in ED and extended waits for beds. Local system calls continue to be held seeking mutual aid from partners. Work streams continue to progress their efforts in addressing barriers to discharges on the wards. This includes the roll out of daily ward/ board rounds (SAFER) across the wards.

## 4.2 Ambulance Service Performance

In August North West Ambulance Service (NWAS) went live with the implementation of the national 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 90<sup>th</sup> 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. NWAS 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 Southport and Formby of 10 minutes against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 31 minutes against a target of 18 minutes. The longest response times within Merseyside for category 1 are in South Sefton CCG and Southport and Formby CCG areas.

**Figure 38 - Ambulance handover time performance**

Handover Times				
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - <b>Southport &amp; Ormskirk</b>	17/18 - Feb	0	220	↑ ↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - <b>Southport &amp; Ormskirk</b>	17/18 - Feb	0	107	↓

In February the Trust failed the target having 220 handovers taking longer than 30 minutes, slightly less than the previous month when 224 were recorded. Handovers taking longer than 60 minutes also saw an improvement with 107 in February compared to 150 in the previous month. The Trust has breached these zero tolerance thresholds every month, and the trend continues.

Ambulance handover performance remains a significant concern with some significant delays in timely release of ambulance crews. The current Emergency Department estate at Southport and Ormskirk Hospital is insufficient to meet the demands of the current case mix, given the month on month increase in major category patients and the frailty within the local population. The new modular build will be operational by the end of April 2018 to support earlier release of cubicles for appropriate patients; further capital work is planned to improve the triage capacity and ambulance assessment space later this year.

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 NWAS 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

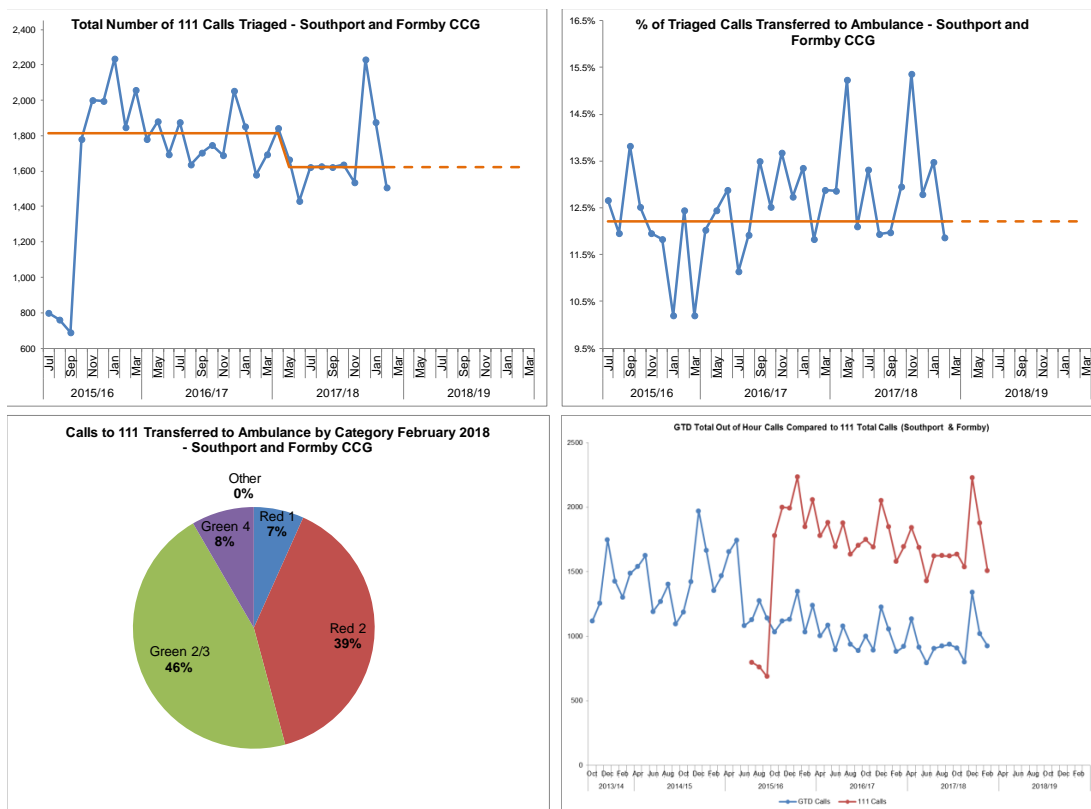


end of quarter 2 further discussions will be triggered with NWS and NHSE/I. A performance improvement plan is in place to assure commissioners on delivery and patient safety. This plan includes 18 additional clinicians to support call handlers to provide greater assurance on the safe management of long 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.

### 4.3 111 and Out of Hours



### 4.3.1 111 Calls

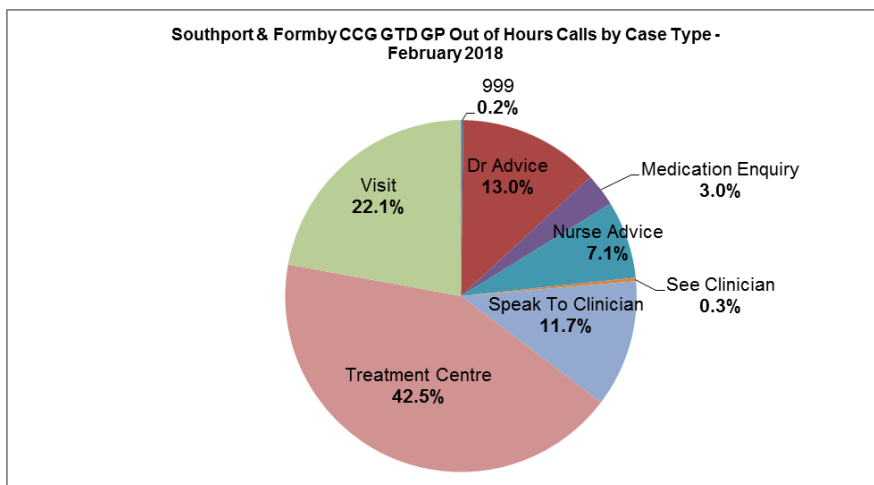
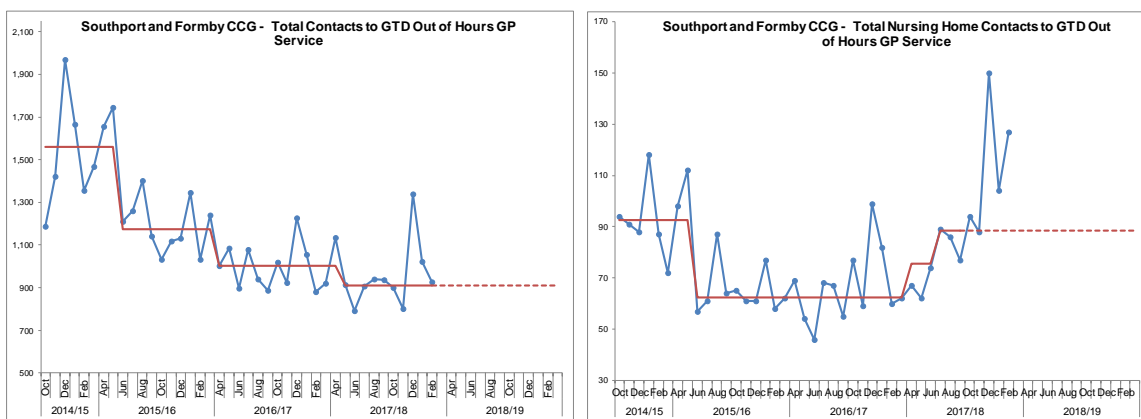
There were 1,509 calls to 111 by Southport and Formby patients in February 2018. This is a reduction on the previous month where 1,878 calls were recorded. There have been 889 (5%) fewer calls for the first 11 months of 2017/18 than in the same period of 2016/17. February 2018 had a similar number of calls to February 2017.

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

- 62% advised to attend primary and community care
- 15% closed with advice only
- 12% transferred to ambulance
- 7% advised to attend A&E
- 4% advised to other service.

Year to date 2017/18, 15.3% of the total calls closed with advice only. This is a reduction on the previous year when 18.2% of calls ended this way. This reduction has been countered by increases in the proportion of calls being: advised to other services and advised to primary and community care.

### 4.3.2 GP Out of Hours Calls



The number of calls from Southport and Formby patients to the GP OOH service has fallen in February to 926. When compared to the first 11 months of the previous financial year, there have been 342, 3%, fewer contacts so far in 2017/18 and when compared to YTD month 11 of 2015/16, there have been 23% fewer calls.

The majority of calls (42.5%) were the case type of Treatment Centre. The number of calls which were case type See Clinician have reduced in 2017/18 by 80% compared to the same YTD point in the previous year, whereas Medication Enquiry calls have increased by 53% and Dr. Advice calls increased by 31%.

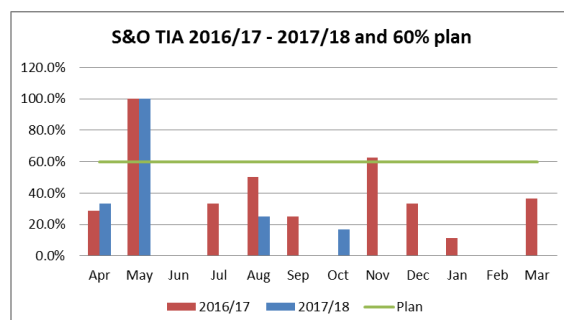
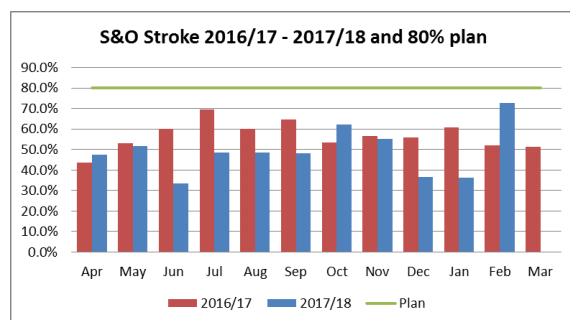
GP OOH calls from nursing homes within Southport and Formby have increased in February to 127, 13.7% of total Go to Doc contacts. In 2016/17 there was an average of 67 calls a month. The majority of calls in 2017/18 so far from nursing homes are the case type Visit with 59.7% of calls. There have been 282 more calls in the first 11 month of 2017/18 than in the same period in 2016/17, an increase of 38.3%.

## 4.4 Unplanned Care Quality Indicators

### 4.4.1 Stroke and TIA Performance

Figure 39 - Stroke and TIA performance

Stroke/TIA				
% who had a stroke & spend at least 90% of their time on a stroke unit <b>(Southport &amp; Ormskirk)</b>	17/18 - Feb	80%	72.70%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours <b>(Southport &amp; Ormskirk)</b>	17/18 - Feb	60%	0.00%	↔



Southport & Ormskirk failed the stroke target in February recording 72.7% with 16 out of 22 patients spending 90% of their time on a stroke unit. This is however an improvement on last month's performance. The Trust's ability to achieve this standard is significantly impacted by the wider non-elective pressures experienced at Southport and the difficulties in discharging patients who no longer require inpatient care. The wider urgent care improvement work with E&Y should deliver improvements in all areas of performance impacted by non-elective pressures.

In relation to the TIAs 0% compliance was reported again in February. A review of the process has been undertaken finding that all the correct procedures and processes are being followed. There is a lack of capacity to review patients within 24 hours as clinics run Monday, Wednesday and Friday. The lead clinician is reviewing capacity and is working with the management team to identify spare OP space to increase clinic capacity to every week day. This should ensure that only delays in referral and weekend presentations should breach the standard. Whilst clinic space is at a premium it is anticipated that additional capacity is available from April.

#### 4.4.2 Mixed Sex Accommodation

**Figure 40 - Mixed Sex Accommodation breaches**

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	17/18 - Feb	0.00	2.30	↑
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	17/18 - Feb	0.00	2.30	↑

The CCG has reported an MSA rate of 2.3, which equates to a total of 8 breaches in February. All 8 breaches were at Southport & Ormskirk NHS Trust.

In February the Trust had 11 mixed sex accommodation breaches (a rate of 2.3) and have therefore breached the zero tolerance threshold. Of the 11 breaches, 8 were for Southport & Formby CCG and 3 for West Lancs CCG.

#### 4.4.3 Healthcare associated infections (HCAI)

**Figure 41 - Healthcare associated infections (HCAI)**

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - Feb	32	33	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	17/18 - Feb	33	16	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - Feb	0	1	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	17/18 - Feb	0	1	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	17/18 - Feb	111	131	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)	17/18 - Feb	No Plan	190	↑

There was 1 new case of Clostridium Difficile attributed to the CCG in February. 33 have been reported year to date against a plan of 32 (14 apportioned to acute trust and 19 apportioned to community). For Southport & Ormskirk year to date the Trust has had 16 cases against a plan of 33 (3 new cases in February), so is under plan.

The CCG reported no new cases of MRSA in February; however they remain non-compliant year to date due to the 1 case reported in January. Southport & Ormskirk reported no new cases of MRSA in January but remain above the zero tolerance threshold year to date with the 1 case of MRSA reported in September.

There has been a target set for CCGs for E.coli for 2017/18. For Southport & Formby CCG the annual target is 121 which is being monitored. There has been a total of 131 cases April to February against a plan of 111 (9 cases in February). Southport & Ormskirk has reported 190 cases year to date, with 14 new cases in February (2 less than January). There are no targets for Trusts at present.

#### 4.4.4 Mortality

**Figure 42 - Hospital Mortality**

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - Feb	100	114.84	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Dec 16 rolling	100	115.88	↓

The 12-month rolling HSMR, at 114.84, remains high and outside expected limits, and the reasons for this are being investigated. The latest monthly HSMR (for Dec) is 115.88. It is being addressed by a comprehensive action plan, managed and monitored by the Mortality Operational Committee which reports to the Trust Board through Quality & Safety Committee.

#### 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.

Assurances are also being sought by NHS E C&M of 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 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 Southport and Ormskirk Hospital - 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	0	0	0	0	0	0	2	2	0	
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	
C) WAITING FURTHER NHS NON-ACUTE CARE	2	0	0	0	2	2	3	3	3	1	1	
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	1	1	0	
DII) AWAITING NURSING HOME PLACEMENT	0	0	1	1	1	2	1	0	2	1	1	
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	1	1	1	1	0	
F) COMMUNITY EQUIPMENT/ADAPTIONS	0	0	1	0	1	1	1	1	0	1	0	
G) PATIENT OR FAMILY CHOICE	3	4	3	3	3	2	7	4	5	3	3	
H) DISPUTES	1	0	0	0	0	0	0	0	0	0	0	
I) HOUSING	0	0	0	0	0	0	0	0	0	0	0	
<b>Grand Total</b>	<b>7</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>7</b>	<b>7</b>	<b>13</b>	<b>9</b>	<b>14</b>	<b>10</b>	<b>5</b>	

The average number of delays per day in Southport and Ormskirk hospital decreased to 5 in February. Of the 5 delays: 3 were due to patient or family choice, 1 was waiting for further NHS non-acute care and 1 for nursing home placement.

Analysis of average delays in February 2018 compared to February 2017 shows them to be higher by 2 (67%).

**Figure 44 – Agency Responsible for Days Delayed at Southport and Ormskirk Hospital - April 2017 – February 2018**

Agency Responsible	2017-18											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
NHS - Days Delayed	198	137	158	107	211	220	384	271	425	223	181	
Social Care - Days Delayed	0	0	0	0	0	0	4	1	4	4	0	
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0	

The total number of days delayed caused by NHS was 181 in February, compared to 223 last month. Analysis of these in February 2018 compared to February 2017 shows an increase from 93 to 181 (94.6% increase).

There was no average days delayed caused by social care in February compared to 4 in January. The average number of days delayed caused by both remains at zero.

**Figure 45 - Average Delayed Transfers of Care per Day at 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	
A) COMPLETION ASSESSMENT	8	4	6	6	6	5	6	5	4	2	2	
B) PUBLIC FUNDING	8	6	5	3	2	1	2	2	2	2	3	
C) WAITING FURTHER NHS NON-ACUTE CARE	9	6	7	6	6	6	6	5	5	4	6	
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	3	1	0	3	4	3	2	3	3	3	3	
DII) AWAITING NURSING HOME PLACEMENT	4	4	4	7	8	8	7	8	5	4	4	
E) AWAITING CARE PACKAGE IN OWN HOME	2	1	5	5	3	3	4	3	0	0	1	
F) COMMUNITY EQUIPMENT/ADAPPTIONS	0	0	0	1	1	0	0	0	0	0	0	
G) PATIENT OR FAMILY CHOICE	0	0	0	1	1	2	3	3	2	3	4	
H) DISPUTES	0	0	0	1	1	1	1	1	1	1	0	
I) HOUSING	1	4	5	3	8	10	10	8	8	8	9	
O) OTHER	0	3	2	1	1	1	0	2	2	2	0	
<b>Grand Total</b>	<b>35</b>	<b>29</b>	<b>34</b>	<b>37</b>	<b>41</b>	<b>40</b>	<b>41</b>	<b>40</b>	<b>32</b>	<b>29</b>	<b>32</b>	

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.

**Figure 47 - Average Delayed Transfers of Care per Day at Lancashire Care - April 2017 – February 2018**

**Average Delays per Day**

Reason for Delay	2017/18											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
A) COMPLETION ASSESSMENT	0	0	0	0	0	0	0	0	0	0	0	
B) PUBLIC FUNDING	2	3	4	4	4	4	4	4	3	4	4	
C) WAITING FURTHER NHS NON-ACUTE CARE	1	1	1	0	0	0	0	1	1	1	0	
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	2	1	1	3	3	2	1	
DII) AWAITING NURSING HOME PLACEMENT	4	4	4	3	4	6	5	2	1	2	2	
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	0	0	0	1	0	
F) COMMUNITY EQUIPMENT/ADAPPTIONS	0	0	0	0	0	0	0	0	0	0	0	
G) PATIENT OR FAMILY CHOICE	0	0	0	0	0	1	1	1	0	0	0	
H) DISPUTES	2	2	3	3	2	2	2	1	1	1	1	
I) HOUSING	5	6	5	3	1	0	0	0	0	0	0	
O) OTHER	1	0	0	0	0	0	0	0	0	0	0	
<b>Grand Total</b>	<b>16</b>	<b>15</b>	<b>17</b>	<b>13</b>	<b>13</b>	<b>14</b>	<b>13</b>	<b>12</b>	<b>9</b>	<b>11</b>	<b>8</b>	

The average number of delays per day at Lancashire Care decreased slightly to 8 in February, from 11 reported in January. Of the 8 delays, 4 were awaiting public funding, 2 awaiting nursing home placement, 1 awaiting residential care home placement, and 1 dispute.

Analysis of average delays in February 2018 compared to February 2017 shows them to be lower by 6 (42.9%).

**Figure 48 – Agency Responsible and Total Days Delayed - Lancashire Care - April 2017 – February 2018**

Agency Responsible	2017/18											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
NHS - Days Delayed	212	214	199	133	37	36	43	76	93	80	79	
Social Care - Days Delayed	133	146	159	170	157	177	127	120	68	102	46	
Both - Days Delayed	120	111	143	113	214	217	260	146	124	141	112	

The total number of days delayed caused by NHS was 79 in February, compared to 80 last month. Analysis of these in February 2018 compared to February 2017 shows a decrease from 240 to 79 (67.1% decrease). The total number of days delayed caused by Social Care was 46 in February, compared to 102 in January, showing a decrease of 56. Lancashire Care also have delays caused by both which was 112 in February, a decrease from the previous month when 141 was reported.

#### 4.7 ICRAS Metrics

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.

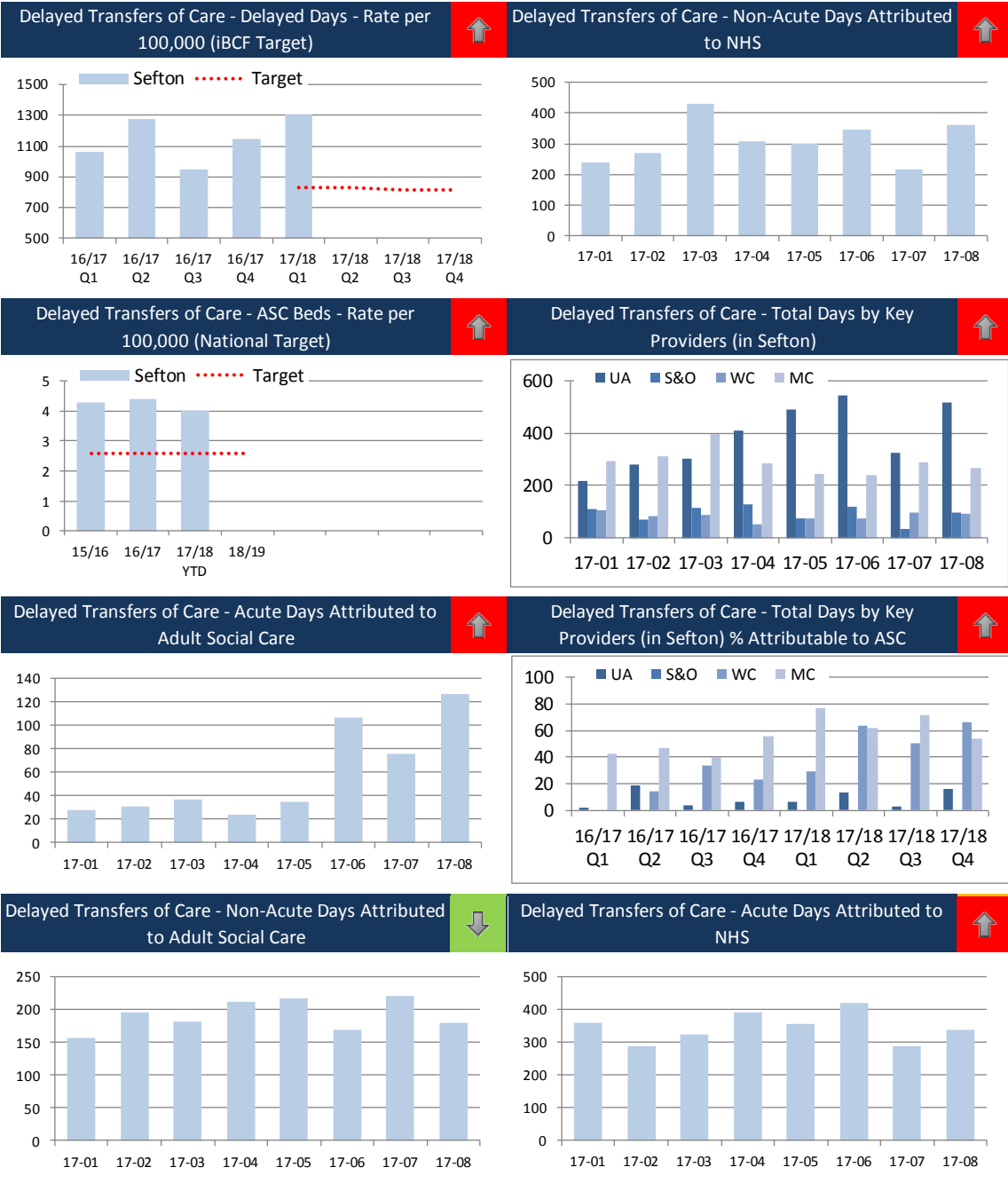
Phase 1 of ICRAS commenced on the 2nd October 2017 and is integral to the delivery of responsive 24/7 urgent community health and care services. The ICRAS comprises a range of intermediate health and social care services, which includes:

- 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 49 - Southport A&E Friends and Family Test performance**

Friends and Family Response Rates and Scores  
 Southport & Ormskirk Hospitals NHS 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%	0.5%		85%	76%		8%	20%	

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

- % Response Rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates decreasing again in February to 0.5%, from 2.1% in January.

The Trust A&E department has seen a decrease in the percentage of people who would recommend the service from 77% in January to 76% in February, although still failing to achieve the England average of 85%. The percentage not recommended has increased from 6% in January to 20% in February, which is a lot higher than the England average of 8%.

FFT is a standard agenda item at the monthly CQPG meetings.

## 4.9 Unplanned Care Activity & Finance, All Providers

### 4.9.1 All Providers

Performance at Month 11 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa -£84k/-0.3%. 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 -£455k/-1.5%.

This under performance is clearly driven by Southport & Ormskirk and Royal Liverpool & Broadgreen Hospitals who have variances of -£572k/-2% and -£134k/-18% against plan respectively.

**Figure 50 - 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	1,308	2,115	807	62%	£790	£1,291	£502	64%	-£502	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	814	873	59	7%	£331	£337	£6	2%	-£6	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	135	123	-12	-9%	£463	£429	-£34	-7%	£34	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	262	264	2	1%	£353	£377	£24	7%	-£24	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1,499	1,072	-427	-28%	£752	£618	-£134	-18%	£134	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	4	9	5	144%	£37	£43	£7	18%	-£7	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	4,021	4,456	435	11%	£2,725	£3,096	£371	14%	-£371	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	81	106	25	31%	£27	£42	£14	53%	£0	£14	53%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	37	37	0%	£0	£10	£10	0%	£0	£10	#DIV/0!
LANCASHIRE TEACHING HOSPITAL	278	135	-143	-51%	£117	£80	-£37	-32%	£0	-£37	-32%
SALFORD ROYAL NHS FOUNDATION TRUST	0	33	33	0%	£0	£24	£24	0%	£0	£24	#DIV/0!
*SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	52,278	51,237	-1,041	-2%	£26,776	£26,204	-£572	-2%	£0	-£572	-2%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	486	459	-27	-6%	£258	£225	-£33	-13%	£0	-£33	-13%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	61	36	-25	-41%	£74	£107	£32	44%	£0	£32	44%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	43	31	-12	-28%	£7	£11	£4	52%	£0	£4	52%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	55	55	0%	£0	£24	£24	0%	£0	£24	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	102	118	16	16%	£41	£62	£21	51%	£0	£21	51%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	75	103	28	38%	£43	£100	£57	135%	£0	£57	135%
ALL REMAINING PROVIDERS TOTAL	53,404	52,350	-1,054	-2%	£27,342	£26,888	-£455	-2%	£4	-£455	-2%
<b>GRAND TOTAL</b>	<b>57,425</b>	<b>56,806</b>	<b>-619</b>	<b>-1%</b>	<b>£30,067</b>	<b>£29,983</b>	<b>-£84</b>	<b>-0.3%</b>	<b>-£371</b>	<b>-£455</b>	<b>-1.5%</b>

\*PbR only

### 4.9.2 Southport and Ormskirk Hospital NHS Trust

**Figure 51 - Month 11 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD**

S&O Hospital Unplanned Care	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 and E	34,037	34,456	419	1%	£4,668	£4,910	£242	5%
NEL/NELSD - Non Elective/Non Elective IP Same Day	10,596	9,173	-1,423	-13%	£17,821	£17,045	-£776	-4%
NELNE - Non Elective Non-Emergency	938	1,148	210	22%	£2,191	£2,282	£91	4%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	95	43	-52	-55%	£32	£14	-£18	-55%
NELST - Non Elective Short Stay	1,107	973	-134	-12%	£764	£681	-£83	-11%
NELXBD - Non Elective Excess Bed Day	5,505	5,444	-61	-1%	£1,300	£1,272	-£28	-2%
<b>Grand Total</b>	<b>52,278</b>	<b>51,237</b>	<b>-1,041</b>	<b>-2%</b>	<b>£26,776</b>	<b>£26,204</b>	<b>-£572</b>	<b>-2%</b>

\*PbR only

### 4.9.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Overall, unplanned care continues to under-perform against plan year to date with the main focus being in Non-Elective admissions with a variance of -£776/-4% against plan. A number of specialties are attributable to the overall under spend with the main focus being within Geriatric Medicine, Accident & Emergency, Trauma & Orthopaedics and General Surgery.

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Although year to date figures show an underperformance for admissions, A&E figures have increased and are above planned levels. It would appear reduced levels of conversion from A&E to admissions is occurring; this however highlights the impact of the Trusts Ambulatory Care Unit, which is not included in admissions figures.

ACU levels have increased significantly above planned levels with a year to date variance of £1.3m/221% over a plan of £629k. Current discussions are on-going with the provider regarding emergency care pathways.

## 4.10 Aintree and University Hospital NHS Foundation Trust

**Figure 52 - Month 11 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD**

Aintree University 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
AandE	764	1,139	375	49%	£102	£155	£53	51%
NEL - <i>Non Elective</i>	322	534	212	66%	£566	£922	£357	63%
NELNE - <i>Non Elective Non-Emergency</i>	18	19	1	3%	£55	£83	£29	52%
NELNEXBD - <i>Non Elective Non-Emergency Excess Bed Day</i>	0	75	75	#DIV/0!	£0	£19	£19	#DIV/0!
NELST - <i>Non Elective Short Stay</i>	41	69	28	69%	£28	£48	£19	69%
NELXBD - <i>Non Elective Excess Bed Day</i>	163	279	116	71%	£39	£65	£26	66%
<b>Grand Total</b>	<b>1,308</b>	<b>2,115</b>	<b>807</b>	<b>62%</b>	<b>£790</b>	<b>£1,291</b>	<b>£502</b>	<b>64%</b>

### 4.10.1 Aintree University Hospital NHS Trust Key Issues

Although over performance is evident across all unplanned care PODs at Aintree, the total over spend of £502k is mainly driven by a £357k/63% over performance in Non Elective costs. The three key specialties over performing within Non Electives include Acute Internal Medicine, Nephrology, Respiratory Medicine and Geriatric Medicine. Within each of these specialties, there are small amounts of activity recorded against a number of HRGs, many of which have zero plan set for 1718.

Despite this indicative overspend; there is no financial impact of this to the CCG due to the Acting As One block contract arrangement.

## 5. Mental Health

### 5.1 Mersey Care NHS Trust Contract

Figure 53 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS Southport and Formby 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)	7	-	7	6
2 Common Mental Health Problems (Low Severity with greater need)	11	5	6	6
3 Non-Psychotic (Moderate Severity)	62	88	-26	15
4 Non-Psychotic (Severe)	180	209	-29	45
5 Non-psychotic Disorders (Very Severe)	61	40	21	25
6 Non-Psychotic Disorder of Over-Valued Ideas	24	28	-4	2
7 Enduring Non-Psychotic Disorders (High Disability)	131	128	3	10
8 Non-Psychotic Chaotic and Challenging Disorders	72	77	-5	5
10 First Episode Psychosis	79	73	6	12
11 On-going Recurrent Psychosis (Low Symptoms)	197	260	-63	55
12 On-going or Recurrent Psychosis (High Disability)	242	182	60	47
13 On-going or Recurrent Psychosis (High Symptom & Disability)	105	97	8	4
14 Psychotic Crisis	16	18	-2	1
15 Severe Psychotic Depression	2	4	-2	3
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	21	13	8	7
17 Psychosis and Affective Disorder – Difficult to Engage	24	28	-4	3
18 Cognitive Impairment (Low Need)	146	216	-70	62
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	477	692	-215	156
20 Cognitive Impairment or Dementia Complicated (High Need)	376	266	110	56
21 Cognitive Impairment or Dementia (High Physical or Engagement)	171	67	104	88
Cluser 99	278	167	111	77
<b>Total</b>	<b>2,682</b>	<b>2,658</b>	<b>24</b>	<b>26</b>

#### 5.1.1 Key Mental Health Performance Indicators

Figure 54 - 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%	100%	100%	100%	93.8%	100%	90.0%	90.9%	100%	100%
Rolling Quarter			100%	100%	96.9%	97%	90.0%	90.5%	92.3%	100%	100%

Figure 55 - 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%	100%	No Patients	100%	100%	66.7%	100%	100%	N/A	100%	100%
Rolling Quarter			100%	100%	100%	92.9%	100%	100%	100%	100%	100%

**Figure 56 - Figure 16 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%	100%	100%	50%	100%	50%	60.0%	40.0%	50%	100%	50.0%	80.0%
Rolling Quarter				88%	100%	80.0%	70.0%	40.0%	42.9%	55.6%	50.0%	66.7%

## 5.2 Out of Area Placements (OAP's)

**Figure 57 - OAP Days**

Period	Period Covered	Total number of OAP days over the period
Q1 2017/18	Apr 17 to June 17	0
	May 17 to Jul 17	0
	June 17 to Aug 17	0
Q2 2017/18	Jul 17 to Sep 17	0
	Aug 17 to Oct 17	20
	Sep 17 to Nov 17	45
Q3 2017/18	Oct 17 to Dec 17	50
	Nov 17 to Jan 18	35

The CCG has a target to reduce out of area placements by 33% based on quarter 4 2016/17. The total number of OAP's in quarter 4 2016/17 was 3 therefore the target for 2017/18 is 2. The latest reporting period is November to January 2018 when 35 OAP days were reported. The CCG is therefore failing to meet the target of just 2 days although has reduced from the previous period when 50 were reported.

Due to operational reasons publication of this data for February has been delayed and will be reported in the next report.

### 5.2.1 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 the 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 6<sup>th</sup> 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 Epex 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 11<sup>th</sup> 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

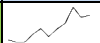


services that have already gone "live" with RiO and it is likely that more issues will be identified with the transition of the major services, making planning and monitoring of contract activity and demand difficult. The Trust has confirmed that their business intelligence team priorities are national 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.

### 5.3 Patient Experience of Mental Health Services

**Figure 58 - 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 performed over the England average (89%) for percentage recommended for Friends and Family recording 92%, this has increased from the previous month (87%). For percentage not recommended, the Trust has reported 2% in February. This 2% below the England average of 4%.

## 5.4 Improving Access to Psychological Therapies

Figure 59 - Monthly Provider Summary including National KPIs (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	201	196	179	168	162	151	201	188	140	217	182	243
	2017/18	167	188	222	229	203	207	238	268	165	240	196	
Access % ACTUAL - Monthly target 1.25% for Q1 to Q3 - Quarter 4 only 1.4% is required	2016/17	1.05%	1.03%	0.94%	0.88%	0.85%	0.79%	1.05%	0.99%	0.73%	1.14%	0.95%	1.27%
	2017/18	0.87%	0.98%	1.16%	1.20%	1.06%	1.08%	1.25%	1.40%	0.86%	1.26%	1.03%	
Recovery % ACTUAL - 50% target	2016/17	50.9%	50.5%	50.9%	46.9%	46.2%	42.9%	51.4%	47.6%	43.5%	49.0%	50.5%	53.3%
	2017/18	48.5%	44.5%	48.8%	55.1%	51.9%	49.6%	46.9%	54.3%	59.0%	61.3%	57.7%	
ACTUAL % 6 weeks waits - 75% target	2016/17	98.1%	99.0%	96.1%	94.8%	97.6%	98.4%	100.0%	100.0%	97.5%	100.0%	100.0%	98.9%
	2017/18	97.2%	98.3%	100.0%	99.4%	98.5%	98.6%	99.4%	99.4%	98.4%	99.4%	98.1%	
ACTUAL % 18 weeks waits - 95% target	2016/17	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%
	2017/18	99.1%	100.0%	100.0%	99.4%	99.3%	100.0%	99.4%	100.0%	99.2%	100.0%	100.0%	
National definition of those who have completed treatment (KPI5)	2016/17	95	85	78	99	83	93	79	115	86	101	98	95
	2017/18	108	118	126	165	138	140	162	171	126	169	148	
National definition of those who have entered Below Caseness (KPI6b)	2016/17	7	8	6	9	8	6	3	8	12	8	8	7
	2017/18	7	8	1	9	5	9	2	9	4	9	6	
National definition of those who have moved to recovery (KPI6)	2016/17	39	47	35	40	44	39	29	41	41	44	46	42
	2017/18	49	49	61	86	69	65	75	88	72	98	82	
Referral opt in rate (%)	2016/17	93.7%	88.9%	87.3%	87.9%	88.0%	83.9%	86.1%	88.8%	80.1%	85.4%	83.4%	80.4%
	2017/18	87.2%	92.0%	87.8%	90.9%	89.5%	92.2%	90.0%	92.3%	89.2%	91.8%	86.8%	

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.

Cheshire & Wirral Partnership reported 196 Southport & Formby patients entering treatment in Month 11. This is an 18.3% decrease from the previous month when 240 patients entered treatment. 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 set for Quarter 4 at 4.2% which equates to 1.4% per month. The access rate for Month 11 was 1.03% and therefore failed to achieve the standard.

Referrals decreased in Month 11 by 6.8% with 272 compared to 292 in Month 10. 68.4% of these were self-referrals, which is a decrease from the 73.6% in Month 10. Marketing work has been carried out specifically in this area, targeting specific groups. The self-referral form has been

adapted to make this far simpler to complete and is shared at appropriate meetings. GP referrals decreased slightly in Month 11 with 43 compared to 46 in Month 10.

The percentage of people moved to recovery reduced with 57.7% compared to 61.3% in Month 10. This satisfies the monthly target of 50%, and takes the year-end projected figure to 52.9%. Cancelled appointments by the provider saw a decrease in Month 11 with 51 compared to 107 in Month 10. The provider has previously stated that cancellations could be attributed to staff sickness. Staffing resources have been adjusted to provide an increased number of sessions at all steps in Southport & Formby.

The number of DNAs decreased from 145 in Month 10 to 94 in Month 11. The provider has commented that the DNA policy has been reviewed with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

In Month 11 98.1% 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 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.

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.

## 5.5 Dementia

**Figure 60 - 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+)	1515	1525	1519	1518	1543	1562	1576	1570	1565	1550	1548
Estimated Prevalence (Age 65+)	2145	2152.2	2156.1	2160.6	2167.2	2171.7	2171.7	2175.6	2177.3	2167.7	2167.6
NHS Southport & Formby CCG - Dementia Diagnosis Rate (Age 65+)	70.6%	70.9%	70.5%	70.3%	71.2%	71.9%	72.6%	72.2%	71.9%	71.5%	71.4%
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 Southport & Formby CCG are recording a dementia diagnosis rate in February 2018 of 71.4%, which exceeds the national dementia diagnosis ambition of 66.7%.

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

**Figure 61 - NHS Southport & Formby 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.	100	80	125	85	155	80	565	245
2b- Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	1,877	1,877	1,877	1,877	1,877	1,877	1,877	1,877
<b>Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.</b>	5.1%	4.3%	6.7%	4.5%	8.3%	4.3%	30.1%	13.1%

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. The data relating to new referrals made in the reporting period has therefore been omitted at this time.

The CCG target is to achieve 30% by the end of the financial year. Quarter 3 performance shows 4.3% of children and young people receiving treatment (80\* out of an estimated 1,877 with a diagnosable mental health condition), against a target of 8.3%. 75\* more patients needed to have received treatment to achieve the quarter 3 target.

*\*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.*

## 5.7 Waiting times for Urgent and Routine Referrals to Children and Young People's Eating Disorder Services

**Figure 62 - Southport & Formby 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	2	2	2	2	3	2	
Number of CYP with a suspected ED (routine cases) that start treatment	2	0	2	2	2	5	2	
%	100.00%	0.00%	100.00%	100.00%	100.00%	60.00%	100.00%	

In quarter 3, out of 5 routine referrals to children and young people's eating disorder service only 3 were seen within 4 weeks recording 60% against the 100% target.

**Figure 63 - Southport & Formby 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	1	2	0	2	0	2	
Number of CYP with a suspected ED (urgent cases) that start treatment	2	1	2	0	2	2	2	
%	100.00%	100.00%	100.00%	0 Patients	100.00%	0.00%	100.00%	

In quarter 3, the CCG had 2 patients under the Urgent referral category. Neither were seen within 1 week recording 0% against the target, both patients were seen in week 1-2.

## 6. Community Health

### 6.1 Lancashire Care Trust Community Services

Lancashire care trust is currently undertaking a validation exercise across all services which they have taken over from Southport & Ormskirk Trust. The validation exercise includes review of current reporting practices, validation of caseloads and RTT recording as well as deep dive with the service leads and teams.

This process is on-going with the first set of service validations finishing in January 2018. Currently Chronic care, Community Matrons and Continence services have been validated and the Trust is confident the data produced is a true reflection of current performance.

The Trust have commented the levels of activity for the Continence service are possibly under reporting against total provision due to increases in the staffing establishment. This will be picked up during discussions for the 2018/19 contract activity baseline via the Information Sub Group.

#### 6.1.2 Quality




The CCG Quality Team are holding meetings with Lancashire Care, outside of the CQPG, to discuss Quality Schedule KPIs, Compliance Measures and CQUIN development, this is to ensure that expectations of data flows and submissions are clear and reported in a timely manner. The work programme is also being reviewed to ensure it focusses on all relevant areas including those highlighted in the QRP (Quality Risk Profile), Southport & Ormskirk CQC Inspection Action Plan (Community Services) and the enhanced surveillance from the transition handover document.

A review has taken place of all KPIs, with those focusing on Quality, Patient Safety, Clinical Effectiveness and Patient Experience being prioritised.

### 6.2 Patient Experience of Community Services

**Figure 64 - Lancashire Care Friends and Family Test performance**

Friends and Family Response Rates and Scores  
Lancashire 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
Community Health	4.0%	1.1%		96%	98%		2%	1%	

Lancashire Care is over the England average for recommended for Friends and Family recording 98% which is the same as last month. The Trust is also below the England average of 2% for not recommended in February, with just 1% which has remained unchanged from the 1% reported last month.



### 6.3 Any Qualified Provider – Southport & Ormskirk Hospital

#### Adult Hearing

At month 11 2017/18 YTD the costs for Southport & Formby CCG patients were £66,433, compared to £378,871 at the same time last year. Comparisons of activity between the two time periods show that activity has declined from 1,110 in 16/17 to 439 in 17/18.

### 6.4 Any Qualified Provider – Specsavers

#### Adult Hearing

At month 11 2017/18 YTD, the costs for Southport & Formby CCG patients were £193,014, compared to £202,366 at the same time last year. Comparisons of activity between the two time periods show that activity has decreased slightly from 713 in 16/17 to 697 in 17/18.

### 6.5 Percentage of children waiting less than 18 weeks for a wheelchair

**Figure 65 - Southport & Formby CCG – Percentage of children waiting less 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	15	6	15	Nil Return	15	11	15	
Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made	16	6	16	Nil Return	16	12	16	
%	93.75%	100.00%	93.75%	Nil Return	93.75%	91.67%	93.75%	

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. Southport and Formby plans are based on historic activity.

Quarter 3 shows the number of children receiving a wheelchair in less than 18 weeks as 11 and 1 over 18 weeks.

## 7. Third Sector Contracts

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 funding efficiencies have impacted back office functions in the main but 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 66 - Southport & Formby CCG - Extended Access at GP services 2017/18 Plans**

E.D.14	Months 1-6	Months 7-12
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"> <li>• Provision of pre-bookable appointments on Saturdays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on Sundays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice</li> </ul>	-	-
Total number of practices within the CCG.	19	19
%	0.0%	0.0%
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"> <li>• Provision of pre-bookable appointments on Saturdays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on Sundays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice</li> </ul>	-	-
Total number of practices within the CCG.	19	19
%	0.0%	0.0%

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 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 the 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

All GP practices in Southport and Formby CCG are visited by the Care Quality Commission. The CQC publish all inspection reports on their website. There have been no new inspections in Southport & Formby recently. All the results are listed below:

**Figure 67 – CQC Inspection Table**

Southport & Formby CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84005	Cumberland House Surgery	27 August 2015	Good	Good	Good	Good	Good	Good
N84013	Christina Hartley Medical Practice	29 September 2017	Outstanding	Good	Good	Good	Outstanding	Outstanding
N84021	St Marks Medical Centre	08 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84617	Kew Surgery	10 April 2017	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
<b>Y02610</b>	<b>Trinity Practice</b>	<b>n/a</b>	<b>Not yet inspected the service was registered by CQC on 26 September 2016</b>					
N84006	Chapel Lane Surgery	24 July 2017	Good	Good	Good	Good	Good	Good
N84018	The Village Surgery Formby	10 November 2016	Good	Good	Good	Good	Good	Good
N84036	Freshfield Surgery	22 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84618	The Hollies	07 March 2017	Good	Good	Good	Good	Good	Good
N84008	Norwood Surgery	02 May 2017	Good	Good	Good	Good	Good	Good
N84017	Churchtown Medical Centre	26 October 2017	Good	Good	Good	Good	Good	Good
N84611	Roe Lane Surgery	27 August 2015	Good	Good	Good	Good	Good	Good
N84613	The Corner Surgery (Dr Mulla)	15 April 2016	Good	Good	Good	Good	Good	Good
N84614	The Marshside Surgery (Dr Wainwright)	03 November 2016	Good	Good	Good	Good	Good	Good
N84012	Ainsdale Medical Centre	02 December 2016	Good	Good	Good	Good	Good	Outstanding
N84014	Ainsdale Village Surgery	28 February 2017	Good	Good	Outstanding	Good	Outstanding	Good
N84024	Grange Surgery	30 January 2017	Good	Good	Good	Good	Good	Good
N84037	Lincoln House Surgery	15 December 2017	Good	Good	Good	Good	Good	Good
N84625	The Family Surgery	10 August 2017	Good	Good	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 68 – 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 69 – 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 quarter 2 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

<b>Agenda Item:</b> 18/81	<b>Author of the Paper:</b> Becky Williams Strategy & Outcomes Officer						
<b>Report date:</b> April 2018	<a href="mailto:Becky.Williams@southseftonccg.nhs.uk">Becky.Williams@southseftonccg.nhs.uk</a> 0151 317 8456						
<b>Title:</b> Improvement and Assessment Framework 2017/18: Quarter 2 Exception Report							
<p><b>Summary/Key Issues:</b> 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.</p>							
<p><b>Recommendation</b></p> <p>The Governing Body is asked to receive this report.</p>	<table border="0"> <tr> <td>Receive</td> <td style="border: 1px solid black; text-align: center;">x</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

Links to Corporate Objectives <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.
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Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement			X	
Clinical Engagement			X	
Equality Impact Assessment			X	
Legal Advice Sought			X	
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 Southport and Formby CCG**

2016/17 Year End Rating: Requires Improvement

Better Health						Better Care						
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend	
R 102a	% 10-11 classified overweight <small>2013/14 to 2015/16</small>	33.4%	↓	9/11	102/207	R 121a	High quality care - acute	17-18 Q2	56	↓	9/11	169/207
R 103a	Diabetes patients who achieve 2016-17	43.5%	↑	1/11	19/207	R 121b	High quality care - primary care 17-18 Q2	65	↑	10/11	127/207	
R 103b	Attendance of structured education 2016-17*	5.5%	↑	8/11	112/207	R 121c	High quality care - adult social 17-18 Q2	60	↑	8/11	133/207	
R 104a	Injuries from falls in people 6. 17-18 Q1	2,146	↓	8/11	143/207	122a	Cancers diagnosed at early stage 2015	52.7%	↑	6/11	87/207	
R 105b	Personal health budgets 17-18 Q2	14	↑	5/11	90/207	R 122b	Cancer 62 days of referral to treatment 17-18 Q2	80.0%	↓	7/11	144/207	
R 106a	Inequality Chronic - ACS & UC 17-18 Q1	2,696	↓	11/11	161/207	R 122c	One-year survival from all cancers 2015	74.8%	↑	1/11	12/207	
R 107a	AMR: appropriate prescribing 2017 09	1.099	↓	10/11	124/207	122d	Cancer patient experience 2016	8.9	↑	3/11	25/207	
R 107b	AMR: Broad spectrum prescribing 2017 09	8.4%	↑	6/11	86/207	R 123a	IAPT recovery rate 2017 09	46.2%	↓	11/11	174/207	
108a	Quality of life of carers (not available)					R 123b	IAPT Access 2017 09	2.7%	↑	11/11	201/207	
						R 123c	EIP 2 week referral 2017 11	66.7%	↓	8/11	161/207	
						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 cases 17-18 Q2	66	↔	7/11	144/207	
						R 124b	LD - annual health check 2016-17	39.0%	○	9/11	171/207	
						R 124c	Completeness of the GP learn 2016-17	0.61%	○	5/11	32/207	
						R 125d	Maternal smoking at delivery 17-18 Q2	12.0%	↑	5/11	116/207	
						125a	Neonatal mortality and stillbirth 2015	4.0	○	5/11	71/207	
						125b	Experience of maternity services 2015	71.2	○	11/11	204/207	
						125c	Choices in maternity services 2015	60.5	○	9/11	188/207	
						R 126a	Dementia diagnosis rate 2017 11	72.2%	↓	5/11	73/207	
						R 126b	Dementia post diagnostic support 2016-17	77.1%	↑	8/11	158/207	
						R 127b	Emergency admissions for UC 17-18 Q1	2,398	↓	10/11	117/207	









Sustainability					
	Period	CCG	Peers	England	Trend
R 141b	In-year financial performance 17-18 Q2	Amber	↔		
R 144a	Utilisation of the NHS e-referrals 2017 10	50.2%	↑	8/11	124/207

Leadership					
	Period	CCG	Peers	England	Trend
R 162a	Probity and corporate governance: 17-18 Q2	Fully Compliant	↔		
163a	Staff engagement index 2016	3.68	↓	9/11	194/207
163b	Progress against WRES 2016	0.08	○	3/11	33/207
164a	Working relationship effective 16-17	69.95	↑	7/11	86/207
166a	CCG compliance with standards of public and patient participation (not available)				
R 165a	Quality of CCG leadership 17-18 Q2	Amber	↔		

Key	
<span style="background-color: #0056b3; color: white; padding: 2px;"> </span>	Worst quartile in England
<span style="background-color: #00a0e3; color: white; padding: 2px;"> </span>	Best quartile in England
<span style="background-color: #0070c0; color: white; padding: 2px;"> </span>	Interquartile range

R	127c	A&E admission, transfer, disc 2017 12	80.9%	↓	6/11	142/207	
R	127e	Delayed transfers of care per : 2017 11	19.6	↑	10/11	187/207	
R	127f	Hospital bed use following em 17-18 Q1	492.8	↓	6/11	99/207	
		105c % of deaths with 3+ emergency admissions in last three months of life (not available)					
		128b Patient experience of GP servi 2017	87.0%	↓	7/11	60/207	
R	128c	Primary care access 2017 10	0.0%	↔	6/11	120/207	
		128d Primary care workforce 2017 03	0.92	↑	10/11	150/207	
R	129a	18 week RTT 2017 11	93.5%	↑	4/11	25/207	
		130a 7 DS - achievement of standards (not available)					
R	131a	% NHS CHC full assessments t 17-18 Q2	57.1%	↑	9/11	197/207	
		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:

**103a – Diabetes patients who achieved NICE treatment targets improved to 43.5% in Q2 when the 2016/17 data was released. The CCG stands as best performing in their demographic peer group and 19<sup>th</sup> best CCG nationally.**

**104a - Injuries from falls in people aged 65+yrs. CCG was rated in the worst quartile nationally in Q1. Q2 performance has improved markedly and no longer worst quartile.**

**121b - Provision of high quality care in primary care. Q2 performance (as measured by an aggregate score of CQC inspection results) has improved and no longer worst quartile.**

**121c - Provision of high quality care in adult social care. Q2 performance (as measured by an aggregate score of CQC inspection results) has improved and no longer worst quartile.**

**122c – One year survival for all cancers. Top quartile performance (12<sup>th</sup> best nationally).**

122d – Cancer patient experience (2016). Top quartile performance (25<sup>th</sup> best nationally).

124c – Completeness of GP LD registers. Top quartile performance (32<sup>nd</sup> best nationally).

Indicator No.	Indicator Description	Q1 2017/18 Performance	LT/ Clinical/ Managerial Lead	Reasons for underperformance	Actions to address underperformance	Expected Date of Improvement
106a	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions (ACS)	Worst quartile but continuous improvement in Q1 and Q2.	Jan Leonard/ Tim Quinlan/ Sharon Forrester	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.	Locally a Primary Care Streaming service commenced in October 2017. As the service develops the volume of primary care eligible patients, and therefore a number of the non-complex ACS presentations, may increase. This development may over time, reduce the volume of ACS admissions into the acute Trust.	April 2018
121a	Provision of high quality care in hospitals	Worst quartile and deteriorating in both Q1 and Q2.	Debbie Fagan/ Doug Callow/ Brendan Prescott	This metric provides an overall score indicative of the quality of care in a CCG area as determined by CQC inspection ratings. It is calculated from the total CQC score for the core services, divided by the total maximum score available.	Hospital quality is monitored through a number of forums including Clinical Quality and Performance Group, and CCG Quality Committee. In these forums, Providers are held to account for their performance and action and improvement plans are agreed and scrutinised. Any unresolved issues may be escalated to Executive: Executive forums.	April 2018
122b	62 day cancer: GP	Deteriorating and below	Jan Leonard,	Q2 performance 80% against 85% constitutional standard.	Breaches relate to September 2017. NHS England's National Plan identifies Trusts with	End of Q2 2017/18

	referral to first definitive treatment	constitutional standard	Graeme Allen, Sarah McGrath		a small number of excess breaches (referred to as 'quick wins') and with numbers of avoidable breaches that should take quick actions to deliver the standard. The Trusts have weekly performance calls with NHS England. Action plans were developed to achieve sustainable compliance on the 62 days standard by Quarter 2 2017/18.	
123a	IAPT Recovery rate	Worst quartile, and deteriorating	Jan Leonard/ Hilal Mulla/ Geraldine O'Carroll	September 2017 performance 46.2%. Local month 10 data shows improved recovery rate of 61.9%.	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/ Hilal Mulla/ Geraldine O'Carroll	September 2017 performance of 2.7% was reported in the Q1 IAF release, against the 3.75% target for Q1-3 (year end (Q4) target 4.2%).	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
123c	Early Intervention in Psychosis	Worst quartile, and deteriorating	Jan Leonard/ Hilal Mulla/ Gordon	November 2017, 66.7%. Below target performance in October 2017 contributed to the Q2 year to date	The breaches related to 3 out of 5 patients who did not commence a NICE concordant package of care for first episode of psychosis within 2 weeks of referral.	Dec 2017

			Jones	performance.		
124b	LD Annual Health checks	No update to data since Q1. Worst quartile, no trend.	Jan Leonard/ Hilal Mulla/ Tracy Reed	2015/16 performance is reported in the Q1 2017/18 IAF and at 25.1%. Some practices have signed up to DES with NHS England. Capacity to conduct checks across all practices has been cited as a challenge.	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 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. Local data for 2017/18 Q2 suggests deterioration in performance (12% YTD).	Q4 2017/18
125b	Women's experience of maternity services	No update to data since Q1. Worst quartile, no trend.	Debbie Fagan/ Wendy Hewitt/ Peter Wong	2015 performance is reported in the Q1 2017/18 IAF and at 71.2% CCG is ranked 204 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
125c	Women's choices of maternity services	No update to data since Q1. Worst quartile, no trend.	Debbie Fagan/ Wendy Hewitt/ Peter Wong	2015 performance is reported in the Q1 2017/18 IAF and at 60.5% CCG is ranked 188 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 &	2016 data release



					Maternity Vanguard developments re: neonatal and maternity care.	
126b	Dementia post diagnostic support	No update to data since Q1. Worst quartile, deteriorating.	Jan Leonard/ Hilal Mulla/ Kevin Thorne	2015/16 performance is reported in the Q1 2017/18 IAF and at 75.5% CCG is ranked 180 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.	2015/16 data 75.5% which is deteriorating but still above QOF requirement of 70%.
127e	Delayed Transfers of Care per 100,000 population	Worst quartile and deteriorating.	Jan Leonard/ Tim Quinlan/ Sharon Forrester	19.6 per 100,000 population November 2017.	CCG Urgent Care leads review DTOC's on a weekly teleconference with participation from 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. Additionally, local CCG representatives from North Mersey CCGs 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. The Integrated Community Reablement and Assessment Service (ICRAS) commenced in October 2017 with phase 1, introducing a series of discharge 'lanes' for patients to speed up transition from hospital.	March 2018

131a	% NHS CHC assessments taking place in an acute hospital setting	Worst quartile and deteriorating	Debbie Fagan/Brendan Prescott	57.1% Q2 2017/18	Data submissions were validated to ensure accuracy. A CHC Programme Board has been established to replace the CHC Steering Group. The new board met in January 2018, bringing together commissioners, providers and Local Authority colleagues. Local data for Q3 suggests improvement to 15.6%, close to the 15% target.	March 2018
163a	Staff engagement index	Worst quartile, and deteriorating. No data update since Q1.	Tracy Jeffes	To signal the expectation that CCGs demonstrate leadership across the organisations in their part of the NHS. 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.	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 of 3.7 whilst the peer group average and indeed national average is 3.8. 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.	2018/19

#### 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	31/01/18
Q3	23/04/18
Q4	July 2018 TBC

#### 5. Recommendations

The Governing Body is asked to note the contents of the exception report.

**Becky Williams**  
April 2018

## MEETING OF THE GOVERNING BODY MAY 2018

<b>Agenda Item:</b> 18/82	<b>Author of the Paper:</b> Martin McDowell Chief Finance Officer <a href="mailto:martin.mcdowell@southportandformbyccg.nhs.uk">martin.mcdowell@southportandformbyccg.nhs.uk</a> Tel: 0151 317 8350						
<b>Report date:</b> May 2018							
<b>Title:</b> Finance & Resource Committee Terms of Reference							
<p><b>Summary/Key Issues:</b></p> <p>The Terms of Reference for the Finance &amp; Resource (F&amp;R) Committee were reviewed and discussed at the F&amp;R Committee meetings on 21<sup>st</sup> February 2018 and 21<sup>st</sup> March 2018. The following proposed changes were agreed:</p> <ul style="list-style-type: none"> <li>• The Locality Clinical Representative is to be removed from the membership.</li> <li>• The Lay Member (Patient Experience and Engagement) is to be the Vice Chair of the Committee.</li> <li>• 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.</li> </ul> <p>The enclosed updated F&amp;R Committee Terms of Reference show the above proposed amendments via track changes. The F&amp;R Committee recommend the enclosed Terms of Reference to the CCG Governing Body for approval.</p>							
<p><b>Recommendation</b></p> <p>The Governing Body is asked to approve the enclosed F&amp;R Committee Terms of Reference.</p>	<table style="border: none;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="padding-right: 10px;">Approve</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">X</td> </tr> <tr> <td style="padding-right: 10px;">Ratify</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>	Receive		Approve	X	Ratify	
Receive							
Approve	X						
Ratify							

<b>Links to Corporate Objectives</b> <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	
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 Southport and Formby 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 (when practical do so, nominations are not required in the event of sickness absence). 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.

### **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.

## 9. Conduct

- 9.1. 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.
- 9.2. 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 Southport and Formby CCG Constitution shall apply.
- 9.3. All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

## 10. Review

Date: **February and March 2018**

Version Number: **7**

Review date **February 2019**

## MEETING OF THE GOVERNING BODY MAY 2018

<b>Agenda Item:</b> 18/83	<b>Author of the Paper:</b> Fiona Taylor Chief Officer <a href="mailto:Fiona.taylor@southseftonccg.nhs.uk">Fiona.taylor@southseftonccg.nhs.uk</a> 0151 317 8456						
<b>Report date:</b> May 2018							
<b>Title:</b> Establishing a North Mersey Joint Committee of Clinical Commissioning Groups and Terms of Reference							
<b>Summary/Key Issues:</b> This paper sets out a proposal to establish a Joint Committee across South Sefton, Southport and Formby, Knowsley and Liverpool CCGs.							
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;"><b>Recommendation</b></td> <td style="width: 30%; text-align: right;">Receive <input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: right;">Approve <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: right;">Ratify <input type="checkbox"/></td> </tr> </table> <p>The Governing Body is asked to</p> <ul style="list-style-type: none"> <li>• Support the establishment of a North Mersey Joint Committee;</li> <li>• Recommends for approval by the wider constituent group, the Terms of Reference for the Joint Committee</li> <li>• Recommends for approval by the wider constituent group the proposed work programme for the Joint Committee.</li> </ul>		<b>Recommendation</b>	Receive <input type="checkbox"/>		Approve <input checked="" type="checkbox"/>		Ratify <input type="checkbox"/>
<b>Recommendation</b>	Receive <input type="checkbox"/>						
	Approve <input checked="" 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.
	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 (x those that apply)
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 (x those that apply)	
	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"> <li>• 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;</li> <li>• Transfer of all orthopaedic trauma, including spinal trauma, to the Aintree (AUH) site;</li> <li>• Services and pathways standardised to best practice, with unwarranted variation eliminated.</li> </ul>	<p>Consultation concluded 15<sup>th</sup> 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"> <li>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.</li> </ul>		
<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 &amp; Formby Knowsley</p>



DRAFT

## MEETING OF THE GOVERNING BODY MAY 2018

<b>Agenda Item:</b> 18/84	<b>Author of the Paper:</b> Fiona Taylor Chief Officer <a href="mailto:Fiona.taylor@southseftonccg.nhs.uk">Fiona.taylor@southseftonccg.nhs.uk</a> 0151 317 8456
<b>Report date:</b> May 2018	
<b>Title:</b> Establishing a collaborative commissioning forum for Cheshire & Merseyside and Terms of Reference	
<b>Summary/Key Issues:</b>  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.  The paper was presented to the Cheshire and Merseyside Clinical Commissioning Group (CCG) Chief Officers on 20 <sup>th</sup> April 2018 proposing a Collaborative Commissioning Forum (CCF) be established. Following consideration at a Decision Making Framework Task and Finish Group on 23 <sup>rd</sup> April 2018 a number of changes have been made. These have been highlighted in red.	
<b>Recommendation</b>  The Governing Body is asked to: <ul style="list-style-type: none"> <li>• approve in principle to establish a Collaborative Commissioning Forum (CCF) as a Joint Forum.</li> </ul>	Receive <input type="checkbox"/> Approve <input checked="" 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				
Clinical Engagement				
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees	x			<ul style="list-style-type: none"> <li>- Cheshire and Merseyside Clinical Commissioning Group (CCG) Chief Officers on 20<sup>th</sup> April 2018.</li> <li>- South Sefton CCG Governing Body meeting 3<sup>rd</sup> May 2018</li> </ul>

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

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):

<b>Core Members</b>		
<b>Role/Function</b>	<b>Name</b>	<b>Title</b>
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)		
<b>In Attendance</b>		
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

<b>Finance and Resource Committee Meeting held on Wednesday 17<sup>th</sup> January 2018</b>	<b>Chair: Helen Nichols</b>
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<b>Key Issue</b>	<b>Risk Identified</b>	<b>Mitigating Actions</b>
<ul style="list-style-type: none"> <li>The CCG's likely case scenario forecasts a deficit of £2.969m including NCSO cost pressure of £0.830m.</li> </ul>	<ul style="list-style-type: none"> <li>The CCG is not on target to deliver its statutory duty / financial target.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>

### Information Points for Southport and Formby CCG Governing Body (for noting)

- The committee approved the recommended next steps in relation to the Occupational Health Contract.
- 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 committee confirmed CCG support for an Improvement Grant expression of interest from St Marks Medical Centre. .
- The proposed CCG realisation list and the disposal of 90-92 Poulton Road was approved.
- The terms of reference for the Sefton Property Estates Partnership Group were approved.
- The committee approved Informatics Merseyside's IT Training Service Strategy 2017-2019 and Training Plan for Primary Care.
- 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

<b>Finance and Resource Committee Meeting held on Wednesday 21<sup>st</sup> February 2018</b>	<b>Chair: Helen Nichols</b>
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<b>Key Issue</b>	<b>Risk Identified</b>	<b>Mitigating Actions</b>
<ul style="list-style-type: none"> <li>The CCG's likely case scenario forecasts a deficit of £3.450m at Month 10.</li> </ul>	<ul style="list-style-type: none"> <li>The CCG is not on target to deliver its statutory duty / financial target.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>

### Information Points for Southport and Formby 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 CCG Improvement and Assurance Framework updates will be provided through the Integrated Performance meeting with exception reports taken to Governing Body for further scrutiny.
- The committee noted positive performance on the Quality Premium report
  - improved cancer performance in Q3
  - generally good performance for Anti-Microbial Resistance
- Change to F&R risk register – almost certain to not deliver operational budgets, so the risk was increased in terms of likelihood.
- Individual Funding Request report noted as comprehensive.
- The IM&T Steering Group Terms of Reference were approved.
- The committee approved the pharmacy rebate policy.

- Recommendation to Governing Body regarding the F&R Terms of Reference.
- The 18/19 planning table was discussed under Any Other Business, noting that the timescales are tight.

## Key Issues Report to SFCCG Governing Body

Joint Quality Committee Meeting held on 25 <sup>th</sup> January 2018 Southport & Formby CCG and South Sefton CCG	Chair: Dr Rob Caudwell
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### Information Points for Southport & Formby 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.

**MRSA** – SFCCG have been notified of a possible community attributable case of MRSA. The CCG will be chairing the PIR meeting when set.

**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 Southport & Formby CCG**

**Chair:  
Helen Nichols**

Key Issue	Risk Identified	Mitigating Actions

## Information Points for NHS Southport and Formby 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



<b>SF NHSE Joint Commissioning Committee Part 1, Wednesday 21 February 2018</b>	<b>Chair: Gill Brown</b>
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Key Issue	Risk Identified	Mitigating Actions
Nursing workforce – report from QNI/QNIS highlighted reliance on the nursing workforce within Primary Care and that there are no set standards for skills/experience/education.	Nationally, approximately a third of nurses are due to retire in the next 3 years. Lack of clarity of nursing roles across primary care.	Work being done to address sustainability of workforce under the QNI. Work also being done to benchmark nursing roles and to look at primary care modules within university courses.
Enhanced Access	Concerns that this is not creating an 'additional' service but rather stretching the existing service so it will impact negatively on in-hours services.	
Estates	Formby....?	

Information Points for Southport and Formby CCG Governing Body (for noting)
Delegation to be canvassed at the WCG meeting on 28 February 2018.



# Key Issues Report

## Southport & Formby Localities

### February 2018 - March 2018



AINSDALE & BIRKDALE LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Practices are concerned about the lack of availability of CAMHS services. Waiting lists for CAMHS are over 6 months, and although Parenting 2000 has some provisions, the waiting lists are at least 6 months for that service as well.	<ul style="list-style-type: none"> <li>• Patient safety</li> </ul>	<ul style="list-style-type: none"> <li>• LT to feed this back as a quality issue. Raised at Wider Group that Venus may have some provision, LT to investigate.</li> </ul>
2. Lack of District Nurse attendance at GSF meetings was reported by practices. One practice reports over one year of having no DN attendance at these meetings.	<ul style="list-style-type: none"> <li>• Quality</li> </ul>	<ul style="list-style-type: none"> <li>• LT to raise with Community provider, LCFT.</li> </ul>
3. Grange Surgery reported that DN's are contacting them to request home visits from GP for urgent bloods that they are unable to take.	<ul style="list-style-type: none"> <li>• Quality</li> </ul>	<ul style="list-style-type: none"> <li>• LT to raise with LCFT and Quality team. Update: Community Phlebotomy service can accept patients for domiciliary bloods as of 15th Jan 2018 (details had been circulated at the time and recirculated Friday 23rd March 2018). Pts are assigned into the service by DN team regardless of whether on caseload. For pts on DN caseload where DN unable to obtain sample, service have confirmed that DN's are able to assign these patients to community phlebotomy. IMcG aware of issue and have raised with DN's as well.</li> </ul>

# Key Issues Report

## Southport & Formby Localities

### February 2018 - March 2018

CENTRAL LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Midwives no longer inputting consultation details on practice clinical systems.	<ul style="list-style-type: none"> <li>• Patient care.</li> <li>• Potential safeguarding issues.</li> </ul>	<ul style="list-style-type: none"> <li>• Raised at S&amp;O CQPG in September. System in use by midwives does not communicate with EMIS.</li> <li>• Being raised at next Trust CQPG.</li> <li>• Raised internally via Quality logs sent to Quality Committee.</li> <li>• March update: iM have confirmed that in the absence of any levers to ask the Midwives to use EMIS, the communication of information back to practice via the MESH/MIG system will be explored. To raise with Quality team via trackers.</li> </ul>
2. CVD Healthchecks- concerns raised about what will happen with High Risk patients.	<ul style="list-style-type: none"> <li>• Patient care</li> </ul>	<ul style="list-style-type: none"> <li>• Steve Gowland, Sefton Lead for Healthchecks to update the locality group with regard to progress on how this pt group will be dealt with under the new scheme.</li> </ul>

FORMBY LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Lack of consistent links with District Nurse/Palliative Care teams including attendance at GSF meetings reported.	<ul style="list-style-type: none"> <li>• Patient care</li> </ul>	<ul style="list-style-type: none"> <li>• Reported direct to LCFT rep who attended the meeting. Awaiting feedback on this.</li> </ul>

# Key Issues Report

## Southport & Formby Localities

### February 2018 - March 2018



NORTH LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Issues with ambulance response times to General Practice	<ul style="list-style-type: none"> <li>Risk to patient safety.</li> <li>Further incident reported at March meeting.</li> </ul>	<ul style="list-style-type: none"> <li>Notified Head of Commissioning.</li> <li>Raised directly with provider at Contract meeting.</li> <li>Reported to Quality committee via Locality Quality logs.</li> <li>NWAS escalated to Exec team and assurance has been received that significant action has been taken to remedy the situation (it was stated that response times and call pickup times have improved). A report detailing current performance and remedial actions is due to be finalised and sent to Merseyside CCG's.</li> <li>March 2018 - New incident to be forwarded to Quality team for follow up.</li> </ul>
2. Phlebotomy Services pilot – issues raised regarding miscommunications to patients and to staff resulting in session changes and nobody being informed.	<ul style="list-style-type: none"> <li>Quality</li> <li>Patient care</li> </ul>	<ul style="list-style-type: none"> <li>Reported to LCFT and assurances received. LCFT to attend next locality meeting to provide further assurance.</li> <li>Updated clinic times to be circulated.</li> </ul>
3. Healthchecks – changes to delivery as GP's no longer commissioned to provide this service and Sefton will be taking this in-house. Concerns over what qualifies as high/medium risk, lack of past medical history.	<ul style="list-style-type: none"> <li>Patient safety</li> <li>Patient care</li> <li>Quality</li> </ul>	<ul style="list-style-type: none"> <li>Sefton representative attended locality meetings and acknowledged concerns.</li> <li>Sefton lead will re-visit localities and will work with practices on these issues.</li> </ul>

# Finance and Resource Committee Minutes

Wednesday 17th January 2018, 10.30am to 12.30pm  
 Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ

<b>Attendees (Membership)</b> Helen Nichols Gill Brown Debbie Fagan Jan Leonard (Items FR18/01 – FR18/14) Martin McDowell Dr Hilal Mulla Alison Ormrod Colette Riley  <b>Ex-officio Member*</b> Fiona Taylor (from item FR17/09 onwards)  <b>In attendance</b> Tracy Jeffes (Items FR18/01 – FR18/16) Jason Morris Kay Walsh  <b>Apologies</b> Susanne Lynch  <b>Minutes</b> Tahreen Kutub	Lay Member (Chair) Lay Member Chief Nurse & Quality Officer Chief Redesign & Commissioning Officer Chief Finance Officer GP Governing Body Member Deputy Chief Finance Officer Practice Manager & Governing Body Member  Chief Officer  Chief Delivery and Integration Officer Contract Accountant Lead Pharmacist  Head of Medicines Management  PA to Chief Finance Officer	HN GB DF JL MMcD HM AOR CR  FLT  TJ JM KW  SL  TK
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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
Helen Nichols	Lay Member (Chair)	✓	✓	A	✓	✓	✓	✓	✓	✓	✓
Gill Brown	Lay Member	A	✓	✓	A	✓	✓	A	✓	A	✓
Dr Hilal Mulla	GP Governing Body Member	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Emily Ball	GP Governing Body Member	✓	A	✓							
Colette Riley	Practice Manager	A	✓	✓	✓	✓	A	✓	N	✓	✓
Martin McDowell	Chief Finance Officer	✓	A	✓	✓	✓	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	A	✓	A	✓	✓	A	✓	✓	A	✓
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	✓	✓	✓	A	✓	✓	A	✓
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓	✓	✓	✓	✓	A	✓	✓	✓
Susanne Lynch	CCG Lead for Medicines Management	✓	A	✓	✓	A	✓	✓	✓	✓	A
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee)	*	*	✓	*	*	✓	*	*	*	✓

No	Item	Action
<b>General Business</b>		
FR18/01	<p><b>Apologies for absence</b></p> <p>Apologies for absence were received from Susanne Lynch. Kay Walsh attended on behalf of Susanne Lynch.</p> <p>Jason Morris introduced himself to the committee, noting that he has recently joined the CCG as Contract Accountant.</p>	
FR18/02	<p><b>Declarations of interest regarding agenda items</b></p> <p>Committee members were reminded of their obligation to declare any interest they may have relating to issues arising at committee meetings which might conflict with the business of NHS Southport &amp; Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport &amp; Formby Finance &amp; Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link:  <a href="http://www.southportandformbyccg.nhs.uk/about-us/our-constitution">www.southportandformbyccg.nhs.uk/about-us/our-constitution</a></p> <p><b>Declarations of interest from today's meeting</b></p> <ul style="list-style-type: none"> <li>• <i>FR18/07: CCG Procurement Schedule 2018-20</i> CR declared she is practice manager for The Hollies Surgery, which is a member of the Southport and Formby Federation (Southport and Formby Health). The Federation is currently a service provider and may potentially submit a tender for services raised within this agenda item. It was noted that this agenda item was to be received and not approved. The Chair decided that CR can attend and participate in discussion during this item.</li> <li>• <i>FR18/12: Estates Update</i> CR declared that The Hollies Surgery is party to a scheme submitted to NHS England for ETTF funding alongside other local practices, which may impact on or be covered within this agenda item. It was noted that this declaration of interest did not impact the aspects that required approval for this item. The Chair decided that CR can attend and participate in discussion during this item.</li> <li>• <i>FR18/15: Informatics Merseyside Training Service Strategy and Primary Care Training Plan</i> FLT declared that she is Chair of the Informatics Merseyside Partnership Board. The Chair decided that FLT can attend and participate in discussion during this item.</li> <li>• Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</li> </ul>	
FR18/03	<p><b>Minutes of the previous meeting and key issues</b></p> <p>The minutes of the previous meeting on 22<sup>nd</sup> 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>	

No	Item	Action
FR18/04	<p><b>Action points from the previous meeting</b></p> <p><b>FR17/146 - Out of Hours Alternative Primary Medical Services (GoToDoc)</b>            JL provided an update on GoToDoc , addressing the bullet points detailed on the action tracker and minutes of the last meeting.</p> <ul style="list-style-type: none"> <li>• <i>Number of shifts covered by out of hours doctors across Sefton.</i></li> <li>• <i>Number of shifts not covered.</i></li> <li>• <i>How often doctors cover wider areas (beyond Sefton) within shifts and also whether Sefton is being covered by a doctor located in another area.</i></li> </ul> <p>JL reported that the above information has been requested via the GoToDoc contract review meeting. She noted, however, that this information is not a standard item covered by reporting within the contract and that the CCG would continue to work with the provider to obtain this. GB highlighted the importance of receiving this information in order to monitor the service. A further update will be provided at the next Finance &amp; Resource Committee meeting.</p> <ul style="list-style-type: none"> <li>• <i>The length of time between call and home visit.</i></li> </ul> <p>JL reported that the key performance indicators had been met for all categories of home visit (emergency / urgent and routine).</p> <ul style="list-style-type: none"> <li>• <i>Review of all out of hours providers (GoToDoc, NWAS, 111, walk in centres) and the percentage of patients that flow to A&amp;E after contacting each of the services.</i></li> <li>• <i>Review of frequent flyers for the GoToDoc out of hours service to see how many patients were multiple users.</i></li> </ul> <p>JL reported that the information which has been supplied regarding the wider out of hours providers is for South Sefton CCG. An update for Southport and Formby CCG will be provided at the next Finance &amp; Resource meeting.</p> <p>MMcD noted that this information would be important and helpful for the AED Board to understand pressures in the urgent care system and suggested that the AED could review information requirement of out of hours providers across North Mersey. The committee agreed with this. MMcD / JL to ensure the relevant information is provided to the AED Board.</p> <p><b>FR17/147 - Outstanding Debt – Southport and Ormskirk Hospital</b>            MMcD confirmed a letter, dated 24<sup>th</sup> November 2017, was sent to Southport and Ormskirk NHS Trust regarding settlement of the Trust's outstanding debt for 2015-16 and 2016-17. The letter noted that the Finance and Resource Committee have requested that future contract payments, equal to the value of the debt, are withheld until the matter regarding outstanding debt is resolved. This issue is now being considered through expert determination overseen by both NHS England and NHS Improvement. Action closed.</p> <p><b>FR17/148 - Finance Report - Month 7</b>            Action still open. AOR to check if GP Assessment Unit is included in the non-elective figures in the Non-Elective - Cost graph (within the Provider Expenditure Analysis graphs in the Finance Report).</p> <p><b>FR17/151 - Prescribing Spend Report – Month 5 2017/18</b></p>	<p>JL</p> <p>JL</p> <p>MMcD / JL</p> <p>AOR</p>

No	Item	Action
	MMcD confirmed that the medicines management and finance teams have done further work on the prescribing forecast and QIPP programme. Action closed.	
<i>Human Resources</i>		
FR18/05	<p><b>Occupational Health Contract</b></p> <p>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"> <li>• Continue to work with the North Mersey LDS Corporate Services Group to develop a joint approach to the procurement of Occupational Health services</li> <li>• Should that approach not lead to a new service for April 2018, extend the current contract with Aintree University Hospitals for another 12 months, subject to procurement advice and the completion of a tender waiver proforma.</li> </ul> <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><b><i>The committee approved the recommended next steps in relation to the Occupational Health Contract.</i></b></p>	
<i>Service Contracts</i>		
FR18/06	<p><b>Midland and Lancashire CSU: Summary Service Report</b></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><b><i>The committee received this report.</i></b></p>	
FR18/07	<p><b>CCG Procurement Schedule 2018-20</b></p> <p>JL presented the CCG procurement schedule for 2018-20 and noted the following:</p> <ul style="list-style-type: none"> <li>• AQP audiology: contracts are due to expire on 30<sup>th</sup> September 2018. The CCG is facilitating a meeting with other CCGs in Merseyside next week to discuss the approach to managing the end of the contracts.</li> <li>• Primary Care 7 Day Access: this is a new service mandated as part of GP Forward View, to commence on 1<sup>st</sup> October 2018. The CCG is required to go to the market to procure this service. A service specification will be</li> </ul>	

No	Item	Action
	<p>presented to the Governing Body in February 2018.</p> <ul style="list-style-type: none"> <li>• Dermatology: The CCG is leading the review of procurement of a full service with other local CCGs, taking into account community and acute dermatology.</li> <li>• Telehealth: the Clinical Advisory Group considered a paper regarding the use of the Telehealth system. The group recognised that the scheme is in line with CCG priorities.</li> </ul> <p>TJ notified the committee that services delivered by the CSU will be going out to procurement in March 2019. It was noted that the CCG would require an alternative provider to the CSU to support the procurement of these services.</p> <p><b><i>The committee received this report.</i></b></p>	
<i>Finance</i>		
<b>FR18/08</b>	<p><b>Finance Report - Month 9 2017/18</b></p> <p>AOR provided an overview of the year-to-date financial position for NHS Southport and Formby CCG as at 31<sup>st</sup> December 2017. The following points were highlighted:</p> <ul style="list-style-type: none"> <li>• The year to date financial position is a deficit of £2.200m, which represents deterioration against the planned deficit of £0.200m.</li> <li>• The CCG's likely case scenario forecasts a deficit of £2.969m including NCSO cost pressure of £0.830m.</li> <li>• QIPP Delivery is £4.676m to date, which is £2.308m below planned QIPP delivery at month 9.</li> <li>• The Sefton CCGs' QIPP Week commenced on 15<sup>th</sup> January 2018. Challenge and confirm sessions are being held with QIPP leads during this week.</li> <li>• The main financial pressures relate to CHC packages and overperformance on the contract with Wrightington, Wigan and Leigh NHS Foundation Trust, mainly due to Orthopaedic Activity.</li> <li>• 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.</li> <li>• An update was provided on the progress being made against the NHS England timetable for Month 9 reporting requirements.</li> </ul> <p>MMcD provided the following updates and comments:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The 0.5% non-recurrent reserve will not count towards NHS England financial performance management but it is expected that the reserve will be reported in the CCG accounts for 2017/18.</li> <li>• Costs relating to NCSO drugs have been reflected in the month 9 finance report.</li> <li>• The outstanding debt associated with Southport &amp; Ormskirk NHS Trust, related to CQUIN (value: £670k) has been referred to NHS England for expert determination. The outstanding debt associated with Southport &amp; Ormskirk NHS Trust, related to Breast Referral Services (value: £50k) has been cancelled in accordance with NHS guidance. This will be reflected in the month 10 finance report.</li> </ul>	



No	Item	Action
	<p>The finance report was discussed and amongst a number of queries that were raised, the following was highlighted:</p> <ul style="list-style-type: none"> <li>• HN queried whether CHC overspend is related to cost or activity. DF raised the impact of the Adam Dynamic Purchasing System (DPS) on the care home market. AOR informed the committee that a meeting is to take place today between Adam DPS and members of the CCG finance team to discuss unresolved issues and the financial impact of the introduction of the DPS.</li> <li>• The second and third bullet points within the Recommendation section in the cover sheet of the report were discussed. It was agreed that these sections are to be re-written to ensure they are relevant to the current stage of the financial year. FLT also asked for the last sentence in the second bullet point to be reworded as discussed at the meeting. AOR to action.</li> </ul> <p><b><i>The committee received the finance report and noted the summary points as detailed in the report.</i></b></p>	AOR
FR18/09	<p><b>Finance &amp; Resource Committee Risk Register</b></p> <p>The committee reviewed the risk register and agreed the following, further to discussion on the CCG's financial position during item <i>FR18/08</i>. The following changes / reviews are to be actioned.</p> <ul style="list-style-type: none"> <li>• <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> <li>• <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> <li>• <i>Sub risk FR001b: CCG fails to control expenditure against its opening budgets in 2017/18.</i> The consequence post mitigation score is to increase 4, resulting in a post mitigation total score of 16 to recognise that operational pressures now exceed £1m in total.</li> <li>• <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.</li> <li>• <i>Risk FR004: Failure to recover aged debt associated with Southport &amp; Ormskirk NHS Trust for CQUIN payment (£670k) and Breast Referral Services (£50k) may impact adversely on the financial position.</i> <ul style="list-style-type: none"> <li>• The likelihood post mitigation score is to increase to 3 and the consequence post mitigation is to increase to 4 – resulting in a post</li> </ul> </li> </ul>	MMcD & AOR

No	Item	Action
	<p>mitigation total score of 12.</p> <ul style="list-style-type: none"> <li>The risk is to be reworded to be focussed on dispute resolution, which aged debt is a part of.</li> </ul> <p>The production of the Annual Report 2017/18 was discussed. 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. This will be shared with the Leadership Team and the Audit Committee Chair.</p> <p><b><i>The committee approved the risk register subject to the amendments / reviews agreed at the meeting.</i></b></p>	AOR
FR18/10	<p><b>Finance Strategy Update</b></p> <p>The committee noted that the CCG's 5-year financial strategy is being produced and will be presented to the Governing Body.</p> <p><b><i>The committee received this verbal update.</i></b></p>	
FR18/11	<p><b>Benchmarking and VFM</b></p> <p>It was noted that there was no update to report.</p>	
<i>Estates</i>		
FR18/12	<p><b>Estates Update</b></p> <p>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 Southport &amp; Formby that have been categorised with a view to consider potential building disposals. He reported specifically on Poulton Road Clinic (90-92 Poulton Road, Southport) which has been categorised as surplus to requirements on the realisation list. The committee reviewed the CCG's estates requirement and approved the realisation list. The committee also agreed that 90-92 Poulton Road is surplus to requirements.</p> <p><b><i>The committee approved the realisation list and the disposal of 90-92 Poulton Road.</i></b></p>	
FR18/13	<p><b>Improvement Grant Submission</b></p> <p>JL presented an Improvement Grant expression of interest submitted by St Marks Medical Centre, which relates to improvements to help ensure the practice is CQC compliant. JL provided a background to this request. The committee agreed to support this Improvement Grant bid.</p> <p>MMcD asked AOR to ensure this is reflected appropriately in the future financial position.</p> <p><b><i>The committee confirmed CCG support for the Improvement Grant expression of interest from St Marks Medical Centre.</i></b></p>	AOR
FR18/14	<p><b>SPEP Draft Terms of Reference</b></p> <p>MMcD presented the draft terms of reference for the Sefton Property Estates Partnership (SPEP) Steering Group, which have been agreed by the group.</p>	

No	Item	Action
	<b><i>The committee approved the SPEP terms of reference.</i></b>	
<i>IT</i>		
FR18/15	<p><b>Informatics Merseyside Training Service Strategy and Primary Care Training Plan</b></p> <p>MMcD presented Informatics Merseyside's <i>IT Training Service Strategy 2017-2019</i> and <i>Training Plan for Primary Care</i>.</p> <p>In addition, MMcD reported that the WiFi rollout project within practices in Sefton is nearing completion.</p> <p><b><i>The committee approved Informatics Merseyside's IT Training Service Strategy 2017-2019 and Training Plan for Primary Care.</i></b></p>	
<i>Performance</i>		
FR18/16	<p><b>CCG Improvement and Assurance Framework Q1 2017/18</b></p> <p>MMcD presented the CCG Improvement and Assurance Framework Q1 2017/18.</p> <p>A discussion followed on whether the F&amp;R committee was the appropriate committee to receive and review this report. It was agreed that this be discussed further at a Senior Leadership Team (SLT) meeting and for the item to be kept on the F&amp;R work plan until a decision is made. MMcD to ensure this is an item on the next SLT meeting agenda.</p> <p><b><i>The committee received this report.</i></b></p>	MMcD
<i>Prescribing</i>		
FR18/17	<p><b>Prescribing Spend Report – Month 7 2017/18</b></p> <p>KW 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 3.9%, when the 1.5% efficiency factor is applied to the CCG prescribing budget of £22.508m.</p> <p>It was noted that further work is to be done by the finance and medicines management teams on the presentation of the budget breakdown table. AOR to action.</p> <p><b><i>The committee received this report.</i></b></p>	AOR
FR18/18	<p><b>Quarter 2 Prescribing Performance Report 2017/18</b></p> <p>KW presented the quarterly report noting prescribing performance for the second quarter of 2017/18 for Southport &amp; Formby 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 -2.2% and item percentage</p>	

No	Item	Action
	<p>growth is -0.5% in the 12 months up to Sept 2017.</p> <p><b><i>The committee received this report.</i></b></p>	
FR18/19	<p><b>Pan Mersey APC Recommendations</b></p> <p>KW asked the committee to consider approving the following Pan Mersey APC recommendation:</p> <ul style="list-style-type: none"> <li>• AFLIBERCEPT intravitreal injection (Eylea®) for treatment of Myopic choroidal neovascularisation.</li> </ul> <p>KW confirmed that this is a NICE recommendation.</p> <p><b><i>The committee approved the Pan Mersey APC recommendation for the commissioning of AFLIBERCEPT intravitreal injection (Eylea®) for treatment of Myopic choroidal neovascularisation.</i></b></p> <p><u>Post-meeting notes</u></p> <p><i>At the F&amp;R Committee meeting held on 21<sup>st</sup> 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&amp;R Committee on 17<sup>th</sup> 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&amp;R Committee meeting in January 2018, as the CCG had been informed by Midlands &amp; 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 17<sup>th</sup> January 2018 as a post-meeting note.</i></p>	
<b>2018/19 F&amp;R Meeting Work Plan and Dates</b>		
FR18/20	<p><b>Committee Work Plan 2018/19</b></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><b><i>The committee received the committee work plan for 2018/19.</i></b></p>	
FR18/21	<p><b>Committee Meeting Dates 2018/19</b></p> <p>MMcD presented the committee meeting dates for 2018/19. He noted that two provisional meetings have been scheduled for 22<sup>nd</sup> August 2018 and 19<sup>th</sup> December 2018 should these be required closer to the time.</p> <p>The committee noted that the location is to be confirmed for the F&amp;R Committee meeting scheduled for 18<sup>th</sup> July 2018, 10.30am-12.30pm, as Ainsdale Centre for Health and Wellbeing is not available. It was agreed for TK to enquire about the availability of the venue for the afternoon of 18<sup>th</sup> July. Committee members in attendance confirmed they would be available to attend the meeting if it was to</p>	TK

No	Item	Action
	<p>be rescheduled to the afternoon of 18<sup>th</sup> July.</p> <p><b><i>The committee received the committee meeting dates for 2018/19.</i></b></p>	
<i>Minutes of Steering Groups to be formally received (taken as read)</i>		
FR18/22	<p><b>Minutes of Steering Groups to be formally received</b></p> <ul style="list-style-type: none"> <li>• <b>Sefton Property Estates Partnership (SPEP) Steering Group – October 2017</b></li> </ul> <p>The committee received the minutes of the SPEP Steering Group meeting in October 2017.</p>	
<b>Closing business</b>		
FR18/23	<p><b>Any Other Business</b></p> <p>FLT noted that the CCG is awaiting information on future CCG Recovery meetings with NHS England.</p>	
FR18/24	<p><b>Key Issues Review</b></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><b>Date of Next Meeting</b></p> <p>Wednesday 21st February 2018 10.30am to 12.30pm Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ</p>	

# Finance and Resource Committee Minutes

Wednesday 21st February 2018, 10.30am to 12.30pm  
 Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ

<b>Attendees (Membership)</b>		
Helen Nichols	Lay Member (Chair)	HN
Gill Brown	Lay Member	GB
Dr Hilal Mulla	GP Governing Body Member	HM
Colette Riley	Practice Manager & Governing Body Member	CR
Martin McDowell	Chief Finance Officer	MMcD
Jan Leonard (for FR18/25-35 & FR18/38)	Director of Commissioning and Redesign	JL
Susanne Lynch	Head of Medicines Management	SL
<b>In attendance</b>		
Gary Holmes (for FR18/25-29)	Health & Safety, Fire & Security Officer, MLCSU	GH
Oladayo Bisarin	Student Placement within Quality team (3 <sup>rd</sup> year Mental Health student)	OB
Brendan Prescott	Deputy Chief Nurse / Head of Quality and Safety	BP
<b>Apologies</b>		
Debbie Fagan	Chief Nurse	DF
Alison Ormrod	Deputy Chief Finance Officer	AOR
Fiona Taylor	Chief Officer (Ex-officio member)	FLT
<b>Minutes</b>		
Tahreen Kutub	PA to 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
Helen Nichols	Lay Member (Chair)	✓	✓								
Gill Brown	Lay Member	✓	✓								
Dr Hilal Mulla	GP Governing Body Member	✓	✓								
Colette Riley	Practice Manager	✓	✓								
Martin McDowell	Chief Finance Officer	✓	✓								
Alison Ormrod	Deputy Chief Finance Officer	✓	A								
Debbie Fagan	Chief Nurse & Quality Officer	✓	A								
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓								
Susanne Lynch	CCG Lead for Medicines Management	A	✓								
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	✓	*								

No	Item	Action
<b>General Business</b>		
FR18/25	<p><b>Apologies for absence</b></p> <p>Apologies for absence were received from Debbie Fagan, Alison Ormrod and Fiona Taylor. Brendan Prescott was in attendance on behalf of Debbie Fagan.</p> <p>Oladayo Bisarin introduced himself, noting he is on a student placement within the CCG Quality team. He was in attendance at this meeting as an observer.</p>	
FR18/26	<p><b>Declarations of interest regarding agenda items</b></p> <p>Committee members were reminded of their obligation to declare any interest they may have relating to issues arising at committee meetings which might conflict with the business of NHS Southport &amp; Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport &amp; Formby Finance &amp; Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link:  <a href="http://www.southportandformbyccg.nhs.uk/about-us/our-constitution">www.southportandformbyccg.nhs.uk/about-us/our-constitution</a></p> <p><b>Declarations of interest from today's meeting</b></p> <p>Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	
FR18/27	<p><b>Minutes of the previous meeting and key issues</b></p> <p>The minutes of the previous meeting on 17<sup>th</sup> January 2018 were reviewed. HN referred to item <i>FR18/08: Finance Report – Month 9 2017/18</i> and asked for the following change to be made to take account of the extensive discussion that had taken place regarding the CCG's financial position. The following sentence is to be amended to the sentence below it (revised sentence detailed in italics).</p> <p>'The following queries / comments were made:'</p> <p><i>'The finance report was discussed and amongst a number of queries that were raised, the following was highlighted:'</i></p> <p>The minutes of the previous meeting were approved as a true and accurate record subject to the above amendment.</p> <p>The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	TK
FR18/28	<p><b>Action points from the previous meeting</b></p> <p><b>FR17/146 - Out of Hours Alternative Primary Medical Services (GoToDoc)</b></p> <p>JL provided an update on GoToDoc, addressing the bullet points detailed on the action tracker.</p> <ul style="list-style-type: none"> <li>• <i>Number of shifts covered by out of hours doctors across Sefton.</i></li> <li>• <i>Number of shifts not covered.</i></li> </ul> <p>JL reported on data from November 2017, noting that there were 203 shifts with</p>	

No	Item	Action
	<p>double cover. There were 13 shifts without double cover, which were filled by Advanced Nurse Practitioners. She reported that in circumstances without full cover, GoToDoc would look to consolidate the service from Litherland Town Hall.</p> <ul style="list-style-type: none"> <li>• <i>How often doctors cover wider areas (beyond Sefton) within shifts and also whether Sefton is being covered by a doctor located in another area.</i></li> </ul> <p>JL reported that Go To Doc does not routinely collect data on cover over wider areas.</p> <ul style="list-style-type: none"> <li>• <i>Review of all out of hours providers (GoToDoc, NWAS, 111, walk in centres) and the percentage of patients that flow to A&amp;E after contacting each of the services.</i></li> </ul> <p>JL reported that review of data since the GoToDoc contract commenced showed no increase in referrals from 111 to request an ambulance or referrals from 111 to A&amp;E. There was also no increase in NWAS conveyances to A&amp;E. She noted there had been a steady reduction in referrals from Out of Hours (GoToDoc) to A&amp;E and that overall there had not been a step change in Type 1 attendances at A&amp;E at Southport &amp; Ormskirk Hospital.</p> <ul style="list-style-type: none"> <li>• <i>Review of frequent flyers for the GoToDoc out of hours service to see how many patients were multiple users.</i></li> </ul> <p>JL reported that frequent flyers are not routinely collected. This issue will, however, be reviewed by the work the CCG is undertaking on high intensity users as part of urgent care / QIPP.</p> <p>Further to JL's update, an extensive discussion followed regarding evaluation of the GoToDoc service and contract. GB stressed the importance for those working on the contract to visit the out of hours service and liaise with staff on the grounds. The following was agreed further to discussion:</p> <ul style="list-style-type: none"> <li>• GB to be involved in discussions regarding the specification of the future contract with GoToDoc, further to the expiry of the current contract.</li> <li>• It was agreed that HM could input his experience into the preparation for future procurement but could not provide advice due to conflict of interest, as he works for GoToDoc as a sessional GP in the out of hours service.</li> <li>• Given that the nature of the discussion was focussed on the quality of the GoToDoc service, the committee agreed that the Joint Quality Committee would be a more appropriate forum for continuation of discussions. MMcD to ensure that the evaluation of GoTo Doc (including a visit to the centre) is an item on the agenda for the next Joint Quality Committee meeting.</li> </ul> <p>Action closed.</p> <p><b>FR18/04 - Action points from the previous meeting</b>  <b>(FR17/146 - Out of Hours Alternative Primary Medical Services - GoToDoc)</b>  JL confirmed the relevant information regarding GoToDoc has been provided to the AED Board, further to discussion at the last F&amp;R Committee meeting on 17<sup>th</sup> January 2018. MMcD noted that Dr Tim Quinlan (GP Clinical Director member of the Southport and Formby CCG Governing Body) and Sharon Forrester (Unplanned Care Manager, Southport and Formby CCG) both attend the AED Board meeting and GoToDoc contract meetings. Action closed.</p>	MMcD (BP)



No	Item	Action
	<p><b>FR18/04 - Action points from the previous meeting (FR17/148: Finance Report - Month 7)</b> In reference to the Provider Expenditure Analysis graphs in the finance report, MMcD confirmed that the GP Assessment Unit is included in the non-elective figures within the <i>Non-Elective - Cost</i> graph although the CCG continues to dispute the Trust's treatment of the issue. Action closed.</p> <p><b>FR18/08 - Finance Report - Month 9 2017/18</b> The second and third bullet points within the Recommendation section in the cover sheet of the finance report have been re-written to ensure they are relevant to the current stage of the financial year and have taken into account FLT's comments made at the last F&amp;R Committee meeting. Action closed.</p> <p><b>FR18/09 - Finance &amp; Resource Committee Risk Register</b> The scores in the risk register have been updated with the changes agreed and discussed at the last F&amp;R Committee meeting. To be discussed further under item FR18/31. Action closed.</p> <p><b>FR18/09 - Finance &amp; Resource Committee Risk Register</b> MMcD confirmed a team has been established to work on the 2017/18 annual report, which will be reporting to the CCG's Leadership Team. Action closed.</p> <p><b>FR18/13 - Improvement Grant Submission</b> MMcD noted the Improvement Grant bid from St Marks Medical Centre will not impact the CCG's financial position. It was agreed to close this action.</p> <p><b>FR18/16 - CCG Improvement and Assurance Framework Q1 2017/18</b> HN confirmed that corporate reporting arrangements for the CCG Improvement and Assurance Framework were discussed briefly at a Senior Leadership Team meeting. Further to this and to previous discussions by the F&amp;R Committee as to whether it is the appropriate committee to review this report, it was agreed that the Integrated Performance meeting will be the main forum for future updates to be received, with exception reports taken to Governing Body for further scrutiny. HN confirmed she would be attending a forthcoming Integrated Performance meeting. Action closed. TK to remove the CCG Improvement and Assurance Framework from the F&amp;R Committee work plan and check that it is on the Integrated Performance meeting work plan.</p> <p><b>FR18/17 - Prescribing Spend Report – Month 7 2017/18</b> SL reported that further work has been done on the presentation of the budget breakdown table, which she will present under item <i>FR18/39: Prescribing Spend Report – Month 8 2017/18</i>. Action closed.</p> <p><b>FR18/21 - Committee Meeting Dates 2018/19</b> The F&amp;R Committee meeting on 18<sup>th</sup> July has been rescheduled to take place on the afternoon of that day (1pm to 3pm) at Ainsdale Centre for Health and Wellbeing. Action closed.</p>	TK
<i>Policies for approval</i>		
FR18/29	<p><b>Security Management Policy v2</b> 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</p>	

No	Item	Action
	<p>NHS Protect has ceased to exist.</p> <p>The committee noted a small number of factual anomalies / inaccuracies, as detailed below, and asked for these to be corrected / reworded.</p> <ul style="list-style-type: none"> <li>• Section 6.2: This section is entitled <i>Clinical Chief Officer</i>. It was noted that the CCG does not have this post in place and for this section to be corrected in the policy.</li> <li>• Section 6.4: This section refers to the responsibilities of <i>Directors</i> in the CCG. It was noted that not all members of the Leadership Team are directors and therefore this is to be reworded accordingly.</li> <li>• Section 7.4: This section refers to CCTV. It was noted that the car park at Merton House has CCTV coverage but that the building itself does not have coverage. The CCG's accommodation at Curzon Road also does not have CCTV coverage. This section is to be reworded to take this into account.</li> <li>• 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.</li> </ul> <p>The above changes are to be made to the policy.</p> <p><b><i>The committee approved the Security Management Policy v2 subject to the changes agreed at the meeting.</i></b></p>	MMcD (GH)
<i>Finance</i>		
FR18/30	<p><b>Finance Report - Month 10 2017/18</b></p> <p>MMcD provided an overview of the year-to-date financial position for NHS Southport and Formby CCG as at 31<sup>st</sup> January 2018. He provided a brief chronology of the work that has been undertaken by the finance team over the last month. The following points were highlighted:</p> <ul style="list-style-type: none"> <li>• The CCG's likely case scenario forecasts a deficit of £3.450m. The CCG has been able to assess risks with greater certainty in the lead-up to year-end. Following discussions with NHS England, the CCG's best and most likely case scenarios are now the same.</li> <li>• The year to date financial position is a deficit of £3.000m, which represents deterioration against the planned deficit of £0.200m.</li> <li>• The finance team will be working on producing a waterfall chart on how the CCG's deficit is made up across different areas of spend.</li> <li>• The expert determination process relating to outstanding debt associated with Southport &amp; Ormskirk NHS Trust has commenced.</li> <li>• 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.</li> <li>• There is continued over-performance on the contract with Wrightington, Wigan and Leigh NHS Foundation Trust, mainly due to orthopaedic activity.</li> <li>• The year to date performance for the Acting as One providers shows an over-performance spend against plan. It was noted that this would represent an overspend of £0.284m under usual contract arrangements.</li> <li>• QIPP Delivery is £5.176m to date which is £2.859m below planned QIPP delivery at month 10. The CCG will continue to hold check and challenge sessions with QIPP leads to review QIPP plan and delivery.</li> </ul>	

No	Item	Action
	<ul style="list-style-type: none"> <li>The financial risks in <i>Appendix 6: Risk Adjusted Position</i> were presented in detail, including NCSO and winter pressures.</li> </ul> <p>The finance report was discussed in detail with a number of comments and queries raised, including the following:</p> <ul style="list-style-type: none"> <li>HN referred to the section entitled <i>CCG Financial Forecast – Month 10 2017-18</i>. She noted that the graph showing the Southport &amp; Formby CCG Outturn at Month 10 shows Other Reserves of £1.037m, which is not consistent with the Reserves Budget Analysis in Appendix 4. MMcD to review and update at the next F&amp;R Committee meeting.</li> <li>HN queried whether updated CHC benchmarking information could be presented to the committee, as has been done previously. MMcD noted the information received from NHS England is no longer in the same format as previous years and that data is available for activity levels and not for cost. He confirmed that CHC benchmarking information for activity levels would be presented at a future committee meeting.</li> <li>HN noted it would be helpful to obtain an underlying picture of what the current combination of overspend and underspend would be across all providers (not just Acting as One providers) had Acting as One not been in place. MMcD to review this and update at the next F&amp;R Committee meeting.</li> <li>HN referred to the section entitled <i>Provider Expenditure Analysis – Southport and Ormskirk NHS Trust</i>. She commented that the 17/18 actuals in the graph entitled <i>S&amp;O Past Trends &amp; 17/18 Forecast</i> seems to be high given the 17/18 underspend at S&amp;O. MMcD to review this and update at the next F&amp;R Committee meeting.</li> <li>JL noted that the APMS premium on the Trinity GP contract is likely to be returned to the CCG; she has been liaising with Rebecca McCullough (Head of Strategic Financial Planning at the CCG) about this.</li> </ul> <p><b><i>The committee received the finance report and noted the summary points as detailed in the report.</i></b></p>	<p>MMcD</p> <p>MMcD (AOR)</p> <p>MMcD</p> <p>MMcD</p>
FR18/31	<p><b>Finance &amp; Resource Committee Risk Register</b></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 for clarity, which will in turn impact the format of the F&amp;R Committee risk register.</p> <p>The committee reviewed the risk register and agreed the following, which are to be actioned:</p> <ul style="list-style-type: none"> <li><i>Sub risk FR001b: CCG fails to control expenditure against its opening budgets in 2017/18.</i> 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.</li> <li><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> It was agreed for data quality to be accounted for in this risk.</li> </ul>	<p>MMcD (AOR)</p>

No	Item	Action
	<ul style="list-style-type: none"> <li><i>Risk FR004: Failure to recover aged debt associated with Southport &amp; Ormskirk NHS Trust for CQUIN payment (£670k) and Breast Referral Services (£50k) may impact adversely on the financial position.</i></li> </ul> <p>It was agreed for the consequence post mitigation score to be reduced from 4 to 3 due to the financial value associated with the risk, in accordance with the risk matrix.</p> <p>GB queried why the post mitigation scores for a number of risks related to the CCG's financial position were higher than the pre mitigation scores. MMcD provided a rationale - noting that in financial terms, despite substantial efforts to mitigate risk and reduce scoring, the post mitigation scores would be higher if the likelihood becomes clear that the CCG is not going to deliver its statutory duty / financial target or QIPP target.</p> <p><b><i>The committee approved the risk register subject to the amendments agreed at the meeting.</i></b></p>	
FR18/32	<p><b>Benchmarking and VFM</b></p> <p>It was noted that there was no update to report.</p> <p>The committee agreed that this item, which is currently a standing agenda item, should be presented on a quarterly basis. The work plan is to be updated accordingly.</p>	TK
FR18/33	<p><b>Implementation of Adam DPS – May to December 2017</b></p> <p>MMcD 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 Finance team with Midlands &amp; 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.</p> <p><b><i>The committee received this report and agreed to convene and oversee a working group to consider the future of the DPS.</i></b></p>	MMcD (AOR)
FR18/34	<p><b>Better Care Fund Update</b></p> <p>MMcD provided an update on the Better Care Fund, noting that the CCG is in the process of submitting Q3 plans.</p> <p><b><i>The committee received this verbal update.</i></b></p>	
FR18/35	<p><b>Individual Funding Request Service Q3 2017/18</b></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 General Surgery treatments/interventions.</p> <p>The committee noted the quarterly IFR report was comprehensive.</p> <p><b><i>The committee received this report.</i></b></p>	

No	Item	Action
<i>IT</i>		
FR18/36	<p><b>IM&amp;T Draft Terms of Reference</b></p> <p>MMcD presented the draft terms of reference for the Information Management &amp; Technology (IM&amp;T) Steering Group, which have been agreed by the group.</p> <p><i>The committee approved the IM&amp;T terms of reference.</i></p>	
<i>Performance</i>		
FR18/37	<p><b>CCG Improvement and Assurance Framework Q2 2017/18</b></p> <p>As agreed under item <i>FR18/28 Action points from the previous meeting</i>, the committee noted that future CCG IAF reports will no longer be presented to the F&amp;R Committee. Updates will be provided at Integrated Performance meetings with exception reports taken to Governing Body for further scrutiny.</p> <p>MMcD highlighted positive performance on the IAF report, noting that the CCG is 25<sup>th</sup> out of 207 CCGs for 18 week RTT.</p> <p><i>The committee received this report.</i></p>	
FR18/38	<p><b>Quality Premium Report</b></p> <p>JL presented the Quality Premium Report, which outlines the Quality Premium requirements for 2017/18 performance to date.</p> <p>The committee noted the following positive performance:</p> <ul style="list-style-type: none"> <li>• improved cancer performance in Q3.</li> <li>• generally good performance for Anti-Microbial Resistance.</li> </ul> <p><i>The committee received this report.</i></p>	
<i>Prescribing</i>		
FR18/39	<p><b>Prescribing Spend Report – Month 8 2017/18</b></p> <p>SL presented the prescribing report for Month 8 (November 2017).</p> <p>It was noted that at Month 8, the CCG is forecast to be underspent by 3.5%, when the 1.5% efficiency factor is applied to the CCG prescribing budget of £22.508m.</p> <p>SL noted that the format of the prescribing budget table has been revised to help ensure clarity. GB provided positive feedback on the format.</p> <p><i>The committee received this report.</i></p>	
FR18/40	<p><b>CCG Approval of Primary Care Rebate Schemes (PCRS)</b></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>	

No	Item	Action
	<p>The committee reviewed the policy and agreed that no changes were required.</p> <p><b><i>The committee approved the policy for approving Primary Care Prescribing Rebate Schemes.</i></b></p>	
<i>Committee Governance</i>		
FR18/41	<p><b>F&amp;R Committee Terms of Reference</b></p> <p>The committee reviewed the F&amp;R Committee Terms of Reference and agreed that no changes were required. The Terms of Reference are to be recommended to the Governing Body for approval.</p> <p><b><i>The F&amp;R Committee Terms of Reference are to be recommended to the CCG Governing Body for approval.</i></b></p>	MMcD
<b>Minutes of Steering Groups to be formally received (taken as read)</b>		
FR18/42	<p><b>Minutes of Steering Groups to be formally received</b></p> <ul style="list-style-type: none"> <li>• <b>Information Management &amp; Technology (IM&amp;T) Steering Group – November 2017</b></li> <li>• <b>Sefton Property Estates Partnership (SPEP) Steering Group – December 2017</b></li> </ul> <p>The committee received the minutes of the IM&amp;T Steering Group meeting in November 2017 and the SPEP Steering Group meeting in December 2017.</p> <p>Re. IM&amp;T - MMcD noted that a meeting is being arranged, involving CCG representatives, to discuss progress to date on the Cheshire and Merseyside Health and Care Partnership Digital Workstream.</p> <p>Re. SPEP - MMcD reported that the disposal of 90-92 Poulton Road is in process, further to approval at the last F&amp;R Committee meeting in January 2018.</p>	
<b>Closing business</b>		
FR18/43	<p><b>Any Other Business</b></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&amp;R Committee at the last meeting on 17<sup>th</sup> 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&amp;R Committee meeting in January, as the CCG had been informed by M&amp;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>	

No	Item	Action
	<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 and noted that a financial strategy update would be brought to the next F&amp;R Committee meeting on 21<sup>st</sup> March 2018. The committee noted that the timescales are tight.</p>	TK / SL HN
FR18/44	<p><b>Key Issues Review</b></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><b>Date of Next Meeting</b></p> <p>Wednesday 21<sup>st</sup> March 2018, 10.30am to 12.30pm</p> <p>Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ</p>	

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

**Date:** Thursday 25<sup>th</sup> January 2018, 09:00 – 12:00

**Venue:** The Marshside Surgery, 117 Fylde Road, Southport PR9 9XP

<b>Membership</b>		
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 Mimnagh	Chair & Governing Body Member (SSCCG)	AM
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
<b>Ex Officio Member</b>		
Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
<b>In Attendance</b>		
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
<b>Apologies</b>		
Dr Andy Mimnagh	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
<b>Minutes</b>		
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><b>Welcome, Introductions &amp; Apologies</b></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><b>Declarations of Interest</b></p> <p>None were reported other than those staff holding dual roles within the CCGs.</p>	
18/03	<p><b>Minutes &amp; Key issues log of the previous meeting</b></p> <p>Subject to the following amendments the minutes were deemed to be an accurate reflection:</p> <ul style="list-style-type: none"> <li>Date of the meeting on October minutes should state 26<sup>th</sup> October 2017 and not 28<sup>th</sup> September 2017</li> <li>Membership attendance tracker requires completion for October and November 2017</li> </ul> <p>The Key issues logs for both Governing Bodies were deemed to be an accurate reflection.</p>	

No	Item	Actions
18/04	<p><b>Matters Arising / Action Tracker</b></p> <p><b>SFCCG 17/181 &amp; SSCCG17/207 - CQUIN Update – Advise on local deviation of national CQUIN</b></p> <p><b>Update:</b> 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&amp;O contract meeting held on 17<sup>th</sup> January 2018.  <b>Outcome:</b> Committee agreed to close the action</p> <p><b>17/191(i) S&amp;O CQC Regulation 10 / Section 65 - S&amp;O Communication Plans &amp; Stakeholder Briefings Re; Maternity and RTT</b></p> <p><b>Update:</b> 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 &amp; Gynaecology medical rotas.  <b>Outcome:</b> Closed</p> <p><b>17/199 EPEG Key Issues</b></p> <p><b>Update:</b> 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.  <b>Outcome:</b> Closed</p> <p><b>17/218(i) CCG representation at the EPaCCS Task &amp; Finish Group</b></p> <p><b>Update:</b> BD has confirmed that she will be raising this with MH on her return from annual leave. Request to close this action.  <b>Outcome:</b> Closed</p> <p><b>17/218(ii) EPaCCS to be added to the Quality Committee Workplan</b></p> <p><b>Update:</b> JW has added to the Joint Quality Committee Workplan. Request to close this action.  <b>Outcome:</b> Closed</p> <p><b>17/220(i) Provider Performance Reports. S&amp;O Urgent Care Performance Against the NHSI Agreed Trajectory</b></p> <p><b>Outcome:</b> Carried forward to next meeting</p> <p><b>17/220(ii) Provider Performance Reports. Dermatology Case Examples – Low Clinical Value</b></p> <p><b>Update:</b> No further evidence found  <b>Outcome:</b> Closed</p>	

No	Item	Actions
	<p><b>17/220(iii) Provider Performance Reports Mersey Care NHS Foundation Trust (Mental health Contract) – Psychotherapy &amp; Eating Disorder Service Treatment Commencing Within 18 Weeks of Referral</b></p> <p><b>Update:</b> DF has informed GJ of this action. Request to close this action. <b>Outcome:</b> Close</p> <p><b>17/222 CCG Information to the CQC for S&amp;O</b></p> <p><b>Update:</b> BP has actioned this. Request to close this action. <b>Outcome:</b> Closed</p> <p><b>17/225(i) EPEG Key Issues. CCG Complaints Report</b></p> <p><b>Update:</b> JW has added to the Joint Quality Committee Workplan. Request to close this action. <b>Outcome:</b> Closed</p> <p><b>17/225(ii) EPEG Key Issues. CCG Complaints Report to be Presented to the Next Meeting</b></p> <p><b>Update:</b> Agenda item at meeting scheduled for 25<sup>th</sup> January 2018. Request to close this action. <b>Outcome:</b> Closed</p>	
18/05	<p><b>Chief Nurse Report</b></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 &amp; 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&amp;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&amp;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&amp;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><b>Action:</b></p> <p><b>18/05(1) Urgent Care Bulletin</b> 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><b>18/05(2) CCG Corporate Risk Register</b> Quality Team to liaise with the CCGs' commissioning and performance teams to review the risk register and ensure that all apparent risks for S&amp;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 22<sup>nd</sup> January 2018 to support quality assurance during these times of pressure. The Trust reported at this meeting 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 15<sup>th</sup> 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><b>C&amp;M Quality Surveillance Group Tri-partite Report</b></p> <p>BP presented the report to the Committee which is submitted to the NHSE Cheshire &amp; Merseyside Quality Surveillance Group. The Committee noted the exception information contained within the report which included for :</p> <ul style="list-style-type: none"> <li>• Local provider acute and community trusts</li> <li>• Local care homes and domiciliary care providers</li> <li>• Local Primary Care / General Practice</li> </ul> <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><b>Action:</b></p> <p><b>18/06 St Joseph's Hospice CQC Registration Category</b></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><b>Quality Risk Register</b></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><b>Safeguarding Quarterly Report</b></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"> <li>• 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.</li> <li>• 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.</li> </ul>	

No	Item	Actions
18/09	<p><b>Safeguarding Alerts on EMIS</b></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><b>Non-Medical Prescribing Policy</b></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><b>Action:</b></p> <p><b>18/10 Non-Medical Prescribing Policy</b></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><b>Controlled Drugs Occurrence Report</b></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><b>Complaints Overview Report</b></p> <p>DF presented the CCG Complaints Report to the Committee which contained an overview of complaints and PALS contacts in Q1 &amp; Q2 2017/18. The Committee received the report.</p>	
18/13	<p><b>EPEG Key Issues Log</b></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><b>Corporate Governance Support Group Key Issues Report</b></p> <p>The Corporate Governance key issues report was noted and received by the Committee.</p>	
18/15	<p><b>Corporate Governance Support Group Terms of Reference</b></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><b>GP Quality Lead Update</b></p> <p>An update was given by DrDC.</p>	
18/17	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>• CQUIN Update – This will be an agenda item at the next meeting.</li> <li>• Provider Quality Account Presentations – A date has been set for May 2018. The event this year is being facilitated by LCCG.</li> <li>• Provider CIP Presentations – A date has been set in March 2018. LCCG is co-ordinating this event.</li> <li>• Domestic Homicide Review – A domestic homicide review for Sefton will be published later this week. Provider action plans are in place.</li> <li>• MRSA – SFCCG have been notified of a possible community attributable case of MRSA. The CCG will be chairing the PIR meeting when set.</li> </ul>	



No	Item	Actions
18/18	<p><b>Key Issues Log (issues identified from this meeting)</b></p> <p><b>SFCCG</b></p> <p><b>Non-Medical Prescribing Policy</b> - 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><b>MRSA</b> – SFCCG have been notified of a possible community attributable case of MRSA. The CCG will be chairing the PIR meeting when set.</p> <p><b>CCG Corporate Risk Register</b> - Quality Team to liaise with the CCGs' commissioning and performance teams to review the risk register and ensure that all apparent risks for S&amp;O were included on Quality Risk Register.</p> <p><b>SSCCG</b></p> <p><b>Non-Medical Prescribing Policy</b> - 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><b>CCG Corporate Risk Register</b> - Quality Team to liaise with the CCGs' commissioning and performance teams to review the risk register and ensure that all apparent risks for S&amp;O were included on Quality Risk Register.</p>	
18/19	<p><b>Date of Next Meeting and notice of apologies</b></p> <p>Date: Thursday 22<sup>nd</sup> February 2018</p> <p>Time: 0900hrs-1200hrs</p> <p>Venue: Boardroom, 3<sup>rd</sup> 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 Southport and Formby CCG Minutes

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

<b>Southport and Formby CCG Members present</b>		
Helen Nichols	Lay Member (Chair)	HN
Gill Brown	Lay Member	GB
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
<b>South Sefton CCG Members present</b>		
Graham Morris	Lay Member (Chair)	GM
Graham Bayliss	Lay Member	GB
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
<b>In attendance</b>		
Martin McDowell	Chief Finance Officer, SFCCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SFCCG	AO
Phil Rule	Interim Chief Accountant, SFCCG	PR
Adrian Poll	Audit Manager, MIAA	AP
Georgia Jones	Manager, Grant Thornton	GJ
<b>Apologies</b>		
Robin Baker	Audit Director, Grant Thornton	RB
Michelle Moss	Local Counter Fraud Specialist, MIAA	MM
<b>Minutes</b>		
Tahreem Kutub	PA to Chief Finance Officer, SFCCG	TK

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

Name	Position	April 17	May 17	July 17	Oct 17	Jan 18
Helen Nichols	Lay Member (Chair)	✓	✓	✓	✓	✓
Gill Brown	Lay Member	✓	✓	A	A	✓
Jeff Simmonds	Secondary Care Doctor and Governing Body Member	✓	✓	✓	A	✓
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	✓	✓			
Jerri Lewis	Audit Manager, KPMG	N	N			
Gordon Haworth	Assistant Manager, Public Sector Audit, KPMG	✓	✓			
Robin Baker	Audit Director, Grant Thornton			A	✓	A
Georgia Jones	Manager, Grant Thornton			✓	A	✓

No	Item	Action
A18/01	<p><b>Introductions and apologies for absence</b></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 Southport and Formby CCG and South Sefton CCG. GM, Chair of the South Sefton CCG Audit Committee, chaired this meeting.</p> <p>Apologies for absence were received from Robin Baker and Michelle Moss.</p>	
A18/02	<p><b>Declarations of interest</b></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 Southport &amp; Formby Clinical Commissioning Group or NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport &amp; Formby Audit Committee are listed in the CCG's Register of Interests. The register is available via the CCG website at the following link:  <a href="http://www.southportandformbyccg.nhs.uk/about-us/our-constitution">www.southportandformbyccg.nhs.uk/about-us/our-constitution</a>.</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:  <a href="http://www.southseftonccg.nhs.uk/about-us/our-constitution">www.southseftonccg.nhs.uk/about-us/our-constitution</a>.</p> <p><b>Declarations of interest from today's meeting</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• JS declared he is a member of both of the respective governing bodies for Southport and Formby CCG and South Sefton CCG.</li> <li>• Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG.</li> </ul> <p>It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	
A18/03	<p><b>Minutes of the previous meetings and key issues</b></p> <p><b><u>Part A: Southport and Formby CCG</u></b></p> <p>The minutes of Part A of the previous meeting on 11<sup>th</sup> 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 A of the previous meeting.</p> <p><b><u>Part B: Joint CCG</u></b></p> <p>The minutes of Part B of the previous meeting on 11<sup>th</sup> 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>	

A18/04	<p><b>Action points from previous meetings</b></p> <p><b><u>Part A: Southport and Formby CCG</u></b></p> <p><b><i>A17/78: MIAA Insight: CCG Assurance Framework Benchmarking</i></b> MMcD reported that reviews of the Governing Body Assurance Framework (GBAF) are yet to be carried out against the risk themes reported by the Assurance Framework Review report. Action still open. MMcD confirmed 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.</p> <p><b><i>A17/89: Introductions and apologies for absence</i></b> The resolution for each of the following items from Part A of the last Audit Committees in Common meeting on 11<sup>th</sup> October 2017 was ratified: <i>A17/91: Minutes of the previous meetings and key issues</i> <i>A17/93: Losses and Special Payments (write-off of loss associated with Alexander Court Care Home; value: £2,302.08)</i> <i>A17/98: Corporate Risk Register and Governing Body Assurance Framework (GBAF)</i></p> <p>Action closed.</p> <p><b><i>A17/89: Introductions and apologies for absence</i></b> HN confirmed Susan Lowe (Practice Manager at The Village Surgery and Governing Body member of the CCG) has joined the Audit Committee to fill the vacant Practice Manager Governing Body Member position. She will be attending the next Audit Committees in Common meeting on 23<sup>rd</sup> April 2018. Action closed.</p> <p><b><i>A17/92: Action points from previous meetings (A17/84: Information Governance Bi-Monthly Report)</i></b> MMcD confirmed the review of the issue of hardcopy documents with patient data on CCG floors at Merton House is yet to be actioned. Action still open. He noted that the CCG had sourced extra lockable furniture, which will help address this action.</p> <p><b><i>A17/93: Losses and Special Payments</i></b> GB and JS have approved the write-off of the loss associated with Alexander Court Care Home (value: £2,302.08), further to agreement for write-off at the last Audit Committee meeting on 11<sup>th</sup> October 2017. HN notified AOR of the outcome prior to this meeting. Action closed.</p> <p><b><i>A17/93: Losses and Special Payments</i></b> A further letter was sent to Southport and Ormskirk Hospital NHS Trust on 24<sup>th</sup> November 2017, regarding the Trust's total outstanding debt for 2015/16 and 2016/17. This letter outlined the CCG position, seeking resolution as soon as possible. An update on the outstanding debt will be given under item A18/12. MMcD confirmed that a Southport and Ormskirk Contract Dispute meeting is scheduled to take place between the CCG, NHS England and NHS Improvement on 26<sup>th</sup> January 2018. Action closed.</p> <p><b><i>A17/93: Losses and Special Payments</i></b> The outstanding debt associated with Southport and Ormskirk Hospital NHS Trust was included on the agenda for the Finance &amp; Resource Committee meeting on 22<sup>nd</sup> November 2017. Action closed.</p> <p><b><i>A17/94: Audit Committee Recommendations Tracker</i></b> AOR confirmed a full review of all actions in response to the Audit Committee</p>	
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Recommendations Tracker will be progressed before 31<sup>st</sup> March 2018. It was agreed to close this action.

**A17/98: Corporate Risk Register and Governing Body Assurance Framework (GBAF)**

MMcD noted that the Leadership Team has reviewed risks on the Corporate Risk Register, where the score does not improve post mitigation. The Leadership Team has moderated the scores and highlighted some discrepancies for further investigation. Action closed.

**A17/99: Register of Interests**

MMcD noted that the last email requesting Conflicts of Interest and Gifts and Hospitality returns was circulated in August 2017. The email is therefore not being issued on a quarterly basis. He confirmed that subsequent emails have been issued to follow up with those who have not responded to the email. To be discussed further under item A18/14. Action closed.

**Part B: Joint CCG**

**A17/104: Losses and special payments**

The resolution for the following item from Part B of the last Audit Committees in Common meeting on 11<sup>th</sup> October 2017 was ratified.

*A17/108: Review of Remuneration Committee Procedures 2013 – 2017.*

Action closed.

**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.

**A17/108: Review of Remuneration Committee Procedures 2013 – 2017**

HN and GM confirmed the following.

- 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.

GM confirmed he would contact Debbie Fairclough (QIPP Programme Manager) regarding progress on the below action.

- 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.

GM

**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 11<sup>th</sup> October 2017. It was noted that future IG training in 2018 onwards will be online only. Action closed.

**A17/111: Any other business**

**Format of Audit Committees in Common meeting**

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.	MMcD
<i>Audit and Anti-Fraud Specialist</i>		
<b>A18/05</b>	<p><b>Audit Committee Recommendations Tracker</b></p> <p>PR presented the recommendations tracker. The committee discussed the format of the tracker and any improvements that could be made. HN highlighted the importance of maintaining the detail within the tracker.</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><b><i>The committee received this report.</i></b></p>	PR
<b>A18/06</b>	<p><b>MIAA Internal Audit Progress Report</b></p> <p>AP provided an overview of the Internal Audit Progress Report. He highlighted the following:</p> <ul style="list-style-type: none"> <li>• MIAA have completed an audit to evaluate the robustness of the processes 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.</li> <li>• 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.</li> <li>• Audit work relating to conflicts of interest and information governance is in progress.</li> </ul> <p>HN enquired about the mechanism for obtaining third party assurance on systems and processes operated on behalf of the CCG by NHS Shared Business Services. PR and MMcD to review this issue.</p> <p><b><i>The committee received this report.</i></b></p>	PR & MMcD
<b>A18/07</b>	<p><b>Review of NFI Matches</b></p> <p>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><b><i>The committee received this verbal update.</i></b></p>	
<b>A18/08</b>	<p><b>Anti-Fraud Proactive Detection Exercise: Minor Ailment Review</b></p> <p>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><b><i>The committee received this report.</i></b></p>	
<b>A18/09</b>	<p><b>External Audit Plan</b></p> <p>GJ presented the External Audit Plan, providing an overview of the planned</p>	

	<p>scope and timing of the audit of Southport and Formby CCG. She highlighted the significant risks identified, materiality and Value for Money arrangements, as detailed in the report.</p> <p><b><i>The committee approved the external audit plan.</i></b></p>	
<b>A18/10</b>	<p><b>External Audit Progress Report</b></p> <p>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><b><i>The committee received this report.</i></b></p>	
<b>Risk</b>		
<b>A18/11</b>	<p><b>Governing Body Assurance Framework, Corporate Risk Register and Heat Map</b></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>HN raised concerns about the number of 'red rated' risks on the CRR and heat map and asked for this to be escalated to the Governing Body for review. MMcD to action.</p> <p>GB highlighted a risk related to the turnover rate of executive and board level staff at Southport &amp; Ormskirk Hospital and asked for this to be included within the CRR. MMcD to review and action.</p> <p><b><i>The committee approved the updates to the GBAF and CRR subject to the addition of the risk related to Southport &amp; Ormskirk Hospital discussed at the meeting.</i></b></p>	<p>MMcD</p> <p>MMcD</p>
<b>Governance</b>		
<b>A18/12</b>	<p><b>Losses, Special Payments and Aged Debt</b></p> <p>AOR provided an update on losses, special payments and aged debt since the last report presented to the Audit Committee on 11<sup>th</sup> 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 provided the following update on the two invoices that are above the £5k threshold and greater than 6 months old.</p> <p><u>Southport &amp; Ormskirk NHS Trust (value £49,770)</u> This debt will be cancelled in accordance with NHS guidance.</p> <p><u>Southport &amp; Ormskirk NHS Trust (value £669,664)</u> This matter has been referred to NHS England for expert determination.</p> <p><b><i>The committee received this report.</i></b></p>	

A18/13	<p><b>Scheme of Delegation</b> 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><b>Register of Interests</b> 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. GB noted errors relating to her entry in the ROI and confirmed she has notified the Corporate Business Manager about this.</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>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>	<p>MMcD</p> <p>MMcD</p> <p>MMcD</p>
A18/15	<p><b>Anti-Fraud Bribery and Corruption Policy and Response Plan 2017/18</b> 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><b>Policy Tracker</b> 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 &amp; 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><b>Information Governance Bi-Monthly Report</b> 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>	PR



	<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 23<sup>rd</sup> April 2018. The committee agreed to provide delegated authority to HN and MMcD to review and sign the Southport and Formby IG toolkit. TK to arrange a teleconference between MMcD and HN to review and sign-off the IG toolkit.</p> <p><b><i>The committee received this report.</i></b></p>	HN / MMcD / TK
<b>A18/18</b>	<p><b>Committee Work Plan 2018/19</b> 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><b><i>The committee received the committee work plan for 2018/19.</i></b></p>	AOR
<b>A18/19</b>	<p><b>Committee Meeting Dates 2018/19</b> MMcD presented the committee meeting dates for 2018/19.</p> <p><b><i>The committee received the committee meeting dates for 2018/19.</i></b></p>	
<b>A18/20</b>	<p><b>Key Issues reports of other committees</b></p> <ul style="list-style-type: none"> <li>• Finance and Resource Committees September and October 2017</li> <li>• Joint Quality Committee August, September and October 2017</li> <li>• Joint Commissioning Committee October 2017</li> </ul> <p><b><i>The committee received the key issues of the Finance and Resource Committee, Joint Quality Committee and Joint Commissioning Committee meetings.</i></b></p>	
<b>A18/21</b>	<p><b>Any other business</b> No items of other business were raised at this meeting.</p>	
<b>A18/22</b>	<p><b>Key Issues Review</b> MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues Report to Governing Body.</p>	
	<p><b>Date and time of next meeting</b> 23<sup>rd</sup> April 2018 11.00am to 1.30pm 3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL</p>	

## S&F NHSE Joint Commissioning Committee Draft Minutes – Part I

Date: Wednesday 21 February 2018, 09:00:09:45am  
 Venue: Ainsdale Centre for Health & Wellbeing, 164 Sandbrook Road, Ainsdale PR8 3RJ

<b>Members</b>		
Gill Brown	S&F CCG Lay Member (Chair)	GB
Jan Leonard	S&F CCG Chief Redesign and Commissioning Officer (Vice Chair)	JL
Dr Rob Caudwell	S&F CCG Clinical Chair	RC
Dr Kati Scholtz	S&F CCG Clinical Vice Chair	KS
Alan Cummings	NHSE Senior Commissioning Manager	AC
Susanne Lynch	Head of Medicines Management, S&F CCG	SL
<b>Attendees:</b>		
Sharon Howard	NHSE Programme Manager General Practice Forward View	SH
Maureen Kelly	Healthwatch Sefton	MK
Angela Price	Primary Care Lead, S&F CCG	AP
Pippa Rose	SFCCG Quality	PR
Oladayo Bisarin	Student Nurse, Quality Team Placement, S&F CCG	OB
<b>Minutes</b>		
Clare Touhey	S&F CCG Senior Administrator	CT

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

Name	Membership	Feb 2018	Apr 2018	Jun 2018	Aug 2018	Oct 2018	Dec 2018
<b>Members:</b>							
Gill Brown	S&F CCG Lay Member (Chair)	✓					
Helen Nichols	S&F CCG Lay Member	A					
Jan Leonard	S&F CCG Chief Redesign and Commissioning	✓					
Dr Rob Caudwell	S&F CCG Clinical Chair	✓					
Dr Kati Scholtz	S&F CCG Clinical Vice Chair	✓					
Susanne Lynch	S&F CCG Head of Medicines Management	✓					
Brendan Prescott	Deputy Chief Nurse and Quality Officer	A					
Alan Cummings	NHSE Senior Commissioning Manager	✓					
<b>Attendees:</b>							
Jan Hughes	NHSE Assistant Contract Manager	A					
Sharon Howard	Programme Manager General Practice Forward View	✓					
Angela Price	Primary Care Programme Lead	✓					
Maureen Kelly	Healthwatch Sefton	✓					
Dwayne Johnson	Sefton MBC Director of Social Services and Health	N					
Joe Chattin	Sefton LMC	N					
Anne Downey	NHSE Finance	N					

No	Item	Action
SFNHSE 18/11.	<p><b>Introductions and apologies</b> Apologies were received as noted above.</p>	
SFNHSE 18/12.	<p><b>Declarations of interest</b> Committee members are 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 Southport and Formby 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>	
SFNHSE 18/13.	<p><b>Minutes of the previous meeting</b> The minutes of the last meeting held on 14 December 2017 were agreed as an accurate record.</p>	
SFNHSE 18/14.	<p><b>Action points from the previous meeting</b> The action tracker was discussed and updated.</p>	
SFNHSE 18/15.	<p><b>QNI/QNIS Voluntary Standards for General Practice Nursing Education and Practice</b> PR attended the meeting today to present the report from the Queen's Nurse Institute. This is aimed at benchmarking and highlighting what Practice Nurses do; future models of care are more reliant on PNs however there is no bespoke Primary Care modules on university course and these standards hope to address this.</p> <p>It also looks at the sustainability of the workforce; a strategic workforce plan is being developed and will be distributed.</p> <p>RC gave feedback that there is a wider issue over the differing roles of nursing teams across practices with no clarity. There is lots of variation in skills, experience and education. There is no mandate from the LMC as to what an ANP needs. The aim of this report is to standardise roles. MK noted that for the public an understanding of who they are talking to is essential; also to educate public that the correct clinician may not be a GP.</p> <p>PR also noted to Committee that approximately a third of nurses are due to retire in the next three years. GB recognised that this is an issue for this Committee.</p> <p>PR noted that this is being looked at under the GPFV on a Cheshire &amp; Merseyside footprint for workforce development; this includes recruitment and retention and also looking at having mentors for newly qualified nurses in primary care. This will be discussed at the Operational Group and will be added as a key issue for this Committee.</p>	Key Issue

SFNHSE 18/16.	<p><b>Enhanced Access update</b></p> <p>AP updated the Committee that a plan is in place to provide enhanced access to primary care for pre-bookable and same day appointments until 8pm Mon-Fri and some Saturday/Sunday access by 01/10/18. The specification is almost ready and has been created by a working group. At the moment the procurement options are being considered with the initial idea to procure for Oct 2018-Sep 2020 in line with the end of the OOH contract and then re-procure, however guidance is awaited from NHSE. There have also been discussions of having an interim provider for 6-9 months; however re-procuring for a shorter period after may not be as attractive to providers. A paper is due to go to the Governing Body with the aim to go to advert for procurement in March.</p> <p>GB expressed concern for patients' confusion for how they should access services; AP explained that there will be three routes to access services: through GP as normal at the practice, via the 'hub' for enhanced access or via 111. They are also looking to introduce e-consulting to hub for advice/pharmacy further down the line.</p> <p>The Committee discussed the implication of the Enhanced Access and the following observations were made:</p> <ul style="list-style-type: none"> <li>• Any interim provider would have to fulfil certain criteria for e.g. access to pt records;</li> <li>• The provider would need to mobilise quickly;</li> <li>• The provider would need to provide assurance regarding workforce;</li> <li>• GB noted that patients would want assurance that there are GPs with local knowledge – AP noted that larger organisations cannot be disadvantaged.</li> <li>• RC queried if damage to in-hours primary care has been considered; JL noted that it is not prescriptive how the service is staffed however RC expressed concerns that locums may prefer to work for the hub thus damage the workforce available to in-hours primary care. It was agreed to add this to the Risk register. GB expressed concerns that this is not an additional service but stretching an existing workforce even more that could impact negatively on existing services.</li> <li>• GB asked for feedback from Healthwatch. MK noted that the public find it attractive to go to GP in the evenings and whilst RC noted that some practices already offer this, it was noted that because practices offer different services the public do not understand the 'rules'.</li> <li>• It was noted that the 'hub' will be a physical place – using premises already in existence.</li> <li>• This is a hugely challenging piece of work for primary care in this area.</li> </ul>	Risk register / key issue
SFNHSE 18/17.	<p><b>Report from Operational Group and Decisions</b></p> <p>JL wished to note the challenges in the Crosby locality and that list closures are being managed.</p>	

<p>SFNHSE 18/18. &amp; SFNHSE 18/19</p>	<p><b>GPFV Operational Plan / Primary Care Programme Report</b> AP/ SH updated the Committee as follows:</p> <ul style="list-style-type: none"> <li>• 10 High Impact Action Learning sets are still ongoing.</li> <li>• New resilience funding coming; this is going out to Primary Care Leads on Monday. GB wished to see this report; it will be an agenda item at the next meeting.</li> <li>• Active Signposting training for reception/administrative staff is still ongoing.</li> <li>• International recruitment – bid was successful. SH noted that a planning meeting is taking place next Tuesday and the next stage is to identify our cohort. Recruitment begins in July and should be completed by December. Procurement has taken place for a recruitment provider for our region; they will then go to the EU to source candidates. A prospectus is to be developed for this area to attract candidates. GB requested further update at next meeting.</li> <li>• Estates: Martin McDowell is leading on this; PID document has been finalised and gone to NHSE – JL has been chasing and there is nothing outstanding from the CCG. Update to be provided for next meeting.</li> </ul>	<p>CT (agenda item)  CT (agenda item)  CT (agenda item)</p>
<p>SFNHSE 18/20.</p>	<p><b>Healthwatch Feedback</b> MK updated the Committee as follows:</p> <ul style="list-style-type: none"> <li>• Variability of access – there is confusion as access to practices is different – the more information that can be provided the better.</li> <li>• Trinity Practice – MK queried if it is merging with St Marks Medical Centre. AC confirmed that this cannot happen as they are on different contracts however there is a plan to co-locate – there is information about this on Trinity's website for patient engagement with this.</li> </ul>	
<p>SFNHSE 18/21.</p>	<p><b>Primary Care Development</b> JL has been out to all localities and will collating the feedback to present to this Committee.</p>	<p>JL</p>
<p>SFNHSE 18/22.</p>	<p><b>Delegated Commissioning</b> JL advised Committee that the Wider Constituent Group members will be canvassed next week at the WCG meeting to agree if the CCG will become fully delegated. The outcome of this will be presented to the Governing Body.</p>	
<p>SFNHSE 18/23.</p>	<p><b>Key Issues Log</b> The key issues report was discussed and updated with the following issues:</p> <ul style="list-style-type: none"> <li>• The impact on workforce following enhanced access;</li> <li>• Nursing workforce issues to be added;</li> <li>• Estates</li> </ul>	
<p>SFNHSE 18/24.</p>	<p><b>Any Other Business</b> KS requested a change of schedule for these meetings to be changed to a Thursday. CT to follow up on this.</p>	
	<p><b>Date of next meeting</b> Wednesday 18 April 2018 at 10:00am – 11:00am. Salvation Army Southport Corps, 65 Shakespeare Street, Southport PR8 5AJ <b>(subject to possible change as per AOB)</b></p>	