

Governing Body Meeting in Public Agenda

Date: Wednesday, 30 July 2014 at 1.00pm to 4.00pm

Venue: Formby Christian Fellowship, 93 Church Road, Formby

- 13.00 Members of the public may highlight any particular areas of concern/interest and address questions to Board members. If you wish, you may present your question in writing beforehand to the Chair.
- 13.15 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		
Dr Rob Caudwell	Chair and Clinical Director	(RC)
Dr Niall Leonard	Clinical Vice Chair and Clinical Director	(NL)
Helen Nichols	Vice Chair and Lay Member, Governance	(HN)
Roger Pontefract	Lay Member, Patient & Public Engagement	(RP)
Dr Doug Callow	GP Clinical Director	(DC)
Dr Hilal Mulla	GP Clinical Director	(HM)
Dr Kati Scholtz	GP Clinical Director	(KS)
Dr Jeff Simmonds	Secondary Care Doctor	(JS)
Colette Riley	Practice Manager, Governing Body Member	(CR)
Fiona Clark	Chief Officer	(FLC)
Martin McDowell	Chief Finance Officer	(MMcD)
Debbie Fagan	Chief Nurse	(DF)
Peter Morgan	Deputy Chief Executive, Sefton MBC (co-opted member on behalf of Margaret Carney)	(PM)
Also in attendance		
Linda Williams	Safeguarding Clinical Lead Edge Hill University	(LW)
Jan Leonard	Chief Redesign & Commissioning Officer	(JL)
Tracy Jeffes	Chief Delivery and Integration Officer	(TJ)
Karl McCluskey	Chief Strategic Planning and Outcomes Officer	(KMcC)
Apologies		
Dr Martin Evans	GP Clinical Director	(ME)
Paul Ashby	Practice Manager, Governing Body Member	(PA)
Minutes		
Bronagh Slater	Business Manager	(BS)

No	Item	Lead	Report	Receive/ Approve	Time
Governance					
GB14/93	Apologies for Absence	Chair		R	13.30
GB14/94	Declarations of Interest regarding agenda items	All		R	
GB14/95	Register of Interests	-	✓	R	
GB14/96	Hospitality Register	-	✓	R	
GB14/97	Minutes of Previous Meeting	Chair	✓	A	13.35
GB14/98	Action Points from Previous Meeting	Chair	✓	R	
GB14/99	Business Update	Chair		R	13.40
GB14/100	Chief Officer Report	FLC	✓	R	13.45
GB14/101	Governing Body Assurance Framework a) Q4 2013/14 b) Q1 2014/15	TJ	✓	A	13.50
GB14/102	Annual Governance Statement	MMcD	✓	R	14.00
Finance and Quality Performance					
GB14/103	Corporate & Quality Performance Report	KMcC/ DF	✓	R	14.10
GB14/104	Finance Report	MMcD	✓	R	14.20
GB14/105	CCG Annual Audit Letter 2013/14	MMcD	✓	R	14.30
Service Improvement / Strategic Delivery					
GB14/106	Nurse Membership of the Governing Body	RC	✓	A	14.40
GB14/107	Peer Style Safeguarding Review	DF/LW	✓	A	15.10
GB14/108	Safeguarding Policy	DF	✓	A	15.20
For information					
GB14/109	Emerging Issues	ALL		R	15.30
GB14/110	Key issues reports from committees of Governing Body:- - Quality Committee - Audit Committee - Finance & Resources Committee	RC HN HN	✓	R	15.40
GB14/111	Audit Committee Minutes	-	✓	R	15.50
GB14/112	Quality Committee Minutes	-	✓	R	
GB14/113	Finance & Resource Committee Minutes	-	✓	R	
GB14/114	Merseyside CCG Network Minutes	-	✓	R	
GB14/115	Health and Wellbeing Board Minutes	-	✓	R	

No	Item	Lead	Report	Receive/ Approve	Time
GB14/116	Locality Meetings - a) South Locality b) Formby Locality c) Central Locality d) North Locality	-	✓	R	

Closing Business					
GB14/117	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting.</i>				16.00
GB14/118	Date, Time and Venue of Next Meeting of the Governing Body to be held in Public <i>Wednesday, 24 September 2014 at 13.00 at the Family Life Centre</i>				-
Estimated meeting close					16.10

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 of be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960).

Register of Interests

Jun-14

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
Rob Caudwell	13.05.13	Chair, Governing Body Member	Partner, Marshside Surgery	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
Niall Leonard	17.05.13	Vice Chair, Governing Body Member	Director, Caudwell Medical Services Ltd Director, Allbright Domestic Services Partner, Roe Lane Surgery	Personal Family	None None	No action required No action required	
Martin Evans	08.05.13	Governing Body Member	GP Principal, Grange Surgery Member, Sefton LMC	Personal Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
Hilal Mulla	20.05.13	Governing Body Member	GP Partner, Corner Surgery	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
Helen Nichols	14.01.2014	Vice-Chair, Governing Body Lay Member	Governor & Vice-Chair, St Luke's Church of England Primary School, Formby Professor, Chemistry Dept, University of Liverpool	Personal Family	None None	No action required No action required	

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
			Shadow Governor of Southport and Ormskirk Hospitals NHS Trust	Personal	Personal	No action required	
Roger Pontefract	01.05.13	Governing Body Lay Member	Owner, Roger Pontefract & Associates Chair, Sefton Partnership for Older Citizens Trustee, Formby Pool Trust Trustee, Formby Land Trust	Personal Personal Personal Personal	None None None None	No action required No action required No action required No action required	
Jeff Simmonds	06.05.13	Governing Body Member	Nil return Employed by Liverpool Community Healthcare Trust	Family	Decision making re Liverpool Community Healthcare Trust	No action required Exclusion from decision making around Liverpool Community Healthcare Trust	
Fiona Clark	03.05.12	Chief Officer, Governing Body Member	Dual role as CO between Southport & Formby CCG and South Sefton CCG	Personal	In the event of an issue between Southport & Formby CCG and South Sefton CCG	Each of the CO and CFO to work specifically for one CCG pending resolution of the issue	
Martin McDowell	02.05.13	Chief Finance Officer, Governing Body Member	Dual role as CFO and Deputy CO between Southport & Formby CCG and South Sefton CCG	Personal	In the event of an issue between Southport & Formby CCG and South Sefton CCG	Each of the CO and CFO to work specifically for one CCG pending resolution of the issue	
Debbie Fagan	13.05.13	Chief Nurse, Governing Body Member	Employed by Liverpool Community Healthcare Trust	Family	Decision making re Liverpool Community Healthcare Trust	Exclusion from decision making around Liverpool Community Healthcare Trust	
Kevin Thorne	02.07.13	Employee	Dual role as CN between Southport & Formby CCG and South Sefton CCG Nil return	Personal None	None None	No action required No action required	
Susanne Lynch	15.07.13	Employee	Employed to run patient clinics at Churchtown Medical Centre Husband employed as superintendent pharmacist for pharmacy owned by Churchtown Medical Centre	Personal Family	Decision directly affecting Churchtown Medical Centre Decision directly affecting Churchtown Medical Centre	None required, employee does not work in a capacity which can affect decision making in this area None required, employee does not work in a capacity which can affect decision making in this area	
Malcolm Cunningham	24.06.13	Employee, Committee Member	Brother in law (Mark Harrison-North) trustee for Dovehaven Care homes Practising Optometrist - Yates & Suddell Optometrists	Family	Decision directly affecting Care Homes	None required, employee does not work in a capacity which can affect decision making in this area	
Sara Boyce	10.07.13	Employee	Nil return	None	None	No action required, practising outside of CCG area.	
Billie Dodd	15.07.13	Employee, Committee or Sub-Committee Member	Nil return	None	None	No action required	

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
Chloe Rachelle	09.07.13	Employee	Nil return	None	None	No action required	
Cathy Loughlin	21.06.13	Employee	Nil return	None	None	No action required	
Karen Lloyd	21.06.13	Employee	Nil return	None	None	No action required	
Becky Williams	21.06.13	Employee	Nil return	Personal	None	No action required	
Sandra Craggs	24.06.13	Employee	Nil return	None	None	No action required	
Ruth Menzies	24.06.13	Employee	Nil return	None	None	No action required	
Stephen Astles	24.06.13	Employee	Wife is a ward manager at Broadgreen Hospital	None	None	No action required	
Terry Stapley	24.06.13	Employee	Nil return	None	None	No action required	
Brendan Prescott	25.06.13	Employee, Committee or Sub-Committee Member	Wife is an employee of University Hospitals Aintree NHS Foundation Trust	Family	none	Exclusion from decision making in connection to University Hospitals Aintree NHS Foundation Trust	
Tina Ewart	21.06.13	Employee	Julian Richard Donagh Tuson, Consultant Interventional Radiologist, at Aintree Hospital NHS	Family	none	Exclusion from decision making in connection to University Hospitals Aintree NHS Foundation Trust	
Philippa Rose	27.06.13	Employee	Nil return	None	None	No action required	
Gillian Beardwood	27.06.13	Employee	Nil return	None	None	No action required	
Alison Lucy Johnston	01.07.13	Employee	Nil return	None	None	No action required	
Clare Shelley	01.07.13	Employee	Husband employed by neighbouring NHS Organisation CQQ CSU	Family	Decision making regarding CSU SLA.	Exclusion from decision making process around CSU SLA.	
Janet Fay	29.06.13	Employee	Nil return	None	None	No action required	
Jenny Kristiansen	02.07.13	Employee	Nil return	None	None	No action required	
Christine Barnes	25.06.13	Employee	Work as a pharmacist in Boots Store 1152, 31-39 Chapel Street, Southport. 2 days a week	Personal	None	No action required	
Thomas Roberts	08.07.13	Employee	Nil return	None	None	No action required	
Angela Parkinson	15.07.13	Employee	Nil return	None	None	No action required	
Sarah McGrath	15.07.13	Employee	Nil return	None	None	No action required	
Michael Scully	15.07.13	Employee	Nil return	None	None	No action required	
Alain Anderson	15.07.13	Employee	Nil return	None	None	No action required	
Jane Ayres	15.07.13	Employee	Nil return	None	None	No action required	
Jennie Birch	15.07.13	Employee	Nil return	None	None	No action required	
Lyn Cooke	15.07.13	Employee	Nil return	None	None	No action required	
Sue Crump	15.07.13	Employee	Nil return	None	None	No action required	
Tracey Cubbin	15.07.13	Employee	Nil return	None	None	No action required	
Emma Dagnall	15.07.13	Employee	Nil return	None	None	No action required	
Fiona Doherty	15.07.13	Employee	Nil return	None	None	No action required	
Laura Doolan	15.07.13	Employee	Nil return	None	None	No action required	
Sheila Dumbell	25.07.13	Employee	Nil return	None	None	No action required	
Adam Gamston	15.07.13	Employee	Nil return	None	None	No action required	

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
Paul Halsall	15.07.13	Employee	Nil return	None	None	No action required	
James Hester	15.07.13	Employee	Nil return	None	None	No action required	
Terry Hill	15.07.13	Employee	Nil return	None	None	No action required	
Tracy Jeffes	15.07.13	Employee	Nil return	None	None	No action required	
Zita Johnson	15.07.13	Employee	Nil return	None	None	No action required	
Jennifer Johnston	15.07.13	Employee	Nil return	None	None	No action required	
Nicole Cowan	15.07.13	Employee	Nil return	None	None	No action required	
Gary Killen	23.07.13	Employee	Nil return	None	None	No action required	
Jan Leonard	15.07.13	Employee	Nil return	None	None	No action required	
Suzanne Lynch	15.07.13	Employee	Nil return	None	None	No action required	
Sarah McGrath	15.07.13	Employee	Nil return	None	None	No action required	
Moirá McGuinness	15.07.13	Employee	Nil return	None	None	No action required	
Geraldine O'Carroll	15.07.13	Employee	Nil return	None	None	No action required	
Colette Page	15.07.13	Employee	Nil return	None	None	No action required	
Indira Patel	15.07.13	Employee	Nil return	None	None	No action required	
Sejal Patel	25.07.13	Employee	Nil return	None	None	No action required	
Sean Reck	15.07.13	Employee	Nil return	None	None	No action required	
Tracy Reed	15.07.13	Employee	Nil return	None	None	No action required	
Helen Roberts	15.07.13	Employee	Nil return	None	None	No action required	
Shaun Roche	15.07.13	Employee	Nil return	None	None	No action required	
Diane Sander	15.07.13	Employee	Nil return	None	None	No action required	
Jane Tosi	15.07.13	Employee	Nil return	None	None	No action required	
Jane Uglow	03.07.13	Employee	Nil return	None	None	No action required	
Jenny White	15.07.13	Employee	Nil return	None	None	No action required	
Melanie Wright	15.07.13	Employee	Nil return	None	None	No action required	
Christopher Brennan	15.07.13	Employee	Nil return	None	None	No action required	
Caroline Gunson	15.07.13	Employee	Nil return	None	None	No action required	
Dr Christine Randall	20.11.2013	Member and Practice Representative	GP Cumberland House Surgery	Personal Husband Dr N J Leonard also Director	Husband is Chair of S&F CCG Personal If discussions took place about commissioning of dermatology services where Virgin Care may bid	No action required at this time No action required at this time	
Dr Bal Duper	01.01.2014	Employee, Committee or Sub-Committee Member	Full time GP in Manchester	Personal	Personal	No action required at this time	

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
Paul Ashby	16.5.2014	Governing Body Member	Practice Manager, Ainsdale Medical Centre	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
Dr Doug Callow	19.5.2014	Governing Body Member	Partner GP, Principal Chapel Lane Surgery Callow Medical Services Limited Company	Personal Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	Currently Appraisal work and any Pharma meetings I act as GP chair honorariums are paid through the company Occasionally I will chair clinical meetings for Pharma and receive an Honorarium. The meetings are educational and non promotional and fully meet ABPI requirements
Colette Riley	15.5.2014	Governing Body Member	Practice Manager, The Hollies Surgery Member of Finance Team and involved in NHS Contract Tenders	Personal Family	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
Dr Kati Scholtz	28.05.2014	Governing Body Member	GP Partner, Norwood Surgery	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
			Director Falcon Green	Personal			

**Hospitality Register
June – July 2014**

Recipient:	Nature of Gift / Hospitality:	Date Received	Approximate Value	Donated by:
Martin McDowell	2 tickets for exhibition at Tale Liverpool	5 June 2014	£20.00	Liverpool Sefton Health Partnership
Dr Rob Caudwell	Payment for chairing a clinical meeting	10 July 2014	£200.00	Pfizer

Governing Body Meeting in Public Minutes

Date: Wednesday, 28 May 2014 at 1.00pm to 4.00pm

Venue: The Family Life Centre, Ash Street, Southport PR8 6JH

- 13.00 Members of the public may highlight any particular areas of concern/interest and address questions to Board members. If you wish, you may present your question in writing beforehand to the Chair.
- 13.15 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		
Dr Rob Caudwell	Chair and GP	(RC)
Dr Niall Leonard	Clinical Vice Chair and GP	(NL)
Roger Pontefract	Lay Member, Engagement and Patient Experience	(RP)
Dr Doug Callow	GP	(DC)
Dr Martin Evans	GP	(ME)
Dr Hilal Mulla	GP	(HM)
Dr Kati Scholtz	GP	(KS)
Dr Jeff Simmonds	Secondary Care Doctor	(JS)
Colette Riley	Practice Manager	(CR)
Paul Ashby	Practice Manager	(PA)
Fiona Clark	Chief Officer	(FLC)
Martin McDowell	Chief Finance Officer	(MMcD)
Debbie Fagan	Chief Nurse	(DF)
Apologies		
Helen Nichols	Vice Chair and Lay Member, Governance	(HN)
Peter Morgan	Deputy chief Executive, Sefton MBC (co-opted member on behalf of Margaret Carney)	
Also in attendance		
Jan Leonard	Chief Redesign and Commissioning Officer	(JL)
Karl McCluskey	Chief Strategy and Outcomes Officer	(KMcc)
Billie Dodd	Head of CCG Development	(BD)
Brendan Prescott	Deputy Head of Quality and Safety	(BP)
Suzanne Lynch	Head of Medicines Management	(SL)
Hannah Chellaswamy	Deputy Director of Public Health, Sefton MBC	(HC)
Janice Horrocks	Programme Sponsor Care Closer to Home, Southport & Ormskirk NHS Trust / Southport and Formby CCG / West Lancs CCG	(JH)

The meet was preceded by a presentation by Nanette Mellor, Neurosupport
On the Sefton Research Report

No	Item	
GB14/60	Apologies for Absence Apologies for absence were received from Helen Nichols and Peter Morgan	
GB14/61	Declarations of Interest regarding agenda items The CCG Officers who hold dual posts at both NHS Southport and Formby CCG and NHS South Sefton CCG declared their potential conflicts of Interest. Mr Pontefract declared a potential conflict of interest in agenda item GB14/77 Drs Callow, Caudwell, Evans and Mulla, Mr Ashby and Ms Riley declared potential conflicts of interest in agenda item GB14/73	
GB14/62	Register of Interests The contents of the register of interests were noted.	
GB14/63	Hospitality Register The Governing Body noted that Dr Mulla had added an item to the Hospitality Register.	
GB14/64	Minutes of Previous Meeting Minutes of the previous meeting were noted as a true and accurate record.	
GB14/65	Action Points from Previous Meeting Actions from the previous meeting were approved as appropriate.	
GB14/66	Business Update Dr Caudwell presented this verbal update and asked the Governing Body to note that in relation to: Primary Care investment – there has been substantial investment identified to improve primary care quality including access to Public Health and intermediate care. These improvements are expected to improve access to health care services overall. Co commissioning – the CCG is considering submitting an expression of interest for some of the responsibility for co-commissioning primary care with NHS England.	
GB14/67	Chief Officer Report Ms Clark presented the Chief Officer report and noted that the constitution had been approved by the wider membership and submitted to NHS England.	
GB14/67	The Governing Body noted that there had been a pleasing response to 360 degree survey, comparative results showing an improvement on last year. Areas requiring further improvement will be included in the development plan. In relation to co-commissioning, the Patient Engagement and Experience Group will be asked to advise on public engagement. The Governing Body further noted the new corporate objectives for 2014/15. The Governing Body noted the content of the Chief Officer Report.	

No	Item	
GB14/68	<p>Corporate Performance Report</p> <p>Mr McCluskey presented the Quarter 4 corporate performance report, and drew attention to a number of areas.</p> <p>Hospital acquired infection, MRSA - 0 cases at end of March.</p> <p>CDIFF has continued to be challenging.</p> <p>There were a total of 45 cases against a target of 38 for the year.</p> <p>Emergency admissions performed well and achieved target for year end.</p> <p>Mixed sex accommodation continues to be a challenge. These breaches are generally in high dependency areas. Ms Fagan noted that the CCG has been assured that these breaches occurred to maintain patient safety and those patients and their families had been consulted prior to the patients being placed in mixed sex accommodation. The CCG will support the provider but also hold them to account as this is a constitutional right of the patient to be treated in single sex accommodation.</p> <p>Mr Pontefract noted that at the last EPEG meeting a presentation in relation to the Friends and Family Test is being shared with other Trusts as an example of good practice.</p> <p>The Governing Body noted the content of the Corporate Performance Report.</p>	
GB14/69	<p>Quality Performance Report</p> <p>Ms Fagan noted that part of her report had been covered in previous reports, and drew attention to the following salient points.</p> <p>The first Health Economy Workshop has been held and the Governing Body noted the introduction of a single route cause analysis tool that will follow the patient through their pathway of care.</p> <p>Dr Caudwell invited Dr Callow to comment on the quality performance report. Dr Callow noted the continuation of good relationships and the requirement for an improvement in discharge summaries from the Trust to primary care.</p> <p>Ms Clark noted the challenge of ensuring all issues are captured via the Localities</p>	
GB14/69	<p>A member of the public asked the following question:</p> <p><i>“Who decided on 2% reduction in relation to a reduction in non-elective admissions, what is the baseline for this calculation and and is this reduction based on headcount or value?”</i></p> <p>Mr McCluskey noted that the national requirement is 15% and having taken advice from NHS England the CCG have created a model which has been tested. There will be a transfer of some services from secondary care to primary care and this is expected to result in a reduction of elective admissions by 2%. This will provide the CCG with the required progress towards the 15% required reduction.</p> <p>These figures are based on unplanned activity and the numbers relate to patients.</p> <p>The Governing Body noted the contents of the Quality Performance Report.</p>	

No	Item	
GB14/70	<p>Financial Performance Report Month 12 – 2013/14</p> <p>Mr McDowell presented this report. The report was taken as read and the Governing Body noted that the CCG was overspent in relation to operational budgets but the overspend would be addressed by the reserves.</p> <p>Pressures in quarter 4 included increased Trust activity, which will require careful monitoring going forward as this could present at risk to the CCG.</p> <p>Overall this has been a pleasing performance by CCG in its first financial year.</p> <p>The Governing Body noted the contents of the Financial Performance Report for Month 12 – 2013/2014.</p>	
GB14/71	<p>2014/2015 Revised Financial Budgets</p> <p>Mr McDowell presented this report which was taken as read.</p> <p>The report reflected the revised opening position, the Governing Body was asked to note reduction in commissioning reserves in order to adequately fund the budget lines.</p> <p>The Governing Body approved the revised financial budgets.</p> <p>There is a small level of unidentified QIPP that will be addressed in the strategic financial plan.</p> <p>Ms Clark noted that running costs will be an area of focus for the CCG in the coming year.</p> <p>The Governing Body noted the contents of the Revised Financial Budgets Report.</p>	

No	Item	
GB14/72	<p>(a) Five Year Strategic Plan</p> <p>Mr McCluskey gave an overview of the drafting of the Five Year Strategic Plan focussing on the identified priorities. The plan is a joint strategic plan between South Sefton CCG and Southport and Formby CCG. Mr McCluskey noted some key demographics which have influenced the plan. He further noted that the overall population is reducing, however the population of residents aged 75+ is increasing. The contribution of key stakeholders has been brought together, in conjunction with a profile of the population which has resulted in the production of this Five Year Strategic Plan.</p> <p>Attention was drawn to the key priorities, Frail Elderly, Unplanned Care, and Primary Care Transformation, which are underpinned by a number of transformation programmes. Mr McCluskey commented that Programme Leads have been appointed for all areas who will report to the new Service Improvement Redesign Committee.</p> <p>This document will be published as a public facing document by the end of June 2014. Ms Fagan welcomed the incorporation of the public voice in the Five year Strategic Plan.</p> <p>Ms Clark further noted that the Wellbeing model will be added to the Five Year Strategic Plan.</p> <p>The Governing Body noted the contents of the Five Year Strategic Plan and endorsed the five items in the paper and noted that the reflections from the meeting would be included in the revised paper.</p> <p>(b) Five Year Financial Plan</p> <p>Mr McDowell presented this report and noted that a number of assumptions had been made. Mr McDowell focussed on the first two years of the plan for which allocations are known. Mr McDowell noted that the CCG is currently funded above target for the population. He noted that the CCG may face reduced growth in year three. He further noted that real growth was less than the rate of inflation. The Governing Body noted that QIPP plans require further development; however, investment plans can go ahead. As savings are made, these will be converted to investment opportunities. Over the next five years the CCG will aim to move towards the 5% target savings. Mr McDowell further recommended that the CCG should aim to be 0% above target at the end of the time period. The CCG will continue to benchmark against other CCGs.</p> <p>The Governing body noted the assumptions that have been made in relation to the drafting of the financial strategic plan. Any significant variations will be brought back to the Governing Body for approval.</p> <p>The Governing Body noted the contents of the Five Year Strategic Plan.</p>	

No	Item	
GB14/73	<p>Prescribing Performance Report</p> <p>Mr Prescott presented this report, which was circulated in advance of the meeting.</p> <p>Dr Caudwell requested clarification as to the final year spend as this report relates to Month 11. Mr McDowell noted that the month 12 figures have been received and that variations were considered to be immaterial in terms of audit.</p> <p>Dr Leonard asked for an explanation in relation to an underspend of 7%. Mr Prescott noted that this most likely related to initial allocations, top slicing of community prescribing and patient demographic.</p> <p>The Governing Body noted the contents of the Prescribing Performance Report.</p>	
GB14/74	<p>Annual Report and Accounts</p> <p>Mr McDowell noted that this report is provided to advise the Governing Body as to the process of the drafting of the Annual Report and Accounts.</p> <p>Mr McDowell asked all Governing Body members to declare that they had nothing further to advise which would affect the report or final accounts.</p> <p>The Governing Body noted the invitation to The Audit Committee to approve the Annual Accounts</p> <p>The Governing Body noted the contents of the Annual Reports and Accounts Report.</p>	
GB14/75	<p>Audit Committee Annual Report 2014</p> <p>Mr McDowell referred the Governing Body to the audit committee annual report and noted the significant assurance reported by Mersey Internal Audit (MIAA).</p> <p>Mr Caudwell noted that this was a very pleasing outcome for the first year of the CCG and represented good governance procedures.</p> <p>The Governing Body noted the contents of Audit Committee Annual Report.</p>	
GB14/76	<p>Francis Report and Action Plan</p> <p>Ms Fagan noted that the report should be dated May 2014 and that the Governing Body is being asked to receive this report.</p> <p>Ms Clark asked for clarification of progress against one outstanding action with a completion date of May 2014. Ms Fagan noted that this action was no longer outstanding.</p> <p>Mr Pontefract thanked Ms Fagan for the work completed at Quality Committee and for bringing this update to the Governing Body.</p> <p>The Governing Body noted the update on the Francis Report and Action Plan.</p>	
GB14/77	<p>Sefton Strategy for Older Citizens 2014 – 2019</p> <p>Mr Thorne presented this report and noted that the strategy has eight objectives and is intended to give a voice to older citizens to provide safe and effective services.</p> <p>Mr Thorne noted that no extra funding is required as the strategy is based on actions that should already be in place.</p> <p>Dr Caudwell thanked Mr Thorne for his work, in particular for the engagement activities that that have taken place in the local community.</p> <p>The Governing Body noted the content of the Sefton Strategy for Older Citizens 2014 – 2019.</p>	

No	Item	
GB14/78	<p>Primary Care Update</p> <p>Ms Leonard presented this report and noted that approval had been received from the Approvals Committee in May. A minimum contract price has been agreed and discussed at the Wider membership meeting. The Governing Body noted the anticipated start date for the Primary Care Quality Contract for 1st August 2014.</p> <p>Ms Fagan advised the meeting, of the Approvals Panel and its functions and the steps taken to avoid conflicts of interest.</p> <p>Dr Leonard commented that this was a success story locally with increasing engagement from the membership.</p> <p>The Governing Body noted the Primary Care Update.</p>	
GB14/79	<p>Revised Governance Structures 2014</p> <p>Ms Clark presented the updated Governance Framework which includes a review of a number of functions and drew attention to the structure of the Approvals Committee and the steps taken to avoid conflicts of interest.</p> <p>The Governing Body noted the revised Governance Structures 2014.</p>	
GB14/80	<p>Care Closer to Home – Update</p> <p>Ms Horrocks apologised for quality of the reproduction of the table in her report and drew attention to the following salient points.</p> <p>MS Horrocks noted that the purpose of Care Closer to Home is to support patients to better manage their care due to deteriorations in their condition without resorting to access to secondary care providers. This service is also extended to patients who require step down services. Ms Horrocks further noted the use of technology that has been provided to patients to support and monitor their conditions.</p> <p>Dr Simmonds requested clarification of the reduced length of stay. Ms Horrocks requested that this data be ignored as it is incomplete. Mr McDowell requested that this data is tested.</p> <p>Mr Pontefract commented that this there is an increasing opportunity to utilise technology to support this area. Ms Horrocks agreed and noted that there is a requirement to support the receivers of this data to act on the data received. Ms Clark noted that there are a number of local resources that require further investigation.</p> <p>The Governing Body noted the Care Closer to Home update.</p>	JH
GB14/81	<p>Transforming the Mental Health Commissioning Landscape in Southport and Formby CCG</p> <p>Mr Jones presented this report and gave a background to the development of the recently constituted task group. He noted that visits have been made to some local providers and some gaps have been identified. A roadmap is being developed and patient recovery has been identified as a key focus of this group. Robust data collection and analysis is being undertaken and this will contribute to future commissioning recommendations. Dr Mulla reinforced this update and noted that a seamless service from birth to death is the aim of this task group. Ms Chellaswamy asked for an identified link to the Suicide Prevention Strategy and offered Pat Nichol from Public Health as a contributing member of this group.</p>	

No	Item	
GB14/81	<p>MS Clark noted that no further substructures will be developed outside of the Health and Well-being board.</p> <p>Mr Pontefract commented that he gave his full support to this report, however, noted the zero growth in Health and Social Care spend.</p> <p>Dr Evans noted concerns in relation to improvements required in the development of seamless services.</p> <p>Dr Leonard noted that there is an opportunity to give feedback in relation to improved Mental Health Training within GP post grad training.</p> <p>Dr Caudwell noted that a number of patients who present with mental health issues as a consequence of acute illness.</p> <p>The Governing Body noted the Transforming the Mental Health Commissioning Landscape in Southport and Formby CCG Report.</p>	
GB14/82	<p>Out of Hours Pharmacy Services Review</p> <p>Mr Prescott presented this report and noted that the service in Litherland Town Hall provision has been reviewed and the CCG is now undertaking a consultation exercise to establish what service would meet the needs of the local community.</p> <p>The Governing Body noted the Out of Hours Pharmacy Services Review</p>	
GB14/83	<p>Key issues reports from committees of Governing Body:-</p> <p>- Audit Committee</p> <p>The Governing Body noted the contents of the Audit Committee Key Issues Report.</p>	
GB14/84	<p>Audit Committee Minutes</p> <p>The Governing Body noted the contents of the Audit Committee minutes.</p>	
GB14/85	<p>Quality Committee Minutes</p> <p>The Governing Body noted the contents of the Quality Committee minutes.</p>	
GB14/86	<p>Finance & Resource Committee Minutes</p> <p>The Governing Body noted the contents of the Finance and resource Committee Minutes</p>	
GB14/87	<p>Merseyside CCG Network Minutes</p> <p>The Governing Body noted the contents of the Merseyside CCG Network minutes.</p>	
GB14/88	<p>Health and Wellbeing Board Minutes</p> <p>The Governing Body noted the contents of the Health and Wellbeing Board Minutes.</p>	
GB14/89	<p>Medicines Management Operational Group Minutes</p> <p>The Governing Body noted the contents of the Medicines Management Operational Group Minutes.</p>	
GB14/90	<p>Locality Meetings -</p> <p>(i) Ainsdale & Birkdale Locality</p> <p>(ii) Formby Locality</p> <p>(iii) Central Locality</p> <p>(iv) North Locality</p> <p>The Governing Body Noted the contents of the Locality Committee minutes.</p>	

No	Item	
GB14/91	Any other Business - no items of other business	
GB14/92	Date, Time and Venue of Next Meeting of the Governing Body to be held in Public <i>Wednesday, 30 July 2014 at 1.00pm at the Family Life Centre</i>	

Dr Caudwell read the following statement.

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).

Non Governing Body members left the meeting.

**Governing Body Meeting in Public
Actions**

Wednesday, 28 May 2014 at 1.00pm to 4.00pm

No	Item	Action
GB14/71	Revised Financial Budgets There is a small level of unidentified QIPP that will be addressed in the strategic financial plan	MMcD
GB14/72	Five Year Strategic Plan The Five Year Strategic Plan will be published as a public facing document by the end of June 2014. A Wellbeing model will be added to the Five Year Strategic Plan	KMcC KMCM
GB14/80	Care Closer to Home In relation to data for reduced length of stay – MMcD requested that this data be tested.	JH

Southport and Formby Clinical Commissioning Group

MEETING OF THE GOVERNING BODY July 2014	
Agenda Item: 14/100	Author of the Paper:
Report date: July 2014	Fiona Clark Chief Officer fiona.clark@southportandformbyccg.nhs.uk Tel: 0151 247 7061
Title: Chief Officer Report	
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's monthly update.	
Recommendation The Governing Body is asked to receive this report by way of assurance.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
X	Improve quality of commissioned services, whilst achieving financial balance.
X	Achieve a 1% reduction in non-elective admissions in 2014/15.
X	Implementation of 2014/15 phase of Virtual Ward plan.
X	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
X	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
X	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
X	Review the population health needs for all mental health services to inform enhanced delivery.

Process	Yes	No	N/A	Comments/Detail <i>(x those that apply)</i>
Patient and Public Engagement			X	
Clinical Engagement			X	

Southport and Formby Clinical Commissioning Group

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
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 and Formby Clinical Commissioning Group

Report to Governing Body July 2014

1. NHSCC – Board Elections

- 1.1. NHS Clinical Commissioners (NHSCC) are supporting CCGs to be the best they can be by ensuring an effective voice and influencing in the national debate on clinical commissioning and how it moves forward, demonstrating CCG success visibly to the 'system', to politicians and to patients/public, reinforcing the system leadership role of clinical commissioning to best meet the needs of patients, and providing clarity on what needs to happen to strengthen and augment that role as well as raising the visibility of NHSCC as the 'go to' authoritative place to speak with clinical commissioners at a national level. Membership continues to be very strong at > 80% across the country and growing.
- 1.2. NHSCC was originally established & governed by the 3 founding partner organisations with a selected Leadership Group helping to shape and steer with Dr Amanda Doyle & Dr Steve Kells playing an increasingly key role since late 2012. It published the manifesto – *'Making change happen : A CCG Manifesto for a high quality, sustainable NHS'* launched on 1 May is also a key way in which they bring a number of these to life and this governs the work programme & focus for this year.
- 1.3. NHSCC is now in 'new mode' being fully member led, governed & focused, with a new NHSCC Board established in July 2014- Dr Steve Kells and Dr Amanda Doyle as Co-Chairs and former interim President & Chair now operating as Senior Advisors. The new Board members meet on the 24 July for the inaugural Board meeting. The places on the Board are based on the Current co-Chairs of the Leadership Group (until end June 2015 when up for re-election by the Board). There are now ten geographical constituencies built from natural CCG networks / groupings. Each with one place with the three largest areas having two places each. There is one Board place for each of our 6 networks/forums Mental Health Commissioners Network (MHCN), Ambulance Commissioners Network (ACN), Core Cities Network, Lay members network, Finance Forum, CCG Leaders Forum, Nurse Forum, 3 senior advisors from our founding partner organisations and the NHSCC Director–Julie Wood.
- 1.4. Katherine Sheerin-Chief Officer Liverpool CCG and Dr Gora Bangi have been elected to serve the North West zone.

2. Transforming Localities – Reconnecting Teams

- 2.1. Work is now gaining momentum in terms of shaping the future model of care outside the hospital. One of the aims being to develop GP led localities with a renewed partnership between GP commissioners and providers of community services. Leadership is being provided through the Locality GP Leads, supported by the Dr Rob Caudwell and Billie Dodd and the wider constituent membership.
- 2.2. The objectives of this work programme are
 - Better outcomes for patients/carers/community
 - Locality focused care to meet local needs.
 - More integrated care across the whole age range and care spectrum
 - Clinicians in the driving seat
 - Service changes and developments shaped and influenced by the local community
 - Involvement of community, voluntary, faith sector

Southport and Formby Clinical Commissioning Group

- Improved relationships between care providers
 - Integrated commissioning between CCG/Local Authority
 - Political 'buy-in'
- 2.3. The outcomes we would aim to see over the next 5 years will include
- Clear, affordable models of provision designed around localities
 - Sustainable change owned by locality
 - Improved health and social care outcomes
 - Increased staff satisfaction
- 2.4. This forms part of the schemes of work of the strategic plan and through the Project Management Office (PMO) progress will be reported back to the governing body.

3. Referral to Treatment (RTT)

- 3.1. Nationally, NHSE have identified additional funding support to assist providers in the delivery of 18 weeks waiting times for planned activity. The allocation for Merseyside, including provision for Specialised commissioned services. The allocation is currently being prescribed to providers and is conditional upon targeting patients currently waiting in excess of 18 weeks, with a requirement to deliver this activity across July and August only.
- 3.2. Aintree have indicated that, given their strong performance on all RTT standards, including 18 weeks, that they do not feel that they are in a position to enhance activity further over July and August. Southport & Ormskirk have developed a plan for additional activity during the two months.
- 3.3. The national guidance on the RTT allocation has been dynamic and further guidance and direction is expected as we move forward.

4. Workforce Symposium

- 4.1 On July 9th 2014, I led a workforce symposium for colleagues from all sectors of health and social care within Merseyside. The event was also attended by local colleges, universities and leading workforce development organisations.
- 4.2 The session looked the challenges we face across the system in terms of workforce planning now and in the future, with a view to identifying actions that we could initiate locally. The event was lively and participative with a wealth of ideas generated.
- 4.3 A view clearly emerged from the group that there is a real need for us to work collaboratively to bring about changes that as individual organisations would be impossible to make. As a result of the session it was proposed that a working group will be set up to take forward the ideas and develop a plan of action.

5. Quality Items

5.1 CQC Inspection Judgement – Liverpool Women’s Hospital

The judgements from the recent inspection of Liverpool Women’s Hospital have been recently published on the Care Quality Commission (CQC) website. The Trust has been given 2 enforcement actions in the areas of Staffing and Quality & Suitability of Management. The CCG Quality Team has liaised with Liverpool CCG who is the co-ordinating

Southport and Formby Clinical Commissioning Group

commissioners for the Trust and will be kept informed of any required actions and next steps. The CCG are represented at the provider Quality Contract Meeting and this recent report has been discussed at the CCG Quality Committee in July 2014.

5.2 Merseyside Quality Surveillance Process

- 5.2.1 A Quality Review Meeting took place with Alder Hey Children's Hospital in June 2014 Chaired by NHS England (Merseyside). The Trust improvement action plan was discussed. A follow-up meeting is scheduled towards the end of July 2014 to coincide with the outcome of the recent CQC inspection. The CCG are represented at the provider Quality Contract Meeting and this recent report has been discussed at the CCG Quality Committee in July 2014.
- 5.2.2 A Single Item Quality Surveillance Group meeting is scheduled for the beginning of August 2014 to discuss quality issues relating to the Royal Liverpool & Broadgreen University Hospitals NHS Trust. The CCG are represented at the provider Quality Contract Meeting and this development has been discussed at the CCG Quality Committee in July 2014. The outcome of the Single Item Quality Surveillance Group will be reported to the CCG Quality Committee meeting in August 2014.

5.3 Patient Safety / Safer Staffing / Open & Honest Reporting

- 5.3.1 Local acute trust provider information was published in the public domain nationally on NHS Choices for the first time in June 2014. The domains identified were:
- Patient safety reporting
 - Infection control and cleanliness
 - Patients assessed for blood clots
 - NHS England patient safety notices
 - Care Quality Commission national standards
 - Recommended by staff
- 5.3.2 Local Trusts were identified as being outliers as follows:
- Southport & Ormskirk Hospitals NHS Trust (Ormskirk site) – Recommended by staff
 - Southport & Ormskirk Hospitals NHS Trust (Southport site) – Care Quality Commission standards; Recommended by staff
 - Royal Liverpool & Broadgreen University Hospital Trust – Patient safety reporting
 - Aintree University Hospital NHS Foundation Trust – Care Quality Commission Standards
- 5.3.3 The above has recently been discussed / will be discussed at the next Quality Contract Meetings. Aintree University Hospital NHS Foundation Trust and South Sefton CCG have queried with NHS England (Merseyside) the provider rating for CQC Standards due to the Trust being rated 'GOOD' in the most recent inspection visit that has previously been reported to the Governing Body. This recent provider reporting within the public domain has been discussed at the CCG Quality Committee in July 2014.

Southport and Formby Clinical Commissioning Group

5.4 Continuing Health Care Integrated Workshops – CCG and Sefton Council

5.4.1 Continuing Health Care (CHC) remains a risk for the CCG as detailed within the Corporate Risk Register. The CCG and Sefton Council have commenced a series of joint workshops to develop an integrated approach to the management of CHC across Sefton. The first workshop took place in June 2014 with the next follow-up event planned for the end of July 2014.

5.5 Compassion in Practice (6C's)

5.5.1 The Compassion in Practice 6 C's week of action is scheduled for 21 July 2014 – 25 July 2014. The CCG is able to demonstrate and celebrate their strong commitment and achievements to date in implementing the 6 C's in their daily business. Examples to support this include a presentation to the Health & Wellbeing Board, the development of the CCG Francis Action Plan, the CCG Organisational Development Plan and how we hold our commissioned providers to account for the purposes of assurance through the contracting process. The CCG has also commenced partnership working with local higher education providers regarding gaining the view of Dementia Champions, student quality ambassadors and care makers and building this into the development of the strategic plan.

5.6 Promoting the Voice of Children and Young People Within the Work of the CCG

5.6.1 The CCG is further developing the voice of the Children and Young People within the work of the CCG. Recent work has included:

- Evidence of the different mechanisms currently in place within the CCG that support the CCG in obtaining the voice of children and young people and how this is utilised within commissioning is to be presented to the Engagement and Patient Experience Group (EPEG) in August 2014
- The Safeguarding Service have been requested to present information to the EPEG meeting in August 2014 regarding how the voice of children and young people is heard from those who are involved with safeguarding and children looked after services
- The Chief Nurse attended a children and young people's voice celebration event in Southport in July 2014 which was a follow-up event to one that was attended in October 2013. Feedback and updates were provided regarding issues raised relating to car parking charges in Southport & Ormskirk Hospital NHS Trust, actions being taken to reduce the number of fast food outlets across Sefton; school meals – cost and quality; flu clinics for people who don't have English as a first language; substance misuse services

5.6.2 The CCG liaised with key partners such as Sefton Council (Children Services and Public Health Teams) and Southport & Ormskirk Hospitals NHS Trust. The Chief Nurse has committed for the CCG to attend a further event being planned by the Southport Schools later in 2014.

5.7 Supporting the CCG Aspiration to Become a Teaching CCG

5.7.1 The process for the CCG to be an accredited site for student placements is progressing well. The CCG are currently on schedule for the first cohort of pre-registration nursing students to gain experience within the CCG as part of their management module during the academic year 2014/15. Initially these students will be placed with the Quality Team.

Southport and Formby Clinical Commissioning Group

Plans are in place for the team to update their mentorship skills in order to undertake student assessments.

- 5.7.2 The CCG Research Strategy has been ratified at the Quality Committee in July 2014. This strategy has now been shared with Liverpool Community Health NHS Trust, Southport & Ormskirk Hospitals NHS Trust and West Lancashire CCG as requested by these partner organisations. The CCG has submitted a formal application for membership of the Collaboration for Leadership in Applied Health Research and Care (CLAHRC). A formal response is being awaited.

5.8 Corporate Parenting Board

- 5.8.1 The CCG attended the Corporate Parenting Board that was held in June 2014. A commissioning update was provided by the CCG regarding the development of the integration Child & Adolescent Health Services (CAMHS) Tier 3 service specification and the development of the multi-agency Children & Young People's Plan which will form part of the Sefton Mental Health Strategy.

- 5.8.2 Concerns are still being expressed by the elected members of the Corporate Parenting Board that the 'CAMHS' service name remains despite an earlier recommendation from an Overview and Scrutiny Committee Report that recommended a name change. The CAMHS provider representative on the Board took an action to work with the Children & Young People's Making a Difference Group representative to look at the possibility of an alternative name for the service and is also taking this action back to Alder Hey Children's Hospital for further discussion. The Chief Nurse took away an action to discuss within the Senior Management Team within the CCG the possibility of the providing work experience for Looked After Children as part of our Corporate Parenting Board responsibilities.

5.9 Local Safeguarding Children Board (LSCB)

- 5.9.1 The CCG attended the LSCB meeting that was held in June 2014. The LSCB discussed the Board self-assessment document and the progress regarding effectiveness that the members considered had been made to date. Health representatives present at the LSCB are planning to deliver a presentation at the next meeting which will outline health provider governance arrangements regarding safeguarding along with commissioner assurance systems that are in place both internally and with commissioned providers. Work is ongoing across the health system to further develop a health performance report that will meet the needs of the LSCB.

5.10 Local Safeguarding Adult Board (LSAB)

- 5.10.1 The CCG attended the LSAB meeting that was held in June 2014. The LSAB were presented with a paper regarding the roll-out across Sefton of the Do Not Attempt Resuscitation Policy (DNAR). The Safeguarding Service has submitted CCG information to be contained within the LSAB annual report and contributions were acknowledged. The CCG Chief Nurse informed the LSAB that staffing data and patient safety information for acute Trust providers had been published nationally in the public domain and asked if this was something that should be included in the health performance report as this is further developed to meet the needs of the Board.
- 5.10.2 Health representatives present at the LSCB are planning to deliver a presentation at the next meeting which will outline health provider governance arrangements regarding safeguarding along with commissioner assurance systems that are in place both internally and with commissioned providers.

Southport and Formby Clinical Commissioning Group

5.11 Mental Capacity Act (MCA) / Deprivation of Liberty Safeguards (DoLs)

5.11.1 A Mental Capacity Act (MCA) / Deprivation of Liberty Safeguards paper was recently presented to the June 2014 meeting of the Quality Committee regarding the by the Safeguarding Service. There are also some recommendations from the CCG Peer Review of Safeguarding regarding MCA and DoLs.

5.11.2 The Quality Committee have recommended that specific training be commissioned for the Governing Body as part of the CCG's on-going safeguarding development and appropriate training to be considered for delivery at a Primary Care Protected Learning Time event. The Chief Nurse has liaised with the CCG Chief Delivery & Integration Officer and the CCG Practice Nurse Facilitator to progress the commissioning of appropriate levels of training.

5.12 CCG Partnership Working to Support the Role of the Student Quality Ambassador / Caremaker Role Input Within Commissioning

5.12.1 The CCG Chief Nurse and Chief Strategic Planning & Outcomes Officer attended Edge Hill University in June 2014 and presented the CCG Strategic Plan as part of the engagement process in order to gain the views and suggestions from a group of student nurses who also fulfil the role of Student Quality Ambassadors, Caremakers and Dementia Champions.

5.12.2 The CCG received positive feedback regarding the contents of the plan and further feedback has been received for consideration. Plans are in place for the CCG to continue this partnership working and Edge Hill University will be undertaking a formal evaluation of the outcomes and value of the interactions between the students and the CCG at some point in 2015.

6. System Resilience Group (SRG)

6.1 The urgent care working groups have been rebadged as System Resilience Group (SRG) in an effort by NHS England to move winter planning towards whole system resilience. This now focuses on all year round planning and includes the management of elective work in particular the attainment of the 18 week referral to treatment standard. Guidance has been produced which sets out best practice requirements across planned and urgent and emergency care that each local system should reflect in their local plan, and the evolution of Urgent Care Working Groups into SRGs. To this end the urgent care working group, within the care closer to home programme Board in the Southport and Ormskirk health economy has now been rebadged as the Southport and Ormskirk System Resilience Group (SRG).

6.2 CCGs are expected to play a full role in leading these groups, ensuring that all partners across health and social care are included, whether commissioners or providers.

6.3 The Southport and Ormskirk Operational Resilience plan is being worked through with all partners including; the Local Authority, the Community, Voluntary & Faith sector, the Southport and Ormskirk NHS Trust and the West Lancashire CCG. Southport & Formby CCG have been allocated funding of £900,893.00 subject to successful assurance of the plans by NHSE Merseyside. The West Lancashire allocation is @£700k.

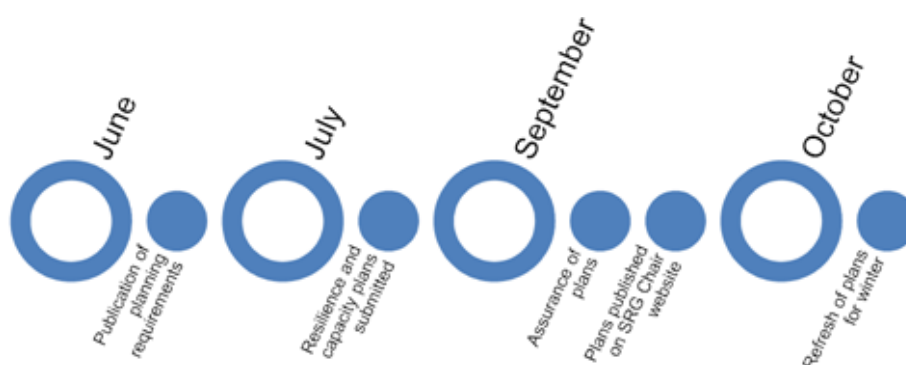
6.4 In the main, investment for the plan is likely to be focused on community services and its integration with Social care provision. This includes for example;

- Intermediate care
- Community Emergency response team

Southport and Formby Clinical Commissioning Group

- Ambulatory Emergency Care
- Weekend discharge team
- Primary Care capacity
- Discharge to Assess
- Additional resource to manage patients with Dementia

6.5 The plan will be reviewed at the care closer to home meeting of the 23rd of July and is to be signed off by the SRG key stakeholders by July 30th 2014. The full timeline is described below.



Link to full document at <http://www.england.nhs.uk/wp-content/uploads/2014/06/op-res-cap-plan-1415.pdf>

7. GP Survey

- 7.1 NHS England together with Ipsos MORI, published on the 3rd July 2014 the latest Official Statistics from the GP Patient Survey. The survey provides information on patients' overall experience of primary care services and their overall experience of accessing these services. <http://www.england.nhs.uk/statistics/2014/07/03/gp-patient-survey-2013-14/>
- 7.2 The results are based on aggregated data from the two most recent waves of the survey. This aggregation creates sufficiently large sample sizes to publish statistically robust results at GP practice level. Results are also published at national, Clinical Commissioning Group (CCG) and area team level.
- 7.3 The latest survey consisted of 2.63 million questionnaires sent out across two waves, from July to September 2013 and again from January to March 2014. Of these, 903,357 respondents completed and returned a questionnaire, resulting in a response rate of 34.3%.
- 7.4 The latest results, for 2013-14, are comparable with the corresponding aggregate results for 2012-13 (published in June 2013), and 2011-12 (published in June 2012).
- 7.5 The summary of results concludes that while the majority of patients continue to feel that they have a good experience of GP and out-of-hours services, the latest results show a reduction in the proportion of patients reporting on their experiences positively. This finding continues the downward trend in experience of GP and out-of-hours services since 2011-12.
- 7.6 We will continue to work with NHS England (Merseyside), though locally our CSU is to compile a report analysing the data, this will be shared via the primary care quality strategy board and considered as part of the CCG primary care transformation work.

Southport and Formby Clinical Commissioning Group

8. Healthwatch Sefton's Annual Report 2013/14

- 8.1 The Healthwatch Sefton's annual report has been received into the CCG on 30th June 2014. Areas covered in the report include;
- Engaging with local people
 - Statutory Activities and use of powers
 - Signposting and Information services
 - Independent complaints advocacy
 - Communications update
 - Working with key stakeholders
 - The year ahead
 - Financial information
 - Fact file
 - Experience reports

The link for this report is <http://www.healthwatchsefton.co.uk/news/healthwatch-sefton-annual-report>

9. Integration/Better Care Fund Update

- 9.1 The BCF provides an opportunity to transform local services so that people are provided with better integrated care and support. It encompasses a substantial level of funding to help local areas manage pressures and improve long term sustainability. The Fund will be an important enabler to take the integration agenda forward at scale and pace, acting as a significant catalyst for change. The BCF is a critical part of, and aligned to, the NHS two year operational plans and the five year strategic plans as well as local government planning that have been developed.
- 9.2 Unplanned admissions are by far the biggest driver of cost in the health service that the Better Care Fund can affect. Plans need to demonstrate clearly how they will reduce emergency admissions, as a clear indicator of the effectiveness of local health and care services in working better together to support people's health and independence in the community.
- 9.3 The Health and Wellbeing Board will need to propose their own performance pot based on their level of ambition for reducing emergency admissions – with a guideline reduction of at least 3.5 per cent. A proportion of our current performance allocation (i.e. area's share of the national £1bn performance element of the fund) will be paid for delivery of this target. That proportion will depend on the level of ambition of our target. Where local areas do not achieve their targets the money not released will be available to the CCGs, principally to pay for the unbudgeted acute activity.
- 9.4 The balance of our area's current performance allocation (i.e. the amount not set against the target for reduced admissions) will be available upfront to areas and not dependent on performance. Under the new framework, it will need to be spent on out-of hospital NHS commissioned services, as agreed locally by Health and Wellbeing Board.
- 9.5 This change will mean that while it is likely that the local authority will continue to receive the large majority of the Better Care Fund, the NHS will have the assurance that plans will include a strong focus on reducing pressures arising from unplanned admissions.
- 9.6 This change also means that, because of its importance in terms of driving wider savings, reductions in unplanned admissions will now be the sole indicator underpinning the pay for

Southport and Formby Clinical Commissioning Group

performance element of the BCF. Performance against the other existing metrics will no longer be linked to payment. However, there will be a requirement to see evidence of strong local ambition against them as part of the assurance of plans.

- 9.7 In addition, NHS England will issue a revised plan template which will request additional financial data around metrics, planned spend and projected savings. They will also provide further detailed guidance on the revised pay for performance and risk sharing arrangements. We expect that areas will be asked to submit revised plans and any further information at the end of the summer.
- 9.8 The CCG will continue to work closely with the Local Authority and consider its financial strategy accordingly in light of the guidance.

10. Approvals panel

- 10.1 Due to the triggers of the CCG conflict of interest policy, the approvals panel were required to meet on the 20 May 2014 to approve the local Primary Care Quality Scheme 14/15.
- 10.2 Work is now underway with CMCSU to issue the NHS standard contracts to commence on the 1st August 2014.

11. SEN legislation

11.1 Special Education Needs Reforms in Sefton

Introduction:

The Children and Families Act came into force in March 2014. This introduced a range of reforms, including those for children with special education needs (SEN) 0-25, replacing what was the previous educational statementing process. For 'Health' (CCGs and providers), this will mean considerably more involvement in the assessment of need, planning, joint commissioning of services for children with SEN.

11.2 State of Readiness:

The overall programme of reforms is the responsibility of the Local Authority. Partners, including health, are actively involved in the delivery of the reforms. The Sefton CCGs and health provider partners are on target to be compliant with the requirement for the 1st September deadline. However, there will be significant work and development required from all partners from 1st September. In financial terms, the key implications for the CCGs are:

- Resourcing of a DMO
- Contribution where appropriate to the new disputes and mediation process
- Responding to gaps in service provision and capacity pressures, in particular Speech and Language Therapy

12. Update-Development of the North West 5 year Strategic Plan for Specialised Services Commissioning

- 12.1 NHS England's Executive Team has put additional resources in place to support the existing Specialised Commissioning Teams. Seven work streams, with a particular focus on financial control in 2014-15 and planning for the 2015-16 commissioning round, have been initiated as follows:
- Strategic Projects
 - Strategy
 - Clinically Driven Change

Southport and Formby Clinical Commissioning Group

- Operational Leadership
 - Analytics
 - Commercial and Technical Delivery
 - Strong Financial Control
- 12.2. Work is continuing on the Public Health analysis of the demographics of the North West and its impact on specialised commissioning. In addition, an analysis of patient flows has been undertaken. The patient flow data has been shared with relevant CCGs and the local Project Teams.
- 12.3. As part of the turnaround process, the development of the national clinical strategy, led by Dr James Palmer, has been put on hold. This will enable the remaining national turnaround teams to concentrate on financial recovery and a small number of urgent tasks. The timescale for the development of the national strategy for specialised services has been extended to the autumn.
- 12.4. The current priorities for service change identified in the North West Specialised Services 2 year Operational Plan will, however, continue to be progressed.
- 12.5. Account is being taken of the current understanding of the longer term strategic direction in formulating solutions which consolidate expertise and implement network provision. There have been key priorities areas identified.
Both providers and public are being update and engaged in the work, with strategic leads now being identified to link with organisations. The link to Merseyside is Phil Dunn.

13. Primary Care Support Services (PCS services)

- 13.1. NHS England have announced on the 10th July 2014 to stakeholders that they are launching an open market procurement process to select a supplier for PCS services that will ensure future safe, sustainable and efficient services.
- 13.2. In the meantime, services will continue as now and primary care practitioners should continue their existing processes and relationships with the local NHS England PCS teams.

14 Cheshire and Merseyside Commissioning Support unit (CMSU)

- 14.1. The CCG is still in the process of renegotiating the Service Level Agreement (SLA) with Cheshire and Merseyside Commissioning Support Unit (CMCSU). However as there has been a delay in the CSU being able to issue the CCG with revised prices following detailed service discussions, the CCG has written to the CSU to request an extension to our current SLA for a period of at least two months. This would take our current SLA through to the end of November 2014 and will enable the negotiations to take their due course within a sensible time frame.
- 14.2. Organisational changes to the CSU are expected to become clearer over the next few months as the merger between CMCSU and Greater Manchester CSU progresses. The CCG continues to closely monitor CSU performance during the transition period and working closely with the CSU Head of Client Operations to address areas for improvements and tackle issues as they arise.

Southport and Formby Clinical Commissioning Group

15 Well Sefton

- 15.1. The Well North Programme seeks to improve the health of the poorest fastest through targeting community-based interventions in areas of greatest need, detected using hot spot analysis and appreciative enquiry. The aims of the programme are to deliver the following objectives:
- To improve the health of the poorest fastest
 - To reduce premature mortality
 - To reduce worklessness
- 15.2. The Programme is led by Professor Aidan Halligan as Director (Senior Responsible Owner, SRO) and Principal Investigator and is funded by Public Health England. Discussions around developing a 'Well Sefton' project, are taking place, as the Council has been working closely with Aintree Hospital, looking at anonymised hospital data and open source data, and this research and analysis has informed the development of the Well North Project.
- 15.3. The idea behind the 'Well Sefton' project is to build upon both the experience of similar/complimentary projects (Church Ward Pilot, Litherland Pilot, Norwood Asset Mapping etc.) already taking place in Sefton and projects from around the country (Professor John Earis, Director of Education at Aintree is part of the Mersey Deanery, and is keen to explore opportunities for medical undergraduates at Aintree UHT to undertake projects within community settings, the Collaboration for Leadership in Applied Health Research and Care looks to accelerate the translation of research findings into service improvements, generate wealth and engage industry, and maximise the potential for applied research within the partner organisations to improve care etc.), and draws upon the work of the Well London Project which brings together a number of existing and new public health and wellbeing policy concepts in integrated ways and translates them into effective, on the ground action. The approach has been shown to be effective in engaging the most disadvantaged communities and in delivering measurable impacts and outcomes.
- 15.4. A 'Living Well in Sefton – Community Initiatives' meeting has been scheduled for the 30th July with key stakeholders invited to attend. The purpose of this meeting is to; learn about what is currently going on in Sefton with regards to community based initiatives that improve health and wellbeing of Sefton residents, to share what worked well and the lessons learned, and to identify any gaps in knowledge (Are there projects out there we need to consider? What are the locality issues?). Following on from this meeting a small programme group will be established to oversee the implementation and delivery of the Well Sefton project and a paper will be taken to the Health and Wellbeing Board.

16. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Clark
Chief Officer
July 2014

MEETING OF THE GOVERNING BODY JULY 2014

Agenda Item: 14/101a	Author of the Paper: Tracy Jeffes Chief Corporate Delivery and Integration Officer NHS Southport and Formby CCG Tel no: 0151 247 7049 E mail address: Tracy.Jeffes@southseftonccg.nhs.uk
Report date: July 2014	
Title: Quarter 4 - 2013/14 Governing Body Risk Assurance Framework	
Summary/Key Issues: The Quarter 4 Governing Body Assurance Framework and Corporate Risk Register were reviewed by the Quality Committee in April 2014 and recommended to the Governing Body for approval. They are presented to the Governing Body to show the final position at the end of the financial year.	
Recommendation The Governing Body is asked to approve the Governing Body Assurance Framework and the Corporate Risk Register.	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives	
X	Improve quality of commissioned services, whilst achieving financial balance.
X	Sustain reduction in non-elective admissions in 2014/15.
X	Implementation of 2014/15 phase of Care Closer to Home.
X	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
X	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
X	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
x	Review the population health needs for all mental health services to inform enhanced delivery.

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			Review of process has been carried out with SMT and CGSG. GB to receive update on progress of work and risk position.

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 CCG Assurance Framework 2013/14
Assurance Rating Summary Quarter 4

Key:
 ▼ L – Assurance rating reduced from previous Quarter
 ▼ M – Maintained assurance rating from previous Quarter
 ▲ H - Higher assurance rating than previous Quarter
 Blank – No comparable rating

N/A – Not applicable – assurance not expected

Risk No	Risk Description	Risk Rating (L & C)	Accountable Lead	Assurance Rating Q1	Assurance Rating Q2	Assurance Rating Q3	Assurance Rating Q4	Assurance Rating Key
Corporate Objective 1: To consolidate a robust Strategic Plan within the CCG financial envelope								
Unique Identifier	Strategic risk transposed from Assurance Framework document	Risk rating based on agreed risk matrix	Identified lead on behalf of the CCG who is referred to as the 'Risk Owner' on the Assurance Framework document	These columns will state either 'Limited' 'Reasonable' or 'Significant' assurance has been awarded dependent on the weight of assurance provided				This column will have ▼ or ▲ or ▲ inserted here to demonstrate any changes since last review
1.1	Delays in implementing Care Closer to Home will impact on demand in the Integrated Care Organisation which will have financial consequences this year and in future years	3x3 ▲	Jan Leonard/Billie Dodd	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable ▲
1.2	Lack of political and/or stakeholder support for changes will affect the ability to deliver effectively & impact on integration at community level	3x3 ▲	Jan Leonard/Billie Dodd	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable ▲
1.3	Non-delivery of financial targets due to inadequate financial management within internal CCG expenditure budgets	1x5 ▼	Martin McDowell	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable ▲
1.4	Non-delivery of financial targets due to over-performance/in-effective demand management of activity levels within acute and community provider contracts	1x4 ▼	Martin McDowell	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable ▲
1.5	Non-delivery of 2013/14 QIPP Plan which supports transformational change	1x4 ▼	Martin McDowell	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable ▲
2.1	Lack of capacity within CCG to ensure delivery of CQUINS for 2013/14 will lead to insufficient monitoring systems, impacting on quality & health outcomes	1x2 ▲	Debbie Fagan	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable ▲
2.2	CCG will exceed trajectories for HCAI impacting on patient safety & non-achievement of Quality Premium	3x4 ▲	Debbie Fagan	Reasonable	Reasonable	Reasonable	Significant	Reasonable ▼
To establish the Programme Management approach and deliver the CCG programmes for whole system transformation, reduction in health inequalities and improved CCG performance								
3.1	Lack of capacity within CCG will restrict delivery of all programmes in 2013/14 impacting on achievement of meeting outcomes framework 2013/14	1x2 ▲	Malcolm Cunningham	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable ▲
3.2	Lack of sufficient financial data for most programmes makes benefits and outcomes difficult to define	2x3 ▲	Malcolm Cunningham	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable ▲
3.3	Lack of KPIs will impact on delivery of some programmes in 2013/14	1x2 ▲	Malcolm Cunningham	Reasonable	Reasonable	Reasonable	Reasonable	Reasonable ▲

Southport & Formby CCG Assurance Framework 2013/14
Assurance Rating Summary Quarter 4

Key:

- ▼ L – Assurance rating reduced from previous Quarter
- ▲ M – Maintained assurance rating from previous Quarter
- ▲ H - Higher assurance rating than previous Quarter
- Blank – No comparable rating

N/A – Not applicable – assurance not expected

Risk No	Risk Description	Risk Rating (L & C)	Accountable Lead	Assurance Rating Q1	Assurance Rating Q2	Assurance Rating Q3	Assurance Rating Q4	Assurance Rating Key
Corporate Objective 4: To collaborate with the Cheshire & Merseyside CSU to ensure delivery of successful support to the CCG								
4.1	Lack of capacity and capability of CSU to deliver sufficient support in a responsive manner within resource envelope	2x4 ▲	Tracy Jeffes	Reasonable	Reasonable	Significant	Significant	▲
4.2	Possible requirement to re-procure CSU services. Risk that re-procurement would divert CCG resources away from key CCG priorities	1x1 ▲	Tracy Jeffes	Reasonable	Reasonable	Reasonable	Reasonable	▲
Corporate Objective 5: To strengthen engagement of CCG members, public, partners and stakeholders								
5.1	Inability to maintain active involvement of all constituents and stakeholders	2x4 ▲	Jan Leonard/Billie Dodd	Reasonable	Reasonable	Reasonable	Reasonable	▲
Corporate Objective 6: To drive clinical leadership development through Governing Body, locality and wider constituent development								
6.1	Lack of capacity amongst clinical colleagues to ensure personal development and facilitate active involvement	3x3 ▼	Tracy Jeffes/Jan Leonard/Billie Dodd	Reasonable	Reasonable	Reasonable	Reasonable	▲
6.2	Re-election of clinical members of Governing Body in 13/14 could slow down locality and wider constituent development	3x3 ▼	Jan Leonard/Billie Dodd	Reasonable	Reasonable	Reasonable	Reasonable	▲

Corporate Objective 1: To Consolidate a Robust Strategic Plan within the CCG Financial Envelope		Governing Body Reports						
Principal Risks <i>Risk Owner:</i>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (*External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date	
1.1 Delays in implementing Care Closer to Home will impact on demand in the Integrated Care Organisation which will have financial consequences this year and in future years No change in risk score from Q3 update	3x3	<ol style="list-style-type: none"> Strategic Partnership Board monitoring progress of implementation Monitoring activity rates via CSU information portals and contract meeting Central funding received by S&O Trust should mitigate any pressures in Acute Sector over Winter period 	<p>Exception reporting via Chief Officer report to Governing Body</p> <p>Contract motoring via F&R Committee</p>	<p>Significant</p> <p>Reasonable</p> <p>Monthly minutes of F&R committee are reported to Governing Body and Chief Officers report is submitted to the Governing Body (standing agenda items)</p> <p>Limited</p>				
<p>Progress Reports</p>	Q1	Project sponsor (joint funded post) commencing end July 13. Primary care work stream due to meet for first time in early August.						Reasonable
	Q2	Trust met 4hr A&E target in Q2 – no obvious rise in demand affecting activity					<p>Assurance Rating</p>	Reasonable
	Q3	Evaluation of impact of winter schemes to be conducted in Q4 to influence 2014/15 contract						Reasonable
	Q4	Evaluation of winter schemes completed, best schemes being funded to mid-year and then subject to allocation from Centre Working closely with Health Economy partners to review performance and ensure stability within available resources.						Reasonable

Corporate Objective 1: To Consolidate a Robust Strategic Plan within the CCG Financial Envelope				Governing Body Reports				
Lead Officer/Risk Owner: Jan Leonard / Billie Dodd								
Principal Risks <u>Risk Owner</u>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date	
1.2 Lack of political and/or stakeholder support for transformational change will affect the ability to deliver effectively & impact on integration at community level No change in risk score from Q3 update	3x3	<ol style="list-style-type: none"> Schedule in place for engagement events with patients and public Board to Board meetings with West Lancs CCG Strategic Partnership Board meet monthly 'Big Chat' public event held on 29th November 2013 – feedback aligned to planning and fed into Commissioning Intention process 	<p>Feedback from stakeholder events rationalised & reviewed by Senior Management Team in collaboration with Communications & Engagement Team</p> <p>Exception reporting via Chief Officer report to Governing Body</p>	<p>Significant</p> <hr/> <p>Reasonable</p> <p>Minutes/reports of Steering Group presented by GP Lead to Governing Body</p> <p>Chief Officers report is submitted to the Governing Body (standing agenda item)</p> <hr/> <p>Limited</p>				
Progress Reports	Q1	Stakeholder Event (Big Chat) scheduled for Quarter 2 (July 2013).						Reasonable
	Q2	'Big Chat' in November 2013. CCH reflects better stakeholder involvement						Reasonable
	Q3	Stakeholder event held on 22 nd Jan 2014 – open to providers with focus on Better Care Fund						Reasonable
	Q4	Continued stakeholder 'conversations' mini chats. Community review with ICO staff and primary/community care mid-April planned						Reasonable
						Assurance Rating		

Corporate Objective 1: To Consolidate a Robust Strategic Plan within the CCG Financial Envelope		Governing Body Reports					
Lead Officer/Risk Owner: Martin McDowell							
Principal Risks <u>Risk Owner</u>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
Finance 1.3 Non-delivery of financial targets due to inadequate financial management within internal CCG expenditure budgets Risk score reduced/revised from 2x4 from Q3 update	1x5	Internal and External Audit Plan in place to review systems of internal control	Financial Plan for 2013/14 signed off by Finance & Resource Committee	Significant			
		Robust financial management process in place to ensure reserves and contingency are utilised in an appropriate manner	Monthly Finance performance reports presented to Finance & Resource Committee with reporting to Governing Body by exception report	Reasonable			
		Internal budgetary management process in place to support and challenge budget holder to deliver within agreed limit	Monthly Finance performance reports presented to Finance & Resource Committee with reporting to Governing Body by exception report	Governing Body in receipt of Finance & Resource Committee minutes and exception reports			
			Internal budgetary management process in place to support and challenge budget holder to deliver within agreed limit	Limited			
Progress Reports	Q1						Reasonable
	Q2		Risk reduced from 3x4 to 2x4 due to effectiveness of control measures in place (internal Audit Plan);			Assurance Rating	Reasonable
	Q3		CFO reviewed and agreed no change in risk score for Q3		Reasonable		
	Q4		Risk revised to 1x5. Latest Governing Body Papers report on track to deliver financial duties, with reserves available to lower identified risks.		Reasonable		

Corporate Objective 1: To Consolidate a Robust Strategic Plan within the CCG Financial Envelope		Governing Body Reports						
Lead Officer/Risk Owner: Martin McDowell								
Principal Risks <u>Risk Owner</u>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date	
Finance 1.4 Non-delivery of financial targets due to over-performance/in-effective demand management of activity levels within acute and community provider contracts Risk score reduced from Q3 update	1x4	1. Provider contracts agreed and signed with specified activity levels and associated costs 2. Robust financial planning and control process in place 3. Internal and External Audit Plan in place to review systems of internal control 4. Agreed contract includes marginal rate clause for first 1.5 million over performance 5. Central funding received by S&O Trust should mitigate any pressures in Acute Sector over Winter period – November 2013 (added)	Agreed provider contracts signed for 2013/14, with robust contract management arrangements in place to maintain/deliver activity and associated costs within agreed limits Monthly provider contract review meetings in place to verify performance and quality (including CQUIN) Financial Plan for 2013/14 signed off by Finance & Resource Committee Monthly Finance performance reports presented to Finance & Resource Committee with reporting to Governing Body by exception report Internal budgetary management process in place to support and challenge budget holder to deliver within agreed limit	Significant				
				Reasonable Governing Body in receipt of Finance & Resource Committee minutes and exception reports Monthly reporting to NHS England as part of the collective NHS Financial position. Limited				
Progress Reports	Q1	Risk reduced due to additional controls i.e. Central funding for Trust to mitigate winter pressures and activity levels					Assurance Rating	Reasonable
	Q2							Reasonable
	Q3	Provider has not over performed in relation to activity up to Q3. Activity levels have remained within plans.						Reasonable
	Q4	Increased over performance at the Trist in Q4 linked into improved waiting list performance.CCG holding adequate levels of reserves to deal with this risk.						Reasonable

Corporate Objective 1: To Consolidate a Robust Strategic Plan within the CCG Financial Envelope				Governing Body Reports			
Lead Officer/Risk Owner: Martin McDowell							
Principal Risks <u>Risk Owner</u>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
QIPP 1.5 Non-delivery of 2013/14 QIPP Plan which supports transformational change No change in risk score from Q3 update	1x4	QIPP targets identified within the 2013/14 financial plan QIPP plans in place to deliver required financial cost reductions	QIPP financial savings targets and plans signed off by the Governing Body Monthly financial performance reports (including QIPP targets and associated savings) presented to Finance and Resource Committee and reviewed by the Governing Body	Significant			
				Reasonable			
				Finance Reports produced by/for F&R Committee received & reviewed by Governing Body			
				Limited			
Progress Reports	Q1						Reasonable
	Q2						Reasonable
	Q3	QIPP plans are on target for Q3.					Reasonable
	Q4	QIPP plans on course for delivery in 2013/14					Reasonable

Corporate Objective 2: To Enhance Systems to Ensure Quality and Safety of Patient Care		Governing Body Reports					
Lead Officer/Risk Owner: Debbie Fagan							
Principal Risks <u>Risk Owner</u>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
<p>CQUINS 2013/14</p> <p>2.1 Lack of capacity within CCG to ensure delivery of CQUINS for 2013/14 will lead to insufficient monitoring systems, impacting on quality and health outcomes</p> <p>Reviewed February 2014; controls in place and recent appointment has addressed the risk of capacity. Risk related to likelihood of 1 and consequence of 2.</p>	1x2	<ol style="list-style-type: none"> Regular reporting to Quality Committee Revision of OD Plan for 2013/14 Formal exception reporting to Quality Committee from GP and CQUIN. Monthly contract meetings is in place to review and verify performance and activity on provider contracts including CQUIN WTE resource Programme Manager – Quality & Safety in post 2nd September 2013. Trust quality & performance submitted to NHS England as part of Risk Summit Discussion re: Trust part of QSG (NHS England) work plan Restructure of Quality Team in Q4 to increase capacity. 	<p>Monthly performance reports to Quality Committee received by Governing Body</p> <p>Clinical reviews of plans to ensure no adverse effect</p> <p>Chief Nurse leads on Quality to ensure that quality is maintained via established resources</p> <p>Quality reporting standing agenda item for Governing Body</p> <p>Chief Nurse member of Finance & Resource Committee. Senior Finance Team member attached to the Quality Committee to ensure risk is minimised</p> <p>Chief Nurse in attendance at provider quality meetings with provider since October 2012</p> <p>Quality Review Meeting in December 2013 to address Trust performance & Quality</p>	<p>Significant</p> <hr/> <p>Reasonable</p> <p>Governing Body receipt of Quality Committee minutes/exception reports</p> <p>Chief Nurse has lead for Quality, is Governing Body Member and reports directly to Governing Body on Quality issues</p> <hr/> <p>Limited</p>			
<p>Progress Reports</p>	Q1	WTE resource identified to support Chief Nurse for Quality portfolio area. Planned recruitment date July 2013.					Reasonable
	Q2	WTE Programme Manager for Quality & Safety appointed (September 2013)					Reasonable
	Q3	Single Quality Contracts Meeting with Provider/West Lancs CCG. Monitored via CPQG					Reasonable
	Q4	Deputy Chief Nurse in post from 1 st Jan 2014.					Reasonable

Corporate Objective 2: To Enhance Systems to Ensure Quality and Safety of Patient Care				Governing Body Reports			
Lead Officer/Risk Owner: Debbie Fagan							
Principal Risks / Risk Owner	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
<p>HCAIs</p> <p>2.2 CCG will exceed trajectories for HCAI impacting on patient safety & non-achievement of quality premium</p> <p>No change in risk score from Q3 update</p>	3x4	<ol style="list-style-type: none"> Regular reporting to Quality Committee on HCAIs CPQG reporting CDIF Task & Finish Group established (progress reports to Quality Committee) Mersey Clinical Commissioning Network Established July 2013 (ToR agreed Sept 2013), HCAIs standing agenda item 	<p>Minutes of Quality Committee meetings</p> <p>Minutes of CPQG received by Quality Committee</p> <p>Progress/Exception reports by CDIF Task & Finish Group received by Quality Committee</p> <p>Chief Nurse provides monthly reports on HCAIs to Quality Committee & Governing Body</p>	<p>Significant</p> <p>CCG HCAI Action Plan gained positive assurance following NHS England Q3 checkpoint meeting</p>			
				<p>Reasonable</p> <p>Quality Committee reports/minutes received by Governing Body (standard agenda item)</p> <p>Chief Nurse has lead for Quality, is Governing Body Member and reports directly to Governing Body on Quality issues</p>			
<p>Progress Reports</p>	Q1	Mersey Clinical Commissioning Network will meet in July 2013 (HCAI meeting)					Reasonable
	Q2	Mersey Clinical Commissioning Network established (July 2013) ToR agreed Sept 2013					Reasonable
	Q3	Trust exceeded target in Q3. No MRSA incidences reported by the Trust until that point in the financial year.					Reasonable
	Q4	Planning workshop held on 31 st March 2014 for Sefton health economy led by CCG. CCG HCAI Action Plan shared with NHS England as part of Assurance Process (presented to Quality Committee in Q3)					Significant

Corporate Objective 3: To Establish the Programme Management Approach and Deliver the CCG Programmes for Whole System Transformation, Reduction in Health Inequalities and Improved CCG Performance		Governing Body Reports					
Lead Officer/Risk Owner: Malcolm Cunningham							
Principal Risks <u>Risk Owner</u>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
3.1 Lack of capacity within CCG will restrict delivery of all programmes in 2013/14 impacting on achievement of Outcomes Framework 2013/14	1x2	<p>Full capacity of Programme Management Office achieved with no gaps identified</p> <p>Balanced Scorecard produced for each programme</p> <p>PMO reporting to Finance & Resource Committee</p> <p>Programme tracking in place via PMO</p> <p>WTE- Head of Strategic Financial Planning in post from August 2013</p> <p>Head of Strategic Planning & Assurance in post from October 2013</p>	<p>Minutes of Finance & Resource Committee</p> <p>Oversight of Balanced Scorecards by PMO, exception reports to Finance & Resource Committee</p>	<p>Significant</p>			
No change in risk score from Q3 update				<p>Reasonable</p> <p>Minutes of Finance & Resource Committee received by Governing Body (monthly)</p>			
<u>Progress Reports</u>	Q1						Reasonable
	Q2						Reasonable
	Q3						Reasonable
	Q4						Reasonable
Delivering Balance scorecard for Programmes in Q3 – tracking of all programmes in place							
Continue to deliver balance scorecard for programmes in Q4 – tracking of all programmes in place							

Corporate Objective 3: To Establish the Programme Management Approach and Deliver the CCG Programmes for Whole System Transformation, Reduction in Health Inequalities and Improved CCG Performance		Governing Body Reports					
Lead Officer/Risk Owner: Malcolm Cunningham							
Principal Risks <i>Risk Owner</i>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
3.2 Lack of sufficient financial data for most programmes makes benefits and outcomes difficult to define No change in risk score from Q3 update	2x3	PMO reporting to Finance & Resource Committee Staff recruitment to Finance Team to improve financial data/information for programmes WTE- Head of Strategic Financial Planning in post from August 2013 Head of Strategy & Assurance in post from October 2013	Minutes of Finance & Resource Committee	Significant Reasonable Minutes of Finance & Resource Committee received by the Governing Body (monthly) Limited			
Progress Reports	Q1	Staff recruitment to Finance Team in Quarter 2 to improve financial data/information for programmes					
	Q2						
	Q3	Implementation of Strategic Planning Process is addressing this risk					
	Q4	Strategic Planning process continues to address this risk					
							Reasonable Reasonable Reasonable Reasonable
							Assurance Rating

Corporate Objective 3: To establish the Programme Management approach and deliver the CCG programmes for whole system transformation, reduction in health inequalities and improved CCG performance		Governing Body Reports					
Lead Officer/Risk Owner: Malcolm Cunningham							
Principal Risks <i>Risk Owner</i>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
3.3 Lack of KPIs will impact on delivery of some programmes in 2013/14	1x2	PMO reporting to Finance & Resource Committee KPIs developed and reported against programmes (Q2)	Minutes of Finance & Resource Committee and exception reports Reported via Finance & Resources Committee	Significant			
No change in risk score from Q3 update				Reasonable Minutes of Finance & Resource Committee received by the Governing Body bi-monthly			
Progress Reports	Q1			Limited			Reasonable
	Q2	Risk reduced from 3x3 to 2x2 due to KPIs developed in Q2					Reasonable
	Q3	Risk status reduced to 1x2 due to KPIs developed in Q3 & recruitment to key roles which will develop measurable KPIs					Reasonable
	Q4	Risk continues to be managed through the KPIs and recruitment to key roles					Reasonable

Corporate Objective 4: To Collaborate with the Cheshire & Merseyside CSU to Ensure Delivery of Successful Support to the CCG		Governing Body Reports					
Lead Officer/Risk Owner: Tracy Jeffes							
Principal Risks <u>Risk Owner</u>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
4.1 Lack of capacity and capability of CSU to deliver sufficient support in a responsive manner within resource envelope No change in risk score from Q3 update	2x4	<ol style="list-style-type: none"> 1. SLA in place with Provider 2. Contract/Performance Monitoring Group 3. Exception reporting on performance and delivery is a standing agenda item at SMT 4. Internal review of CSU completed September 2013 	<p>Monthly meeting of Performance Monitoring Group</p> <p>Head of Client Operations – CSU to attend weekly SMT meetings to support</p> <p>Specific agreement reached with CSU to ensure continuation of locally based communications and engagement capability.</p> <p>Reports to Finance & Resource Committee on 6 monthly basis</p>	<p>Significant</p> <p>MIAA report (December 2013) offering significant assurance of CCG's performance management of CSU. Shared with F&R Committee at Jan 2014 meeting.</p> <p>Reasonable</p> <p>Governing Body receives minutes of Finance & Resource Committee</p> <p>Limited</p>			
<u>Progress Reports</u>	Q1	Development of KPIs to ensure more robust contract management					Reasonable
	Q2	Develop more systematic reporting on performance for Quarter 3					Reasonable
	Q3	CCG commissioning intentions highlighted to CMCSU to indicate planned changes & service lines under review					Significant
	Q4	Significant assurance given by MIAA. MIAA recommendation that performance report is aligned to risk management process & further development of KPIs – key recommendations shared with F&R Committee (Jan 2014).					Significant

Corporate Objective 4: To Collaborate with the Cheshire & Merseyside CSU to Ensure Delivery of Successful Support to the CCGs				Governing Body Reports			
Lead Officer/Risk Owner: Tracy Jeffes							
Principal Risks <u>Risk Owner</u>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
4.2 Possible requirement to re-procure CSU services. Risk that re-procurement would divert CCG resources away from key CCG priorities no longer a risk against key CCG priorities for 2013/14	1x1	Plan produced in draft for re-procurement identifying timescales, resource requirements, impacts and risks Updated guidance from NHS England, CCGs are now able to re-negotiate SLAs	Progress reports to SMT Progress/exception reports to Finance & Resource Committee	<p>Significant</p> <p>Reasonable</p> <p>Minutes of Finance & Resource Committee received by Governing Body</p> <p>Limited</p>	(GIC)		
Progress Reports	Q1						Reasonable
	Q2		Due to updated guidance from NHS England, CCGs are now able to re-negotiate SLAs				Reasonable
	Q3		CCG commissioning intentions highlighted to CMCSU to indicate planned changes & service lines under review			Assurance Rating	Reasonable
	Q4		No action required – risk considered insignificant.				Reasonable

Corporate Objective 5: To Strengthen Engagement of CCG Members, Public, Partners and Stakeholders		Governing Body Reports					
Lead Officer/Risk Owner: Jan Leonard / Billie							
<u>Principal Risks</u> <u>Risk Owner</u>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (G/A) or (GIC)	Corrective Action	Responsibility Target Date
5.1 Inability to maintain active involvement of all constituents and stakeholders	2x4	<ol style="list-style-type: none"> 1. Refreshed Communications and Engagement Strategy 2013 2. Increased development of Locality model & resourcing 3. Effective running of Engagement and Patient Experience Group in place to ensure on-going active involvement of key partners e.g. Sefton Healthwatch, the voluntary sector and Sefton Council & coordination of local patient and public activities 4. CCG public-facing internet site now live 5. Lead locality GP, Practice Nurse & Practice Manager meetings on monthly basis for each locality 6. Primary Care Quality Strategy Event held 4th Dec 2014 - outcomes fed into Primary Care Quality Strategy for implementation by Primary Care Quality Strategy Board 	<p>Documented evidence of involvement</p> <p>Quarterly Wider Constituent meetings with GP attendance recorded/minuted</p> <p>Minutes of GP/Practice Manager and Practice Nurse Locality Meetings</p> <p>Quality Strategy Submitted to Governing Body</p>	<p>Significant</p> <p>Reasonable</p> <p>Governing Body receives minutes of Locality Meetings</p> <p>NHS E representation on Primary Care Quality Strategy Board</p> <p>Limited</p>	none		
No change in risk score from Q3 update							
<u>Progress Reports</u>	Q1	Refresh of locality web pages on intranet					Reasonable
	Q2	Quality of conversations with stakeholders having positive effect on improvement					Reasonable
	Q3	Election process to commence in Q4 for Governing Body membership				<u>Assurance Rating</u>	Reasonable
	Q4	Election complete. New board development commences April 2014. Much improved involvement form wider constituents but risk remains at 8 due to new Board					Reasonable

Corporate Objective 6: To drive clinical leadership development through Governing Body, locality and wider constituent development		Governing Body Reports					
Lead Officer/Risk Owner: Jan Leonard / Billie Dodd							
Principal Risks <i>Risk Owner</i>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
6.1 Lack of capacity amongst clinical colleagues to ensure personal development and facilitate active involvement	3x3	OD Plan refreshed for 2013/14 Increased development of Locality model and resourcing Monthly joint development session for Governing Body members and clinical leads Documented and robust PDR process for Governing Body members and locality lead roles	Records of developmental sessions for Governing Body members/clinical leads Minutes of Locality Meetings	<p>Significant</p> <p>Reasonable</p> <p>Governing Body oversight of PDR process for members/clinical and locality leads via exception reporting</p> <p>Minutes of Locality Meetings received by Governing Body</p> <p>Limited</p>	None		
Progress Reports	Q1	Primary Care Quality Strategy in consultation. Governing Body development sessions on-going in 2013/14					Reasonable
	Q2	Remuneration Panel due to meet in Q3 to free up GP capacity to enable attendance at locality meetings					Reasonable
	Q3	Election process to commence in Q4 for Governing Body membership					Reasonable
	Q4	New Governing Body, new role definitions being discussed in April Development session. Clarity around expectations of GB and locality leads going forward. Improved resources to support attendance at meetings					Reasonable

Corporate Objective 6: To drive clinical leadership development through Governing Body, locality and wider constituent development		Governing Body Reports						
Lead Officer/Risk Owner: Jan Leonard / Billie Dodd								
Principal Risks <i>Risk Owner</i>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date	
6.2 Re-election of clinical members of Governing Body in 13/14 could slow down locality and wider constituent development. Risk reduced from 4x3 to 2x3 1st April 2014	2x3	Job descriptions and person specifications issued to ensure aspirant members are aware of requirements Induction process for new Governing Body members Wider Constituent Group held on 9 th October 2013 OD Plan reflects approach to succession planning Individual development opportunities for existing & prospective GB members	Governing Body oversight of PDR process via exception reporting Training and development records, attendance at Governing Body development sessions.	Significant Reasonable Governing Body oversight of PDR process and attendance at developments sessions for members. Limited	None			
Progress Reports	Q1	Workshop to be held for aspirant GB members regarding development and skill set required						Reasonable
	Q2	Proposal for election to be considered at 9 th October Wider Constituents Group						Reasonable
	Q3	Election process to commence in Q4 for Governing Body membership						Reasonable
	Q4	Election complete. No slowing down in locality and wider group development to date. Risk reduced to 2x3 while new GB works through its development						Reasonable

Principal Risks: are what could prevent key objectives from being achieved. Key risks should be true risks (rather than consequences), and so cannot just be the converse of the objective.

Assurance Rating Section: this shows section seeks to help the Governing Body to 'weight' the assurance provided by Risk Owners. It directs the amount of attention it needs to spend in reviewing entries on the Assurance Framework. The categories are 'Limited', 'Reasonable' and 'Significant'. The Governing Body should be expecting to see 'Reasonable' assurance for the entries in the document unless there is a specific reason for this not to happen. For example, a new care pathway introduced in quarter 1 might only have been given limited assurance as the implementation plan for the pathway has only just begun. As the year progresses the assurance rating should increase with the embedding of the pathway.

Key Controls: are factors, systems or processes that are in place to mitigate the principal risk(s) and assist in securing delivery of the relevant key objective. Key controls should be robust and specific and properly match the associated key objective(s). For example; a sub committee or committee of the Governing Body which is tasked with monitoring the specific risk.

Assurance on Controls: are sources of evidence demonstrating that the key controls are effective. Assurances should be matched with specific key control(s) wherever possible.

Gaps in Control: indicates where the organisation has failed to put key controls in place, or has failed to make key controls effective.

Gaps in Assurance: indicates where the organisation is failing to gain evidence that key controls are effective.

Corrective Action: shows what will or is being done to address the gap(s) in control or assurance.

Responsibility / Target Date: shows the Director (or senior manager) responsible for appropriate and timely implementation of corrective action(s) and the expected date by which actions should be completed.

Progress reports provide a quarterly update on achievement of action plans and identify where gaps in control or assurance have been addressed. They should also indicate where the risk grading has changed for any risks associated with that objective.

Generally, Assurance Frameworks should map key objectives to principal risks, key controls and assurances explicitly. Assurance frameworks should be embedded and dynamic, providing regular Governing Body information and not viewed as year-end exercises.

Assurance Rating

Limited Rating – Insufficient Assurance Provided

A limited assurance rating will be applied where a risk owner has failed to record any evidence within the ‘Key Positive Assurance’ column during that quarter or where only minimal evidence is provided, all of which is deemed as providing ‘limited assurance’.

Reasonable Rating – Adequate Assurance Provided

A reasonable assurance rating will be applied where a risk owner has recorded in the ‘Key Positive Assurance’ column at least one piece of evidence deemed ‘reasonable’ assurance together with a number of pieces of evidence deemed ‘limited’ assurance.

Significant Rating – Substantial Assurance Provided

A significant risk rating will be applied where a risk owner has recorded in the ‘Key Positive Assurance’ column a minimum of one piece of evidence deemed as providing ‘significant’ assurance or a number of pieces relating to different aspects of assurance deemed ‘reasonable’.

Examples of what constitutes differing levels of assurance:

Key Positive assurance (** External/Independent) EXAMPLES OF TYPES OF ASSURANCE	**SHA Audit of data quality indicating no significant concerns, reported to Trust Governing Body January 2010, PCT commissioning committee February 2011. (significant assurance) **COC indicators met for relevant targets as reported in periodic review, October 2011 (significant assurance) Performance Report received by the Trust Governing Body, most recent September 2009, showing performance within tolerance for overall achievement of target for O1 (reasonable assurance) Contract monitoring report to commissioning committee in September 2010 showing performance within tolerance for overall achievement of target for O1 (reasonable assurance) Performance report to Trust Governing Body, most recent September 2010, indicating current position against key targets (limited assurance)
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Key Positive assurance

EXAMPLE OF NEW LAYOUT	Significant Assurance 2010/11 prospectus published March 2009, included for information in Governing Body papers May 2010 Uptake report on attendance at Health & Safety courses at Health & Safety working group November 2010 shows 60% of staff have attended relevant courses, compared with 40% last year Reasonable Assurance Update report to HR committee September 2010 demonstrating 80% of required courses now established Limited Assurance Performance report to Trust Governing Body, most recent September 2010, indicating current position against key targets
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Risk Grading Matrix

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

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

 ↓
Significant risk

Significant Risk

A risk which attracts a score of 8 or above on the risk grading matrix constitutes a significant risk and must be recorded on the Directorate Risk Register.

SOUTHPORT & FORMBY CCG - CORPORATE RISK REGISTER - QUARTER 4

▼ Risk reduced
▲ Risk unchanged
▲ Risk increased

Last Saved: 10/04/2014
 By User: loughc

ID	Principal Risk	Organisational Goal	Domain Type	Risk Owner	Identified Controls in Place	L	C	Initial Risk Rating	Additional controls required	Progress against action Plan	L	C	Current Risk Rating	Change Since Last Update
1	CCG fails to balance its budget/ hit its financial target	Goal 1: to consolidate a robust Strategic Plan within the CCG's financial envelope	Financial Statutory	Governing Body to be advised by Chief Financial Officer Martin McDowell	<ul style="list-style-type: none"> Financial Reporting Monthly finance reports Finance and resources committee overview Focus on Out-Turn position Internal Systems SfEs and SoRD Review Internal and External audit reports Use of Contingency Plans/Reserves Monthly Provider Contract Reviews 	2	5	10	(1) Clarify required regarding PCT disaggregation of baselines, particularly in respect of Specialised Commissioning and also intra-Setion CCG arrangements. (2) Reserves held to offset against operational pressures. (3) Potential to defer investments if position deteriorates Board action should position deteriorate	CCG identified impact of likely baseline adjustments. Latest F & R (Governing Body finance reports indicate that CCG is on target to deliver financial duties.	1	5	5	▲
2	Continuing Healthcare Restitution claims exceed available resources	Goal 1: to consolidate a robust Strategic Plan within the CCG's financial envelope	Financial	Chief Financial Officer Martin McDowell/ Debbie Fagan /CSU	The CCG has adjusted the report received by CMCSU to reflect local risks and has estimated the revised likely liability as £1.391m. The treatment of prior year legacy provisions has been finalised and there is a potential pressure facing the CCG in 2014/2015 which has been built into opening 2014/15 budgets.	4	4	16	Confirmation of claimants by CMCSU on behalf of CCG/delayed review of claims to aid better forecast of costs. CHC update report received in December 2013.	Commissioned CSU to manage and progress quickly, although there are concerns as to capacity to deal with promptly, to ensure that potential reputational issues are managed. On going discussions regarding scope of role to CCG.	3	4	12	▲
3	Allocations/Financial Performance	Goal 1: to consolidate a robust Strategic Plan within the CCG's financial envelope	Financial	Chief Financial Officer Martin McDowell	CCG has received notification of potential revised allocation based on 'new formula'.	4	4	16	Pace of change policy likely to ensure transition period before introduction	Publication date 16th December. New allocations indicate slow pace of change CCG needs to develop "worse case scenario" to deal with faster pace of change from 2016/2017 onwards.	3	3	9	▲
4	Changes in patient flow causes financial issues, primarily from fixed price to PBR contracts, increase in activity overall and the financial implications on the 13/14 contract negotiations	Goal 1: to consolidate a robust Strategic Plan within the CCG's financial envelope	Financial	Governing Body to be advised by Chief Financial Officer Martin McDowell	<ul style="list-style-type: none"> Review of patient choice procedures within guidance monthly report information shared with GP leads practice level reporting of financial information 	3	2	6	None	CCG monitoring performance accordingly. CCG has built impact of changes into contract, no reflected in plans. Reported in financial position	3	2	6	▲



SOUTHPORT & FORMBY CCG - CORPORATE RISK REGISTER - QUARTER 4

Last Saved: 10/04/2014
By User: ioughc

▲ Risk reduced
▲ Risk unchanged
▲ Risk increased

ID	Principal Risk	Organisational Goal	Domain Type	Risk Owner	Identified Controls in Place	L	C	Initial Risk Rating	Additional controls required	Progress against action Plan	L	C	Current Risk Rating	Change Since Last Update
5	Increased costs arising from high cost drugs in secondary care	Goal 1: to consolidate a robust Strategic Plan within the CCG's financial envelope	Financial	Governing Body to be advised by Chief Financial Officer Martin McDowell / CCG Lead for Medicine Brendan Prescott	Review of cost implications Checking patients Liaison with secondary care clinicians	4	2	8	Clear horizon scaming by the CCG in preparation for 13/14 budgets - work with Public Health to determine impact	CCG monitoring performance accordingly - reported in financial position	2	2	4	▲
6	Lack of existing capacity of Hosted Safeguarding Children and Vulnerable Adults Service could impact on CCGs ability to discharge its statutory functions;	Goal 2: Enhance Systems to Ensure Quality and Safety of Patient Care	Quality	Chief Nurse Debbie Fagan	Service Hosted with NHS Halton CCG; Draft SLA in development; regular 1:1 meeting with named designated nurse for Sefton CCGs/Local Authority Area; Chief Nurse attends both Safeguarding Children and Safeguarding Adults Boards; CCG Boards under scheme of reservation and delegation reserve decision making remains at board level;	3	3	9	Service hosted with NHS Halton CCG, who are leading on recruitment to posts created to increase capacity and capability within the service. Agree and sign SLA with host CCG. Telecon between Chief Officer and Chief Nurses in August 2013 regarding progress of Safeguarding Hosted Service. Paper to be taken to the CCG Network in October 2013.	Recruitment completed but a member of the Children's Team has now resigned, necessitating a further recruitment process. Risk to remain the same until sign off of the SLA/recruitment to vacant post completed	3	3	9	▲
7	Risk of uncertainty of CCG being unable to discharge safeguarding functions due to the lack of clarity of provider, CSU and Safeguarding Hosted Service roles.	Goal 2: Enhance Systems to Ensure Quality and Safety of Patient Care	Quality	Chief Nurse Debbie Fagan	Safeguarding Adults Lead is part of the commissioned service hosted by NHS Halton CCG; CSU/CHC Team provide quality assurance / contract management, including safeguarding, for care homes; Safeguarding adults service is commissioned from LCH	4	5	20	Meeting with LA to clarify roles and responsibilities regarding safeguarding adults. (1) Chief Nurses have raised the need to have as an agenda item on the Mersey CCG Safeguarding Steering Group (to be Chaired by a CCG Chief Officer) (2) Clarification of the interface between Safeguarding Hosted Service, CHC CSU Team and any safeguarding adults service commissioned through a provider service. (3) To facilitate RCA / Lessons Learnt from recent safeguarding incident.	Chief Nurse on-going meetings with LA (Head of Vulnerable Adults Services) - draft SOP shared with LA for comments. Draft SOP shared with provider organisation for comments.	2	4	8	▲

SOUTHPORT & FORMBY CCG - CORPORATE RISK REGISTER - QUARTER 4

▼ Risk reduced
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▲ Risk increased

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ID	Principal Risk	Organisational Goal	Domain Type	Risk Owner	Identified Controls in Place	L	C	Initial Risk Rating	Additional controls required	Progress against action Plan	L	C	Current Risk Rating	Change Since Last Update
8	Unresolved restitution CHC cases may lead to reputational damage to CCG (to be read in conjunction with Risk 2 above)	Goal 2: Enhance Systems to Ensure Quality and Safety of Patient Care	Reputational/Adverse publicity	Chief Nurse Debbie Fagan	Commissioned Service from MCSU; Standing Agenda Item on Quality Committee; Reports to the Governing Body; Updates received from CHC Team;	4	3	12	Requested monthly performance report and remedial action plan from CHC Team; Locality team Model for Sefton being developed by MCSU	Chief Nurse met with COO (CMCSU) & Yvonne Lockhead (March 2014). Change of Leadership within Locality Team. Monthly meetings between Chief Nurse & CMCSU Team scheduled to discuss operational models. Discussed complaints management linked to restitution & CHC in general - CMCSU to review how complaints are logged, categorised and managed. CCG has requested more detailed information regarding activity in relation to restitution/closedown. CMCSU will clarify more detail in standard letters (e.g. timeframes) to manage patient/family applicant expectations. Plans for Integrated Model to be delivered locally in Q1/Q2 of 2014/15.	4	3	12	▲
9	Health Economy Urgent Care, 4 hour target may not be achieved	Goal 2: Enhance Systems to Ensure Quality and Safety of Patient Care	Statutory Duty	Head of CCG Development Billie Dodd	Daily sitreps from UM Merseyside 2x daily reports from UCAT, Urgent care strategy with local health economy, consultant in community work and pathways for care closer to home being developed. A&E action plan in place.	4	4	16	Task and finish group to be established to review 4hour target. Winter planning meeting to be arranged before Aug. System of urgent care reporting in place over winter period. This is being maintained to cover the easter period and robust Easter plan in place.	CCG involvement in Urgent Care telecalls to manage system pressures and CCG co-ordinated Easter Plan.	1	2	2	▼
10	That local residents may experience a fragmentation / less local co-ordination and responsiveness of complaints and patient information services at a local level due to NHS England's national procurement and separate management of these processes.	Goal 5: To Strengthen Engagement of CCG Members, Public, Partners and Stakeholders	Quality	Head of Delivery & Integration Tracy Jeffes	Regular feedback from CSU / PALS regarding management of local queries; CSU temporary management and coordination of local primary care complaints.	3	3	9	Liaison with NHS E Merseyside Team regarding co-ordination of arrangements in the future.	CSU still managing NHS E complaints process, so internal sign-posting within CSU has mitigated some of the risks/concerns.	2	3	6	▼

SOUTHPORT & FORMBY CCG - CORPORATE RISK REGISTER - QUARTER 4

Last Saved: 10/04/2014
By User: ioughc

▼ Risk reduced
▲ Risk unchanged
▲ Risk increased

ID	Principal Risk	Organisational Goal	Domain Type	Risk Owner	Identified Controls in Place	L	C	Initial Risk Rating	Additional controls required	Progress against action Plan	L	C	Current Risk Rating	Change Since Last Update
Contractual Performance														
12	18 week & cancer pathways may not be met due to non delivery of target by provider	Goal 2: Enhance Systems to Ensure Quality and Safety of Patient Care	Business Objective	Head of Primary Care and Corporate Performance Malcolm Cunningham	monthly contract meetings, Clinical Quality and performance meetings, clinical lead for contracts and for quality, additional funding for RTT, worked closely with providers on cancer pathway. Set up clinical meetings with cancer leads and manager. Managerial lead for cancer has action plan in place.	3	4	12	Use contract levers and clinical interventions, review implementation plans for RTT delivery and monitor on a weekly basis,	Developed a system wide patient education plan regarding the importance of attending appointments and reviewing polices around patient choice. S&O are also in the process of preparing leaflets for patients referred for suspected cancers. Cancer lead to discuss with colleagues at Protected Learning Time on 18/9 regarding actions when a 2/52 referral patient is about to go on holiday. S&O have also drafted an access policy for cancer which is out for consultation. A policy is currently being ratified by the Cancer Clinical Network.Drop in performance in Q4 could lead to year and target failure.	3	4	12	▲
13	Attainment of FT status at Liverpool Community NHS Trust	Goal 2: Enhance Systems to Ensure Quality and Safety of Patient Care	Statutory Duty, business objectives	Chief Officer Fiona Clark	IBP submitted with CCG support and caveats,	3	4	12	Workshops with CCG board and stakeholders to understand implications and consequences, frequent communication with NHS E. Trust Board to board sessions, NTDA	Following MIAA's review of the IG Toolkit and 'significant' assurance received, and review of this risk by Quality Committee in January 2014 and Corporate Governance Group, and SMT in February 2014 it was considered that the changing NHS environment, National Policy and the role of the Trust Development Agency, it was agreed that this risk should be reduced substantially. Recommend removal following Q4 review (SH)	1	2	2	▼
14	Attainment of FT status at Southport & Ormskirk Hospitals NHS Trust	Goal 2: Enhance Systems to Ensure Quality and Safety of Patient Care	Statutory Duty, business objectives	Chief Officer Fiona Clark	IBP submitted with CCG support and caveats	3	4	12	Dialogue required with Trust understand implications and consequences, frequent communication with NHS England.	Following MIAA's review of the IG Toolkit and 'significant' assurance received, and review of this risk by Quality Committee in January 2014 and Corporate Governance Group and SMT in February 2014 it was considered that the changing NHS environment, National Policy and the role of the Trust Development Agency, it was agreed that this risk should be reduced substantially. Recommend removal following Q4 review (SH)	1	2	2	▼
15	CSU will not deliver comprehensive service to CCG leading to an inability to deliver key objectives. The increase in the risk is related to concerns over BI performance.	Goal 4: Collaborate with the Cheshire & Merseyside CSU to Ensure Delivery of Successful Support to the CCG	Statutory Duty	Head of Delivery & Integration Tracy Jelfes	SLA in place with provider; Monthly monitoring meetings; formal reporting; identified Head of Client operations lead appointed to liaise with Head of Delivery.	2	3	6	Reporting to Finance & Resource Committee on 6 monthly basis; KPI to be further developed; Joint development work with leads across CCG and CSU to ensure effectively operationalise workstreams. Action plan for delivery of NECTO in place.	KPIs agreed, Locality Team established. CCG leads meetings with CSU leads on operational matters. Progress in BI in relation to implementation plan of CMIP has reduced risk of delivery.	2	3	6	▲
Governance														

SOUTHPORT & FORMBY CCG - CORPORATE RISK REGISTER - QUARTER 4

Last Saved: 10/04/2014
By User: loughc

▲ Risk reduced
▲ Risk unchanged
▲ Risk increased

ID	Principal Risk	Organisational Goal	Domain Type	Risk Owner	Identified Controls in Place	L	C	Initial Risk Rating	Additional controls required	Progress against action Plan	L	C	Current Risk Rating	Change Since Last Update
16	Ineffective engagement and communications will impact on the ability to meet statutory duties and possible damage to CCG reputation	Goal 15: To Strengthen Engagement of CCG Members, Public, Partners and Stakeholders	Adverse Publicity /Reputation	Head of Delivery & Integration Tracy Jerjes	Integrated Communications and Engagement Strategy in place including annual action plans: Governance structure identified including Quality Committee, EPEG, Locality Groups	3	4	12	KPIs and dedicated resource for communications and engagement to be defined with CAM/CSU including annual review of communications and engagement strategy	Systematic process for engagement and consultation defined, with clear reporting channels from locality level to committee structure (Community Champion, Locality Groups, EPEG, Quality Committee). Plan in place for Strategic Communications to come 'in-house'.	3	3	9	▲
17	Unencrypted pen drives in use within NHS South Sefton CCG which could be accessed if lost	Safety of data	Corporate	SIRO Lead, Martin McDowell	Pen sticks only issued to Admin team who sign a written agreement declaring their understanding that only documentation that is suitable for the public arena may be saved on these devices. The Admin team does not share these devices. The Admin team does not have access to any patient or staff data.	3	3	9	Reinforcement of policy around use of these drives to take place regularly at team meetings. Any new starters to be made aware of the policy before issue of device.	Actions delivered. Recommend removal from CRR for Q4 (SH)	2	2	4	▲
19	111 System Failure	Goal 2: Enhance Systems to Ensure Quality and Safety of Patient Care	Business Objective	Head of Primary Care and Corporate Performance Malcolm Cunningham	Daily teleconference with NHS England and provider, local and regional updates. OOH provider is situ and managing call volume	2	2	4	Controls and systems are in place – OOH is using model 1: medical triage, to manage call volume. OOH call volume is reducing	Plans in place and working well, will monitor with Merseyside lead	2	2	4	▲
20	Health and Social Care Act 2012, Section 251 stated that CSU and CCGs do not have a legal right to hold patient confidential data for 2013/14 onwards	Safety of data	Portal development/ contract monitoring	Chief Finance Officer Martin McDowell	A legal agreement under Section 251 allows the processing of data to finalise business from 2012/13	4	4	16	To be raised at next CCG Network to look to resolve nationally, MDs raising with NHS England. CSU staff seconded to local DMIC with appropriate certification to process PID CSU has attained ASH status with focus on appropriate individuals having appropriate access to data governed by IG policies CCG working with CSU to ensure that we process data in line with the act – use for direct patient care CCG internal actions include IG policies, incident reporting and senior staff nominated as SIRO / Caldicott Guardian to oversee use of data.	Significant assurance from MIAA received - CCG has achieved level 2 compliance in respect of Information Governance Toolkit in Q4 Need to consider removal from CRR based on feedback from DF (SH 02/04/2014)	1	4	4	▲

Quality

SOUTHPORT & FORMBY CCG - CORPORATE RISK REGISTER - QUARTER 4

▼ Risk reduced
▲ Risk unchanged
▲ Risk increased

Last Saved: 10/04/2014
 By User: loughc

ID	Principal Risk	Organisational Goal	Domain Type	Risk Owner	Identified Controls in Place	L	C	Initial Risk Rating	Additional controls required	Progress against action Plan	L	C	Current Risk Rating	Change Since Last Update
21	Impact of lab results on patient safety being sent to GP practices where they are not registered. Current IT system only allows GPs to reject results	Goal 2: Enhance Systems to Ensure Quality and Safety of Patient Care	Quality	Chief Nurse Debbie Fagan	1. Monitoring via Quality Committee and Contract 2.GP Clinical Quality Lead has set up a Task and Finish Group with the lead for Lab Services	4	3	12	GP Clinical Lead to meet with Acute Trust Provider Lab Team.	3. GP Clinical Quality Lead has set up a Task and Finish Group with the lead for Lab Services. Progress reports to be received by the Quality Committee. National problem - been referred back to system provider & risk will remain the same until further developments.	4	3	12	▲
22	SSP Practice (Freshfield) not engaging with CCG. GPs not attending locality meetings.	Goal 5: To Strengthen Engagement of CCG Members, Public, Partners and Stakeholders	Quality and financial	Head of Primary Care and Corporate Performance Malcolm Cunningham	Chair has written to practice asking for a meeting. Raised as issue with NHS England	5	2	10	Continue with attempts to meet with practice. Review options against constitution.	11.02.2014 The Chair and Chief Officer have met with the Partners of SSP to discuss involvement of GPs employed at Freshfield practice. Re-evaluation of engagement early March 2014.	5	2	10	▲
23	Aintree University Hospital Trust, Southport & Ormskirk Hospitals, Alder Hey, LCH RAG rating relation to robust Safeguarding systems and processes presents lack of assurance for CCG based upon validation of information presented by the Trust. Risk increased due to interface issues with reporting system between CSU and Safeguarding Hosted Service.	Goal 2: Enhance Systems to Ensure Quality and Safety of Patient Care	Quality and financial	Chief Nurse Debbie Fagan	RAG rating monitored via Quality Contract meetings. Reported to Quality Committee and escalated to Governing Body as required. Chief Nurse informed NHS England (M) and safeguarding will be included in the quality review process with the Trust. Monitored through quality contract meetings with CSU	4	4	16	Ongoing liaison between Safeguarding Hosted Service and provider. Safeguarding Hosted Service have offered additional support to trusts as a critical friend. Chief Nurse has discussed with Executive Nurse via telephone in November 2013. Chief Nurse arranged urgent meeting between CCG, CSU and Safeguarding Hosted Service - date set for beginning of December.	Update given from Safeguarding Service at March Quality Committee. Discussed at March Governing Body - letter drafted and to be sent to all providers from CCG Chief Officer. Safeguarding Service attending provider Safeguarding Advisory Groups in order to support and monitor progress in order to mitigate risk. Process developed between Safeguarding Service & CSU to ensure timely receipt of provider information in order for it to be analysed by Safeguarding Service to inform RAG rating.	4	4	16	▲
24	Absence of a robust process for management of conflict of interests could lead to flawed decision making and/or legal challenge.	Goal 5: To Strengthen Engagement of CCG Members, Public, Partners and Stakeholders	Statutory Duty	Head of Delivery and Integration Tracy Jeffes	Standards of Business Conduct Policy ratified Conflicts of Interest Policy Declarations of Interest at each Committee/Governing Body Agenda Register of Interests in place & publicly available COI Approvals Panel Terms of Reference in Draft	2	4	8	Terms of reference for the CCG Approvals Panel is to be established	Additional Strategic Governance support in place via CSU to review and enhance management of Conflicts of Interest & embedding process in CCG.	2	4	8	▲

SOUTHPORT & FORMBY CCG - CORPORATE RISK REGISTER - QUARTER 4

- ▼ Risk reduced
- ▲ Risk unchanged
- ▲ Risk increased

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ID	Principal Risk	Organisational Goal	Domain Type	Risk Owner	Identified Controls in Place	L	C	Initial Risk Rating	Additional controls required	Progress against action Plan	L	C	Current Risk Rating	Change Since Last Update
25 New Risk Q3	NHS England are unable to share Primary Care Quality Data 14/02/14	Goal 5: To Strengthen Engagement of CCG Members, Public, Partners and Stakeholders	Quality and financial	Head of Primary Care and Corporate Performance Malcolm Cunningham	Monthly Checkpoint Meeting with NHS E (issue raised at meetings) Quality Committee oversight of action plan (risk highlighted by Quality Committee) Locality Leads	3	3	9	Liaise with Practice managers at regular Practice Managers meeting	Regular meeting with NHS England to manage the risks which includes Head of Primary Care . Meetings with LMC. NHS England looking at an alternative provider.	3	3	9	▲

MEETING OF THE GOVERNING BODY JULY 2014

Agenda Item: 14/101b	Author of the Paper: Tracy Jeffes Chief Delivery and Integration Officer NHS Southport and Formby CCG Tel no: 0151 247 7049 E mail address: Tracy.Jeffes@southseftonccg.nhs.uk						
Report date: July 2014							
Title: Quarter 1 - 2014/15 Governing Body Risk Assurance Framework							
Summary/Key Issues: <p>This report provides the Governing Body with an overview of the organisation's risk in relation to the Risk Assurance Framework for Quarter 1 and the Corporate Risk Register, including statutory responsibility and regulatory obligation. It also gives an update on the review of the risk process.</p>							
Recommendation <p>The Governing Body is asked to:-</p> <ul style="list-style-type: none"> • Receive, review and scrutinise the assurance provided. • Note the significant amount of scrutiny and review that is undertaken within the organisation including the Senior Management Team, Corporate Governance Group and the Quality Committee. • Note that the Audit Committee also reviews the processes so in consideration of all the arrangements, that the Governing Body considers receiving a summarised version of the Governing Body Assurance Framework and Corporate Risk Register at future meetings. 							
	<table border="1"> <tr><td>Receive</td><td><input type="checkbox"/></td></tr> <tr><td>Approve</td><td style="text-align: center;">X</td></tr> <tr><td>Ratify</td><td><input type="checkbox"/></td></tr> </table>	Receive	<input type="checkbox"/>	Approve	X	Ratify	<input type="checkbox"/>
Receive	<input type="checkbox"/>						
Approve	X						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives	
X	Improve quality of commissioned services, whilst achieving financial balance.
X	Sustain a 2% reduction in non-elective admissions in 2014/15.
X	Implementation of 2014/15 phase of Care Closer to Home.

X	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
X	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
X	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
x	Review the population health needs for all mental health services to inform enhanced delivery.

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			Review of process has been carried out with SMT and CGSG. GB to receive update on progress of work and risk position.

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 July 2014

1. Background – Risk Assurance Responsibility and Obligation

- 1.1 The CCG has a statutory responsibility and regulatory obligation to ensure that systems of control are in place to minimise the impact of all types of risk, which could affect the proper functioning of the CCG. Risk management and internal controls should be fully embedded at all levels of the organisation: effective risk management arrangements will, in addition to helping ensure goals and objectives are met, help ensure compliance with statutory, mandatory and 'best practice' requirements.
- 1.2 All committees and sub-committees of the CCG are responsible for ensuring that risks associated with in their areas of responsibility are identified, analysed, evaluated and treated.
- 1.3 It is the responsibility of the Governing Body to ensure a robust system and process is in place and that risks are being consistently identified and managed.
- 1.4 The risk review cycle includes:
- Identification of new risks relating to the work of the CCG;
 - Closing of risks that are no longer relevant (or being managed to the extent that the risk is tolerable), and;
 - Review and assess all open risks and action plans to ensure that they reflect the current status of the risk.
 - Manage the risks to ensure they do not impede the delivery of team or organisational objectives.

2. Governing Body Assurance Framework (GBAF)

- 2.1 The Governing Body Assurance Framework provides the Governing Body with assurances that risks to the achievement of the CCGs' organisational objectives have been identified and that robust measures to mitigate those risks have been implemented and managed. It provides a list of the key pieces of evidence that the CCG Governing Body should use to gain this assurance. The Governing Body Assurance Framework is a key element of the CCG's system of internal control and its' primary purpose is to identify, evaluate, track and manage the impact of high-level strategic and operational risks. The GBAF also provides strong evidence and assurance of the effectiveness of the CCG's approach to risk management for the Annual Governance Statement, which is a requirement of the Annual Accounts.
- 2.2 The framework records the links between strategic objectives, key risks and key controls. It also indicates the sources of evidence or assurance, which support the controls, and identifies any gaps.
- 2.3 It is reviewed at business meetings of the Senior Management Team and Quality Committee on a quarterly basis and overseen by the Audit Committee. The Corporate Governance Group reviews and scrutinises it before submission to the Quality Committee to ensure the risk scores and assurances are accurate and robust.
- 2.4 The full document is reviewed twice a year by the Governing Body. Within that timeframe the Governing Body need to ensure that they:

- examine the previous year's final Q4 framework which will identify the final position on the risks for that year and provide the Governing Body with the information to ultimately determine whether the corporate objectives for that year have been met;
- examine the new financial year's Q1 framework which will outline the new organisational objectives and related risks, and identify any changes to the management of the risks, and;
- ensure a robust process is in place for exception reporting.

3. Corporate Risk Register (CRR)

- 3.1 The Corporate Risk Register (CRR) is a record of all the identified risks presented with details of assessment (the risk score) and actions taken to manage and mitigate the risk. The CRR supports the CCG's Assurance Framework by identifying operational risks which may impact on the ability to provide assurance against strategic risks.
- 3.2 All new and updated risks are recorded on the CRR on a monthly basis, where they are then reviewed by the Senior Management Team and subsequently the CCG's Governance Support Group as a first line of assurance. The CRR is then submitted to the Quality Committee which has delegated responsibility for receiving, reviewing and scrutinising the CRR.

4. Progress

- 4.1 A report was presented to the Senior Management Team (SMT) on the 10th June 2014 which outlined the CCG statutory responsibilities and regulatory obligations regarding systems of control, the Corporate Risk Register (CRR) and Governing Body Assurance Framework (GBAF) processes, draft 2014/15 CRR's and GBAF's registers and frameworks including a proposed list of risks for removal and relating rationale.
- 4.2 SMT members considered the proposal for those risks to be removed from the CRR and GBAF in conjunction with the recommended rationale that the risks had either been (a) managed to an acceptable level or (b) posed no risk to the CCG in 14/15.
- 4.3 On 10th June 2014 the SMT:
- Agreed the removal of all the proposed GBAF risks for Southport & Formby (appendix 1) CCG
 - Agreed the removal of all the proposed Southport & Formby CCG (appendix 2) CRR 'risks for removal'
 - Also presented and discussed: confirmed list of leads and deputies so as to ensure continuity of risk management
 - review of CRR and GBAF templates, updated so as to ensure easier to follow and tighter controls and updates.
- 4.4 Southport & Formby CCG Senior Management Team (SMT) scrutinised the draft quarter 1 GBAF and CRR at a meeting on 8th July 2014 to ensure action plans were updated, risk leads appropriate, risk scores reflective of current position and additional controls in place were optimal, providing robust mitigation. The report also provided members with an update on the discussions held at the SMT in June and subsequent support provided:
- Merton House based support with 1:1 meetings/telephone conversations with risk leads;
 - Previously compiled assurance meeting schedule updated to include Merton based lead support for CRR as well as GBAF updates: meetings being organised with each lead so as to assist in the assurance process and updates.

5. Southport and Formby CCG Position Statements (14th July 2014) – Governing Body Assurance Framework

5.1 The composition of the Governing Body Assurance Framework as at 14th July 2014 / quarter 1 2014/15 is:

- 10 amber;
- 4 yellow or green;
- 0 red risks.

6. Corporate Risk Register

6.1 The composition of the Corporate Risk Register as at 14th July 2014 / quarter 1 2014/15 is:

- 16 operational risks recorded
- 2 are rated as high level 'extreme' risk, ie
 - QUA006: continued from q4 2013/14, providers risk rating in relation to robust safeguarding systems. Performance results for quarter 1 will be reported in quarter 2 and then rating will be reviewed;
 - QUA008: new risk in quarter 1 2014/15. Lab provider system/technical issues having a possible impact on patient safety;
- 12 are rated as high level: BUO001; FIN001 & 2; QUA001, 2, 4, 5, 7; REP001, 2; STA001, 2;
2 are low risk (FIN003 and QUA003).
- 14 risks continue from 2013/14 with no change in risk rating since quarter 4 2013/14;
- 1 risk from 2013/14 has been updated for 2014/15 (FIN003);
- 2 new risks for 2014/15 (QUA008 and STA002);
- The quarter 1 2014/15 CRR document includes the objectives and risk reference for 2013/14 so as to show continuity and an audit trail for the continued risk: will be removed from Q2 document.

7. Conclusion

7.1 Southport & Formby CCG's 2014/15 Governing Body Assurance Framework and Corporate Risk Register documents highlights the key objective and operational risks as at 14th July 2014, with the majority of risks remaining static in terms of score. Additional controls have been identified where possible, with descriptions of action plans and work programmes intended to close identified gaps. SMT and the Governance Support Group will continue to monitor and assure risk scores and that progress against mitigating actions by Lead Officers will be robustly managed in line with the CCG's Risk Management Strategy.

Appendices

1. Agreed removed risks: GBAF
2. Agreed removed risks: CRR
3. Governing Body Assurance Framework Q1 2014/15
4. Governing Body Assurance Framework Q1 2014/15 Summary
5. Corporate Risk Register Q1 2014/15

Tracy Jeffes
July 2014

Southport & Formby CCG

Proposed Removed Risks

Lead Officer/Risk Owner: Malcolm Cunningham							
Principal Risks Risk Owner	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
Lack of capacity within CCG will restrict delivery of all programmes in 2013/14 impacting on achievement of Outcomes Framework 2013/14 (2013/14 3.1)	1x2	Full capacity of Programme Management Office achieved with no gaps identified Balanced Scorecard produced for each programme PMO reporting to Finance & Resource Committee Programme tracking in place via PMO Head of Strategic Financial Planning in post from August 2013 Head of Strategic Planning and Assurance in post from October 2013	Minutes of Finance & Resource Committee received by Governing Body (monthly) Oversight of Balanced Scorecards by PMO, exception reports to Finance & Resource Committee	Significant			
				Reasonable			
				Limited			
Rationale	Risk has reduced to manageable level. Also CCG has approved new arrangements for Clinical Leadership at every level. CCG leaders are regularly accessing development opportunities.						



Lead Officer/Risk Owner: Malcolm Cunningham							
Principal Risks Risk Owner	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
3.3 Lack of KPIs will impact on delivery of some programmes in 2013/14 No change in risk score from Q3 update	1x2	PMO reporting to Finance & Resource Committee KPIs developed and reported against programmes (Q2) Head of Strategic Financial Planning in post from August 2013 – key role in developing measurable KPIs Head of Strategy and Assurance in post from October 2013	Minutes of Finance & Resource Committee and exception reports Reported via Finance & Resources Committee	Significant	Some development required for KPIs	Head of Strategy & Assurance/Head of Strategic Financial Planning will provide senior management support in ensuring measurable KPIs are introduced	April 2014
				Reasonable			
				Limited			
Rationale	Risk has reduced to manageable level. Also CCG has approved new arrangements for Clinical Leadership at every level. CCG						



Lead Officer/Risk Owner: Tracy Jeffes							
Principal Risks Risk Owner	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
Possible requirement to re-procure CSU services. Risk that re-procurement would divert CCG resources away from key CCG priorities No risk for CCG against delivery for 2013/14 due to updated guidance from NHS England re: procurement	1x1	Plan produced in draft for re-procurement identifying timescales, resource requirements, impacts and risks Updated guidance from NHS England, CCGs are now able to re-negotiate SLAs -	Progress reports to SMT Progress/exception reports to Finance & Resource Committee	Significant			
				Reasonable			
				Limited			
Rationale	Risk has reduced to manageable level. Also CCG has approved new arrangements for Clinical Leadership at every level. CCG leaders are regularly accessing development opportunities.						



Lead Officer/Risk Owner: Billie Dodd							
Principal Risks Risk Owner	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (*External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
Lack of capacity amongst clinical colleagues to ensure personal development and facilitate active involvement No change in risk score from Q3 update – vacancy affecting risk score	4x3	OD Plan refreshed for 2013/14	Records of developmental sessions for Governing Body members/clinical leads	Significant	Lead roles not filled Governing Body vacancy not filled in Q4	Advertised & expressions of interest requested. Vacancy to be discussed at April 2014 AGM	April 2014
		Increased development of Locality model and resourcing	Minutes of Locality Meetings	Reasonable			
		Monthly joint development session for Governing Body members and clinical leads	Minutes of Primary Care Quality Board meeting received via Quality Committee (oversight by Governing Body)	Limited			
		Documented and robust PDR process for Governing Body members and locality lead roles	Governing Body oversight of PDR process for members/clinical and locality leads via exception reporting	Minutes of Locality Meetings received by Governing Body GB Vacancy discussed at Wider Group Meeting on 11 th Feb 2014			
Rationale		Risk has reduced to manageable level. Also CCG has approved new arrangements for Clinical Leadership at every level. CCG leaders are regularly accessing development opportunities.					



Lead Officer/Risk Owner: Jan Leonard / Billie Dodd							
Principal Risks Risk Owner	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (*External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
Re-election of clinical members of Governing Body in 13/14 could slow down locality and wider constituent development. Risk reduced to 2x3 1 st April 2014	2x3	Job descriptions and person specifications issued to ensure aspirant members are aware of requirements	Governing Body oversight of PDR process via exception reporting	Significant	None		
		Induction process for new Governing Body members	Training and development records, attendance at Governing Body development sessions.	Reasonable			
		Wider Constituent Group held on 9 th October 2013	OD Plan reflects approach to succession planning	Limited			
		Individual development opportunities for existing & prospective GB members					
Rationale		Risk has reduced to manageable level. Elections have now concluded and the constitution now contains a process for future elections.					

Proposal for Removal of Risks

Initial Risk 13/14 End of Year risk

ID	Principal Risk	Domain Type	Risk Owner	Identified Controls in Place	L	C	Initial Risk Rating	L	C	Current Risk Rating	Rationale for Removal
1 Q4 2013/14	CCG fails to balance its budget/hit its financial target	Financial Statutory	Governing Body to be advised by Chief Financial Officer Martin McDowell	Financial Reporting - Monthly finance reports - Finance and resources committee overview - Focus on Out-Turn position - Internal Systems - SFIs and SoRD - Review Internal and External audit reports -Use of Contingency Plans/Reserves - Monthly Provider Contract Reviews Additional controls: (1) Clarify required regarding PCT disaggregation of baselines, particularly in respect of Specialised Commissioning and also intra-Setlon CCG arrangements. (2) Reserves held to offset against operational pressures. (3) Potential to defer investments if position deteriorates Board action should position deteriorate Progress: CCG identified impact of likely baseline adjustments. Latest F & R /Governing Body finance reports indicate that CCG is on target to deliver financial duties.	2	5	10	1	5	5	Controls in place. Now on target to deliver. Risk reduced and now below CRR threshold.
5 Q4 2013/14	Increased costs arising from high cost drugs in secondary care	Financial	Governing Body to be advised by Chief Financial Officer Martin McDowell / CCG Lead for Medicine Management Brendan Prescott	Review of cost implications Checking patients Liaison with secondary care clinicians Additional controls Clear horizon scanning by the CCG in preparation for 13/14 budgets - work with Public Health to determine impact Progress CCG monitoring performance accordingly - reported in financial position	4	2	8	2	2	4	Controls in place. Performance being monitored accordingly. Risk reduced and now below CRR threshold.
9 Q4 2013/14	Health Economy Urgent Care, 4 hour target may not be achieved	Statutory Duty	Head of CCG Development Billie Dodd	Daily sitreps from UM Merseyside 2x daily reports from UCAT, Urgent care strategy with local health economy, consultant in community work and pathways for care closer to home being developed. A&E action plan in place. Additional controls Task and finish group to be established to review 4hour target. Winter planning meeting to be arranged before Aug. System of urgent care reporting in place over winter period. This is being maintained to cover the easter period and robuse Easter plan in place. Progress CCG involvement in Urgent Care telecalls to manage system pressures and CCG co-ordinated Easter Plan.	4	4	16	1	2	2	Controls in place. To consider removal if trust has achieved yearly target. Risk reduced and now below CRR threshold.
13 Q4 2013/14	Attainment of FT status at Liverpool Community NHS Trust	Statutory Duty, business objectives	Chief Officer Fiona Clark	IBP submitted with CCG support and caveats, Additional controls: Workshops with CCG board and stakeholders to understand implications and consequences, frequent communication with NHS E , Trust Board to board sessions. NTDA Progress: Following MIAA's review of the IG Toolkit and 'significant' assurance received, and review of this risk by Quality Committee in January 2014 and Corporate Governance Group and SMT in February 2014 it was considered that the changing NHS environment, National Policy and the role of the Trust Development Agency, it was agreed that this risk should be reduced substantially. Recommend removal following Q4 review (SH)	3	4	12	1	2	2	Controls in place. Reviews carried out. Significant assurance received from MIAA. Risk significantly reduced. Now below CRR threshold

14 Q4 2013/14	Attainment of FT status at Southport & Ormskirk Hospitals NHS Trust	Statutory Duty, business objectives	Chief Officer Fiona Clark	<p>IBP submitted with CCG support and caveats</p> <p>Additional controls Dialogue required with Trust understand implications and consequences, frequent communication with NHS England.</p> <p>Progress Following MIAA's review of the IG Toolkit and 'significant' assurance received, and review of this risk by Quality Committee in January 2014 and Corporate Governance Group and SMT in February 2014 it was considered that the changing NHS environment, National Policy and the role of the Trust Development Agency, it was agreed that this risk should be reduced substantially. Recommend removal following Q4 review (SH)</p>	3	4	12	1	2	2	Controls in place. Reviews carried out. Significant assurance received from MIAA. Risk significantly reduced. Now below CRR threshold
15 Q4 2013/14	CSU will not deliver comprehensive service to CCG leading to an inability to deliver key objectives	Statutory Duty	Head of Delivery Tracy Jeffes	<p>SLA in place with provider; Monthly monitoring meetings; formal reporting; identified Head of Client operations lead appointed to liaise with Head of Delivery;</p> <p>Additional controls Reporting to Finance & Resource Committee on 6 monthly basis; KPI to be further developed; Joint development work with leads across CCG and CSU to ensure effectively operationalise workstreams. Action plan for delivery of NECTO in place.</p> <p>Progress: KPIs agreed, Locality Team established, CCG leads meetings with CSU leads on operational matters. Progress in BI in relation to implementation plan of CMIP has reduced risk of delivery.</p>	2	3	6	2	3	6	Reduced to acceptable level. Now below CRR threshold.
17 Q4 2013/14	Unencrypted pen drives in use within NHS South Sefton CCG which could be accessed if lost	Corporate	SIRO Lead, Martin McDowell	<p>Management agreement covering their understanding that only documentation that is suitable for the public arena maybe saved on these devices. The Admin team does not share these devices. The Admin team does not have access to any patient or staff data.</p> <p>Additional controls Reinforcement of policy around use of these drives to take place regularly at team meetings. Any new starters to be made aware of the policy before issue of device.</p> <p>Progress Actions delivered. Recommend removal from CRR for Q4 (SH)</p>	3	3	9	2	2	4	Controls in place and actions delivered. Risk reduced. Now below CRR threshold.
19 Q4 2013/14	111 System Failure	Business Objective	Head of Primary Care and Corporate Performance Malcolm Cunningham	<p>Daily teleconference with NHS England and provider, local and regional updates.</p> <p>OOH provider is situ and managing call volume</p> <p>Additional controls: Controls and systems are in place – OOH is using model 1: medical triage, to manage call volume. OOH call volume is reducing</p> <p>Progress Plans in place and working well, will monitor with Merseyside lead</p>	2	2	4	2	2	4	Controls and systems in place. Risk reduced. Now below CRR threshold.
20 Q4 2013/14	Health and Social Care Act 2012, Section 251 stated that CSU and CCGs do not have a legal right to hold patient confidential data for 2013/14 onwards	Portal development/ contract monitoring	Chief Finance Officer Martin McDowell	<p>A legal agreement under Section 251 allows the processing of data to finalise business from 2012/13</p> <p>Additional controls: To be raised at next CCG Network to look to resolve nationally. MDS raising with NHS England. CSU staff seconded to local DMIC with appropriate certification to process PID CSU has attained ASH status with focus on appropriate individuals having appropriate access to data governed by IG policies CCG working with CSU to ensure that we process data in line with the act – use for direct patient care CCG internal actions include IG policies, incident reporting and senior staff nominated as SIRO / Caldicott Guardian to oversee use of data.</p> <p>Progress: Significant assurance from MIAA received - CCG has achieved level 2 compliance in respect of Information Governance Toolkit in Q4</p> <p>Need to consider removal from CRR based on feedback from DF (SH 02/04/2014)</p>	4	4	16	1	4	4	Controls in place. Significant assurance received from MIAA. Risk significantly reduced. Now below CRR threshold.

VERSION 7: APPENDIX 3

Southport and Formby CCG Assurance Framework – Quarter 1 2014-15: April to June 2014

Corporate Objective 1: Improved quality of commissioned services, whilst achieving financial balance				Governing Body Reports				
Lead Officer/Risk Owner: Martin McDowell								
Principal Risks	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date	
1.1 Non Delivery of financial targets due to failure to control CCG expenditure budgets	2 x 5	Internal and External Audit Plan in place to review systems of internal control Robust financial management process in place to ensure reserves and contingency are utilised in an appropriate manner Internal budgetary management process in place to support and challenge budget holder to deliver within agreed limit	Financial Plan for 2014/15 signed off by Governing Body (May 2014). Monthly Finance performance reports presented to Finance & Resource Committee with reporting to Governing Body by exception report. Monthly reporting to NHS England as part of the collective NHS Financial position.	Significant Reasonable Robust processes in place and being managed. Limited	Additional budget holder training required.	Not required at this stage.	March 2015	
Progress Reports	Q1	On target - Robust processes in place and being managed.						Reasonable
	Q2							
	Q3							
	Q4							
				Assurance Rating				

Corporate Objective 1: Improved quality of commissioned services, whilst achieving financial balance		Governing Body Reports					
Lead Officer/Risk Owner: Martin McDowell							
<u>Principal Risks</u>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
1.2 Non-delivery of financial targets due to over-performance/fin-effective demand management of activity levels within acute and community provider contracts	2 x 5	<p>Provider contracts agreed and signed with specified activity levels and associated costs</p> <p>Robust financial planning and control process in place</p> <p>Internal and External Audit Plan in place to review systems of internal control</p> <p>Contingencies and reserves held to cover overspends during the year.</p>	<p>Agreed provider contracts signed for 2014/15, with robust contract management arrangements in place to maintain/deliver activity and associated costs within agreed limits</p> <p>Monthly provider contract review meetings in place to verify performance and quality (including CQUIN)</p> <p>Revised Financial Plan for 2014/15 signed off by Governing Body (May 2014).</p> <p>Monthly Finance performance reports presented to Finance & Resource Committee with reporting to Governing Body by exception report.</p> <p>Monthly reporting to NHS England as part of the collective NHS Financial position.</p> <p>Internal budgetary management process in place to support and challenge budget holder to deliver within agreed limit</p>	<p>Significant</p> <p>Reasonable</p> <p>Likely over-performance offset by adequate reserves held at Q1.</p> <p>Limited</p>	Better information required at practice level to encourage ownership of management/info improved control of referrals etc.	Not required at this stage.	March 2015.
<u>Progress Reports</u>	Q1	Likely over-performance offset by adequate reserves held at Q1					Reasonable
	Q2						
	Q3						
	Q4						

Corporate Objective 1: Improved quality of commissioned services, whilst achieving financial balance		Governing Body Reports						
Lead Officer/Risk Owner: Debbie Fagan								
Principal Risks	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date	
1.3 Failure of providers to deliver CQUIN targets leading to slow change /transformation of services	3 x 3	Regular reporting to Quality Committee. Formal exception reporting to Quality Committee from GP Clinical Lead for Quality and CQUIN. Contract meetings scheduled is in place to review and verify performance and activity on provider contracts including CQUIN Discussion re providers as part of QSG (NHS England) work plan	Bi-monthly performance reports from Quality Committee received by Governing Body. Quality reporting standing agenda item for Governing Body, including Quality Contract updates. Chief Nurse leads on Quality to ensure that quality is maintained via established resources and is a Governing Body member. Chief Nurse member of Finance & Resource Committee. Senior Finance Team member attached to the Quality Committee to ensure risk is minimised Chief Nurse / member of CCG Quality Team, in attendance at provider quality meetings. Clinical Director for Quality/GP Clinical Leads for Quality in place with managerial support from the CCG Quality Team.	<p>Significant</p> <p>Regular provider performance reviewed at scheduled Quality Contract meetings.</p> <p>Reasonable</p> <p>Limited</p>	Review function, roles and capacity of Quality Team Review quality support from CSU		Chief Officer and Chief Nurse – September 2014 Chief Nurse September 2014	
<u>Progress Reports</u>	Q1	Regular provider performance reviewed at scheduled Quality Contract meetings.					<u>Assurance Rating</u>	Significant
	Q2							
	Q3							
	Q4							

Corporate Objective 1: Improved quality of commissioned services, whilst achieving financial balance		Governing Body Reports						
Lead Officer/Risk Owner: Debbie Fagan								
Principal Risks	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date	
HCAIs 1.4 Exceed trajectories for HCAI impacting on patient safety & non-achievement of quality premium	3 X 4	Regular reporting to Quality Committee on HCAIs CPQG reporting CDIF Task & Finish Group established (progress reports to Quality Committee) Mersey Clinical Commissioning Network Established July 2013 (ToR agreed Sept 2013), HCAIs standing agenda item CCG action plan presented to Quality Committee and shared with HSE. Workshop held 2014. Steering group to meet July 14 Process in place for CCG review of CDIF route cause analysis reports.	Minutes and key actions of Quality Committee meetings reported to Governing Body. Provider performance re HCAI discussed at Quality Committee for purposes of assurance. Key risks identified within quality contract meetings.	Significant Reasonable Held Health Economy Workshop for CDIF. Date set for inaugural meeting of the steering group for July 2014. Liaising with Public Health to develop CCG process for review of provider CDIF RCA's/CCG CDIF management of provider CDIF 'Appeals process. Limited	Role of Sefton Health Economy Steering group being reviewed i.e. key risks to be filtered through this group.		Chief Nurse July 2014	
Progress Reports	Q1	Held Health Economy Workshop for CDIF. Date set for inaugural meeting of the steering group for July 2014. Liaising with Public Health to develop CCG process for review of provider CDIF RCA's/CCG CDIF management of provider CDIF 'Appeals process.					Assurance Rating	Reasonable
	Q2							
	Q3							
	Q4							

Corporate Objective 1: Improved quality of commissioned services, whilst achieving financial balance		Governing Body Reports						
Lead Officer/Risk Owner: Tracy Jeffes								
Principal Risks <u>Risk Owner</u>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date	
1.5 Lack of capacity and capability of CSU to deliver sufficient support in a responsive manner in key risk areas which have been identified as CHC BI delivery, Customer Solutions and CMCSU merger with GMCSU	3 x 4	Re-negotiation of SLA in process Contract/Performance Monitoring Group meet monthly and development of more robust KPI's with new service specifications Exception reporting on performance and delivery at SMT	Monthly meeting of Performance Monitoring Group Head of Client Operations – CSU to attend weekly SMT meetings to support Specific assurances obtained CSU to ensure continuation of locally based delivery despite CSU merger Reports to Finance & Resource Committee on six monthly basis	<p>Significant</p> <p>MIAA report (December 2013) offered significant assurance of CCG's performance management of CMCSU. SLA renegotiation. Key CCG and CSU leads agreed new service specifications and KPIs around all service areas.</p> <p>Reasonable</p> <p>Governing Body receives minutes of Finance & Resource Committee</p> <p>Limited</p>	Strategic annual review of CSU service delivery by commissioning support requirements. Specific work and forward plan for future management of CHC to be developed: Sept GMIP roll out plan updated and required to include dates for availability for practice level information CHC information varying on monthly basis Development of KPIs to ensure more robust contract management during Delay in renegotiation of SLA due to lack of financial information from CSU.		September 2014 September 2014 July 2014 August 2014 End of July 2014 July 2014	
Progress Reports	Q1	SLA renegotiation. Key CCG and CSU leads agreed new service specifications and initial KPIs around all service areas pending price discussions						Assurance Rating
	Q2							
	Q3							
	Q4							

Corporate Objective 1: Improved quality of commissioned services, whilst achieving financial balance		Governing Body Reports					
Lead Officer/Risk Owner: Karl McCluskey							
Principal Risks	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
QIPP 1.6 Non-delivery of 2014/15 QIPP Plan which supports transformational change	1x4	QIPP targets identified within the 2014/15 financial plan QIPP plans in place to deliver required financial cost reductions	QIPP financial savings targets and plans signed off by the Governing Body (May 2014) Monthly financial performance reports (including QIPP targets and associated savings) presented to Finance and Resource Committee and reviewed by the Governing Body	<p>Significant</p> <p>Reasonable</p> <p>QIPP plans and associated finance cost reductions identified within CCG strategic financial plan and approved by governing body in May 2014</p> <p>Limited</p>	Small level of savings required to be delivered to meet target in 2014/15. current QIPP in reserves (£257,000).	Not required at this stage.	March 2015.
<u>Progress Reports</u>	Q1	QIPP plans and associated finance cost reductions identified within CCG strategic financial plan and approved by governing body in May 2014					
	Q2						
	Q3						
	Q4						
							<u>Assurance Rating</u>
							Reasonable

Corporate Objective 2: Achieve a 15% reduction in non-elective admissions across 5 years		Governing Body Reports								
Lead Officer/Risk Owner: Karl McCluskey							Responsibility Target Date			
Principal Risks	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date			
2.1 Potential for any reduction in non-elective admissions to be offset by increased demand	3x2	Weekly and monthly non-elective performance reviewed by PMO / SMT Bi-monthly performance reports to Governing Body	Exception reporting to Governing Body bi-monthly Exception issues raised and alerted through SMT to be addressed via Head of CCG Development	<table border="1"> <thead> <tr> <th>Significant</th> </tr> </thead> <tbody> <tr> <td>Annual profile and changes in non-elective activity across five years agreed and developed with governing body and reflected in CCG two year operational plan and five year strategic plan.</td> </tr> <tr> <th>Limited</th> </tr> </tbody> </table>	Significant	Annual profile and changes in non-elective activity across five years agreed and developed with governing body and reflected in CCG two year operational plan and five year strategic plan.	Limited	Need for integrated performance reporting	Development of integrated performance report	Becky Williams Quarter 2 (September 2014)
Significant										
Annual profile and changes in non-elective activity across five years agreed and developed with governing body and reflected in CCG two year operational plan and five year strategic plan.										
Limited										
<u>Progress Reports</u>	Q1	Annual profile and changes in non-elective activity across five years agreed and developed with governing body and reflected in CCG two year operational plan and five year strategic plan.						<u>Assurance Rating</u> Reasonable		
	Q2									
	Q3									
	Q4									

Corporate Objective 3: Implementation of 2014-15 phase of Care Closer to Home				Governing Body Reports				
Lead Officer/Risk Owner: Billie Dodd								
Principal Risks /Risk Owner:	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date	
3.1 Delays in implementing Care Closer to Home will impact on demand in the Integrated Care Organisation which will draw out requirement to deliver savings.	3x3	Strategic Partnership Board monitoring progress of implementation Monitoring activity rates via CSU information portals and contract meeting Central funding received in 2014 by SFCCG should mitigate pressures in Acute Sector over Winter period	Exception reporting via Chief Officer report to Governing Body Contract motoring via F&R Committee	Significant				
				Reasonable				
				Limited				
Monthly minutes of F&R committee are reported to Governing Body and Chief Officers report is submitted to the Governing Body (standing agenda Items)								
Progress Reports	Q1	Governing Body receives update on F&R Committee via receipt of minutes and Chief Officers report.						Reasonable
	Q2							
	Q3							
	Q4							
						Assurance Rating		

Corporate Objective 4: Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership and partners

Corporate Objective 4: Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership and partners		Governing Body Reports											
Lead Officer/Risk Owner: Billie Dodd													
Principal Risks	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date						
4.1 Review and re-specification of community services may not deliver particular preferences of individual GP's	2x3	Wider group engagement event being planned Lead GP focus from CCG chair and Vice Clinical chair 'Facing the future' work with West Lancs. Specify Service	Care closer to Home board Strategic partnership board Primary care Quality board	<table border="1"> <tr><th>Significant</th></tr> <tr><td> </td></tr> <tr><th>Reasonable</th></tr> <tr><td> </td></tr> <tr><th>Limited</th></tr> <tr><td>Planning work being carried out for a Wider Group Engagement event to be held July 2014.</td></tr> </table>	Significant		Reasonable		Limited	Planning work being carried out for a Wider Group Engagement event to be held July 2014.	Wider Group Engagement event being held 23 rd July 2014.	Purpose of event is to identify the needs and specifics to shape a future service	July 2014
Significant													
Reasonable													
Limited													
Planning work being carried out for a Wider Group Engagement event to be held July 2014.													
<u>Progress Reports</u>	Q1	Planning work being carried out for a Wider Group Engagement event to be held July 2014.					<u>Assurance Rating</u>	Limited					
	Q2												
	Q3												
	Q4												

Corporate Objective 5: Implementation of 2014-15 phase of Primary Care quality strategy / transformation		Governing Body Reports						
Lead Officer/Risk Owner: Malcolm Cunninghamham / Jan Leonard								
Principal Risks	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date	
5.1 Lack of capacity amongst clinical colleagues to deliver transformation	4x3	<p>Development of Local Quality Contract</p> <p>Primary Care Clinical Lead identified in new GB</p> <p>Documented and robust PDR process for Governing Body members and locality lead roles</p> <p>Locality and practice lead roles clarified</p> <p>Primary Care Quality Board established November 2013 – led by clinician</p>	<p>Monitoring of uptake and performance of LQC, reported via Primary Care Quality Board</p> <p>Regular updates to Senior Leadership Team on LQC</p> <p>Minutes of Locality Meetings received by Governing Body</p> <p>Minutes of Primary Care Quality Board meeting received via Quality Committee (oversight by Governing Body)</p> <p>Governing Body oversight of PDR process for members/clinical and locality leads via exception reporting</p>	<p>Significant</p> <p>Reasonable</p> <p>Contract is ready pending completion of consultation.</p> <p>Limited</p>		Awaiting consultation completion.	July 2014	
<u>Progress Reports</u>	Q1	Contract is ready pending completion of consultation.					<u>Assurance Rating</u>	Reasonable
	Q2							
	Q3							
	Q4							

Corporate Objective 6: Agreed three year integration plan with Sefton Metropolitan Borough Council and implementation of year one (14/15) to include an intermediate care strategy		Governing Body Reports						
Lead Officer/Risk Owner: Tracy Jeffes								
Principal Risks <u>Risk Owner</u>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date	
6.1 Inability to deliver system wide change due to failure to shift resource from one part of the health and social care system to another	3x3	Regular joint meetings with Sefton Council to develop Integration Plans. Range of task and finish groups established to develop plans for 14/15 and longer term, reporting to HWBB RIG (Resource and Integration Group) and PIG (Programme Integration Group) Provider forum established to explore system-wide change. Key officers assigned from Sefton Council and CCG to develop intermediate care strategy	Documented Evidence of reports and minutes from meetings Development of s256 agreements for 14/15	Significant Reasonable Limited Workshop held in May to agree key areas for Task and Finish Groups to develop integrated working. Programme Integration Group supportive of approach and groups developing short term and longer term plans				
<u>Progress Reports</u>	Q1	Workshop held in May to agree key areas for Task and Finish Groups to develop integrated working. Programme Integration Group supportive of approach and groups developing short term and longer term plans					<u>Assurance Rating</u>	Limited
	Q2							
	Q3							
	Q4							

Corporate Objective 6: Agreed three year integration plan with Sefton Metropolitan Borough Council and implementation of year one (14/15) to include an intermediate care strategy

Governing Body Reports							
Lead Officer/Risk Owner: Tracy Jeffes							
<u>Principal Risks</u> <u>Risk Owner</u>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
6.2 Impact of reductions in social care funding on health services	3x3	Integrated working through HWBB sub-structure to develop system-wide approaches. Care Closer to Home and Virtual Ward as key programmes to facilitate operational Clear outcomes for s256 agreements and development of future section 75.	Documents and minutes from meetings	Significant	Clear measures and processes across system to identify impact		November 2014
				Reasonable			
				Limited			
				HWBB supportive of wider –system approach and groups developing short term and longer term plans			
				Q1			
<u>Progress</u>	Q2						
<u>Reports</u>	Q3						
	Q4						

Corporate Objective 6: Agreed three year integration plan with Sefton Metropolitan Borough Council and implementation of year one (14/15) to include an intermediate care strategy		Governing Body Reports						
Lead Officer/Risk Owner: Tracy Jeffes								
Principal Risks <u>Risk Owner</u>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date	
6.3 Capacity across CCG and council to deliver a robust and co-ordinated one year and three year plan	3x3	Programme and integration group of Health and Well Being Board to sponsor and co-ordinate plans Integration post to co-ordinate and lead the work.	Programme group has already supported the development of the plans. Job description in place for integration post	<p>Significant</p> <p>Reasonable</p> <p>Limited</p> <p>Plans supported. Integration post to co-ordinate and lead the work.</p>	Recruitment to commence		July 14	
<u>Progress Reports</u>	Q1	Resources and job outline for role to develop integrated working in place. Functional working group plans received by the HWB programme group.					<u>Assurance Rating</u>	Reasonable
	Q2							
	Q3							
	Q4							

Corporate Objective 7: Review the population health needs for all mental health services to inform enhanced delivery		Governing Body Reports					
Lead Officer/Risk Owner: Karl McCluskey							
<u>Principal Risks</u>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
7.1 Completion of full scale review across children and adults in year	1 x 4	Additional project resource appointed in quarter 1 Additional clinical leadership appointed quarter 1 Joint mental health task group with Sefton Council in place	Regular progress reporting to Governing Body Progress management and assessment to be undertaken via service improvement and redesign committee from September 2014	<p>Significant</p> <p>Detailed demographic and population health needs analysis undertaken as part of 5 year strategic plan and 2014/15 refresh of JSNA with the Local Authority.</p> <p>Reasonable</p> <p>Limited</p>	Assessment of resource to support breadth and depth of project	Review of resources and development of business case by September 2014	Geraldine O'Carroll September 2014
<u>Progress Reports</u>	Q1	Detailed demographic and population health needs analysis undertaken as part of 5 year strategic plan and 2014/15 refresh of JSNA with the Local Authority.					
	Q2						
	Q3						
	Q4						
							<u>Assurance Rating</u>
							Significant

GUIDANCE

Principal Risks: are what could prevent key objectives from being achieved. Key risks should be true risks (rather than consequences), and so cannot just be the converse of the objective.

Assurance Rating Section: this shows section seeks to help the Governing Body to 'weight' the assurance provided by Risk Owners. It directs the amount of attention it needs to spend in reviewing entries on the Assurance Framework. The categories are 'Limited', 'Reasonable' and 'Significant'. The Governing Body should be expecting to see 'Reasonable' assurance for the entries in the document unless there is a specific reason for this not to happen. For example, a new care pathway introduced in quarter 1 might only have been given limited assurance as the implementation plan for the pathway has only just begun. As the year progresses the assurance rating should increase with the embedding of the pathway.

Key Controls: are factors, systems or processes that are in place to mitigate the principal risk(s) and assist in securing delivery of the relevant key objective. Key controls should be robust and specific and properly match the associated key objective(s). For example; a sub committee or committee of the Governing Body which is tasked with monitoring the specific risk.

Assurance on Controls: are sources of evidence demonstrating that the key controls are effective. Assurances should be matched with specific key control(s) wherever possible.

Gaps in Control: indicates where the organisation has failed to put key controls in place, or has failed to make key controls effective.

Gaps in Assurance: indicates where the organisation is failing to gain evidence that key controls are effective.

Corrective Action: shows what will or is being done to address the gap(s) in control or assurance.

Responsibility / Target Date: shows the Director (or senior manager) responsible for appropriate and timely implementation of corrective action(s) and the expected date by which actions should be completed.

Progress reports provide a quarterly update on achievement of action plans and identify where gaps in control or assurance have been addressed. They should also indicate where the risk grading has changed for any risks associated with that objective.

Generally, Assurance Frameworks should map key objectives to principal risks, key controls and assurances explicitly. Assurance frameworks should be embedded and dynamic, providing regular Governing Body information and not viewed as year-end exercises.

Assurance Rating

Limited Rating – Insufficient Assurance Provided

A limited assurance rating will be applied where a risk owner has failed to record any evidence within the 'Key Positive Assurance' column during that quarter or where only minimal evidence is provided, all of which is deemed as providing 'limited assurance'.

Reasonable Rating – Adequate Assurance Provided

A reasonable assurance rating will be applied where a risk owner has recorded in the 'Key Positive Assurance' column at least one piece of evidence deemed 'reasonable' assurance together with a number of pieces of evidence deemed 'limited' assurance.

Significant Rating – Substantial Assurance Provided

A significant risk rating will be applied where a risk owner has recorded in the 'Key Positive Assurance' column a minimum of one piece of evidence deemed as providing 'significant' assurance or a number of pieces relating to different aspects of assurance deemed 'reasonable'

Examples of what constitutes differing levels of assurance:

<p>Key Positive assurance (* External/Independent) EXAMPLES OF TYPES OF ASSURANCE</p>	<p>**SHA Audit of data quality indicating no significant concerns, reported to Trust Governing Body January 2010, PCT commissioning committee February 2011. (significant assurance)</p> <p>**COC indicators met for relevant targets as reported in periodic review, October 2011 (significant assurance)</p> <p>Performance Report received by the Trust Governing Body, most recent September 2009, showing performance within tolerance for overall achievement of target for Q1 (reasonable assurance)</p> <p>Contract monitoring report to commissioning committee in September 2010 showing performance within tolerance for overall achievement of target for Q1 (reasonable assurance)</p> <p>Performance report to Trust Governing Body, most recent September 2010, indicating current position against key targets (limited assurance)</p>
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<p>2010/11 prospectus published March 2009, included for information in Governing Body papers May 2010</p> <p>Uptake report on attendance at Health & Safety courses at Health & Safety working group November 2010 shows 60% of staff have attended relevant courses, compared with 40% last year</p> <p>Reasonable Assurance</p> <p>Update report to HR committee September 2010 demonstrating 80% of required courses now established</p> <p>Limited Assurance</p> <p>Performance report to Trust Governing Body, most recent September 2010, indicating current position against key targets</p>
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<p>Key Positive assurance EXAMPLE OF NEW LAYOUT Significant Assurance</p>

Risk Grading Matrix

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

Risk	Score	Colour
Insignificant	1 - 3	Green
Low	4 - 6	Yellow
Moderate	8 - 12	Orange
High	15 - 25	Red

↓ Significant risk

Significant Risk

A risk which attracts a score of 8 or above on the risk grading matrix constitutes a significant risk and must be recorded on the Corporate Risk Register.

**Southport & Formby CCG Assurance Framework 2014/15
Assurance Rating Summary Quarter 1**

Key:

- ▼ L – Assurance rating reduced from previous Quarter
- ▶ M – Maintained assurance rating from previous Quarter
- ▲ H - Higher assurance rating than previous Quarter
- N/A – Not applicable – assurance not expected
- Blank – No comparable rating



**Southport and Formby
Clinical Commissioning Group**

14/101b

Risk No	Risk Description	Risk Rating (L & C)	Accountable Lead	Assurance Rating				Assurance Rating Key
				Q1	Q2	Q3	Q4	
Unique Identifier	Strategic risk transposed from Assurance Framework document	Risk rating based on agreed risk matrix	Identified lead on behalf of the CCG who is referred to as the 'Risk Owner' on the Assurance Framework document	These columns will state either 'Limited' 'Reasonable' or 'Significant' assurance has been awarded dependent on the weight of assurance provided				This column will have ▼ or ▶ or ▲ inserted here to demonstrate any changes since last review
Corporate Objective 1: Improved quality of commissioned services, whilst achieving financial balance								
1.1	Non Delivery of financial targets due to failure to control CCG expenditure budgets	2x5	Martin McDowell	R				
1.2	Non-delivery of financial targets due to over-performance/in-effective demand management of activity levels within acute and community provider contracts	2x5	Martin McDowell	R				
1.3	Failure of providers to deliver CQUIN targets leading to slow change / transformation of services	3x3	Debbie Fagan	S				
1.4	Exceed trajectories for HCAI impacting on patient safety & non-achievement of quality premium	3x4	Debbie Fagan	R				
1.5	Lack of capacity and capability of CSU to deliver sufficient support in a responsive manner within resource envelope. In particular organisational change due to merger, specifically: CHC BI delivery	3x4	Tracy Jeffes	S				
1.6	Non-delivery of 2014/15 QIPP Plan which supports transformational change	1x4	Karl McCluskey	R				
Corporate Objective 2: Achieve a 15% reduction in non-elective admissions across 5 years								
2.1	Potential for any reduction in non-elective admissions to be offset by increased demand	3x2	Karl McCluskey	R				
Corporate Objective 3: Implementation of 2014-15 phase of Care Closer to Home								
3.1	Delays in implementing Care Closer to Home will impact on demand in the Integrated Care Organisation which will draw out requirement to deliver savings.	3x3	Billie Dodd	R				
Corporate Objective 4: Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership and partners								
4.1	Review and re-specification of community services may not deliver particular preferences of individual GP's	2x3	Billie Dodd	L				

Risk No	Risk Description	Risk Rating (L & C)	Accountable Lead	Assurance Rating	Assurance Rating Key
Corporate Objective 5: Implementation of 2014-15 phase of Primary Care quality strategy / transformation					
5.1	Lack of capacity amongst clinical colleagues to deliver transformation	4x3	Malcolm Cunningham / Jan Leonard	R	
Corporate Objective 6: Agreed three year integration plan with Sefton Metropolitan Borough Council and implementation of year one (14/15) to include an intermediate care strategy					
6.1	Inability to deliver system wide change due to failure to shift resource from one part of the health and social care system to another	3x3	Tracy Jeffes	L	
6.2	Potential of changes to social care funding to have an adverse impact on NHS services	3x3	Tracy Jeffes	L	
6.3	Capacity across CCG and council to deliver a robust and co-ordinated one year and three year plan	3x3	Tracy Jeffes	R	
Corporate Objective 7: Review the population health needs for all mental health services to inform enhanced delivery					
7.1	Completion of full scale review across children and adults in year	1x2	Karl McCluskey	S	

SOUTHPORT & FORMBY CCG - CORPORATE RISK REGISTER

APPENDIX 5

Version 6, Quarter 1 2014/15

Last Saved: 17/07/2014

By User: loughc

▲ Risk reduced
▲ Risk unchanged
▲ Risk increased

ID	Date Added	Principal Risk	2013/14 Strategic Objectives	2014/15 Strategic Objective	Domain Type2	Risk Owner	Identified Controls in Place	L	C	Initial Risk Rating	Additional Controls required	Due Date	Review Date	Progress against action Plan	L	C	Current Risk Rating	Change Since Last Update	Risk Rf 2013/14
Business Objective																			
BLO001	Prior Q3 2013/14	13 week & cancer pathways may not be agreed by provider	Objective 2: Enhance Systems to Ensure Quality of Patient Care	Objective 1 - Improved quality of commissioned services, whilst achieving financial balance	Business Objective	Karl McCuskey	monthly contract meetings. Clinical Quality and performance contracts and for quality. worked closely with providers on cancer pathway. Set up clinical meetings with cancer leads and manager. Manager lead for the delivery and monitor on a weekly basis. Weekly and monthly monitoring through SMT and monthly performance reports. IT - check first principles submitted to CCG for assurance in April 2014, confirming adequacy of plans to deliver across all RT areas	3	3	9	Use contract levers and clinical interventions, review implementation plans for delivery and monitor on a weekly basis.			Developed a system wide patient education plan and patient support experiments and reviewing process around patient choice. Cancer lead to discuss with colleagues at Protected Learning Time on 18/9 regarding actions when a 2/22 referral patient is about to go on holiday. Drop in performance in Q4 could lead to year and target failure.	3	4	12	▲	12
Finance																			
FN001	Prior Q3 2013/14	Continuing Healthcare Reimbursement claims exceed available resources	Objective 1: to consolidate a robust Strategic Plan within the CCG's financial envelope	Objective 1 - Improved quality of commissioned services, whilst achieving financial balance	Financial	Chief Financial Officer Martin McDowell Debbie Fagan/CSU	CMSU have made assessment of claims received at high level - £1.3m. There is some uncertainty in relation to this figure due to the use of a standardised model which may not be applicable to the treatment of prior year legacy provisions remains unclear with NHS England risk pooling arrangements. There is likely to be a further top slice in 15/16 and 16/17 which is not yet reflected in the CCG's strategic plans	4	4	10	Confirmation of claims by QMSU on behalf of CCG delayed review of claims to be completed by end of November 2013. CCG & Finance Team met with CSU DoFCCO to discuss and gain timelines for action from CSU.	June 2014	July 2014	Commissioned CSU to manage and progress quickly, to ensure that potential reputational issues are managed. Ongoing discussions regarding scope of role to CCG	3	4	12	▲	2
FN002	Prior Q3 2013/14	Allocations/Financial Performance	Objective 1: to consolidate a robust Strategic Plan within the CCG's financial envelope	Objective 1 - Improved quality of commissioned services, whilst achieving financial balance	Financial	Chief Financial Officer Martin McDowell	Whilst in CCG has received notification of revised allocation based on 'new formula', which target. The CCG will need to develop a contingency plan which enables it to return to 5% above target by April 2016. This will require a top slice of £1.757m will need to be found in plans.	4	4	10	Allocations for 2014/15 and 2015/16 have been confirmed	Sept-14	Oct-14	New allocations indicate slow pace of change. CCG needs to develop "worse case scenario" to deal with faster pace of change from 2016/17 onwards.	3	4	12	▲	3
FN003	Revised Q1 2014/15	Changes in patient flow due to increases in activity overall and the financial implications on performance of the CCG	Objective 1: to consolidate a robust Strategic Plan within the CCG's financial envelope	Objective 1 - Improved quality of commissioned services, whilst achieving financial balance	Financial	Chief Financial Officer Martin McDowell	Review of patient choice - monthly guidance - monthly report - information shared with GP leads. Practices level reporting of financial information	4	2	8	Monthly monitoring of financial position	Monthly		CCG monitoring performance accordingly. CCG has built impact of changes into contract, no reflected in plans. Reported in financial position	3	2	6	▲	4
Quality																			

SOUTHPORT & FORMBY CCG - CORPORATE RISK REGISTER

APPENDIX 5

▼ Risk reduced
▲ Risk unchanged
▲ Risk increased

Version 8, Quarter 1 2014/15

Last Saved: 17/07/2014

By User: loughc

ID	Date Added	Principal Risk	2013/14 Strategic Objectives	2014/15 Strategic Objective	Domain Type2	Risk Owner	Identified Controls in Place	L	C	Initial Risk Rating	Additional controls required	Due Date	Review Date	Progress against action Plan	L	C	Current Risk Rating	Change Since Last Update	Risk Rf 2013/14
QUA001	Prior Q3 2013/14	Lack of existing capacity of Hosted Safeguarding Children and Vulnerable Adults Services to ensure Quality and Safety of discharge to statutory functions.	Objective 2: Enhance Systems to Ensure Quality and Safety of Patient Care	Objective 1 - Improved quality of commissioned services, whilst achieving financial balance	Quality	Chief Nurse Debbie Fagan	Hosted service arrangements in place across Merseyside, hosted by Halton CCG. Arrangements discussed at CCG Network. Regular 1:1 scheduled between the Chief Nurse and Safeguarding Leads, with the Safeguarding Committee from the Safeguarding service. Regular review of CCG chief peer review of CCG Safeguarding arrangements.	3	3	9	Children's: The children's team is almost up to full capacity and the children previously off sick is on a staged return. Adults: One vacancy to be filled following review of service and awaiting a final decision on funding for a further post from NHS - is the aim for the posts to be advertised together. Biggest risk currently is some planned sick leave for one member of the team; currently being reviewed for possible support to cover.	TBA End July 2014	End July 2014	HR issues being managed by Halton CCG.	3	3	9	▲	6
QUA002	Prior Q3 2013/14	Need for clarity of roles and responsibilities for Hosted Services, CSU, CHC team and LCH Provider Safeguarding functions. Need for further clarity between health and commissioning/safeguarding for vulnerable adults.	Objective 2: Enhance Systems to Ensure Quality and Safety of Patient Care	Objective 1 - Improved quality of commissioned services, whilst achieving financial balance	Quality	Chief Nurse Debbie Fagan	Regular 1:1 meetings between safeguarding adults lead in hosted service and CHC locally identified a single point of contact between the Safeguarding system for Safeguarding Adults and the CHC. A Draft Standard Operating procedure developed.	4	5	20	Review of draft SOP following the recommendations from the safeguarding COCC staff peer review. To obtain the recommendations from Liverpool Community Health's internal Safeguarding review that explored the role of the Safeguarding Adults team.	August 2014 September 2014	September 2014 September 2014	Awaiting feedback	2	4	8	▲	7
QUA003	Prior Q3 2013/14	That local residents may experience a less local co-ordination and responsiveness of complaints and patient care at local level due to NHS England's national procurement and separate management of these processes.	Objective 2: To Strengthen Engagement of CCG Members, Public, Patients and Stakeholders	Objective 1 - Improved quality of commissioned services, whilst achieving financial balance	Quality	Head of Delivery & Integration Tracy Jeffes	Regular feedback from CSU / LCL regarding management of CSU temporary management and coordination of local primary care complaints.	3	3	9	liaison with NHS E. Merseyside Team regarding co-ordination of arrangements in the future.			CSU still managing NHS E. complaints process, so internal sign-posting within CSU has mitigated some of the risks/concerns.	2	3	6	▲	10
QUA004	Prior Q3 2013/14	Impact of job results on patient safety (best at A+line) being sent to GP practices where they are not registered. Current GP's to reject results	Enhance Systems to Ensure Quality and Safety of Patient Care	Objective 1 - Improved quality of commissioned services, whilst achieving financial balance	Quality	Chief Nurse	Raised as an issue at the Quality Committee and Contract meetings.	4	3	12	Discussed at LCL Incident Meeting on 3/7/14. LCL team to send information to NHS E (M) to liaise with HSCIC due to national issue and feedback. Note: not LCL issue	TBA; national issue	TBA; national issue	3. GP Clinical Quality Lead has set up a Task and Finish Group with the lead for Lab Services. Progress reports to be received by the Quality Committee. National problem - been referred back to system provider which will remain the same until further developments.	4	3	12	▲	21

SOUTHPORT & FORMBY CCG - CORPORATE RISK REGISTER

APPENDIX 5

Version 8, Quarter 1 2014/15

Last Saved: 17/07/2014

By User: tought

ID	Date Added	Principal Risk	2013/14 Strategic Objectives	2014/15 Strategic Objective	Domain Type2	Risk Owner	Identified Controls in Place	L	C	Initial Risk Rating	Additional Controls required	Due Date	Review Date	Progress against action Plan	L	C	Current Risk Rating	Change Since Last Update	Risk Ref 2013/14
QUA005	Prior Q3 2013/14	SSP Practice (Freshfield) not engaging in assurance for all remaining locally owned meetings.	Objective 5 - To Strengthen Engagement between GPs, Partners and Stakeholders	Objective 1 - Improved quality of commissioned services, whilst achieving financial balance	Quality and Financial	Head of Primary Care and Corporate Performance Malcolm Cunningham	Chair has written to practice to ensure issues as discussed with NHS England	5	2	10	Continue with attempts to meet with review options against contribution.			11.02.2014 The Chair and Chief Officer have met with the Partners of SSP to discuss involvement of GPs employed at Freshfield practice. Re-evaluation of engagement early March 2014.	5	2	10	▲	22
QUA006	Q3 2013/14	Provider RAG rating in relation to robust safeguarding systems and processes presents lack of assurance for validation of information presented by the Trust. Risk increased due to inter-divisional issues with CSU and Safeguarding Hosted Service.	Enhance Systems to Ensure Quality and Safety of Patient Care	Objective 1 - Improved quality of commissioned services, whilst achieving financial balance	Quality and Financial	Chief Nurse	RAG rating reviewed via Quality Contract meetings. Reported to Governing Body as required. Chief Nurse informed NHS England of the review process which will be included in the quality review process with the Trust. Monitored through quality contract meetings with CSU	4	4	16	Ongoing liaison between Safeguarding Hosted Service and provider. Safeguarding systems have been reviewed. Safeguarding performance discussed at each provider quality contract meeting. Process has been developed between CSU and Safeguarding services to further the information flow across the two services.	August 2014	September 2014	Following update given at Safeguarding Service at March Quality Committee and discussion at March Governing Body meeting, the Chair and Chief Officer, in agreement with CCG Chief Officer, are seeking assurance improvement reported from safeguarding services with regard to majority of provider process, although not enough to improve provider RAG rating in Q4. Assurance has been met with Assurance and Safeguarding Services have met with Alder Hey Safeguarding performance discussed at the Safeguarding Single Shared Meeting and Medical Officers. The Chair and Chief Officer have met with Medical Officers to the Chief Nurses for Liverpool CCG and the Safeguarding CCG's to be discussed at the next Quality Committee (Q2). Further performance will show in Q3 so would expect to see the risk reduce.	4	4	16	▲	23
QUA007	Q3 2013/14	NHS England are unable to share Primary Care Quality Data	Objective 5 - To Strengthen Engagement between GPs, Partners and Stakeholders	Objective 1 - Improved quality of commissioned services, whilst achieving financial balance Objective 5 - Implementing a 2014-15 quality strategy/ transformation	Quality	Chief Nurse	Quarterly Checkpoint Meeting with NHS E (issue raised at meeting) - positive oversight of assurance (risk highlighted by Quality Committee) Locality Leads GP and Practice Nurse members of the Quality Contract have an opportunity to raise quality issues directly.	2	4	6	Further discussion at quarterly check point meetings as necessary.			Discussed at Q4 annual checkpoint review meeting. Have received complaints information CCG specific, but still requiring investigated information which also includes information to inform our quality responsibilities from NHS England. NHS England have reported that the review and release of their internal assurance group is work in progress and systems and processes are still being developed. There remains a risk due to matters beyond the CCG's control. To be discussed at Q2 assurance checkpoint meeting which will take place in October.	2	4	6	▲	25
QUA008	Q1 2014/15	Lab results not being communicated to GP practices (from the Lab provider) due to IT issues that may have an impact on patient safety.	Objective 2 - Achieve a 15% reduction in non-compliance across 5 years	Objective 2 - Achieve a 15% reduction in non-compliance across 5 years	Quality	Chief Nurse	Revised as an issue of the Quality Committee and Contract meetings. Director of Public Health notified. CCG comms notified.	4	5	20	GP Clinical Lead to meet with Acute Trust and discuss the impact of results of impact of results determines action plans.1. Merseyside identify outstanding results. RCA to be completed. Level 1 Priority Patients Completed. Prioritised notification to GPs based on risk. Four technical issues identified: 1. Macroprolactin 2. Cingols (NT-proBNP & other analyses) 3. Cingols (NT-proBNP & other analyses) 4. Cingols (C-reactive Protein/EMS Web) Provider to undertake RCA investigation as per serious incident process to identify lessons learnt.	September 2014	October 2015	GP clinical lead identified within CCG to supported by the Quality Contract. Steering group set-up with reps from lab provider, local CCGs, Merseyside, Antree Hospitals, NHS England and St. Helens and Knowsley Informatics. Confirmation received at Steering Group meeting that the high risk/priority patients GPs have been notified of... GP Clinical Lead wrote to all practices informing them of the issues and the system for prioritisation of notification between the lab and GP practices. Outstanding results to be identified. Priority results to be notified to practices in 5 days, second cohort in 2 weeks and all results within one month.	3	5	15		

Reputation / Adverse Publicity

SOUTHPORT & FORMBY CCG - CORPORATE RISK REGISTER

APPENDIX 5

▲ Risk reduced
▲ Risk unchanged
▲ Risk increased

Version 8, Quarter 1 2014/15

Last Saved: 17/07/2014

By User: loughc

ID	Date Added	Principal Risk	2013/14 Strategic Objectives	2014/15 Strategic Objective	Domain Type2	Risk Owner	Identified Controls in Place	L	C	Initial Risk Rating	Additional Controls required	Due Date	Review Date	Progress against action Plan	L	C	Current Risk Rating	Change Since Last Update	Risk Ref 2013/14
REP001	Prior Q3 2013/14	Unresolved restitution and communications will impact on the ability to CCG to be read in conjunction with Risk 2 (above)	Objective 4: To establish a robust Strategic Plan within the CCG's financial envelope	Objective 1 - Improved quality of commissioned services, whilst achieving financial balance Objective 6 - Agreed three year integration plan with Sefton Metropolitan Borough Council and one (14/15) to include an intermediate care strategy	Reputational/ Adverse publicity	Chief Nurse Debbie Fagan	Commissioned Service from CAMCSU Standing Agenda Item on Quality Committee. Reports to be reviewed from CHC Trust. Regular meetings between Chief Officer, Chief Nurse, Chief Finance Officer regarding CHC progress.	4	3	12	Linked to restitution and comes through HCCO report. Regular meetings between CCG and CSU.	Sep-14	Oct-14	Chief Nurse met with COO (CAMCSU) & Yvonne Lofthead (March 2014). Change of Leadership within Locality Team. Regular meetings between Chief Nurse & CAMCSU Team. Reports to be reviewed from CHC Trust. Discussed complaints management linked to restitution & CHC in general. CAMCSU to review how complaints are logged, categorised and managed. CCG has requested restitution (see above). CAMCSU will clarify more detail in standard letters (e.g. timescales) to manage patient/family applicant expectations. Plans for Integrated Model to be delivered locally in Q1/Q2 of 2014/15. Integration with CCG CSU/Local authority in June and July 2014.	4	3	12	▲	8
REP002	Prior Q3 2013/14	Ineffective engagement and communications will impact on the ability to CCG to be read in conjunction with Risk 2 (above)	Objective 5: To Strengthen Engagement of CCG Members & Public Partners and Stakeholders	Objective 5 - To Strengthen Engagement of CCG Members & Public Partners and Stakeholders	Adverse Publicity Preparation	Head of Delivery & Integration Tracy Jeffries	Integrated Communications and Engagement Strategy in place including annual action plan; including Quality Committees including Quality Committee, EPEG, Locality Groups	3	4	12	KPIs and dedicated resource for communications and engagement to be defined with CAMCSU including annual review of communications and engagement strategy			Systematic process for engagement and consultation to be implemented to support the committee structure (Community Champion, Locality Groups, EPEG, Quality Committee) Plan in place for Strategic Communications to come 'in-roads'. Respite of communication of comms and engagement services with CAMCSU.	3	3	9	▲	16
Statutory Duty																			
STA001	Q3 2013/14	Absence of a robust process for management of conflict of interests could lead to financial and/or legal challenges.	Objective 5: To Strengthen Engagement of CCG Members & Public Partners and Stakeholders	Objective 5 - To Strengthen Engagement of CCG Members & Public Partners and Stakeholders	Statutory Duty	Head of Delivery and Integration Tracy Jeffries	Standards of Business Conduct Policy ratified Declarations of Interest of each Committee/Governing Body Register of interests in place of COI Approvals Panel Terms of Reference have now been approved and the group is fully operational.	2	4	8	Terms of reference for the CCG Approvals Panel to be established	August 2014	September 2014	Additional Strategic Governance support in place via CSU to review and enhance management of Conflicts of Interest & embedding process in CCG. Review of existing arrangements to take place during July and August. This review and update will involve support from the Chair of the Audit committee as well as other key CCG leads. Score to remain the same until review complete.	2	4	8	▲	24
STA002	Q1 2014/15	Failure to implement of recommendations and action plan following CCG Style Safeguarding Plan Review	Objective 5 - Implementation of 2014-15 phase of Primary Care quality strategy / transformation	Objective 5 - Implementation of 2014-15 phase of Primary Care quality strategy / transformation	Statutory Duty	Chief Nurse Debbie Fagan	CCG Authorised without conditions (or NHS England). Identified an internal process of assurance CCG workshop with MAA in 14/15 to include review of CCG Safeguarding arrangements	2	4	8	Opportunity for contributions to review/review/comment on draft report Action plan to be developed from recommendations	July 2014	August 2014	Executive Summary recommendations to Quality Committee for 2014 June 2014. Awaiting final action plan - to then be implemented Share outcome of RV and CCG Network					x

Southport and Formby Clinical Commissioning Group

MEETING OF THE GOVERNING BODY July 2014

Agenda Item: 14/102	Author of the Paper: Martin McDowell Chief Finance Officer Email: martin.mcdowell@southportandformbyccg.nhs.uk 0151 247 7000						
Report date: July 2014							
Title: Governance Statement (2013/14)							
Summary/Key Issues: All NHS CCG Accountable Officers are required to prepare and sign off and annual statement of governance to support the annual accounts submission. The statement records the stewardship of the organisation to supplement the accounts. The statement has been reviewed by internal and external audit and was signed off by the Audit Committee in June before being submitted with the final accounts of the CCG.							
Recommendation The Committee is asked to note the report	<table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;">Receive</td> <td style="text-align: center; border: 1px solid black; width: 20px;">X</td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="text-align: center; border: 1px solid black; width: 20px;"> </td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="text-align: center; border: 1px solid black; width: 20px;"> </td> </tr> </table>	Receive	X	Approve		Ratify	
Receive	X						
Approve							
Ratify							
Links to Corporate Objectives (<i>x those that apply</i>)							
X	Improve quality of commissioned services, whilst achieving financial balance.						
	Sustain a 2% reduction in non-elective admissions in 2014/15.						
	Implementation of 2014/15 phase of Care Closer to Home.						
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.						
	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.						
	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.						
	Review the population health needs for all mental health services to inform enhanced delivery.						

14/102

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	Audit 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
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 and Formby Clinical Commissioning Group

Governance Statement

Introduction and context

We were licenced from 1 April 2013 under provisions enacted in the Health and Social Care Act 2012, which amended the National Health Service Act 2006.

We operated in shadow form prior to 1 April 2013, to allow for the completion of the licencing process and the establishment of function, systems and processes prior to taking on our full powers. As at 1 April 2013, we were licensed **without** conditions.

We are a clinically led membership organisation made up of general practices. The functions that we are responsible for exercising are set out in the Health and Social Care Act 2012.

1. commissioning certain health services (where NHS England is not under a duty to do so) that meet the reasonable needs of:
 - a) all people registered with member GP practices, and
 - b) people who are usually resident within the area and are not registered with a member of any clinical commissioning group
2. commissioning emergency care for anyone present in the group's area;
3. paying its employees' remuneration, fees and allowances in accordance with the determinations made by its Governing Body and determining any other terms and conditions of service of the group's employees
4. determining the remuneration and travelling or other allowances of members of its Governing Body

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the clinical commissioning group's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in *Managing Public Money*. I also acknowledge my responsibilities as set out in my Clinical Commissioning Group Accountable Officer Appointment Letter. I am responsible for ensuring that the clinical commissioning group is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity.

Compliance with the UK Corporate Governance Code

Whilst the detailed provisions of the UK Corporate Governance Code are not mandatory for public sector bodies, compliance is considered to be good practice. This Governance Statement is intended to demonstrate the CCG’s efforts to work toward complying with the principles set out in the Code.

Our Governance Framework

The National Health Service Act 2006 (as amended), at paragraph 14L (2) (b) states: *“The main function of the governing body is to ensure that the group has made appropriate arrangements for ensuring that it complies with such generally accepted principles of good governance as are relevant to it.”*

The CCG comprises membership from the following practices:

Name of member practice
Cumberland House Surgery
Curzon Road Medical Practice
St Marks Medical Centre
Kew Surgery
Trinity Practice
Chapel Lane Surgery
The Village Surgery
Freshfield Surgery
The Hollies
Norwood Surgery
Churchtown Medical Centre
Sussex Road Surgery
Roe Lane Surgery
The Corner Surgery
Marshside Surgery
Ainsdale Medical Centre
Ainsdale Village Surgery
Grange Surgery
Lincoln House Surgery
The Family Surgery

Our member practices are responsible for determining the governing arrangements for the organisation which are set out in our Constitution¹. The Constitution has been developed to reflect and support the objectives and values defined by the CCG and to ensure that all business functions discharged by the CCG are discharged in an open and transparent manner this Constitution has been developed with the member practices and Localities.

¹ NHS Southport and Formby Clinical Commissioning Group *Constitution* (July 2013)

We function in respect of the geographical area defined as Southport and Formby comprising.

The Governing Body comprises a diverse range of skills from Executive and Lay members and there is a clear division of responsibility between running the Governing Body and running the operational elements of our business. The Chair is responsible for the leadership of the Governing Body and ensures that Directors have had access to relevant information to assist them in the delivery of their duties. The Lay Members have actively provided scrutiny and challenge at Governing Body and sub-committee level. Each committee comprises membership and representation from appropriate officers and Lay Members with sufficient experience and knowledge to support the committees in discharging their duties.

The Governing Body has been well attended by all Directors and Lay Members throughout the year ensuring that the Governing Body has been able to make fully informed decisions to support and deliver the strategic objectives.

The Governing Body is assured of its effectiveness in terms of performance management through the regular corporate performance reports on finance, quality and key performance indicators as set out in national guidance. Throughout the year performance has continued to be maintained or improved which represents a significant achievement.

The Governing Body undertook an assessment of its effectiveness during June 2013 this was by way Review of Performance against Domains for Assurance of Organisational Health and Capability. The assessment took account of clinical focus, stakeholder engagement, planning to meet health and wellbeing needs, governance and capability, partnerships and leadership.

The Governing Body is supported by a sub-committee structure comprising the committees listed below.

Quality Committee

This committee has delegated responsibility for monitoring the quality of commissioned services, considering information from governance, risk management and internal control systems and; provides corporate focus, strategic direction and momentum for governance and risk management.

The committee reviews and scrutinises the Governing Body Assurance Framework (GBAF) and the Corporate Risk Register. The committee has delegated responsibility for the approval of corporate policies and during the year has received updates and requests for approvals on the key following policies and processes:

- Information Governance
- Serious Incidents
- Health and Safety
- Adult and Children Safeguarding
- Risk Management

- Governing Body Assurance Framework

The committee also reviewed and scrutinised the following:

- Early Warning Dashboards
- Provider Quality Reports
- Safeguarding Arrangements

The committee comprises the Accountable Officer, Chief Nurse, CCG Officers, Lay Members, clinicians and other CCG officers to ensure that the committee is appropriately skilled and resourced to deliver its objectives.

The Quality Committee has been well attended by all CCG Officers, Lay Members and clinicians throughout the year ensuring that there has been robust scrutiny and challenge at all times. This has enabled the Quality Committee to provide robust assurances to the Governing Body and to inform the Governing Body of key risk areas.

Key highlights: During the year the Quality Committee:

- Provided assurance to the Governing Body on the objectives and controls within the Governing Body Assurance Framework and Corporate Risk Register.
- Provided assurance of compliance with the Information Governance Toolkit
- Approved Safeguarding arrangements
- Approved corporate and clinical policies

The committee is supported by a Corporate Governing Sub Group, Engagement and Patient Experience Group and Serious Incident Review Group.

Audit Committee

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

The principal functions of the Committee are as follows:

- To support the establishment of an effective system of integrated governance, risk management and internal control, across the whole of our activities to support the delivery of our objectives
- To review and approve the arrangements for discharging our statutory financial duties

The committee met as follows:

- 1 May 2013
- 11 September 2013

- 15 January 2014

The Committee comprises three members of our Governing Body:

- Lay Member (Governance) (Chair)
- Lay Member (Patient Experience & Engagement)
- Practice Manager Governing Body Member

The Audit Committee Chair and one other member are necessary for quorum purposes. In addition to the Committee Members, Officers from the CCG are also asked to attend the committee. The core attendance comprises:

- Chief Finance Officer
- Chief Nurse
- Chief Accountant
- Chief Corporate Delivery and Integration Officer

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

- Audit Manager, Mersey Internal Audit Agency (MIAA)
- Audit Manager/Director PwC
- Local Counter Fraud Officer, MIAA

Attendance at the meetings during 2013-2014 was as follows:

Post	Name	1 May 2013	11 Sep 2013	15 Jan 2014
Audit Chair	Helen Nichols	✓	✓	✓
Lay Member - Patient Experience and Engagement	Roger Pontefract	✓	✓	✓
Practice Manager - Governing Body Member Resigned 31.03.2014	Roy Boardman	✓	✓	✓
Chief Finance Officer	Martin McDowell	✓	✓	✓
Chief Nurse	Debbie Fagan	✓	✓	x
Chief Accountant From 15 July 2013	Ken Jones	n/a	✓	✓
Chief Corporate Delivery and				

Integration Officer	Tracy Jeffes	x	x	✓
Internal Audit (MIAA)	Adrian Poll	✓	✓	✓
External Audit (PwC)	Stuart Baron/Rachel McIlwraith	✓	✓	✓
Local Counter Fraud Service (MIAA)	Stewart Davidson/Bernard McNamara/Roger Causer	✓	✓	✓

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

1. Internal Audit

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

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

During 2013-2014 MIAA has reviewed our operations. It found no major issues and concluded that overall we have met our requirements. MIAA has reported back on a number of areas. In all cases action plans have been implemented and are being monitored. In all areas reviewed to date '**Significant Assurance**', has been reported i.e. although some weaknesses their impact would be minimal or unlikely.

There were no areas reported by MIAA where weaknesses in control, or consistent non-compliance with key controls, could have resulted in failure to achieve the review objective. Regular progress reports will continue to be provided to each Audit Committee meeting.

2. External Audit

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

At this stage of the year External Audit (PwC) is in the early stages of its first audit of our annual accounts. It is anticipated that the ISA260 Audit Highlights Memorandum will be reported to the June Meeting as part of the Annual Accounts approval process.

This will be followed by the publication of the Annual Audit Letter to the Governing Body in its July 2014 meeting.

3. Counter Fraud Specialist

Role – To ensure the discharge of the requirements for countering fraud within the NHS, the role is based around seven generic areas, creating an antifraud culture, deterrence, prevention, detection, investigation, sanctions and redress. The Local Counter Fraud Specialist presented the plan for approval in May 2013 and provided regular updates at subsequent meetings. The Local Counter Fraud Service have also presented to Practice Manager Meetings, Protected Learning Time for GPs, and to the Governing Body. A proposed Counter Fraud Strategy has also been presented to Audit Committee.

4. Regular Items for Review

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

- Losses and special payments
- Outstanding debts
- Financial policies and procedures
- Tender waivers
- Declarations of interest
- Self-assessment of Committee's effectiveness
- Information Governance Toolkit
- Minutes of the sub committees of the Board

5. Conclusions

The Audit Committee is a key committee of the Governing Body, with significant monitoring and assurance responsibilities requiring commitment from members and support from a number of external parties. The work plan has been developed in line with best practice described in the Audit Committee Handbook and forms the basis of our meetings. In all of these areas the Audit Committee seeks to assure the CCG that effective internal controls are in place and will remain so in the future.

In summary the work of the Audit Committee, in the first full financial year in which we have been in existence, can provide assurance to the Governing Body:

- an effective system of integrated governance, risk management and internal control is in place to support the delivery of our objectives and that arrangements for discharging our statutory financial duties are now established

- there were no areas reported by MIAA where weaknesses in control, or consistent non-compliance with key controls, could have resulted in failure to achieve the objective
- ISA260 Audit Highlights Memorandum will be reported by PwC to the June Meeting as part of the Annual Accounts approval process. This will be followed by the publication of the Annual Audit Letter to the Governing Body in its July 2014 meeting

Remuneration Committee

The committee ensures compliance with statutory requirements and undertook reviews of Very Senior Managers remuneration and to comply with the requirements set out in the NHS Codes of Conduct and Accountability and the Higgs report.² The Committee reviews and agrees appraisal and remuneration of CCG Officers.

During the year the committee has agreed levels of remuneration for GP attendance at meetings.

The Committee has met three times during the year (November 2013, January 2014 and March 2014). For the first two of those meetings the Committee membership was not fully confirmed and the Governing Body approved the co-option of two Sefton Health and Well Being Board, Strategic Advisers to ensure that the Committee could complete its work. No fee was paid for this advice.

Finance and Resources Sub Committee

The Committee oversees and monitors financial and workforce development strategies; monitors the annual revenue budget and planned savings; develops and delivers capital investment; is responsible for reviewing financial and workforce risk registers; and financial, workforce and contracting performance.

Our Constitution was assessed by competent individuals as part of the CCG Authorisation process and has been subject to review by BMA Law and NHS England. NHS England confirmed that it is compliant with relevant laws and legislation and that there are arrangements in place for us to discharge our statutory duties.

Our arrangements have also been subject to a review by our internal auditors (Mersey Internal Audit Agency) that offered “significant assurance” on the arrangements.

Our Risk Management Framework

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- identify and prioritise the risks to the achievement of the organisation’s policies, aims and objectives
- evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically

The Governing Body has developed the corporate objectives, and the evaluation of the risks to achieving these objectives are set out in the Governing Body Assurance Framework

² D, Higgs (January 2003) *Review of the Role and Effectiveness of non-executive directors* section 13.8 at page 61 – available at <http://www.berr.gov.uk/files/file23012.pdf>

which is regularly reviewed and scrutinised by the Senior Management Team, Corporate Governance Sub Group, Quality Committee and the Governing Body.

The Governing Body Assurance Framework is a key document whose purpose is to provide the Governing Body with 'reasonable' assurance that internal systems are functioning effectively. It is a high level document that is used to inform and give assurance to the Governing Body that the risks to achieving key objectives are recognised and that controls are in place or being developed to manage these risks.

Risks are rated, and controls that will address these risks are identified, gaps in control or assurance are noted and action plans to close gaps summarised and updated. Potential and actual sources of assurance are identified and the latter are also rated for the level of assurance provided. A summary of the assurance levels for all assurance framework entries is updated each quarter and accompanies the full document.

The Corporate Risk Register provides the Governing Body with a summary of the principal risks facing the organisation, with a summary of the actions needed and being taken to reduce these risks to an acceptable level. The information contained in the Corporate Risk Register should be sufficient to allow the Governing Body to be involved in prioritising and managing major risks. The risks described in the Corporate Risk Register will be more wide-ranging than those in the Governing Body Assurance Framework, covering a number of domains.

Where risks to achieving organisational objectives are identified in the Corporate Risk Register these are added to the Governing Body Assurance Framework; and where gaps in control are identified in the Governing Body Assurance Framework, these risks are added to the Corporate Risk Register. The two documents thus work together to provide the Governing Body with assurance and action plans on risk management in the organisation.

The Corporate Risk Register is updated and presented for review and scrutiny at the same time as the Governing Body Assurance framework.

We commission a range of training programmes which include specific mandatory training for particular staff groups which aims to minimise the risks inherent in their daily work. Information Governance, Counter Fraud, Fire, Health and Safety, Equality and Diversity and Safeguarding Training are mandatory training requirements for all staff.

Targeted training is provided to designated risk leads to support development of risk registers, and one to one sessions are available for all managers responsible for updating the Governing Body Assurance Framework.

Our Internal Control Framework

A system of internal control is the set of processes and procedures in place in the CCG to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them, efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

Information Governance

All key information assets have been identified by the Information Assets Owners on an Information Asset Register. The data security and confidentiality risks to each asset have been identified, and controls identified to mitigate risks.

The risks to the physical information assets are minimal, and pose no significant Information Governance concern for us.

All inbound and outbound flows of data have been identified through a Data Flow Mapping tool. All data flows are being transferred appropriately.

The risks to the inbound and outbound flows of data are minimal, and pose no significant Information Governance concern for us.

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances to the CCG, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and we are developing information governance processes and procedures in line with the information governance toolkit. We have ensured all staff undertake annual information governance training and have implemented a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities.

There are processes in place for incident reporting and investigation of serious incidents. We are developing information risk assessment and management procedures and a programme will be established to fully embed an information risk culture throughout the organisation.

Pension obligations

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.

Equality, diversity and human rights obligations

Control measures are in place to ensure that we comply with the required public sector equality duty set out in the Equality Act 2010.

Sustainable development obligations

We are required to report our progress in delivering against sustainable development indicators. We are developing plans to assess risks, enhance our performance and reduce our impact, including against carbon reduction and climate change adaptation objectives. This includes establishing mechanisms to embed social and environmental sustainability across policy development, business planning and in commissioning. We will ensure the CCG complies with its obligations under the Climate Change Act 2008, including the Adaptation Reporting power, and the Public Services (Social Value) Act 2012. We are also setting out our commitments as a socially responsible employer.

Risk assessment in relation to governance, risk management and internal control

We have a comprehensive Risk Management Strategy. The following key elements are contained within the Strategy:

- Risk Management Strategy, Aims and Objectives
- Roles, Responsibilities and Accountability
- The Risk Management Process – Risk Identification, Risk Assessment, Risk Treatment, Monitoring and Review, Risk Prevention
- Risk Grading – Criteria
- Training and Support

We have established a number of mechanisms for identifying and managing risks including risk profiling methodology, incident reporting, complaints and litigation data, and staff concerns / whistleblowing.

Risk management and the ensuing development of risk registers is generally achieved using a dual 'top-down' and 'bottom-up' approach to identifying and managing risks. The 'top-down' element has been addressed through the development of a Governing Body Assurance Framework and Corporate Risk Register identifying strategic high-level risks. These two documents are based on models which have previously been accepted as meeting audit requirements.

The 'bottom-up' element of the risk management system best fits with organisational structures and this has therefore been based on the directorate arrangements and subsequently on the NHS Merseyside director portfolios and integrated teams. All functional leads have identified their arrangements for developing and reviewing risk registers and escalating risks.

Key new risks identified during 2013-2014 are:

- Continuing Healthcare Retrospective Claims and the associated financial risk
- Processing of patient identifiable information (which is mitigated by the arrangements with Cheshire and Merseyside Commissioning Support Unit (the CSU) and its licence to process and pseudonymisation)
- Safeguarding reporting arrangements between Safeguarding hosted service, providers and the CSU (this has now been resolved and a reporting protocol agreed)

Review of economy, efficiency and effectiveness of the use of resources

We seek to gain best value through all of our contracting and procurement processes. We have approved a Scheme of Delegation, Prime Financial Policies and a Schedule of Financial Limits that ensures there are proper controls in respect of expenditure. The agreed limits for quotation and tendering are detailed in those policies and staff are required to properly assess bids for services in accordance with the policies.

We buy procurement expertise and support from the CSU and this service is delivered by appropriately trained and accredited individuals.

All newly acquired services are subject to robust assessment to ensure that patients are able to benefit from quality, value for money services.

Review of the effectiveness of governance, risk management and internal control

As Accounting Officer I have responsibility for reviewing the effectiveness of the system of internal control within the CCG.

Capacity to handle risk

The Chief Officer has accountability for ensuring there are robust arrangements in place for the identification and management of risk. The Chief Officer is supported in this role by the Head of Corporate Delivery and Integration. Expertise and support is also procured from Cheshire and Merseyside Commissioning Support Unit (the CSU) who offer advice to all staff on the identification and management of risk.

The Senior Management Team have received training on the development and management of the Governing Body's Assurance Framework and all staff are able to access "hands on" support at all times. All SMT members have received the Risk Management Strategy and have also had training on incident reporting procedures.

We foster a culture of openness and encourage the sharing of good practice and learning when things go wrong.

Review of effectiveness

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors and the Senior Management Team, managers and clinical leads within the clinical commissioning group who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports.

The *Governing Body Assurance Framework* itself provides me with evidence that the effectiveness of controls that manage risks to the CCG achieving its principles objectives have been reviewed.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Governing Body, the Audit Committee, Quality Committee and Finance and Resources Committee, if appropriate and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Governing Body receives the minutes of all committees including the Audit Committee, Quality Committee and Finance and Resources Committee.

The Quality Committee approves relevant policies and the Audit Committee monitors action plans arising from Internal Audit reviews.

Internal Audit is a key component of internal control. The Audit Committee approves the annual internal audit plan, and progress against this plan is reported to each meeting of the Committee. The individual reviews carried out throughout the year assist the Director of Audit to form his opinion, which in turn feeds the assurance process.

Following completion of the planned audit work for the financial year for the CCG, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of our systems of risk management, governance and internal control. The Head of Internal Audit concluded that:

*“**Significant Assurance**, can be given that that there is a generally sound system of internal control designed to meet the organisation’s objectives, and that controls are generally being applied consistently. However, some weaknesses in the design or inconsistent application of controls put the achievement of particular objective at risk.”*

During the year the Internal Audit did not issue any audit report with a conclusion of limited or no assurance.

Data quality

The CSU is commissioned to provide us with *inter alia*, Performance Reports, Contract Monitoring Reports, Quality Dashboards and other activity and performance data. The CSU’s Data Management Information Centre (DMIC) processes and quality assures the data

that is received from providers and works with us to challenge providers if inconsistencies are identified.

Our Chief Analyst also assesses the quality of the data provided and ensures that concerns are addressed through the provider Information Sub Group meetings.

These processes provide assurances that the quality of the data upon which the Membership and Governing Body rely, is robust. The DMIC is also licenced by the Health and Social Care Information Centre to lawfully process Patient Identifiable information.

Business critical models

Our internal auditors have undertaken a review of management accounting practices including estimation techniques and forecasting and reported that significant assurance is in place in respect of the control environment operating in this area.

Data security

We have submitted a level 2 compliance with the information governance toolkit assessment. Our Internal Auditors (MIAA) provided an assessment of “Significant Assurance” on the submission.

We have put in place policies, procedures, guidance and support to ensure that personal and corporate information is handled legally, securely, efficiently and effectively, in order to deliver high quality services. Performance is monitored through the completion of the annual Information Governance (IG) Toolkit return and reports to the Corporate Governance Group and Quality Committee.

Controls include:

- Mandatory induction and refresher IG training for all staff
- Identifying the movement of personal data and assessing associated risks, and minimising where possible
- Ensuring the encryption of all confidential data stored on portable devices
- Reporting, investigation and escalation of all information governance incidents

Discharge of statutory functions

During establishment, the arrangements we put in place and which are explained within our constitution were developed with extensive expert external legal input, to ensure compliance with the all relevant legislation. That legal advice also informed the matters reserved for Membership Body and Governing Body decision and the scheme of delegation.

In light of the Harris Review, we have reviewed all of the statutory duties and powers conferred on us by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I can confirm that the CCG is clear about the

legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the CCG's statutory duties.

Conclusion

During the year no significant control issues have been identified. This is confirmed by the Head of Audit Opinion and also by the Internal Audit Reviews that have provided the CCG with significant assurance on the arrangements in place.

Fiona Clark
Chief Officer
June 2014

Southport and Formby Clinical Commissioning Group

MEETING OF THE GOVERNING BODY July 2014

Agenda Item: 14/103	Author of the Paper:
Report date: July 2014	Debbie Fagan debbie.fagan@southportandformbyccg.nhs.uk Karl McCluskey Karl.McCluskey@southportandformbyccg.nhs.uk Lisa Leckey Lisa.leckey@cmcsu.nhs.uk
Title: Corporate Performance and Quality Report	
Summary/Key Issues: This paper presents the Governing Body with the Performance Dashboard, Quality Report, Family and Friends Inpatient Summary, Friends and Family A&E Summary, Liverpool Community Health Quality Compliance Report for Month 1, Liverpool Community Health KPI Report.	
Recommendation The Governing Body is asked receive this report by way of assurance.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives (<i>x those that apply</i>)	
X	Improve quality of commissioned services, whilst achieving financial balance.
	Sustain a 2% reduction in non-elective admissions in 2014/15.
	Implementation of 2014/15 phase of Care Closer to Home.
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
	Review the population health needs for all mental health services to inform enhanced delivery.

Southport and Formby Clinical Commissioning Group

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				
Locality Engagement			X	
Presented to other Committees	Yes			Quality Report has previously been submitted to Quality Committee

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 and Formby Clinical Commissioning Group

Report to the Governing Body July 2014

1. Executive Summary

This report sets out the quality and performance of the CCG's main acute providers and progress against the National Outcomes Framework at month 2 of the financial year.

2. Introduction and Background

CCGs have a statutory duty to improve health outcomes and ensure that the NHS Constitution pledges are being delivered.

This report sets out the CCG's performance against the National Outcomes Framework and the NHS Constitution. It also shows provider performance for the CCG's 3 main providers, Aintree Hospitals NHS Foundation Trust, Southport and Ormskirk Hospital NHS Trust and The Walton Centre NHS Foundation Trust.

3. Key Issues

Health Care Acquired Infections (HCAI) – Cdifficile

Southport and Formby CCG reported a May 2014 figure of 6 cases against a tolerance of 7. 2 cases were acute trust and 3 cases were community acquired at Southport and Ormskirk Hospital NHS Trust. 1 case was acute trust acquired at Royal Liverpool and Broadgreen University Hospitals Trust (RLBUHT).

Aintree Hospitals NHS Foundation Trust has reported 6 cases of Cdifficile at May 2014, against a tolerance to date of 14. None of these patients were Southport and Formby CCG patients. The Trust reported an outbreak of 6 cases within one department. Public Health England (PHE) was notified by the Trust and the CCG have been given assurances from PHE on the management of the outbreak. This was discussed at the CQPG meeting in July. The Trust is still on trajectory for the national target for HCAI incidence reporting and the CCG are awaiting cases for appeal. The IPC action plan is being implemented and robustly monitored. As previously reported, an existing action plan is being implemented and further actions include:

- the implementation of a 24/7 Infection Prevention and Control (IPC) intensive support team;
- enforcement of the isolation policy with escalation to the Chief Operating Officer or Executive Director on-call;
- the opening of a cohort ward;
- implementation of an enhanced and focused cleaning programme;
- refreshed communications and engagement plan (The bug stops here);
- increased number of senior nurse workarounds and inspections;
- focus on the pathway of the clinically at risk patients within the Trust;
- clarification of all the IPC procedures;
- clarity about holding to account within a zero tolerance culture; and
- focus of the Listening into Action engagement approach on Cdifficile infection high risk areas.

Southport and Formby Clinical Commissioning Group

Southport and Ormskirk Hospital NHS Trust has reported 2 cases in May 2014 taking the cumulative total to 6 against a year to date tolerance of 4. Neither of the 2 May 2014 cases were Southport and Ormskirk Hospital NHS Trust patients. An action Plan has been presented at the Quality Safety Committee. The CCG are awaiting cases that the Trust may wish to appeal as part the local appeals process which will be agreed by all stakeholders by the end of July 2014.

Health Care Acquired Infections (HCAI) – Methylicillin-resistant Staphylococcus Aureus – (MRSA)

At May 2014, there were zero MRSA cases reported for Southport and Formby CCG patients.

1 MRSA case was reported at Aintree Hospitals NHS Foundation Trust. Following a Root Cause Analysis (RCA) the joint investigation found that Aintree Hospitals NHS Foundation Trust was **not** responsible for the MRSA case, (this has now been removed from the Trust's report.) The MRSA was community acquired and was not a Southport and Formby CCG patient.

Percentage of patients who spend 4 hours or less in A&E (cumulative)

Southport and Formby CCG achieved this target cumulatively to June 2014 with 97.32% against the 95% target. Year to date, of the 11,693 patients attending, 11,380 were seen within 4 hours.

Performance cumulatively to June 2014 at Aintree University Hospitals NHS Foundation Trust was below the target of 95% with 92.14% a further fall from the figure in May 2014. Year to date, of the 28,096 patients attending, 25,888 were seen within 4 hours.

A number of key actions have taken place these included:

- Review by the Emergency Care Intensive Support Team (ECIST) on 17th April 2014 of the action plan developed following their visit in August 2013 and incorporation of actions into existing A&E improvement plan.
- Plan for 'perfect week' in early July 2014 to change processes and implement different ways of working to test performance.
- 5 rapid improvement events within ED processes during June 2014 to look at flows within Triage, Minor Injury, Ambulatory Medicine, Resus and the overall clinical co-ordination of the department.
- Change of Divisional leadership for A&E from 19th May 2014 occurred.
- Establishment of group to review bed management processes, including implementation of IT solution and transfer of site management responsibility to Diagnostic & Support Services Division from 19th May 2014.
- Review of escalation process has been completed and is being trialled.
- Establishment of task & finish group for level 1 facilities – in progress.
- Review of A&E job plans and revised 15 Consultant rota from August 2014.
- Review of the implementation of ambulatory model of care for the Frailty Unit by end of June 2014.
- Review of GP Direct Telephone Access & hot clinic was discussed at June Urgent Care Board & actions agreed
- Participation in NWS clinical working group from May 2014 – in place.
- Implementation of findings from ward round/EDD audit; use of ECIST "4 questions" used in June.
- Review of "on take" model including ECIST meeting for potential pilot site - GP admissions data is being analysed.

Southport and Formby Clinical Commissioning Group

- Participation in Urgent Care Network Discharge Task & Finish Group (in progress)
- Business case for potential expansion of Aintree at Home completed.

Southport and Ormskirk Hospital NHS Trust achieved this target with performance cumulatively to June 2014 at 97.07%.

Rate of Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare (Males and Females)

For males, Southport and Formby CCG achieved a rate of 2870.30. In 2012 this was slightly above over the planned tolerance of 2778.45. For females, Southport and Formby CCG achieved 2160.50 in 2012 which was again, above the planned tolerance of 2091.36. An update will be given as soon as possible as to what measures can be updated and when. This is highlighted as an amber risk on the corporate performance dashboard.

Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93%

Southport and Formby CCG achieved 98.00% during April 2014, above the target of 93%.

For the maximum 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms, Aintree University Hospitals NHS Foundation Trust marginally failed to achieve the target for breast symptomatic referrals with 92.86% against the 93% target during April 2014. Of the 224 referrals there were 16 breaches. The reasons for the breaches were mainly patient cancellations due to various reasons.

Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative)

Southport and Formby CCG achieved 91.67% for this indicator during April 2014, below the 94% target.

For the maximum 31-day wait for subsequent treatment where that treatment is surgery, Southport and Ormskirk Hospital NHS Trust did not achieve the target of 94% with 92.86% during April 2014. This was 1 patient breach out of a total of 14 patients treated (tumour type: Lower Gastrointestinal). The patient delay (40 days) was due to the patient requiring a Senior Anaesthetist.

Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative)

Southport and Formby CCG achieved 90.91% during April 2014, below the target of 94%.

Mixed Sex Accommodation (MSA)

The Mixed Sex Accommodation (MSA) breach rate is the number of breaches of mixed-sex sleeping accommodation per 1,000 finished consultant episodes. Southport and Formby CCG reported zero breaches during the month of May 2014 against a 0% target. The Trust have submitted the remedial action plan requested by the CCG due to previous reported breaches which have been discussed at the CQPG and previously reported to the Governing Body.

Southport and Formby Clinical Commissioning Group

There were no Mixed Sex Accommodation breaches during the month of May 2014 in any of the associated providers.

Local measure - 20% reduction in emergency admissions for asthma <19 years. Baseline = 101 - 20% reduction = 81 (Cumulative)

Plans for local measures have yet to be finalised for 2014/15 so the corporate performance dashboard is showing the full year figures (2013/14) as reported in the month 1 report (repeated below):

Cumulatively to March 2014 this indicator is showing as adversely above plan for Southport and Formby CCG patients. The actual figure is 90, above the plan figure of 81.

Ambulance Clinical Quality

Southport and Formby CCG did not achieve the targets in all 3 Ambulance Clinical Quality indicators cumulatively at May 2014. For Category A (Red 1) 8 minute response time, performance was 75%, achieving the target of 75%. However, for Category A (Red 2) 8 minute response time, performance was 70.45% and did not achieve the target of 75.00%. This is highlighted as a red risk on the corporate performance dashboard. For Category 19 transportation time, performance was at 90.64%, below the 95% target. This is highlighted as an amber risk on the corporate performance dashboard. The underachievement for the 2 indicators was due to low performance in previous months.

NWAS catchment failed to achieve the 75% target with cumulative performance of 74.53%. This was due to the low achievement of 73.41% in May 2014.

Please note: the CCG is measured on the North West Ambulance Service (NWAS) figures.

% who had a stroke & spend at least 90% of their time on a stroke unit

% high risk of Stroke who experience a TIA are assessed and treated within 24 hours

These 2 indicators were both achieved for Southport and Formby CCG patients during May 2014.

Southport and Ormskirk Hospital NHS Trust failed to achieve the 80% target for the stroke measure, with 78.57% in May 2014, just marginally below target and flagged as an amber risk.

Aintree University Hospitals NHS Foundation Trust achieved the 80% stroke target during May 2014, performance was 80%.

Southport and Ormskirk Hospital NHS Trust failed to achieve the 60% target for the TIA measure, with 46.67% in May 2014, significantly below target and flagged as a red risk.

Aintree University Hospitals NHS Foundation Trust achieved the 60% TIA target during May 2014, performance was 100%.

Southport and Formby Clinical Commissioning Group

Friends and Family Test Score – Inpatients and Accident & Emergency (A&E)

The indicator comprises two elements: the test score and the % of respondents who would recommend the services to friends and family – for Inpatient Services and A&E. Providers are now measured against these separately and not combined as previously measured.

Aintree University Hospitals NHS Foundation Trust – Inpatient test score during May 2014 was 79. Percentage of respondents was 45.37%. A&E test score was 38 during May 2014. Percentage of respondents was 25.00%.

For Southport and Ormskirk Hospital Trust achievement during May 2014 for inpatients was 71. Percentage of respondents was 35.96%. The A&E test score was 48 but the percentage of respondents was 5.10%, below the required 20%.

Patient Safety Incidents

The provider performance dashboard (Appendix 2) shows the number of patient safety incidents reported. Commentary on patient safety incidents is as follows:

Southport and Ormskirk ICO have reported a never event in July 2014. The CCG was immediately notified by the Trust and an investigation is underway. The CCG will performance manage this process as laid out in national guidance.

Aintree University Hospitals NHS Foundation Trust reported 4 serious untoward incidents in May 2014.

Type of Incident	April 2014	May 2014
Failure to act upon test results	0	3
Pressure Ulcer grade 4	0	1
Grand Total	0	4

Details of actions taken and reports received as a result of the serious incidents are discussed at the monthly SI Review.

All serious incidents reported by Providers are discussed at the CCG internal SI review meeting, the Quality Committee and Provider Contract meetings as a standard agenda item.

4. Recommendations

The Governing Body are asked to receive the report by way of assurance.

Appendices

- Appendix 1 CCG Corporate Performance Dashboard – Southport and Formby CCG
- Appendix 2 CCG Corporate Performance Dashboard – Provider Level
- Appendix 3 Southport & Ormskirk Quality Dashboard
- Appendix 4 Aintree University Hospital Quality Dashboard

Karl McCluskey
July 2014

CCG CORPORATE PERFORMANCE DASHBOARD - Southport & Formby CCG

Baseline as at 07/05/2014 15:41:49

Performance Indicators	Data Period	Current Period			
		Target	Actual	RAG	Fore cast
IPM					
Treating and caring for people in a safe environment and protecting them from avoidable harm					
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative)	14/15 - May	6	6		
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative)	14/15 - May	0	0		
Enhancing quality of life for people with long term conditions					
Patient experience of primary care i) GP Services	Jul-Sept 13 and Jan-Mar 14		90.00		
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 13 and Jan-Mar 14		71.00		
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	14/15 - May		93.97		
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	14/15 - April		88.42		
Emergency Admissions Composite Indicator(Cumulative)					
Helping people to recover from episodes of ill health or following injury					
Patient reported outcomes measures for elective procedures: Groin hernia	12/13	7.60%	8.50%		
Patient reported outcomes measures for elective procedures: Hip replacement	12/13	36.80%	42.30%		
Patient reported outcomes measures for elective procedures: Knee replacement	12/13	29.50%	31.20%		
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	14/15 - May		16.70		
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	14/15 - May		25.63		
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	14/15 - May		256.25		
SQU06_02 - % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	14/15 - May	60%	62.50%		
SQU06_01 - % who had a stroke & spend at least 90% of their time on a stroke unit	14/15 - May	80%	93.75%		
Mental health					
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative)	13/14 - March	95.00	98.78		
Preventing people from dying prematurely					
Under 75 mortality rate from cancer	2012		131.16		
Under 75 mortality rate from cardiovascular disease	2012		67.21		
Under 75 mortality rate from liver disease	2012		14.40		
Under 75 mortality rate from respiratory disease	2012		24.59		
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Males)	2012	2,778.45	2,870.30		
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Females)	2012	2,091.36	2,160.50		
NHS Outcome Measures					
Cancer waits – 2 week wait					

Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative)	14/15 - April	93%	98.00%		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative)	14/15 - April	93%	96.88%		
Cancer waits – 31 days					
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative)	14/15 - April	96%	100.00%		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative)	14/15 - April	98%	100.00%		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative)	14/15 - April	94%	91.67%		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative)	14/15 - April	94%	90.91%		
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)	14/15 - April		100.00%		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative)	14/15 - April	85%	93.75%		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative)	14/15 - April	90%	100%		
Mixed Sex Accommodation Breaches					
Mixed Sex Accomodation (MSA) Breaches per 1000 FCE	14/15 - May	0.00	0.00		
Referral To Treatment waiting times for non-urgent consultant-led treatment					
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted)	14/15 - May	0	0		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways	14/15 - May	0	0		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways	14/15 - May	0	0		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90%	14/15 - May	90%	95.80%		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95%	14/15 - May	95%	98.08%		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92%	14/15 - May	92%	97.70%		
A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative)	14/15 - June	95%	97.31%		
Diagnostic test waiting times					
% of patients waiting 6 weeks or more for a Diagnostic Test	14/15 - May	1.00%	0.44%		
Category A ambulance calls					

Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	14/15 - May	75%	75.00%		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	14/15 - May	75%	70.45%		
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	14/15 - May	95%	90.64%		
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	14/15 - May	75%	74.53%		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	14/15 - May	75%	75.00%		
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	14/15 - May	95%	95.91%		

Local Measures					
20% reduction in emergency admissions for asthma <19 years. Baseline = 101 - 20% reduction = 81 (Cumulative)	13/14 - March	81.00	90.00		
10% reduction in the number of patients who have an emergency admission for dehydration. Baseline = 193 10% reduction = 174 (Cumulative)	13/14 - March	175.00	3.00		

CLUSTER CORPORATE PERFORMANCE DASHBOARD - PROVIDER LEVEL

Baseline as at 01/05/2014 12:28:20

Performance Indicators		Aintree University Hospitals NHS Foundation Trust	Southport & Ormskirk Hospital NHS Trust	The Walton Centre NHS Foundation Trust
A&E waits				
A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative)	14/15 - June	92.14%	97.07%	
Ambulance				
Ambulance				
Ambulance handover delays of over 1 hour	14/15 - May	21.00	6.00	
Ambulance handover delays of over 30 minutes	14/15 - May	94.00	44.00	
Crew clear delays of over 1 hour	14/15 - May	1.00	1.00	
Crew clear delays of over 30 minutes	14/15 - May	34.00	19.00	
Cancer waits – 2 week wait				
Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative)	14/15 - April	92.86%	97.53%	100.00%
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative)	14/15 - April	97.56%	96.63%	100.00%
Cancer waits – 31 days				
Cancer waits – 31 days				
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative)	14/15 - April	100.00%	100.00%	100.00%
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative)	14/15 - April	100.00%	92.86%	100.00%
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative)	14/15 - April	100.00%	100.00%	100.00%
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative)	14/15 - April	100.00%	100.00%	100.00%
Cancer waits – 62 days				
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. Local Target of 85% for all providers (Cumulative)	14/15 - April	86.67%	100.00%	100.00%
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative)	14/15 - April	88.89%	100.00%	100.00%
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative)	14/15 - April	87.50%	93.10%	100.00%

Diagnostic test waiting times				
Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test	14/15 - April	0.64%	0.45%	0.32%
Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE	14/15 - May	0.00	0.00	0.00
Referral To Treatment waiting times for non-urgent consultant-led treatment				
Referral To Treatment waiting times for non-urgent consultant-led treatment				
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90%	14/15 - May	94.50%	94.70%	93.45%
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95%	14/15 - May	98.79%	98.06%	97.68%
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92%	14/15 - May	97.61%	97.87%	98.27%
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted)	14/15 - May	0.00	0.00	0.00
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways	14/15 - May	0.00	0.00	0.00
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways.	14/15 - May	0.00	0.00	0.00
Supporting Measures				
Quality (Safety, Effectiveness & Patient Experience)				
SQU06_01 - % who had a stroke & spend at least 90% of their time on a stroke unit	14/15 - May	80.00%	78.57%	
SQU06_02 - % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	14/15 - May	100.00%	46.67%	
Treating and caring for people in a safe environment and protecting them from avoidable harm				
Treating and caring for people in a safe environment and protecting them from avoidable harm				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative)	14/15 - May	6	6	0
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative)	14/15 - May	1	0	0
Patient safety incidents reported	14/15 - May	4	0	0
Everyone Counts - NHS Outcome Measures				
Ensuring people have a positive experience of care				
Friends and Family Test Score - Inpatients	14/15 - May	79	71	96
Friends and Family Test Score Inpatients (% of respondents)	14/15 - May	45.37%	35.96%	25.06%
Friends and Family Test Score A&E	14/15 - May	38	48	
Friends and Family Test Score A&E (% of respondents)	14/15 - May	25.00%	5.10%	

Reds - Possibly areas for

Key and Rag Ratings can be found at the end of the dashboard

Domain 1: Preventing People from Dying Prematurely			Reporting Period	Benchmark
Cancer Waiting Times			Monthly	Plan
1	Patients referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	May-14	93%	
2	Patients referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment	May-14	93%	
3	Patients waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers	May-14	96%	
4	Patients waiting no more than 31 days for subsequent treatment where that treatment is surgery	May-14	94%	
5	Patients waiting no more than 31 days of subsequent treatment where that treatment is an anti-cancer drug regimen	May-14	98%	
6	Patients waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer	May-14	85%	
7	Patients waiting no more than 62 days from referral from an NHS Screening service to first definitive treatment for all cancers	May-14	90%	
8	Patients waiting no more than 62 days for first definitive treatment following a consultants decision to upgrade the priority of a patient (all cancers)	May-14	85%	
Mortality			Annual	Plan
9	Hospital Standardised Mortality Ratio (HSMR)	Feb 12-Jan 13	100	
10	Summary Hospital-Level Mortality Indicator (SHMI)	Oct12 - Sep 13	100	
11	(SHMI) Deaths occurring in hospital	Oct12 - Sep 13		
12	(SHMI) Deaths occurring out of hospital	Oct12 - Sep 13		
Domain 2: Quality of Life (Long Term Conditions)				
Stroke			Monthly	Plan
13	Stroke/TIA - Stroke 90% Stay on ASU	Q4 13/14	80%	
14	Stroke/TIA - TIA - High Risk Treated within 24Hrs	Q4 13/14	60%	
Domain 3: Helping People to Recover from Episodes of Ill Health or from Injury				
A&E Quality Measures			Monthly	Plan
15	Overall achievement of A&E Quality Indicators	Mar-14	Achieved	
16	Patient Impact - Unplanned re-attendance rate - Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by another health professional)	Mar-14	5%	
17	Patient Impact - Left department without being seen rate	Mar-14	5%	
18	Timeliness - Time to initial assessment - 95th centile	Mar-14	15	
19	Timeliness - Total time spent in A&E department - 95th centile	Mar-14	240	
20	Timeliness - Time to treatment in department - median	Mar-14	60	
Rapid Access Chest Pain Clinic			Monthly	Plan
21	A maximum two-week wait for Rapid Access Chest Pain Clinic (RACPC)	Mar-14	100%	
Smoking			Quarterly	Plan
22	Smoking Status recorded for all inpatients (exclude critical care)	Q4 13/14	90%	
23	All Smokers to be offered Smoking intervention Advice	Q4 13/14	90%	
Patient Reported Outcome Measures <i>Revised Data</i>			Annual	Eng Average
24	Groin Hernia - Average increase in health gain	Apr 12 - Mar 13	0.086	
25	Hip Replacement - Average increase in health gain	Apr 12 - Mar 13	0.439	
26	Knee Replacement - Average increase in health gain	Apr 12 - Mar 13	0.321	
27	Varicose Vein - Average increase in health gain	Apr 12 - Mar 13	0.094	
Domain 4: Ensuring People have a positive experience of care				
Referral to Treatment			Monthly	Plan
28	18 Weeks - Admitted - % Compliance - Trust	May-14	90%	
29	18 Weeks - Non Admitted - % Compliance - Trust	May-14	95%	
30	18 Weeks - On-going - % <18 Weeks - Trust	May-14	92%	
31	Zero tolerance RTT Waits over 52 weeks	May-14	0	
A&E Department Measures			Monthly	Plan
32	Percentage of A&E attendances where the patient was admitted, transferred or discharged within 4 hours of their arrival at an a&e department	May-14	95%	
33	Trolley waits in A&E	May-14	0	
34	Handover <15 Minutes. Time taken from HAS notification to clinical handover (Assumed ACUTE responsibility)	May-14	15 Mins	
35	Patients waiting between 30-60 Minutes for Handover	May-14	0	
36	Patients waiting between 60+ Minutes for Handover	May-14	0	
37	Compliance with Recording Patient Handover between Ambulance and A&E	May-14	95%	
Mixed Sex Accommodation Breaches			Monthly	Plan
38	Sleeping accommodation Breach (MSA)	May-14	0	
Diagnostics			Monthly	Plan
39	Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	May-14	99%	
Cancelled Operations			Monthly	Plan
40	All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for nonclinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice.	May-14	0	
41	No urgent operation should be cancelled for a second time	May-14	0	
Choose and Book			Monthly	Plan
42	Provider failure to ensure that "sufficient appointment slots" are made available on the Choose & Book system	Mar-14	7%	
Maternity			Monthly	Plan
43	% women who have seen a midwife by 12 weeks and 6 days of pregnancy	Mar-14	90%	
VTE			Monthly	Plan
44	Percentage of patients risk assessed for venous thromboembolism who receive appropriate prophylaxis (Local Audits)	Q4 13/14	90%	
Complaints			Monthly	Plan
45	Complaints received at CMCSU (Business Solutions)	May-14	0	
46	Complaints received at provider	Mar-14	0	

Previous Period	Latest Data	Movement
Apr-14	May-14	Change
96.0%	96.6%	Improvement
98.4%	97.5%	Decline
99.0%	100%	Improvement
100%	92.9%	Decline
100%	100%	No Change
88.6%	93.1%	Improvement
100%	NTR	No Change
85.7%	100%	Improvement
Jul 12 - Jun 13	Oct 12 - Sep 13	Change
99.1	99.3	No Change
1.06	1.09	Decline
69.4%	70.1%	
30.6%	29.9%	
Q3 13/14	Q4 13/14	Change
83%	85%	No Change
71%	68%	No Change
Feb-14	Mar-14	Change
Achieve	Achieve	No Change
3%	3%	No Change
2%	2%	No Change
4	2	No Change
239	239	No Change
37	49	No Change
Feb-14	Mar-14	Change
100%	98.2%	No Change
Q3 13/14	Q4 13/14	Change
71%	50%	No Change
54%	54%	No Change
Apr 11 - Mar 12	Apr 12 - Mar 13	Change
0.073	0.065	Decline
0.348	0.376	Improvement
0.297	0.302	Improvement
*	0.108	Improvement
Apr-14	May-14	Change
92.9%	94.6%	Improvement
97.4%	98.1%	Improvement
97.9%	98.0%	Improvement
0	0	No Change
Apr-14	May-14	Change
96.2%	98.0%	Improvement
0	0	No Change
00:15:03	00:12:36	Improvement
50	38	Improvement
27	6	Improvement
88.5%	88.7%	Improvement
Apr-14	May-14	Change
2	0	Improvement
Apr-14	May-14	Change
99.7%	99.6%	No Change
Apr-14	May-14	Change
0	0	No Change
0	0	No Change
Apr-14	May-14	Change
16%	11.9%	Improvement
Feb-14	Mar-14	Change
92%	92%	No Change
Q3 13/14	Q4 13/14	Change
100%	77%	No Change
Apr-14	May-14	Change
0	0	No Change
29	21	Improvement

YTD	Trend
2014/15	Over time
96.3%	
97.9%	
99.5%	
96.5%	
100%	
90.8%	
100.0%	
92.9%	
2013/14	Over time
99.3	
1.09	
70.1%	
29.9%	
2013/14	Over time
85%	
58%	
2013/14	Over time
5%	
2%	
5	
265	
46	
2013/14	Over time
100%	
2013/14	Over time
58%	N/A
55%	N/A
2013/14	Over time
0.065	
0.376	
0.302	
0.108	
2014/15	Over time
93.8%	
97.7%	
97.9%	
0	
2014/15	Over time
97.1%	
00:13:50	
88	
33	
88.6%	
2014/15	Over time
2	
2014/15	Over time
99.7%	
2014/15	Over time
0	
0	
2013/14	Over time
14%	
2013/14	Over time
86%	
2013/14	Over time
93%	
2014/15	Over time
2	
375	

Southport and Ormskirk Hospital

National Dementia		Monthly	Plan
47	National Dementia CQUIN - Screening for Dementia (Find)	Apr-14	90%
47	National Dementia CQUIN - Risk Assessed (Assess and Investigate)	Apr-14	90%
48	National Dementia CQUIN - Patients Referred	Apr-14	90%
National Friends&Family		Monthly	Plan
49	National Friends and Family - Inpatient Response Rates	May-14	20%
50	National Friends and Family - Inpatient Test Score	May-14	20%
51	National Friends and Family - A&E Response Rates	May-14	Increase
52	National Friends and Family - A&E Test Score	May-14	Increase
Advancing Quality		Monthly	Plan
52	Advancing Quality Acute myocardial infarction	Feb-14	95.0%
53	Advancing Quality Heart Failure	Feb-14	71.0%
54	Advancing Quality Hip and Knee	Feb-14	82.0%
55	Advancing Quality Pneumonia	Feb-14	65.4%
56	Advancing Quality Stroke	Feb-14	53.6%
Patient Experience		Annual	England Average
57	Patient experience of hospital care	2013	76.5%
58	Patient experience of outpatient services	2011	79.2%
59	Patient experience of A&E services	2012	75.4%
Domain 5: Treating & Caring for People in a Safe Environment and Protecting from Harm			
Infection Control		Monthly	Plan
60	Clostridium Difficile - Trust	May-14	4.5
61	Incidence of MRSA - Trust	May-14	0
62	MRSA Screening - Trust	May-14	No Plan
63	MSSA	May-14	No Plan
Hygiene Compliance		Monthly	Plan
64	Hand Hygiene Compliance - Trust	May-14	No Plan
Incident Reporting		Monthly	Plan
65	Never Events - Trust	Jun-14	0
66	Steis Reportable Incidents - Trust	Jun-14	0
CQC		Monthly	Plan
67	CQC Intelligence Tool - Band 1 = Highest Risk Band 6 = Lowest Risk	May-14	6
68	Compliance against 5 essential standards (✓ = Compliant, * = Not Compliant actions requiring improvement, * = Not Compliant and Enforcement Action Taken)	May-14	✓
CAS		Monthly	Plan
69	All CAS alerts outstanding after deadline date	May-14	0
Sickness Absence		Monthly	Plan
70	Sickness Absence Rates All Staff - provider data	Q3 13/14	4.73%
70	Sickness Absence Rates All Staff - data taken from HSC information centre	Q3 13/14	3.40%
Coronary Heart Disease		Quarterly	Plan
71	Percentage of CHD patients with a primary diagnosis of AMI prescribed ACE Inhibitors on discharge	Q4 13/14	95%
72	Percentage of CHD patients with a primary diagnosis of AMI prescribed Clopidogrel on discharge	Q4 13/14	95%
VTE		Monthly	Plan
73	National CQUIN - VTE Risk Assessments	Apr-14	95%
73	Hospital acquired VTE Cases	Feb-14	4 p/m
Pressure Ulcers		Monthly	Plan
	Incidence of newly-acquired category 2, 3 and 4 pressure ulcers	Feb-14	28
National Patient Incident Reporting		Bi Annual	Median Average
74	National Patient Safety Incident Reporting Per 100 admissions	Apr 13 - Sep 13	6.7
75	Safety incidents resulting in severe harm or death	Apr 13 - Sep 13	0.8%
Staff Survey		Annual	Eng Average
76	National Staff Survey	2013	3.74
PLACE Survey		Annual	Eng Average
77	PLACE Survey - Average score of all four areas	2013	90%
NHS Safety Thermometer		Monthly	Eng Average
78	Submission compliance		Compliance
79			N/A
80	Total patients surveyed		93.5%
82	Patients receiving harm free care		4.6%
84	Total pressure ulcers (all categories)	May-14	
	Total falls (causing harm)		0.9%
86	Patients with a catheter and being treated for a UTI		0.4%
88	Number of patients with a new VTE		

Cheshire and Merseyside

Mar-14	Apr-14	Change	2014/15	Over time
16%	9%	Decline	9%	
23%	9%	Decline	9%	
50%	100%	Improvement	100%	
Apr-14	May-14	Change	2014/15	Over time
38%	36%	Decline	37%	
54	71	Improvement	65	
7%	5%	Decline	6%	
38	48	Improvement	45	
Jan-14	Feb-14	Change	2013/14	Over time
92.86%	93.75%	Improvement	93.29%	
53.85%	76.47%	Improvement	72.33%	
35.19%	58.82%	Improvement	72.93%	
80.77%	78.38%	Decline	76.04%	
42.11%	52.38%	Improvement	43.51%	
Previous Year	Latest Year	Change	2013/14	Over time
74.1%	74.8%	Improvement	74.0%	
77.0%	79.0%	No Change	79.0%	N/A
75.0%	77.9%	No Change	77.9%	N/A
Apr-14	May-14	Change	2014/15	Over time
4	2	Improvement	6	
0	0	No Change	0	
92%	92%	No Change	92%	
1	0	Improvement	1	
Apr-14	May-14	Change	2014/15	Over time
99%	99%	No Change	99%	
May-14	Jun-14	Change	2014/15	Over time
0	0	No Change	0	
0	2	Decline	3	
Apr-14	May-14	Change	2014/15	Over time
4	4	No Change	4	N/A
*	*	No Change	*	Aug 13 Inspection
Apr-14	May-14	Change	2014/15	Over time
0	0	No Change	0	
Q2 13/14	Q3 13/14	Change	2013/14	Over time
3.60%	4.00%	Improvement	4.15%	
3.90%	3.84%	Improvement	3.84%	
Q3 13/14	Q4 13/14	Change	2013/14	Over time
100%	100%	No Change	100%	
100%	100%	No Change	100%	
Mar-14	Apr-14	Change	2014/15	Over time
95.4%	96.2%	No Change	96.2%	
3	No data	No data	45	
Jan-14	Feb-14	Change	2013/14	Over time
0	No data	No data	21	
Apr 12 - Sep 12	Apr 13 - Sep 13	Change	2013/14	Over time
6.9	6.32	TBA	6.32	
0.8%	0.7%	Improvement	0.7%	
2012	2013	Change	2013/14	Over time
3.63	3.61	No Change	3.61	
2013	2013	Change	2013/14	Over time
N/A	87.1%	No Change	87.1%	N/A
Apr-14	May-14	Change	2013/14	Over time
		No Change		
881	862	Improvement	1743	
96.3%	96.1%	Decline	96.2%	
2.0%	3.0%	Decline	2.5%	
0.3%	0.2%	Improvement	0.3%	
5.1%	4.0%	Improvement	4.6%	
0.7%	0.6%	Improvement	0.6%	

Reporting Period	Period in which the latest data relates to
Benchmark	This will either be threshold/plan, England Average (Eng Average)
Previous Period	Depending on the reporting frequency, this will either be previous month, quarter and year
Latest Data	This is the latest data available to Cheshire and Merseyside CSU
Movement	Change in latest reporting period performance compared to previous reporting period performance
Rag Rating of Movement Column	
No Change	No change in latest performance compared to previous reporting period
Improvement	Improvement in latest months performance compared to previous reporting period
Decline	Drop in latest reporting period performance compared to previous reporting period
Rag Rating of Latest data Column and Year to date Column	
	Equal to or above agreed performance threshold
	Below agreed performance threshold or drop in performance or below England average (Varies across measures)
	Drop in latest reporting period performance compared to previous reporting period

Reds - Possibly areas
for discussion

Key and Rag Ratings can be found at the end of the dashboard

Domain 1: Preventing People from Dying Prematurely		Reporting Period	Benchmark
Cancer Waiting Times		Monthly	Plan
1	Patients referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	May-14	93%
2	Patients referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment	May-14	93%
3	Patients waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers	May-14	96%
4	Patients waiting no more than 31 days for subsequent treatment where that treatment is surgery	May-14	94%
5	Patients waiting no more than 31 days of subsequent treatment where that treatment is an anti-cancer drug regimen	May-14	98%
6	Patients waiting no more than 31-Day Standard for Subsequent Cancer Treatments-Radiotherapy	May-14	94%
7	Patients waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer	May-14	85%
8	Patients waiting no more than 62 days from referral from an NHS Screening service to first definitive treatment for all cancers	May-14	90%
9	Patients waiting no more than 62 days for first definitive treatment following a consultants decision to upgrade the priority of a patient (all cancers)	May-14	85%
Mortality		Annual	Plan
10	Hospital Standardised Mortality Ratio (HSMR)	Mar-14	100
11	Summary Hospital-Level Mortality Indicator (SHMI)	Oct 12 - Sep 13	100
12	(SHMI) Deaths occurring in hospital	Oct 12 - Sep 13	
13	(SHMI) Deaths occurring out of hospital	Oct 12 - Sep 13	
Domain 2: Quality of Life (Long Term Conditions)			
Stroke		Monthly	Plan
14	Stroke/TIA - Stroke 90% Stay on ASU	Q4 13/14	80%
15	Stroke/TIA - TIA - High Risk Treated within 24hrs	Q4 13/14	60%
Domain 3: Helping People to Recover from Episodes of Ill Health or from Injury			
A&E Quality Measures		Monthly	Plan
16	Overall achievement of A&E Quality Indicators	Mar-14	Achieved
17	Unplanned re-attendance at A&E within 7 days of original attendance	Mar-14	5%
18	Patient Impact - Left department without being seen rate	Mar-14	5%
19	Timeliness - Time to initial assessment - 95th centile	Mar-14	15
20	Timeliness - Total time spent in A&E department - 95th centile	Mar-14	240
21	Timeliness - Time to treatment in department - median	Mar-14	60
Rapid Access Chest Pain Clinic		Quarterly	Plan
22	A maximum two-week wait for Rapid Access Chest Pain Clinic (RACPC)	Q4 13/14	98%
Smoking		Quarterly	Plan
23	Smoking Status recorded for all inpatients (exclude critical care)	Q3 13/14	90%
24	All Smokers to be offered Smoking intervention Advice	Q3 13/14	by Q4 13/14
Patient Reported Outcome Measures		Annual *Revised figures	Eng Average
25	Groin Hernia - Average increase in health gain	Apr 12 - Mar 13	0.085
26	Hip Replacement - Average increase in health gain	Apr 12 - Mar 13	0.438
27	Knee Replacement - Average increase in health gain	Apr 12 - Mar 13	0.318
28	Varicose Vein - Average increase in health gain	Apr 12 - Mar 13	0.093
Domain 4: Ensuring People have a positive experience of care			
Referral to Treatment		Monthly	Plan
29	18 Weeks - Admitted - % Compliance - Trust	May-14	90%
30	18 Weeks - Non Admitted - % Compliance - Trust	May-14	95%
31	18 Weeks - On-going - % <18 Weeks - Trust	May-14	92%
32	Zero tolerance RTT Waits over 52 weeks	May-14	0
A&E Department Measures		Monthly	Plan
33	Percentage of A&E attendances where the patient was admitted, transferred or discharged within 4 hours of their arrival at an a&e department	May-14	95%
34	Trolley waits in A&E	May-14	0
35	Handover <15 Minutes. Time taken from HAS notification to clinical handover (Assumed ACUTE responsibility)	May-14	15 Mins
36	Patients waiting between 30-60 Minutes for Handover	May-14	0
37	Patients waiting between 60+ Minutes for Handover	May-14	0
38	Compliance with Recording Patient Handover between Ambulance and A&E	May-14	95%
Mixed Sex Accommodation Breaches		Monthly	Plan
39	Sleeping accommodation Breach (MSA)	May-14	0
Diagnostics		Monthly	Plan
40	Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	May-14	99%
Cancelled Operations		Monthly	Plan
41	All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for nonclinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice.	May-14	0
42	No urgent operation should be cancelled for a second time	May-14	0
Choose and Book		Monthly	Plan
43	Provider failure to ensure that "sufficient appointment slots" are made available on the Choose & Book system	May-14	7%
VTE		Monthly	Plan
44	Percentage of patients risk assessed for venous thromboembolism who receive appropriate prophylaxis (Local Audits)	Q4 13/14	95%
Complaints		Quarterly	Plan
45	Complaints received at CMCSU (Business Solutions)	Q4 13/14	0
46	Complaints received at provider	Q4 13/14	0

Previous Period	Latest Data	Movement
Apr-14	May-14	Change
96.8%	97.8%	Improvement
92.2%	95.7%	Improvement
100.0%	99.0%	No Change
100.0%	100.0%	No Change
100.0%	100.0%	No Change
0 Patients	0 Patients	No Change
91.8%	78.0%	Decline
80.0%	71.4%	Decline
100.0%	100.0%	No Change
Jul 12 - Jun 13	Oct 12 - Sep 13	Change
93.5	92.0	Improvement
1.13	1.13	No Change
72.8%	74.0%	No Change
27.2%	26.1%	No Change
Q3 13/14	Q4 13/14	Change
61.1%	83.2%	No Change
100%	100%	No Change
Feb-14	Mar-14	Change
Fail	Achieve	No Change
7.9%	7.6%	No Change
4.0%	3.3%	No Change
0	0	No Change
390	239	No Change
99	93	No Change
Q3 13/14	Q4 13/14	Change
91.0%	98.0%	Improvement
Q2 13/14	Q3 13/14	Change
No data	No Data	No Change
No data	No Data	No Change
Apr 11 - Mar 12	Apr 12 - Mar 13	Change
0.088	0.062	Decline
0.397	0.438	Improvement
0.299	0.291	Decline
*	*	No Change
Apr-14	May-14	Change
93.8%	94.5%	Improvement
98.2%	98.8%	Improvement
97.8%	97.6%	No Change
0	0	No Change
Apr-14	May-14	Change
94%	91.4%	Decline
1	0	Improvement
00:11:50	00:12:16	Decline
68	73	Decline
31	21	Improvement
85.2%	84.3%	Decline
Apr-14	May-14	Change
0	0	No Change
Apr-14	May-14	Change
100%	99.4%	Decline
Apr-14	May-14	Change
0	0	No Change
Apr-14	May-14	Change
21.1%	18.5%	Improvement
Q3 13/14	Q4 13/14	Change
94.1%	96.0%	Improvement
Q3 13/14	Q4 13/14	Change
0	0	No Change
Awaiting update		

YTD	Trend
2014/15	Over time
97.2%	
94.6%	
99.5%	
100.0%	
100.0%	
0 Patients	
84.2%	
76.5%	
100.0%	
2013/14	Over time
92.01	
1.13	
74.0%	
26.1%	
2013/14	Over time
75.1%	
100%	
2013/14	Over time
Achieved	
7.0%	
3.9%	
3	
288	
97	
2013/14	Over time
90.9%	
2013/14	Over time
62%	N/A
71%	N/A
2013/14	Over time
0.062	
0.438	
0.291	
*	
2014/15	Over time
94%	
98%	
98%	
0	
2014/15	Over time
93%	
1	
00:12:03	
141	
52	
85%	
2014/15	Over time
0	
2014/15	Over time
99.4%	
2014/15	Over time
0	
2014/15	Over time
19.7%	
2013/14	Over time
93.1%	
2013/14	Over time
0	
67	

Aintree University Hospital

Cheshire and Merseyside

National Dementia			Monthly	Plan	Mar-14	Apr-14	Change	2013/14	Over time
47	National Dementia CQUIN - Screening for Dementia (Find)	Apr-14	90%	66.7%	69.0%	Improvement	69.0%		
48	National Dementia CQUIN - Risk Assessed (Assess and Investigate)	Apr-14	90%	83.3%	76.3%	Decline	76.3%		
49	National Dementia CQUIN - Patients Referred	Apr-14	90%	100%	100%	No Change	100%		
National Friends&Family			Quarterly	Plan	Apr-14	May-14	Change	2013/14	Over time
50	National Friends and Family - Phased Expansion (Inpatient,A&E and Maternity)	May-14	Compliance	43.5%	45.4%	Improvement	44.5%		
51	National Friends and Family - Increased Response Rate Inpatients	May-14	20%	23.5%	25.0%	Improvement	24.3%		
	National Friends and Family - Increased Response Rate A&E	May-14	20%	80	79	No Change	80		
	National Friends and Family - Test Score Inpatients	May-14		35	38	Improvement	38		
52	National Friends and Family - Test Score A&E	May-14		87.50%	100.0%	Improvement	92.58%		
Advancing Quality			Monthly	Plan	Jan-14	Feb-14	Change	2013/14	Over time
53	Advancing Quality Acute myocardial infarction	Feb-14	81.3%	88.46%	58.82%	Decline	69.35%		
54	Advancing Quality Heart Failure	Feb-14	73.8%	83.67%	79.45%	Decline	84.94%		
55	Advancing Quality Hip and Knee	Feb-14	82.0%	83.33%	77.66%	Decline	77.60%		
56	Advancing Quality Pneumonia	Feb-14	61.1%	56.41%	75.86%	Improvement	47.62%		
57	Advancing Quality Stroke	Feb-14	53.6%	77.0%	74.5%	No Change	74.5%		
Patient Experience			Annual	England Average	Previous Year	Latest Year	Change	Latest Data	Over time
58	Patient experience of hospital care	2013	76.5%	79.0%	80.0%	No Change	80.0%	N/A	
59	Patient experience of outpatient services	2011	79.2%	76.2%	74.2%	No Change	74.2%	N/A	
60	Patient experience of A&E services	2012	75.4%						
Domain 5: Treating & Caring for People in a Safe Environment and Protecting from Harm									
Infection Control			Monthly	Plan	Apr-14	May-14	Change	2014/15	Over time
61	Clostridium Difficile - Trust	May-14	6	3	3	Improvement	6		
62	Incidence of MRSA - Trust	May-14	0	0	0	No Change	0		
63	MRSA Screening - Trust	May-14	No Plan	100%	100%	No Change	100%		
64	MSSA	May-14	No Plan	2	2	No Change	2		
Hygiene Compliance			Monthly	Plan	Apr-14	May-14	Change	2014/15	Over time
65	Hand Hygiene Compliance - Trust	May-14	No Plan	98%	98%	Improvement	98%		
Incident Reporting			Monthly	Plan	May-14	Jun-14	Change	2014/15	Over time
66	Never Events - Trust	Jun-14	0	0	0	No Change	0		
67	Steis Reportable Incidents - Trust	Jun-14	0	4	1	Improvement	5		
CQC			Monthly	Plan	May-14	Jun-14	Change	2014/15	Over time
68	CQC Intelligence Tool - Band 1 = Highest Risk Band 6 = Lowest Risk	Jun-14	6	Recently checked	Recently checked	No Change	Recently checked	N/A	
69	Compliance against 5 essential standards (✓ = Compliant, ✗ = Not Compliant actions requiring improvement, ✖ = Not Compliant and Enforcement Action Taken)	Jun-14	✓	✓	✓	No Change	✓		
Central Alerting System			Monthly	Plan	Apr-14	May-14	Change	2014/15	Over time
70	All CAS alerts outstanding after deadline date	May-14	0	2	2	No Change	1		
Sickness Absence			Monthly	Plan	Q3 13/14	Q4 13/14	Change	Q4 13/14	Over time
71	Sickness Absence Rates All Staff - National Data	Q4 13/14	4.12%	4.06%	Awaiting update	Decline	Awaiting update		
72	Sickness Absence Rates All Staff - Provider internal data	Q4 13/14	4.12%	4.10%	4.32%	Decline	4.32%		
Coronary Heart Disease			Quarterly	Plan	Q3 13/14	Q4 13/14	Change	2013/14	Over time
73	Percentage of CHD patients with a primary diagnosis of AMI prescribed ACE Inhibitors on discharge	Q4 13/14	95%	100%	100%	No Change	100%		
74	Percentage of CHD patients with a primary diagnosis of AMI prescribed Clopidogrel on discharge	Q4 13/14	95%	100%	100%	No Change	100%		
VTE			Monthly	Plan	Mar-14	Apr-14	Change	2014/15	Over time
75	National CQUIN - VTE Risk Assessments	Apr-14	95%	95.1%	95.5%	Improvement	95.5%		
National Patient Incident Reporting			Bi Annual	Median Average	Apr 12 - Sep 12	Apr 13 - Sep 13	Change	Latest data	Over time
76	National Patient Safety Incident Reporting Per 100 admissions	Apr 13 - Sep 13	6.7	7.20	7.21	No Change	7.21		
77	Safety incidents resulting in severe harm or death	Apr 13 - Sep 13	0.8%	0.2%	0.1%	No Change	0.1%		
Staff Survey			Annual	Eng Average	2012	2013	Change	2013/14	Over time
78	National Staff Survey	2013	3.74	3.69	3.74	Improvement	3.74		
PLACE Survey			Annual	Eng Average		2013	Change	2013/14	Over time
79	PLACE Survey - Average score of all four areas	2013	90%	N/A	85.2%	No Change	85.2%	N/A	
NHS Safety Thermometer			Monthly	Eng Average	Apr-14	May-14	Change	2014/15	Over time
80	Submission compliance		Compliance				No Change		
81	Total patients surveyed		N/A	621	637	Improvement	1258		
82	Patients receiving harm free care		94.0%	94.2%	94.4%	No Change	94.3%		
83	Total pressure ulcers (all categories)	May-14	4.2%	4.0%	4.1%	No Change	4.1%		
84	Total falls (causing harm)		0.87%	0.2%	0.5%	Decline	0.3%		
85	Patients with a catheter and being treated for a UTI		0.3%	4.5%	0.3%	Improvement	2.4%		
86	Number of patients with a new VTE		0.3%	0.6%	0.6%	No Change	0.6%		

Reporting Period	Period in which the latest data relates to
Benchmark	This will either be threshold/plan, England Average (Eng Average)
Previous Period	Depending on the reporting frequency, this will either be previous month, quarter and year
Latest Data	This is the latest data available to Cheshire and Merseyside CSU
Movement	Change in latest reporting period performance compared to previous reporting period performance
Rag Rating of Movement Column	
No Change	No change in latest performance compared to previous reporting period
Improvement	Improvement in latest months performance compared to previous reporting period
Decline	Drop in latest reporting period performance compared to previous reporting period
Rag Rating of Latest data Column and Year to date Column	
Equal to or above agreed performance threshold	
Below agreed performance threshold or drop in performance or below England average (Varies across measures)	
Drop in latest reporting period performance compared to previous reporting period	

Southport and Formby Clinical Commissioning Group

MEETING OF THE GOVERNING BODY July 2014

Agenda Item: 14/104	Author of the Paper:
Report date: 16 July 2014	James Bradley Head of Strategic Financial Planning james.bradley@southportandformbyccg.nhs.uk Tel: 0151 247 7070
Title: Financial Position of NHS Southport and Formby Clinical Commissioning Group – Month 3	
Summary/Key Issues: This paper presents the Governing Body with an overview of the financial position for NHS Southport and Formby Clinical Commissioning Group as at Month 3 and outlines the key financial risks facing the CCG.	
Recommendation The Governing Body is asked to receive the finance update.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives	
X	Improve quality of commissioned services, whilst achieving financial balance.
X	Sustain reduction in non-elective admissions in 2014/15.
	Implementation of 2014/15 phase of Care Closer to Home.
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public
	Implementation of 2014/15 phase of Primary Care quality Strategy/transformation.
	Agreed three year integration plan with Sefton Council and implementation of year on (14/15) to include an intermediate care strategy
	Review the population health needs for all mental health services to inform enhanced delivery.

Process	Yes	No	N/A	Comments/Detail
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	
X	Preventing people from dying prematurely
X	Enhancing quality of life for people with long-term conditions
	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 Finance & Resource Committee July 2014

1. Executive Summary

This report outlines a summary of the changes to the financial allocation of the CCG, and focuses on the financial performance of the CCG at June 2014 (month 3). At the end of June, the CCG is £0.867m over-spent prior to the application of reserves.

The CCG has experienced some financial pressures in the first quarter of the year, and management actions are required in order to achieve the planned £1.750m surplus at the end of the year. With implementation of the management action plan detailed in section 5, the CCG remains on track to meet all the business rules required by NHS England, as demonstrated in Table A. However, there are risks that require monitoring and managing. These are outlined in section 5 of this report.

Table A: Business Rules

Business Rule	14/15
1% Surplus	✓
0.5% Contingency reserve	✓
2.5% Non-recurrent Headroom	✓

2. Resource Allocation

Resource allocation

The Resource Allocation of £170.419m is the Allocation currently recorded by NHS England for Southport & Formby CCG. This is an increase of £0.149m from Month 2 and includes a number of planned adjustments. The adjustments made in month 3 are identified below:

Adjustment	Recurrent / Non-recurrent	Value
GPIT allocation 2014/15	Non-recurrent	£0.309m
Corrections to NHS England allocations to match agreed plan	Recurrent	£0.281m
Specialist Commissioning – RLBUH baseline	Recurrent	(£0.086m)
Specialist Commissioning – Alder Hey Burns	Recurrent	(£0.006m)
Specialist Commissioning – LHCH	Recurrent	(£0.349m)

3. Position to Date

Month 3 Financial Position

Please refer to Table B below which shows a summary position for the CCG; a more detailed analysis can be found in Appendix 1.

Table B: Financial Performance: Summary report to 30 June 2014

Budget Area	Annual & Year to Date				End of Year	
	Annual Budget	YTD Budget	YTD Actual	YTD Variance	Expenditure Outturn	FOT Variance
	£'000	£'000	£'000	£'000	£'000	£'000
NHS Commissioned Services	112,671	28,168	28,805	638	115,163	2,492
Medicine Management (inc. Prescribing)	22,522	5,541	5,541	0	22,422	(100)
Commissioning - Non NHS	17,087	4,271	4,364	93	17,449	362
Corporate & Support Services	5,318	1,138	1,138	1	5,289	(29)
Independent Sector	3,311	828	990	163	3,962	651
Primary Care	1,781	445	418	(27)	1,775	(6)
Sub-Total Prior to Reserves	162,689	40,390	41,257	867	166,059	3,370
Total Reserves	5,980	867	0	(867)	2,610	(3,370)
Grand Total Expenditure	168,669	41,256	41,257	0	168,669	0
RRL Allocation	(170,419)	(41,694)	(41,694)	0	(170,419)	0
(Surplus)/Deficit	(1,750)	(437)	(437)	0	(1,750)	0

Please note, figures that appear in brackets represent income allocations and underspends.

Overview

The year to date financial position before the application of reserves is an overspend of £0.867m (Month 2 £0.331m).

The forecast outturn position for the full financial year is £3.370m overspent (Month 2 £1.769m), before the application of Reserves.

The key issues contributing to the position, and the increased overspends within operational budgets, are described below. It should be noted that, with the planned application of reserves combined with the successful implementation of the action plan detailed in section 4, the CCG will be able deliver the required surplus for the financial year.

NHS Commissioned Services

Whilst the financial reporting period relates to the end of June, the CCG has to base its reported position on information received from Acute Trusts covering activity to the end of May. Appendix 2 outlines the current financial data broken down by provider, and also includes the forecast for each provider.

This budget is showing a year-to-date position of £0.638m overspend (Month 2 £0.134m). The forecast outturn variance for NHS Commissioned Services as a whole for 2014/15 is £2.492m overspend (Month 2 £0.818m). This is a significant deterioration of the position and is explained below.

There are four Trusts where the CCG is currently experiencing financial pressures due to increased activity compared to plan. Further investigation with the Trusts and with the CSU Business Intelligence team are underway. This analysis will help us to determine the likelihood of whether these pressures are part of a recurring trend, or one-off occurrences.

Southport and Ormskirk Trust – Attendances at A&E are 6.9% higher than planned. This is contributing to higher emergency admissions. Unplanned care as a whole is £180k higher than contracted levels for the two month period ending May 2014.

Planned care at Southport and Ormskirk is £0.135m (3.4%) higher than planned. The Trust identified a number of pressures resulting from maintaining waiting lists and moving some urology care from an inpatient to an outpatient setting. The CCG is working with the Trust to understand whether this is likely to be a recurrent trend.

These pressures are partially offset by underspends in maternity pathway payments (numbers of bookings and complexity of patients is lower than estimated) and AQP activity, primarily in Podiatry.

Aintree University Hospital – There are three areas of overspend at Aintree;

- Non-elective care has shown significant growth in month 2. It is the highest activity levels for any month over the last 14 month period. It is too soon to know whether this is representative of the beginning of a recurring trend. A&E activity is in line with the contracted levels.
- Age Related Macular Degeneration (ARMD) – this has shown growth in the first 2 months of the year.
- Excluded drugs – the CCG is obtaining additional information to determine where the areas of pressure are.

Royal Liverpool and Broadgreen University Hospital – the two main areas of overspend relate to daycases and elective excess bed days. A review of excess bed days identified that it related primarily to 1 long-stay patient who stayed in hospital for 82 days against an expected maximum stay of 5 days, therefore this element is not expected to continue.

Wrightington, Wigan and Leigh Hospital (WWL) – The overspends relate to elective orthopaedic activity which is higher than planned activity. This may be the impact of a waiting list initiative from Q4 in the prior year, and so may not be indicative of a recurrent trend. This will be watched closely over the coming months.

Corporate and Support Services

The CCG is currently operating within its running cost target which forms part of this budget area. The forecast for the year is a small underspend on Running Costs and other Corporate and Support Services. There are still a number of vacancies in the staffing structure, and it is expected that these will be filled in quarter 2.

Independent Sector

The Independent Sector budget is £0.162m overspent at Month 3 (Month 2 £0.108m). Based on this position the forecast for the overall financial year is estimated at £0.651m (Month 2 FOT £0.300m). Trend data shows that activity continues to rise at both Renacres and Spire Liverpool, and this does not initially appear to be linked to underperformance elsewhere so suggests an overall growth in activity. As a result of this referrals will be monitored closely and forecasts updated accordingly.

Primary Care

The Primary Care budget is broadly in balance at Month 3 and forecast to be in balance for the financial year.

Within this budget there is £0.050m for each locality. It is anticipated that the locality budgets will be spent in full by the end of the financial year.

Medicines Management (Including Prescribing)

The Medicines Management budget consists of High Cost Drugs, Oxygen and Prescribing. The CCG normally bases year to date expenditure and forecasts on data supplied by the Prescription Pricing Authority (PPA). However data is only available for April 2014 and no forecast for 2014/15 has yet been provided by the PPA. Data supplied for April was within the budgeted allocation.

This is an area of potential risk for the CCG because, due to the size of the budget, a small proportionate change in the forecast can have a significant impact on expenditure.

Commissioning Non-NHS

Commissioning from Non NHS organisations is overspent by £0.093m at Month 3 (Month 2 £0.117m), with a forecast overspend of £0.362m (Month 2 £0.753m) for the full financial year.

The overspend relates almost entirely to Continuing Care packages of care. This area continues to be a risk area for the CCG and the overspend in the year to date indicates that there will be pressures on this budget over the coming year. However there has been an improvement in the quality of the data provided by CSU which has enabled the CCG to place greater reliance on the financial information and to reduce its forecast expenditure against this budget.

The CCG will continue to work with the CSU to investigate activity and costs in this area and to improve the reliability of the financial information and the forecasting model.

4. Evaluation of Risks and Opportunities

At this early stage of the year, a number of risks have emerged. These are outlined below, and all are included in the forecast:

- Continuing Healthcare – As detailed in the section above, although there has been a significant improvement in the quality of the financial information received from CSU, the CCG cannot yet place full reliance on the figures reported. This risk has been estimated at £0.250m.

- Overspends on Acute cost per case contracts – The CCG has experienced some early pressures in a number of providers. This value has been valued at £3.145m (3.6% of the relevant budget).
- Continuing Healthcare restitution claims – there is uncertainty over the process for payment of restitution claims. Provisions made in PCT accounts were transferred to NHS England, but due to technical accounting reasons, they are also expected to top-slice CCG allocations to make these payments in-year. This is still to be confirmed, and in the meantime, CCGs are expected to make payments for restitution claims. An amount has been set aside in reserves to absorb this cost.
- Estates – Payments in respect of estates are still unclear. This includes potential liabilities for depreciation. The CCG has set aside an amount in reserves to cover estimated liabilities. We have now received a billing schedule from NHS Property Services, and this is being reviewed with them.
- Prescribing / Drugs costs – Only one month’s data has been received for this financial year, and the PPA do not produce a forecast for the full year until more activity data is available. Therefore the CCG’s best estimate for prescribing spend is consistent with the budget. However, prescribing expenditure can vary significantly in the year.

Reserves are set aside as part of budget setting to reflect planned investments, known risks and an element for contingency. As part of the review of risks and mitigations, the finance team and budget holders reviewed the expected expenditure levels for each earmarked reserve. This is summarised in table C below. This review identified a risk of a shortfall in reserves to manage the forecast expenditure levels. As such, the CCG has developed a management plan to enable achievement of financial duties detailed in section 5.

Table C: Reserves review

	£'000
Forecast Overspend	3,370
Available Reserves	(2,370)
Forecast Deficit	1,000

On this basis the CCG is heading for a surplus of £0.7m, £1m adrift of its planned surplus of £1.7m and as such requires a management action plan.

5. Management Action Required

It is important to note that it is still early in the year and the forecast is based on 2 months activity data from our NHS providers. This may mean that there is a possible exaggerated early trend which may reduce in the coming months as we receive further data to create a more accurate forecast. However, in order to be prudent the following mitigating actions have been identified in Table D, totalling £1.5m which can be accessed if required during the year.

The management actions detailed below are non-recurrent, whereas the current financial pressures being seen are likely to impact on 15/16, therefore it is imperative that the CCG develops a sustainable plan for recurrent balance, before it enters the 15/16 financial year.

Table D: Management Action Plan

Action	£'000
Technical adjustments	500
CM Rehab	300
Further slippage associated with Mandated schemes	200
Depreciation / Estates adjustment	200
Other (inc. NPFIT funding)	300
Total	1,500

6. Recommendations

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

- The CCG has a number of financial risks that require ongoing review and management.
- The CCG remains on target to deliver its financial targets for 2014/15. This is dependent on the implementation of a financial management plan.
- Further deterioration of the forecast financial position may mean that investments planned for later in the year could need to be deferred in order to ensure that financial targets are met.

Appendices

- Appendix 1 – Finance position to Month 3

01V NHS Southport and Formby Clinical Commissioning Group Month 3 2014/15 Financial Position

Cost centre Number	Cost Centre Description	Annual Budget £000	Budget To Date £000	Actual To Date £000	YTD Variance	End of Year	
					Month 3	Expenditure Outturn	FOT Variance
					£000	£000	£000
COMMISSIONING - NON NHS							
603501	Mental Health Contracts	832	208	208	0	832	0
603506	Child and Adolescent Mental Health	163	41	44	4	168	5
603511	Dementia	93	23	24	0	93	0
603516	Improving Access to Psychological Therapies	0	0	0	0	0	0
603521	Learning Difficulties	1,381	345	345	0	1,381	0
603531	Mental Health Services – Adults	0	0	0	0	0	0
603541	Mental Health Services - Collaborative Commissioning	0	0	0	0	0	0
603596	Collaborative Commissioning	409	102	102	0	409	0
603661	Out of Hours	1,069	267	266	(2)	1,069	0
603682	CHC Adult Fully Funded	5,481	1,370	1,403	33	5,731	250
603684	CHC Adult Joint Funded	1,322	330	330	(0)	1,322	0
603685	CHC Adult Joint Funded Personal health Budgets	34	8	16	7	34	0
603687	CHC Children	358	89	92	2	358	0
603691	Funded Nursing Care	3,258	815	820	6	3,282	24
603711	Community Services	408	102	123	21	491	83
603721	Hospices	871	217	217	0	871	0
603726	Intermediate Care	430	108	129	21	430	0
603731	Long Term Conditions	0	0	0	0	0	0
603796	Reablement	979	245	245	0	979	0
Sub-Total		17,087	4,271	4,364	93	17,449	362
CORPORATE & SUPPORT SERVICES							
605251	Administration and Business Support (Running Cost)	100	25	31	6	107	7
605271	CEO/Board Office (Running Cost)	379	95	99	4	395	16
605276	Chairs and Non Execs (Running Cost)	148	37	39	2	151	3
605296	Commissioning (Running Cost)	1,399	350	331	(19)	1,355	(44)
605316	Corporate costs	25	6	6	(0)	25	0
605346	Estates & Facilities	42	11	9	(2)	42	0
605351	Finance (Running Cost)	626	142	133	(10)	615	(11)
605391	Medicines Management (Running Cost)	43	11	10	(1)	43	0
605426	Quality assurance	155	39	37	(1)	155	0
	Sub-Total Running Costs	2,917	715	694	(21)	2,888	(29)
						0	
603646	Commissioning Schemes (Programme Cost)	724	181	185	4	724	0
603656	Medicines Management (Programme Cost)	466	116	106	(10)	446	(20)
603776	Non Recurrent Programmes (NPfIT)	710	0	0	0	710	0
603676	Primary Care IT	501	125	151	26	521	20
605371	IM & T	0	0	2	2	0	0
	Sub-Total Programme Costs	2,401	423	445	22	2,401	0
Sub-Total		5,318	1,138	1,138	1	5,289	(29)
SERVICES COMMISSIONED FROM NHS ORGANISATIONS							
603571	Acute Commissioning	77,209	19,302	19,955	653	79,633	2,424
603576	Acute Childrens Services	2,116	529	529	0	2,116	0
603586	Ambulance Services	4,527	1,132	1,137	5	4,547	20
603616	NCA's/OATs	1,254	313	301	(13)	1,254	0
603631	Winter Pressures	0	0	(19)	(19)	0	0
603756	Commissioning - Non Acute	27,558	6,889	6,901	12	27,606	48
603786	Patient Transport	8	2	2	0	8	0
Sub-Total		112,671	28,168	28,805	638	115,163	2,492
INDEPENDENT SECTOR							
603591	Independent Sector	3,311	828	990	163	3,962	651
Sub-Total		3,311	828	990	163	3,962	651
PRIMARY CARE							
603651	Local Enhanced Services and GP Framework	1,511	378	351	(26)	1,505	(6)
603791	Programme Projects	270	67	67	(0)	270	0
Sub-Total		1,781	445	418	(27)	1,775	(6)
PRESCRIBING							
603606	High Cost Drugs	1,513	378	378	(0)	1,513	0
603666	Oxygen	200	50	50	0	200	0
603671	Prescribing	20,809	5,112	5,112	0	20,709	(100)
Sub-Total		22,522	5,541	5,541	0	22,422	(100)
Sub- Total Operating Budgets pre Reserves		162,689	40,390	41,257	867	166,059	3,370
RESERVES							
603761	Commissioning Reserve (Previously General Reserve)	5,980	867	0	(867)	2,610	(3,370)
Sub-Total		5,980	867	0	(867)	2,610	(3,370)
Grand Total I & E		168,669	41,256	41,257	0	168,669	0
	RRL Allocation	(170,419)	(41,694)	(41,694)	0	(170,419)	0
	(SURPLUS)/DEFICIT	(1,750)	(438)	(437)	0	(1,750)	0

MEETING OF THE GOVERNING BODY July 2014							
Agenda Item: 14/105	Author of the Paper:						
Report date: July 2014	Martin McDowell Martin.mcdowell@southportandformbyccg.nhs.uk Chief Finance Officer Tel: 01704 487010						
Title: Annual Audit Letter							
Summary/Key Issues: Annual Audit letter from Pricewaterhouse Coopers LLP summarising the results of the 2013/2014 Audit.							
Recommendation The Governing Body is asked to receive	<table style="border: none;"> <tr> <td style="padding-right: 20px;">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	Improve quality of commissioned services, whilst achieving financial balance.
	Sustain reduction in non-elective admissions in 2014/15
	Implementation of 2014-15 phase of Care Closer to Home
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
	Review the population health needs for all mental health services to inform enhanced delivery.

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			Audit Committee 9 th July 2014

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

Government and Public Sector

***Southport and Formby
Clinical
Commissioning Group***

Annual Audit Letter to the
Governing Body

25 June 2014

2013/14 Audit

PricewaterhouseCoopers LLP
101 Barbirolli Square
Lower Mosley Street
Manchester
M2 3PW

The Governing Body
Southport and Formby Clinical Commissioning Group
3rd Floor
Merton House
Stanley Road
Bootle
L20 3DL

25 June 2014

Ladies and Gentleman

We are pleased to present our Annual Audit Letter summarising the results of our 2013/14 audit. We look forward to presenting it to the Clinical Commissioning Group (CCG) Audit Committee on 9 July 2014.

Yours faithfully

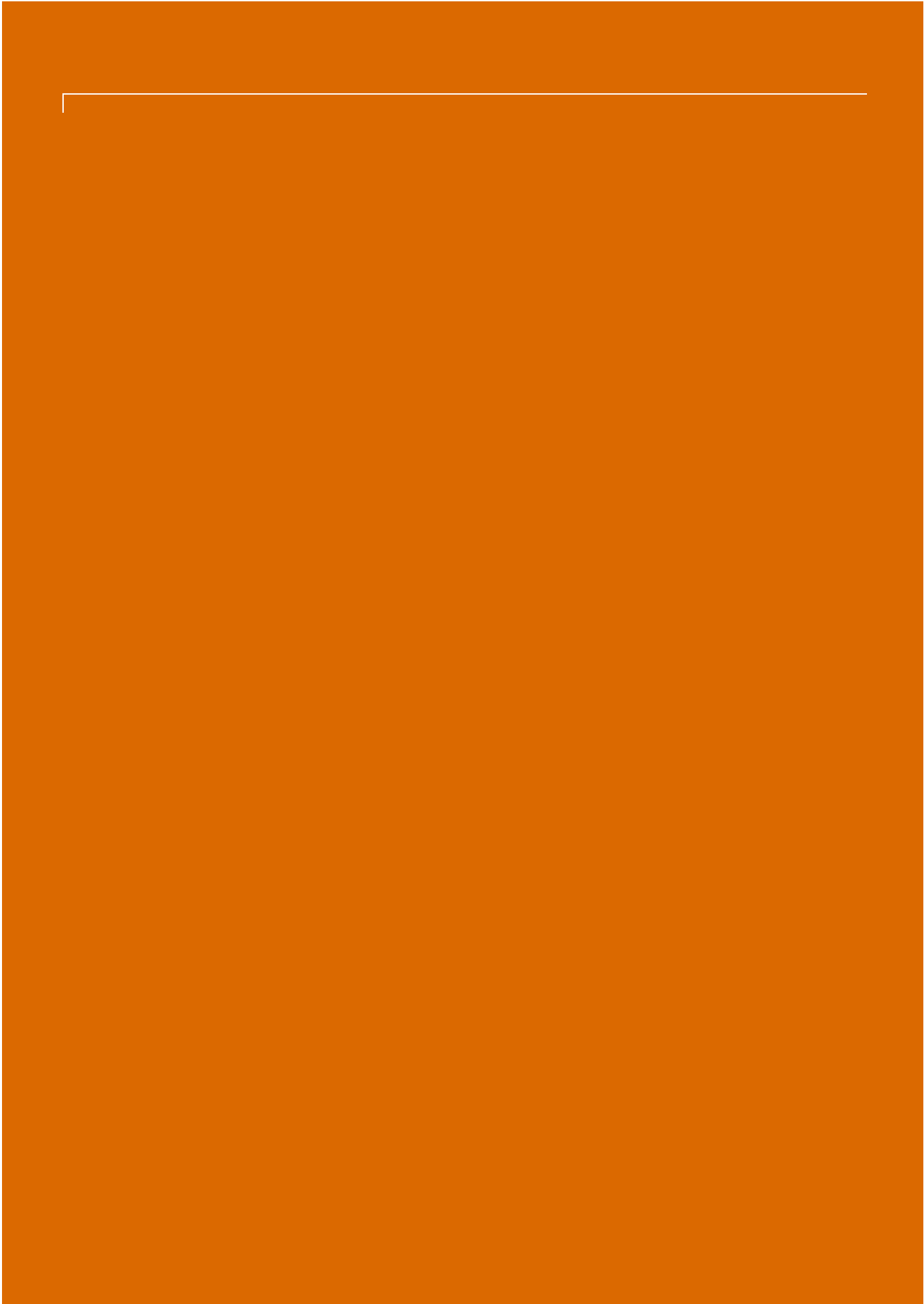
PricewaterhouseCoopers LLP

Code of Audit Practice and Statement of Responsibilities of Auditors and of Audited Bodies

In April 2010 the Audit Commission issued a revised version of the 'Statement of responsibilities of auditors and of audited bodies'. It is available from the Chief Officer of each audited body. The purpose of the statement is to assist auditors and audited bodies by explaining where the responsibilities of auditors begin and end and what is to be expected of the audited body in certain areas. Our reports and management letters are prepared in the context of this Statement. Reports and letters prepared by appointed auditors and addressed to members or officers are prepared for the sole use of the audited body and no responsibility is taken by auditors to any member or officer in their individual capacity or to any third party.

Contents

<i>Introduction</i>	6
<i>Audit Findings</i>	7
<i>Summary of Recommendations</i>	9



Introduction

The purpose of this letter

This letter provides the CCG's Governing Body with a high level summary of the results of our audit for 2013/14, in a form that is accessible for you and other interested stakeholders.

We have already reported the detailed findings from our audit to the Audit Committee in the following reports:

- Audit opinion for 2013/14 financial statements, incorporating the value for money conclusion and the regularity opinion.
- Report to those charged with Governance (ISA (UK&I) 260).

We have included in this report our significant audit findings. You can find a summary of our key recommendations in Appendix A.

Scope of work

We carry out our audit work in accordance with the Audit Commission's Code of Audit Practice (NHS), International Standards on Auditing (UK and Ireland) and other relevant guidance issued by the Audit Commission.

You are responsible for preparing and publishing the CCG's financial statements, including the annual governance statement. You are also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in your use of the CCG's resources.

As auditors we need to:

- form an opinion on the financial statements;
- form an opinion on the regularity of the CCG's transactions;
- form a conclusion on the arrangements that you have in place to secure economy, efficiency and effectiveness in your use of the CCG's resources;
- review the CCG's annual governance statement; and
- carry out any other work specified by the Audit Commission.

We have carried out our audit work in line with our 2013/14 Audit Plan that we issued in December 2013.

Audit Findings

Accounts

We audited the CCG's accounts in line with approved Auditing Standards and issued an unqualified audit opinion on 10 June 2014.

We identified the following key issues:

- an unadjusted judgemental misstatement of £577,000 relating to an accrual for child and adolescent mental health;
- we noted that management recognised an accrual of £887,000 for continuing healthcare; £141,000 for estimated administrative costs for processing pre 2013/14 restitution claims; and made an accrual of £443,000 for partially completed spells; and
- having considered guidance from NHS England and taken advice from NHS Pensions Agency, management opted not to disclose pension related information for non-salaried GP members of the governing body on the basis that their remuneration is not superannuable.

We also noted a number of internal control deficiencies and recommendations – these are summarised in Appendix A.

Our Regularity Opinion

We give our opinion on whether, in all material respects, you have used the CCG's money as Parliament intended and whether you have done so in accordance with the various authorities governing the transactions.

We issued an unqualified regularity opinion on 10 June 2014.

Our value for money conclusion

We carried out sufficient, relevant work, in line with the Audit Commission's guidance, so that we could conclude on whether you had in place, for 2013/14, proper arrangements to secure economy, efficiency and effectiveness in your use of the CCG's resources.

In line with the guidance issued by the Audit Commission in October 2013 we have considered the results of the following:

- 1) our review of the Annual Governance Statement;
- 2) the work of other relevant regulatory bodies or inspectorates, to the extent that the results of this work impact on our responsibilities at the CCG; and
- 3) our locally determined risk-based work on the governance arrangements, financial management, asset and information management and workforce management.

We issued an unqualified value for money conclusion.

Targeted audit work

When planning our audit, we identified the following risk areas, on which we then carried out more detailed work:

- risk of management override of controls; and
- risk of fraud in revenue and expenditure recognition.

We did not identify any significant issues to report on the risks identified above.

Annual Governance Statement (AGS)

The aim of the AGS is to give a sense of how successfully the CCG has coped with the challenges it faces and of how vulnerable the organisation's performance is or might be.

We reviewed the AGS to see whether it complied with relevant guidance and whether it was misleading or was inconsistent with what we know about the CCG. We found no areas of concern to report in this context.

Reports in the public interest

As part of our audit, we have a legal duty to consider:

- whether anything coming to our attention is sufficiently important that we should issue a separate report on the matter, for consideration by the CCG's members or so that the matter can be brought to public attention; and
- whether the public interest in the matter is such that we need to issue a report immediately rather than at the end of the audit.

We did not identify any issues in the public interest to report.

Summary of recommendations

Management are responsible for developing and implementing systems of internal financial control and to put in place proper arrangements to monitor their adequacy and effectiveness in practice. As auditors, we review these arrangements for the purposes of our audit of the financial statements and our review of the annual governance statement.

The deficiencies in the internal control system identified during our audit are summarised below:

Deficiency	Recommendation	Management's response
<p>Reconciling differences between the general ledger and Broadcare report</p> <p>There are a number of reconciling differences between the general ledger and Broadcare due to general ledger accrual for open claims.</p>	<p>We recommend that claims received are logged on to Broadcare to ensure that the appropriate checks are always performed before the claim is processed on the general ledger and the payment is approved.</p>	<p>Management acknowledges the CHC claim processing could be improved by utilising the functionalities of Broadcare. This will also ensure there are no reconciling differences between Broadcare and the general ledger. The CCG will be undertaking a thorough review of the CHC processes, control mechanisms and interrelationships between the CCG, CSU and Council during 2014/15.</p>
<p>Delays in obtaining information from CSU relating to ITGC work</p> <p>The audit team faced delays in obtaining Oracle and ESR access reports from the CSU. The Oracle report was subsequently received from the CCG. However, the ESR access level report was not provided by the CSU and the audit team has not been able to prove the access levels are correct.</p>	<p>We recommend management enforces the SLA with the CSU in order to ensure the CCG understands the controls in operation. We also recommend an action plan is developed and delivered in response to the deficiencies noted in the state of readiness report for the CSU.</p>	<p>The CCG will continue to work with both the CSU and PwC during 2014/15 to facilitate an improved level of information flow both into the CCG and directly between the CSU and PwC.</p>
<p>SBS duplicated invoice payment</p> <p>An advance payment of £300,000 was made on an invoice (£1,906,000) pre year-end. Post year-end, the invoice was settled in full for £1,906,000 without a deduction for the initial advance payment of £300,000. This was identified by management and a refund was received.</p>	<p>We recommend a strengthening of the controls around the invoice payment approval process to ensure overpayments are not made.</p>	<p>This error was identified by management on the same day that the payment was made and a refund initiated and received.</p>

In the event that, pursuant to a request which you have received under the Freedom of Information Act 2000 (as the same may be amended or re-enacted from time to time) or any subordinate legislation made thereunder (collectively, the "Legislation"), you are required to disclose any information contained in this report, we ask that you notify us promptly and consult with us prior to disclosing such information. You agree to pay due regard to any representations which we may make in connection with such disclosure and to apply any relevant exemptions which may exist under the Legislation to such information. If, following consultation with us, you disclose any such information, please ensure that any disclaimer which we have included or may subsequently wish to include in the information is reproduced in full in any copies disclosed.

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Southport and Formby Clinical Commissioning Group

MEETING OF THE GOVERNING BODY July 2014

Agenda Item: 14/106	Author of the Paper: Dr Rob Caudwell Chair – Southport & Formby CCG
Report date: July 2014	
Title: Registered Nurse Role on the Governing Body	
Summary/Key Issues: This report provides an option appraisal regarding the vacant additional nurse position on the Governing Body. Three options have been identified for the Governing Body to consider.	
Recommendation The Committee is asked to approve the recommendation	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>
Links to Corporate Objectives (<i>x those that apply</i>)	
X	Improve quality of commissioned services, whilst achieving financial balance.
	Sustain a 2% reduction in non-elective admissions in 2014/15.
	Implementation of 2014/15 phase of Care Closer to Home.
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
	Review the population health needs for all mental health services to inform enhanced delivery.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement			X	
Clinical Engagement	X			Governing Body members
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>)	
	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
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 July 2014

1. Executive Summary

The CCG Constitution identifies two nursing posts on the Governing Body and currently there is one vacancy to be filled. This report provides an option appraisal regarding the vacant 'additional nurse' position on the Governing Body. Three options have been identified for the Governing Body to consider.

2. Background

- 2.1 The Registered Nurse post on the Governing Body is the one that is bound by regulation i.e. The postholder cannot work for a local provider and is bound by the national post outline
- 2.2 The 'additional nurse' role, as long as the Registered Nurse on the Governing Body is considered the statutory post and has been recruited to in line with the national guidance, would not be bound by the same restrictions in recruitment. The 'additional nurse' role would be a sessional post on the Governing Body
- 2.3 Currently, the Registered Nurse (Statutory post) is filled by the CCG Chief Nurse who is also a substantive employee of the CCG and is part of the Senior Management / Senior Leadership Team.

3. Options

- 3.1 The Governing Body are required to make a decision regarding recruitment to the vacant nurse post.
- 3.2 The options available are as follows:
 - **Option 1** – Chief Nurse to remain as the Registered Nurse / Statutory post on the Governing Body which will mean the CCG has flexibility to recruit to the 'additional nurse' post from within local provider services, including the Practice Nurse workforce
 - **Option 2** – CCG Chief Nurse to no longer hold the post of Registered Nurse / Statutory post and to fulfil the role of 'additional nurse' with the CCG going out to recruitment for a sessional post which would be bound by national guidance
 - **Option 3** – CCG Chief Nurse to no longer be a member of the Governing Body and for the CCG to go out to recruit 2 sessional nurse posts, one of which the recruitment will be bound by national guidance. The CCG would also need to consider the costs associated with both of these sessional posts.

4. Recommendations

The Governing Body is asked to approve Option 1

Rob Caudwell
July 2014

MEETING OF THE GOVERNING BODY July 2014

Agenda Item: 14/107	Author of the Paper: Debbie Fagan Chief Nurse						
Report date: July 2014	Email: debbie.fagan@southportandformbyccg.nhs.uk Tel: 0151 247 7000						
Title: CQC-Style Safeguarding Peer Review Report and Action Plan							
<p>Summary/Key Issues:</p> <p>In Q3 2013/14 both Southport & Formby CCG and South Sefton CCG jointly commissioned a CQC-Style Safeguarding Peer Review which commenced in December 2013. This was to promote the CCG's ongoing development and leadership regarding safeguarding following being authorised without conditions.</p> <p>The review process has now concluded with participants having the opportunity to be involved in a feedback session in May 2014. A presentation will be given to the Governing Body which sets out a summary of key strengths and summary priorities and areas for consideration. This presentation will be sent along with the Governing Body Report.</p> <p>The review reports and resulting action plans have been presented to the June 2014 meeting of the Quality Committee, at which going forward, progress against the action plans will be monitored. Failure to deliver against the action plans has been placed on the CCG risk register. An action plan has been developed which will be monitored at the Quality Committee.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to approve the recommendations contained within the review.</p>	<table style="border: none;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;">x</td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table>	Receive		Approve	x	Ratify	
Receive							
Approve	x						
Ratify							

14/107

Links to Corporate Objectives (<i>x those that apply</i>)	
X	Improve quality of commissioned services, whilst achieving financial balance.
	Sustain reduction in non-elective admissions in 2014/15
	Implementation of 2014-15 phase of Care Closer to Home
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
	Review the population health needs for all mental health services to inform enhanced delivery.

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