

Governing Body Meeting in Public Agenda

Date: Wednesday 27th January 2016, 13:00 hrs to 15:30 hrs
 Venue: Family Life Centre, Ash Street, Southport, Merseyside, PR8 6JH

- 13:00 hrs Members of the public may highlight any particular areas of concern/interest and address questions to Board members. If you wish, you may present your question in writing beforehand to the Chair.
- 13:15 hrs Formal meeting of the Governing Body in Public commences. Members of the public may stay and observe this part of the meeting.

The Governing Body

Dr Rob Caudwell	Chair and Clinical Director	RC
Helen Nichols	Vice Chair and Lay Member for Governance	HN
Dr Niall Leonard	Clinical Vice Chair and Clinical Director	NL
Paul Ashby	Practice Manager and Governing Body Member	PA
Dr Doug Callow	GP Clinical Director and Governing Body Member	DC
Dr Martin Evans	GP Clinical Director and Governing Body Member	ME
Debbie Fagan	Chief Nurse	DF
Dwayne Johnson	Director of Social Services & Health, Sefton MBC <i>(co-opted member)</i>	DJ
Maureen Kelly	Chair, Healthwatch <i>(co-opted Member)</i>	MK
Margaret Jones	Interim Director of Public Health <i>(co-opted member)</i>	MJ
Martin McDowell	Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Clinical Director and Governing Body Member	HM
Roger Pontefract	Lay Member for Patient & Public Engagement	RP
Colette Riley	Practice Manager and Governing Body Member	CR
Dr Kati Scholtz	GP Clinical Director and Governing Body Member	KS
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
Fiona Taylor	Chief Officer	FLT
In Attendance		
Jayne Byrne	PA To Chief Officer <i>(Minute taker)</i>	JBy
Lisa Gilbert	Corporate Governance Manager	LG
Tracy Jeffes	Chief Delivery & Integration Officer	TJ
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC

‘Care Act’ presentation by Dwayne Johnson, Sefton Council (15 mins)

No	Item	Lead	Report	Receive/ Approve	Time
Governance					
GB16/1	Apologies for Absence	Chair	Verbal	R	3 mins
GB16/2	Declarations of Interest	Chair	Verbal	R	2 mins
GB16/3	Minutes of Previous Meeting	Chair	✓	A	5 mins
GB16/4	Action Points from Previous Meeting	Chair	✓	A	5 mins
GB16/5	Business Update	Chair	Verbal	R	5 mins
GB16/6	Chief Officer Report	FLT	✓	R	10 mins
GB16/7	GP Pressures and Supporting Practices	All	Verbal	R	5 mins
GB16/8	Corporate Risk Register and Q3 GB Assurance Framework	TJ	✓	A	10 mins
GB16/9	Improving the Quality of NHS Complaints Investigations <i>(PHSO Summary Report)</i>	LG	✓	R	5 mins

No	Item	Lead	Report	Receive/Approve	Time
GB16/10	Liverpool City Region (LCR) NHS CCG Alliance <i>(formerly Merseyside CCG Network)</i> Terms of Reference	FLT	✓	A	5 mins
Service Improvement/Strategic Delivery					
GB16/11	Children and Young People's Plan	DJ	✓	R	10 mins
GB16/12	Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21	KMcC	✓	A	10 mins
GB16/13	Shaping Sefton Update	KMcC	✓	R	10 mins
GB16/14	Community Services Procurement Update	JL	✓	R	5 mins
Finance and Quality Performance					
GB16/15	Integrated Performance Report <i>(to be issued on Friday 22nd January)</i>	KMcC/ MMcD/DF	✓	R	15 mins
For Information					
GB16/16	Key Issues reports from Committees of Governing Body: a) Finance & Resource Committee b) Quality Committee c) CIC: Realigned Hospital Based Care d) CIC: LCR NHS CCG Alliance e) Joint Commissioning Committee	RC	✓	R	10 mins
GB16/17	Finance & Resource Committee Minutes		✓	R	
GB16/18	Quality Committee Minutes		✓	R	
GB16/19	Audit Committee Minutes		-	-	
GB16/20	Approvals Committee Minutes		-	-	
GB16/21	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				
GB16/22	Date of Next Meeting Wednesday 30 th March 2016 at 1300 hrs, Family Life Centre, Southport				-
Estimated meeting close					15:15hrs

Motion to Exclude the Public:

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

Governing Body Meeting in Public DRAFT Minutes

Date: Wednesday 25th November 2015, 13:00 hrs to 15:30 hrs
Venue: Family Life Centre, Ash Street, Southport, Merseyside, PR8 6JH

Membership

Dr Rob Caudwell	Chair & Clinical Director	RC
Helen Nichols	Vice Chair & Lay Member for Governance	HN
Dr Niall Leonard	Clinical Vice Chair and Clinical Director	NL
Paul Ashby	Practice Manager & Governing Body Member	PA
Dr Doug Callow	GP Clinical Director & Governing Body Member	DC
Dr Martin Evans	GP Clinical Director & Governing Body Member	ME
Debbie Fagan	Chief Nurse/Head of Quality and Safety	DF
Dwayne Johnson	Director of Social Services & Health, Sefton MBC <i>(co-opted member)</i>	DJ
Margaret Jones	Interim Director of Public Health <i>(co-opted member)</i>	MJ
Maureen Kelly	Chair, Healthwatch <i>(co-opted Member)</i>	MK
Martin McDowell	Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Clinical Director & Governing Body Member	HM
Roger Pontefract	Lay Member for Patient & Public Engagement	RP
Colette Riley	Practice Manager & Governing Body Member	CR
Dr Kati Scholtz	GP Clinical Director & Governing Body Member	KS
Dr Jeff Simmonds	Secondary Care Doctor & Governing Body Member	JS
Fiona Taylor	Chief Officer	FLT

In Attendance

Dr Nadim Fazlani	Chair, Liverpool CCG <i>(Presentation: Healthy Liverpool)</i>	NF
Tom Jackson	Chief Finance Officer/Deputy Chief Officer, Liverpool CCG <i>(Presentation: Healthy Liverpool)</i>	TomJ
Tracy Jeffes	Chief Delivery & Integration Officer	TJ
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Brendan Prescott	Deputy Chief Nurse/Head of Quality and Safety	BP
Tina Wilkins	Head of Adult Social Care, Sefton MBC <i>(Presentation: Sefton Mental Health)</i>	TW
Jayne Byrne	PA to Chief Officer <i>(Minute Taker)</i>	JBy

Presentations

- “Healthy Liverpool” by Tom Jackson & Dr Nadim Fazlani, Liverpool CCG
- “Sefton Mental Health: A Strategic Plan for Sefton 2015-2020” by Tina Wilkins, Sefton MBC

No	Item	Action
GB15/196	Apologies for Absence Apologies for absence were received from Debbie Fagan, Dwayne Johnson, Margaret Jones and Maureen Kelly. Dr Doug Callow and Dr Jeffrey Simmonds arrived at 2.00pm. Dr Caudwell, Paul Ashby and Fiona Taylor left the meeting at 3.30pm to attend a Shaping Sefton event.	
GB15/197	Declarations of Interest Those members holding dual roles across both Southport & Formby CCG and South Sefton CCG declared their interest. GP members of the Governing Body declared their interest in agenda item ‘15/210 Co-Commissioning’.	
GB15/198	Minutes of Previous Meeting The minutes of the previous meeting were accepted as a true and accurate record.	

No	Item	Action
GB15/199	<p>Action Points from Previous Meeting</p> <p>15/163b – <i>Developing Personal Health Budgets – policy to be presented to Governing Body in March 2016 – leave on tracker.</i></p> <p>15/164 – <i>Collaborative Commissioning – comments to be fed back to CCG Network done, remove from tracker.</i></p> <p>15/165a – <i>Integrated Performance Report – financial risk position to be reflected in Governing Body Assurance Framework - done, remove from tracker.</i></p> <p>15/165b - <i>Practice Visits – Governing Body members to visit GP practices - to be arranged.</i></p> <p>15/166 – <i>CCG Safeguarding Annual Report - being presented to Quality Committee, remove from tracker.</i></p> <p>15/171 – <i>Locality Minutes – sharing of information – done, remove from tracker.</i></p>	
GB15/200	<p>Business Update</p> <p>RC confirmed winter pressures are starting to increase and his GP colleagues are experiencing increased demand on the system.</p> <p>RC had attended a Macmillan event earlier in month with a wide mix of representatives – very worthwhile.</p> <p>Junior Doctor Strike – we are assured that it will not impact on patient care or safety in any way – contingency plans have been put in place.</p> <p>Outcome: the Governing Body received the Business Update.</p>	
GB15/201	<p>Chief Officer Report</p> <p>FLT highlighted items from her Chief Officer report.</p> <p>Outcome: the Governing Body received the Chief Officer Report.</p>	
GB15/202	<p>GP Pressures and Supporting Practices</p> <p>Nothing to report.</p>	
GB15/203	<p>Risk Management Strategy</p> <p>TJ presented the Governing Body with the revised Risk Management Strategy, updated for usual changes. Two key changes:</p> <ul style="list-style-type: none"> (i) suggests an annual review by the Audit Committee rather than six monthly due to the level of scrutiny by other groups and committees; (ii) SMT receives the Corporate Risk Register every 6 rather 4 weeks. <p>FLT assured the Governing Body that SLT meets weekly and if there are any issues they are raised immediately.</p> <p>Outcome: The Governing Body approved the revised Risk Management Strategy.</p>	
GB15/204	<p>Safeguarding Children & Vulnerable Adults Policy 2015: Review</p> <p>Helen Smith highlighted revisions to the policy and the inclusion of some additional information in relation to female genital mutilation, forced marriage, etc which ensured the CCG was compliant with the Safeguarding Children Act. Both policies had been presented to the Quality Committee and the Governing Body was being asked to approve and ratify the policy.</p> <p>RC raised a query in relation to Section 6.4.1 CCG contracts and the level of scrutiny. Helen Smith confirmed the CCG had a responsibility to ensure safeguarding within GP practices and GPs had to be able to evidence that and also had to adopt working practices in order to comply with Section 11 of the policy. FLT added the CCG would also take the advice of the CQC to ensure compliance with safeguarding policies.</p> <p>Outcome: The Governing Body approved and ratified the changes to the policy.</p>	

No	Item	Action
GB15/205	<p>Communicating Health in Southport & Formby</p> <p>This was a second review of the original policy which had been updated to reflect corporate objectives, key messages and new legislation. It sets out the strategic approach to involving public and partners. The Engagement and Patient Experience Group (EPEG) had been asked to comment on the content. Roger Pontefract (EPEG Chair) confirmed the Group was happy the update.</p> <p>FLT thanked Lyn Cooke, Head of Communications, for a clear, concise strategy and drew the Governing Body's attention to Appendix 3, Objective 5, relating to the need to make tough decisions, which had been streamlined and strengthened to give it focus.</p> <p>Outcome: The Governing Body approved the revised Communicating Health in Southport & Formby Strategy.</p>	
GB15/206	<p>Remuneration Committee: Terms of Reference</p> <p>The Terms of Reference for the Remuneration Committee were due for an update. The committee had met in October and was asking the Governing Body to approve the changes highlighted in yellow.</p> <p>Following a question from Helen Nichols in relation to availability of committee members, it was agreed an additional sentence would be beneficial to broaden availability; it needed to be clear the committee could include Governing Body and/or co-opted members.</p> <p>Outcome: The Governing Body approved the revised Terms of Reference subject to the small alternation.</p>	TJ
GB15/207	<p>Organisational Development Plan</p> <p>TJ highlighted key areas of development to the Governing Body. If the Governing Body was happy with the proposal, a more detailed development plan would be prepared for approval by the Finance & Resource Committee.</p> <p>NL believed that the plan should allow differential development in areas of the CCG that were keen to move at pace.</p> <p>Outcome: The Governing Body approved the Organisational Development Plan.</p>	TJ
GB15/208	<p>Community Services Project Steering Group: Terms of Reference</p> <p>JL presented the Terms of Reference to the Governing Body. In addition to being discussed at the next Wider Group meeting, an event was being held in January to allow people to engage and service specifications to be cross-referenced.</p> <p>Outcome: The GB approved the Terms of Reference.</p>	
GB15/209	<p>CCG Interim Strategic Estates Plan 2015-2020</p> <p>MMcD explained that the strategy set out an approach for the development of CCG estates for the next 5 to 10 years and would form the CCG's response to the Department of Health, which had to be approved and returned in December. The CCG needed to fully rationalise its estate, maximise use of facilities and ensure value for money. It was a broad report at this stage as work at locality level, with full engagement of the membership was required to develop further. Regular updates would come back to the Governing Body for information. It was noted a revision was required as the Care Closer to Home model, rather than Virtual Ward model of care should be mentioned in the plan.</p> <p>RC noted primary care had not contributed to the strategic plan and wondered whether the plan needed to be updated to reflect that.</p> <p>HN asked whether the financial implications had been looked at, MMcD confirmed not at this stage.</p> <p>Outcome:</p> <ul style="list-style-type: none"> (i) the GB approved the interim strategic estates plan 2015-2020; (ii) there should be full engagement of localities and EPEG in future development of the plan. 	MMcD

No	Item	Action
GB15/210	<p>Co-Commissioning Update</p> <p>JL gave a verbal update around primary care services. There is an opportunity to move to fully delegated from 1st April and wondered whether there was any desire to do that. It may become mandated at some point in the future but is optional at the moment. It has already been raised at the Wider Group and an email is to be sent out to GP Practices asking for views and timescales will be set.</p> <p>RP believed it was the right direction of travel as we worked well with NHSE.</p> <p>Outcome: The GB received the update.</p>	
GB15/211	<p>Blueprint Summary Report</p> <p>The Governing Body was keen to ensure there was a process for progressing advancement of the blueprints and this report was an update following the original report presented in March 2015 setting out components - milestones, start and finish dates - to ensure the CCG had the appropriate clinical and management leadership in place. The blueprint had been updated in synergy with the QIPP programme/the need to make the necessary cost savings and a dashboard had been created to map outcomes. Information would be included in the Integrated Performance Report. The detail would be taken to the QIPP Committee and QIPP would be reported by exception to the Governing Body.</p> <p>HN was delighted to see structure around the schemes that were running, in particular the structure around the QIPP scheme. Her only concern was in relation to the number of schemes; we needed to ensure that it was manageable and didn't become a 'beast'. KMcC explained that some of the 64 schemes were sub groups of top lines. FLT confirmed we would revisit if it started to become too onerous.</p> <p>Outcome: The GB approved the blueprint summary report.</p>	
GB15/212	<p>Integrated Performance Report</p> <p>KMcC highlighted some of the key performance areas.</p> <p><i>A&E 4 hour wait</i> - continued to be challenged, however both S&O and the CCG were just below 95% threshold, which represented amongst the highest level across the Cheshire & Merseyside area, which he believed was testament to the hard work being done.</p> <p><i>North West Ambulance Service (NWAS)</i> - overall a significant level of investment had gone into NWAS this year and the contracting team would be raising performance issues and investigating further.</p> <p><i>62-Day Wait for Cancer Referrals</i> – expect it to be recovered.</p> <p><i>Diagnostic Testing</i> – almost exclusively Bridgewater, Audiology (Paediatrics) and booking processes and we have been assured a management plan is in place to remedy that.</p> <p><i>Breast Services</i> – it had come to light that some GP practices had been referring patients to both hospitals in an attempt to get patients see more quickly. This had now been addressed, however FLT asked for a report to be prepared for the Senior Leadership Team to ensure people were getting the right pathway of care and there were no other unintended consequences in relation to the change in breast services.</p> <p><i>Stroke</i> – S&O had confirmed it was extending its bed facility therefore providing extra capacity for stroke, from which it was hoped a significant improvement would be seen. The CCG was already seeing an improvement in care for stroke patients.</p> <p><i>Mixed Sex Accommodation</i> – another CDiff appeal hearing had taken place this week, with 4 of 6 cases upheld.</p> <p><i>Finance</i> – MMcC explained the financial summary position was deteriorating. Concerted effort was required to ensure financial stability and resilience in the CCG. A management action plan was being worked on which estimated could bring back around £100K. Governing Body members had been asked to provide peer support work with colleagues regarding areas of low clinical value.</p>	JL

No	Item	Action
	<p><i>Clinical Coding</i> - Dr Martin Evans had visited the clinical coding department and would be reviewing further data to understand how it had been coded and whether money was being appropriately being spent. FLT thanked Dr Evans for undertaking the work.</p> <p>Southport & Ormskirk Hospital NHS Trust had changed its hospital system and the way it coded its referrals and KMcC wanted to understand whether this was causing the increase. Consultant to Consultant referrals had been reviewed and ensuring the CCG was in line with national guidance would form part of the review.</p> <p><i>Unplanned Care</i> – figures showed lower numbers than we would anticipate; it would be interesting to see whether that continued in light of ongoing blueprint work.</p> <p><i>Better Care Fund Update</i> – both CCGs were currently in discussion with the local authority in relation to non-elective activity which had not shown the planned reduction.</p> <p>Outcome: The Governing Body received the report.</p>	
GB15/213	<p>Update on Cancer Access Performance following Tripartite Priority Setting</p> <p>Sarah McGrath explained the Tripartite Group – NHSE, TDA and Monitor - had issued guidance in relation to the 62-Day wait for cancer referrals and had undertaken an assessment with providers against this guidance. Key outcomes were geared to improve both Trust and CCG performance. NICE guidance recommended direct access to diagnostics which should speed up the 62-day wait. Dr Evans asked if patients choosing not to have treatment (planned holidays, etc) still skewed the results, SMcG confirmed they did.</p> <p>Outcome: the Governing Body received the update.</p>	
GB15/214	<p>Key Issues reports from committees of Governing Body:</p> <p>a) Finance & Resource Committee:</p> <ul style="list-style-type: none"> • Difficulty in recruiting pharmacists is impacting on CCG work. BP believed there was more call on pharmacists in relation to community services and secondary care and commented that it took time to develop primary care pharmacists; • An additional meeting was scheduled in December due to the current financial position. <p>b) Quality Committee:</p> <ul style="list-style-type: none"> • EPaCCS outcome for the CCG is very good. <p>c) Committee in Common: Realigned Hospital Based Care</p> <p>d) Joint Commissioning Committee:</p> <ul style="list-style-type: none"> • Changes to one of APMS contracts; • National PMS review going on and ensuring funding; • Some boundary change so linking with LMC to ensure appropriate funding comes back to CCG. <p>Outcome: The Key Issues Reports were received by the Governing Body.</p>	
GB15/215	<p>Finance & Resource Committee Minutes: 16/9/15</p> <p>Outcome: the Quality Committee minutes were received by the Governing Body.</p>	
GB15/216	<p>Quality Committee Minutes: 16/9/15</p> <p>Outcome: the Quality Committee minutes were received by the Governing Body.</p>	
GB15/217	<p>Audit Committee Minutes: None presented</p>	
GB15/218	<p>Approvals Committee Minutes: None presented</p>	

No	Item	Action
GB15/219	<p>Locality Meetings:</p> <p>a) Ainsdale & Birkdale (South) Locality: 13/8/15, 24/9/15, 8/10/15 b) Formby Locality: 10/9/15 c) Central Locality: 25/8/15 d) North Locality: 16/7/15, 20/8/15, 17/9/15</p> <p>Outcome: all locality minutes were received by the Governing Body.</p>	
GB15/220	<p>Any Other Business</p> <p>None.</p>	
GB15/221	<p>Date of Next Meeting</p> <p>Wednesday 27th January 2016 at 13:00 hrs, Family Life Centre, Southport.</p> <p>Future Meeting Dates</p> <p>Wednesday 30th March 2016 at 13:00 hrs, Family Life Centre, Southport. Wednesday 25th May 2016 at 13:00 hrs, Family Life Centre, Southport. Wednesday 27th July 2016 at 13:00 hrs, Family Life Centre, Southport. Wednesday 28th September 2016 at 13:00 hrs, Family Life Centre, Southport.</p>	

Governing Body Meeting in Public Actions from meeting held 26th November 2015

No	Item	Action
GB15/163	Developing Personal Health Budgets <ul style="list-style-type: none"> PHB Policy & Practice Guidance to be presented to Governing Body in Mar 2016 Review of progress to be presented to the Governing Body in March 2016 (6 months) 	<p style="text-align: center;">TF</p> <p style="text-align: center;">TF/DF</p>
GB15/165	Integrated Performance Report <ul style="list-style-type: none"> Consideration to be given to meetings with some practice members in order to discuss value. 	JBy
GB15/206	Remuneration Committee: Terms of Reference <ul style="list-style-type: none"> An additional sentence to be added to the TOR to broaden availability; it needs to be clear the committee could include Governing Body and/or co-opted members. 	TJ
GB15/207	Organisational Development Plan <ul style="list-style-type: none"> A detailed development plan to be prepared for approval by the Finance & Resource Committee. 	TJ
GB15/209	CCG Interim Strategic Estates Plan 2015-2020 <ul style="list-style-type: none"> The reference to the 'Virtual Ward' Model should be changed to the 'Care Closer to Home' Model. 	MMcD
GB15/212	Integrated Performance Report <ul style="list-style-type: none"> Breast Services – JL to prepare a report for SLT to ensure there were no unintended consequences in relation to the closure of the Breast Unit. 	JL

Southport and Formby Clinical Commissioning Group

MEETING OF THE GOVERNING BODY January 2016	
Agenda Item: 16/06	Author of the Paper: Fiona Taylor Chief Officer
Report date: January 2016	Email: fiona.taylor@southseftonccg.nhs.uk Tel: 01704 38 7012
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.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
x	To place clinical leadership at the heart of localities to drive transformational change.
x	To develop the integration agenda across health and social care.
x	To consolidate the Estates Plan and develop one new project for March 2016.
x	To publish plans for community services and commission for March 2016.
x	To commission new care pathways for mental health.
x	To achieve Phase 1 of Primary Care transformation.
x	To achieve financial duties and commission high quality care.

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			x	
Locality Engagement			x	
Presented to other Committees			x	

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

Report to Governing Body January 2016

1. Delivering the Forward View: NHS Planning Guidance 2016/17-2020/21

The 2016/17 planning guidance was published on 22nd December 2015, entitled “Delivering the Forward View: NHS Planning Guidance 2016/17-2020/21”. The guidance clearly lays out the expectation for the CCG over the next few years. There is to be a Sustainability and Transformation Plan (STP) over a yet to be determined footprint. There are 4 key themes, with 9 ‘must dos; a need for 1 operational plan for the CCG. The STP has to cover 3 domains and covers 29 questions which each STP area will have to answer and include in the final STP for 30th June 2016. The footprint has to be agreed with various partners for 28th January 2016. Once finalised this will be the only mechanism for an STP area to draw down central monies from the national transformational fund.

Significantly for the composite operational plans, there has to be strong system leadership to ensure that there is an open book approach across a variety of parameters and alignment across providers and commissioners. There is a requirement to align with the NHS Mandate. Both the STP and CCG operational plans will be signed off by both NHS England and NHS Improvement. There is therefore an expectation that operational plans will be credible, reconcile financial activity, achieve financial balance, contribute to QIPP, develop risk sharing/management principles, link to the STP and clearly articulate local transformation.

<https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

2. Shaping Sefton

In light of the planning guidance, work is now underway to consider the role of the Shaping Sefton Transformation Board. Following the STP agreement it is likely that the Shaping Sefton Transformation Board will oversee the local operational plan-specifically the transformational programmes. A period of internal review and refresh is being undertaken in order that the CCG continues to meet its statutory duties and improve, with clear and systematic processes for project and performance management in the CCG.

Work continues with the Systems Leadership programme and the learning hubs which have been established for unplanned care and early prevention and detection. We are also trying to secure a breakfast meeting with Roy Lilley to showcase the Shaping Sefton work as he is in Merseyside on the 11th February holding an event at Aintree University Hospitals NHS Foundation Trust.

3. Quality

3.1 Alder Hey Children’s Hospital NHS Trust

A Quality Summit was held on 22nd December 2015 to present the outcome of the Chief Inspector of Hospitals / Care Quality Commission inspection. The judgements were as follows:

Overall = Good
Safe = Good
Effective = Good

Southport and Formby Clinical Commissioning Group

Caring = Outstanding

Responsive = Good

Well Led = Good

3.2 Chief Nursing Officer (CNO) Summit 2015

The national CNO Summit 2015 was held in December 2015 and was attended by the CCG Chief Nurse and Deputy Chief Nurse. The CNO presented a session on celebrating successes within commissioning. Highlighted within this session at the national conference was the process that is in place between the SSCCG / SFCCG joint Quality Team and Aintree University Hospital NHS Foundation Trust (AUH) for undertaking proactive Quality Walk Arounds. A member of the NHSE national team has joined the CCG team and the AUH team on one such Walk Around.

3.3 Balliol Lodge Nursing Home

Following the closure of the South Sefton-based nursing home Balliol Lodge, which received a Care Quality Commission (CQC) urgent Notice to cancel the registrations, the owners have subsequently made a petition to the Court of Appeal of the action taken by CQC. South Sefton CCG has been requested by CQC to provide representation as part of the Court of Appeal process which has been scheduled to take place on 2nd and 3rd March 2016. The Programme Manager for Vulnerable People is co-ordinating the CCG's response which includes information from CCG Medicines Management and NW CSU Quality Lead. Managerial and Professional support is being provided by the Chief Nurse and Legal support is being provided by Hill Dickinson.

4. Pooled Budgets/Better Care Fund 2016/17 Arrangements

The CCG has been meeting with Sefton Council to discuss the scope of pooled budgets for 2016/17 taking account of the experience of other areas to develop a suitable governance framework to manage risks across the health and social care system. An update will be given to future Governing Body meetings.

This piece of work will also link into the arrangements for the operation of the Better Care Fund in 2016/17. The Policy Framework has been jointly issued by the Department of Health and Department for Communities and Local Government and can be found via this web-link:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf

The new policy framework highlights that the previous "pay for performance" condition, relating to reduction in Non-elective admissions within the BCF has been removed to be replaced with two new conditions which focus upon local plans aimed at reducing Delayed Transfers of Care (DTocS) and also a national condition around NHS commissioned out of hospital services.

The detailed technical guidance is awaited and the CCG is working with the local authority to develop suitable plans.

Southport and Formby Clinical Commissioning Group

5. Primary Care Update

We are working with NHSE as co-commissioners of Primary Care to re-procure the Trinity Practice APMS contract. Part of this process is undertaking a period of engagement with existing patients which will help inform the process.

The CCG has also received formal notification of the establishment of the Southport & Formby GP federation.

Work is now underway with the membership to refine the transformation programme for primary care and further updates will be brought under the Shaping Sefton item. The Local Quality Contract (LQC) for primary care appears to be working well.

6. Sefton MBC Children's Overview & Scrutiny Committee

We have received an invite from the Sefton Children's Overview & Scrutiny Committee on 26th January 2016. This request is to assist the committees understanding of the CCG transformation work on children's service specifically related to Child and Adolescent Mental Health. The Chief Nurse and both the CCG Programme leads for Children and Mental Health will also be in attendance.

This will be very timely as the Governing Body will be receiving the Children and Young People's plan from the Director of Social Care & Health who has the statutory Director of Children's function.

7. Liverpool City Region (LCR) NHS CCG Alliance (formerly Merseyside CCG Network)

On the 6th January 2016 the Merseyside CCG network was formerly disestablished. This was replaced by a committee in common as agreed by the CCG Governing Body at its December 2015 meeting. The CCG constitution allows for this change.

This committee in common will be known as the Liverpool City Region (LCR) NHS CCG Alliance and will continue to meet monthly, currently hosted by Knowsley CCG.

At its first meeting it considered the new terms of reference and recommended them for each member CCG Governing Body to ratify. The majority of discussion was devoted to considering the planning guidance and the STP footprint. It was agreed to recommend the LCR as the local STP footprint, with West Lancashire, Western Cheshire and Warrington CCGs with NHS England Specialised Commissioning as Associate members. Work is now underway with local NHS providers, Local Authorities and other stakeholders to firm this up for the 28th January 2016 deadline.

A work plan will now be developed.

8. Localities reporting

The localities have been actively focussing on key clinical priorities. This work is having a real impact on a number of CCG schemes. The engagement from member practices has been extremely positive throughout the year and is reflective of the membership's commitment to drive forward change where it is needed. Localities have been able to analyse financial, clinical and activity data and generate queries that then enable the CCG to constructively challenge service providers in the context of improving patient care.

Southport and Formby Clinical Commissioning Group

There are a number of clinically-led projects that have now been implemented and supported by our programme leads and I am confident that this great work will continue into 2016/17.

To provide ongoing assurance to the Governing Body and public and to demonstrate how the excellent work that is taking place is impacting on services, from now on each locality will submit a four-monthly report of activity and progress.

9. Celebrating our Successes

9.1 Health Business Award

NHS Southport and Formby Clinical Commissioning Group (CCG) was named a winner for its work around diabetes at the Health Business Awards, which took place at the end of last year. The CCG was shortlisted after being ranked the best in the country in supporting adult diabetics to control their blood glucose levels in 2013-14. With approximately 6,500 people in the area living with diabetes, the CCG commissions diabetes services with a real focus on prevention, educating people on how to successfully manage the disease in order to reduce the risk of future complications. This earned the CCG the Clinical Commissioning Group Award, which recognises organisations that have quickly made an impact to reduce hospital admissions through preventative practice.

9.2 2015 North West NHS Leadership Recognition Awards

Congratulations also go to Southport member GP, Dr David Unwin, who was named Innovator of the Year at the 2015 North West NHS Leadership Recognition Awards. Dr Unwin was awarded for his pioneering work at Norwood Surgery highlighting the benefits of a low carb diet for people with type 2 diabetes. The awards ceremony celebrates fantastic leadership in the NHS across the North West and honours and recognises special people who have ultimately improved people's health and the public's experience of health services.

9.3 Roe Lane GP surgery & Dental practice Dementia Symbol

Congratulations also go to the Roe Lane GP surgery and Dental practice who have been awarded a dementia symbol in recognition of the efforts in dealing with patients living with the condition.

The award was presented by Councillor Pat Keith accompanied by Dr John Pugh MP and sits within the Sefton Dementia Strategy and the drive to be a whole Sefton Dementia Friendly Community.

10. Governing Body changes

The governing body are formally informed of the retirement of Roger Pontefract from the governing body. Roger has served as the Lay Member - Patient & Public Involvement (PPI) since the CCG's inception in 2012. Roger has provided a great continuity from his previous role as a Non-Executive Director in Sefton PCT and offered the CCG the benefit of his wide reaching experience.

Also this month we are see the retirement of Dr Janice Eldridge. Janice has been the GP Clinical Lead for Prescribing, supporting Dr Hilal Mulla on the CCG Governing body. The work Janice has undertaken, particularly representing the CCG on a variety of local and regional medicines management groups has been gratefully appreciated. We wish Roger & Janice all the very best for the future.

11. Recommendation

The Governing Body is asked to formally receive this report.

**Fiona Taylor
Chief Officer
January 2016**

MEETING OF THE GOVERNING BODY January 2016

Agenda Item: 16/8	Author of the Paper: Tracy Jeffes Chief Delivery and Integration Officer Email: tracy.jeffes@southportandformbyccg.nhs.uk Tel: 0151 247 7049
Report date: January 2016	
Title: Corporate Risk Register and Governing Body Assurance Framework Update	
Summary/Key Issues: The Governing Body is presented with the updated Corporate Risk Register (CRR) as at December 2015 and the Quarter 3 (end December) Governing Body Assurance Framework (GBAF). Due to unforeseeable circumstances, these updates were not previously presented to the Quality Committee for prior scrutiny as usually occurs, but were however reviewed by the Corporate Governance Group and the Senior Management Team prior to submission to the Governing Body. The Governing Body is therefore asked to fully review, scrutinise and if satisfied, accept the updates.	
Recommendation	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to receive the updates and subject them to appropriate review and scrutiny.	

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

x	To place clinical leadership at the heart of localities to drive transformational change.
x	To develop the integration agenda across health and social care.
x	To consolidate the Estates Plan and develop one new project for March 2016.
x	To publish plans for community services and commission for March 2016.
x	To commission new care pathways for mental health.
x	To achieve Phase 1 of Primary Care transformation.
x	To achieve financial duties and commission high quality care.

Southport and Formby Clinical Commissioning Group

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement				
Clinical Engagement				
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees	x			Presented to January Corporate Governance Group. Reviewed by Senior Management Team.

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

**Report to Governing Body
January 2016**

1. Executive Summary

This paper provides the Governing Body with an updated Governing Body Assurance Framework and Corporate Risk Register.

POSITION STATEMENTS Q3 2015/16

Governing Body Assurance Framework

There are a total of 15 risks against the 7 objectives for Southport & Formby CCG:

Risk Positions

Of the 15 risks there are:

- 2 'extreme': 7.1, 7.3
- 12 high
- 2 moderate
- 0 low

Risk Rating:

Following review, one risk 7.2 relating to sustainability of CSU services has reduced from high to moderate and 7.1 relating to non-delivery of financial targets has increased.

Highlights

Please see the following which highlights the risks that have either (a) changed in rating or (b) are extreme risks:

GBAF Highlights	Q3 Update
<p>7.1 Risk Rating: 5x4 (Extreme) Assurance: Limited (increased from 4 x4) Risk: Non Delivery of financial targets due to failure to control CCG expenditure budgets or failure to deliver required QIPP scheme</p>	<p>Plan submitted to NHSE. Further CCG membership discussions and on-going implementation of QIPP plans.</p>
<p>7.3 Risk Rating: 4x4 (Extreme) Assurance: Limited (static) Risk: Non-delivery of 2015/16 QIPP Plan which supports transformational change</p>	<p>QIPP/ SIR committee merged and meeting more regularly to review and monitor progress of QIPP plans. Strategic Management Office and Finance developing a single dashboard. Blueprint review meetings now established to tightly monitor progress.</p>
<p>7.2 Risk Rating: 2x4 (reduced) Assurance: Reasonable (increased) Risk: Lack of sustainability of CSU services during transition and the effective procurement of CSU services via LPF</p>	<p>Risk has reduced due to procurement of new CSU service via LPF and mobilisation on track.</p>

Southport and Formby Clinical Commissioning Group

Corporate Risk Register

There are 30 operational risks recorded on the Southport and Formby CCG Corporate Risk Register (CRR) for quarter 3 (December) 2015/16:

- 27 risks continue from Q2
- 1 risk (FN004) has been removed following review at SMT due to an overlap with another risk and placed on Removed Risk Log.
- 3 new risks (BU018), (FN009), (QA041) have been added.

Of the 30 operational risks recorded:

- 9 extreme: BU001, BU018, FIN003, FIN003, QUA011, QUA033, QUA034, QUA039, STA038

Highlights

Please see the following which highlights the risks that have either (a) changed or (b) extreme risks:

CRR Highlights	Q3 Update Summary
BU001 18 week & cancer pathways may not be met due to non-delivery of target by provider	Risk Rating: 4x4 (static – extreme risk) On-going performance monitoring of action plans.
FIN003 Changes in patient flow causes financial issues, due to increases in activity overall and the financial implications on the 15/16 Financial performance of the CCG. Increased activity has resulted in a QIPP saving required of 3.4 million to be delivered for 15/16. Predominant risk areas are: CHC and Urgent Care which have both seen significant growth in demand. Significant QIPP scheme to be delivered during year totalling 3.4 million.	Risk Rating: 5x4 (static - extreme risk) At M9 schemes totalling £1.777m have been identified leaving £4.374m to identify recurrently for 2015/16. Financial recovery plan has been developed and submitted to NHS England with regular updates provided each month.
QUA011 Risk that patients could be harmed or receive inadequate care due to failure to deliver against National Key Performance Indicator for IAPT (Improving Access to Psychological Therapies)	Risk Rating: 4x4 (static - extreme risk) Historic issues now resolved. Mental Health Performance Report presented and detailed session held with Governing Body in October. Full HR programme in place to address and tackle all identified HR issues with ongoing action plan. Now addressed and resolved. On-going monitoring of action plans
QUA033 Sustainability of ICO	Risk Rating: 4x4 (static - extreme risk) 'Facing the future together' document to clarify community model to be delivered and milestones for delivery. Strategic Transformational Board established Review facilitated by Deloitte underway with report due in Q4.

Southport and Formby Clinical Commissioning Group

<p>QUA034 Risk to delivery of community services as a result of Southport & Ormskirk Community Services not performing as expected</p>	<p>Risk Rating: 4x4 (static – extreme risk) Community services out to formal procurement as per legal requirements. Community Services Steering Group and programme support established. Specifications in development.</p>
<p>QUA039 Inequity of care to patients as a result of provider being unable to deliver key part/s of the service specification (Oxygen)</p>	<p>Risk Rating: 3x5 (static – extreme risk) Re-tendering of service. Aintree NHS Trust to re-establish original service in South Sefton until April 2016 when new service will be in place.</p>
<p>STA038 Risk that patients could be harmed or receive inadequate care due to lack of commissioner assurance in current processes for Looked After Children Health Assessments and Reviews across the local system</p>	<p>Risk Rating: 5x4 (static - extreme risk) Risk rating to remain the same until further progress is seen.</p>
<p>BU018 New Risk Difficulties in sharing budgets across health and social care may impede ability to realise benefits of integration within Intermediate care programme</p>	<p>Risk Rating 5x3 (new risk extreme) Actions relating to integration agenda and further discussions to take place.</p>
<p>FIN009 New Risk Financial duties in 2016/17 will not be met due to significant QIPP in 2015/6 and 1016/17</p>	<p>Risk Rating 4x4 (new risk extreme) Monthly QIPP committee to identify plans to meet the QIPP shortfall.</p>
<p>QA040 New Risk Risk of patients receiving care in Primary Care which may not meet quality standards</p>	<p>Risk Rating 3x4 (new high risk) Systems in place through Quality team and Primary Care support and monitoring. Work with NHSE though Joint Commissioning to agree plans to mitigate risks where found</p>

Appendices

Appendix 1 – Corporate Risk Register – Q3 2015/16

Appendix 2 – Governing Body Assurance Framework – Q3 2015/16

Tracy Jeffes
January 2016

ID	Date Added (2014/15 Sub-review)	Principal Risk	2014/15 Corporate Objective	Domain Type	Risk Owner	Identified Controls in the Phase	L, C	Initial Risk Rating	Additional controls registered	Update on Additional Controls	Due Date	Review Date	Progress against Action Plan	Overall Risk Rating (Before Last Update)	Change	
Q1402	2013/14	Need for clarity of roles and responsibilities within the LCL Forward. Subsequent to the LCL Forward, the LCL Forward team has been established to support the LCL Forward team. Need for further clarity between health and social care professionals.	1	Quality	Chief Nurse (Dobbin Fagan)	1. Regular 1:1 meetings with key stakeholders to discuss roles and responsibilities. 2. Regular 1:1 meetings with key stakeholders to discuss roles and responsibilities. 3. Shared Governance Process - meet weekly. 4. Shared Governance Process - meet weekly. 5. Shared Governance Process - meet weekly.	4	2	Review requirements for the needs of the LCL Forward team. Review requirements for the needs of the LCL Forward team. Review requirements for the needs of the LCL Forward team. To obtain the recommendations from the LCL Forward team. Review requirements for the needs of the LCL Forward team. To obtain the recommendations from the LCL Forward team. Review requirements for the needs of the LCL Forward team. To obtain the recommendations from the LCL Forward team. Review requirements for the needs of the LCL Forward team.	UPDATE ON PROGRESS	24/1	24/1	2	4	▲	
Q1406	2013/14	Provide SAC with a clear, consistent, and transparent system and program to ensure that the system and program are consistent and transparent.	1	Quality and Financial	Chief Nurse (Dobbin Fagan)	1. Assurance process paper presented to SAC on 10/08/15. 2. SAC meeting on 10/08/15. 3. Assurance process paper presented to SAC on 10/08/15. 4. Assurance process paper presented to SAC on 10/08/15. 5. Assurance process paper presented to SAC on 10/08/15. 6. Assurance process paper presented to SAC on 10/08/15. 7. Assurance process paper presented to SAC on 10/08/15. 8. Assurance process paper presented to SAC on 10/08/15. 9. Assurance process paper presented to SAC on 10/08/15. 10. Assurance process paper presented to SAC on 10/08/15.	4	1	Review requirements for the needs of the LCL Forward team. Review requirements for the needs of the LCL Forward team. Review requirements for the needs of the LCL Forward team. To obtain the recommendations from the LCL Forward team. Review requirements for the needs of the LCL Forward team. To obtain the recommendations from the LCL Forward team. Review requirements for the needs of the LCL Forward team. To obtain the recommendations from the LCL Forward team. Review requirements for the needs of the LCL Forward team.	UPDATE ON PROGRESS	24/1	24/1	1	1	3	▲
Q1408	01/2015	Use of the LCL Forward team to ensure that the system and program are consistent and transparent.	7	Quality	Chief Nurse (Dobbin Fagan)	1. Review of the LCL Forward team. Review requirements for the needs of the LCL Forward team. 2. Review of the LCL Forward team. Review requirements for the needs of the LCL Forward team. 3. Review of the LCL Forward team. Review requirements for the needs of the LCL Forward team. 4. Review of the LCL Forward team. Review requirements for the needs of the LCL Forward team. 5. Review of the LCL Forward team. Review requirements for the needs of the LCL Forward team. 6. Review of the LCL Forward team. Review requirements for the needs of the LCL Forward team. 7. Review of the LCL Forward team. Review requirements for the needs of the LCL Forward team. 8. Review of the LCL Forward team. Review requirements for the needs of the LCL Forward team. 9. Review of the LCL Forward team. Review requirements for the needs of the LCL Forward team. 10. Review of the LCL Forward team. Review requirements for the needs of the LCL Forward team.	4	2	Review requirements for the needs of the LCL Forward team. Review requirements for the needs of the LCL Forward team. Review requirements for the needs of the LCL Forward team. To obtain the recommendations from the LCL Forward team. Review requirements for the needs of the LCL Forward team. To obtain the recommendations from the LCL Forward team. Review requirements for the needs of the LCL Forward team. To obtain the recommendations from the LCL Forward team. Review requirements for the needs of the LCL Forward team.	UPDATE ON PROGRESS	15/1	15/1	1	3	3	▲
Q1409	01/2015	Risk that patients could receive inadequate care if the system and program are not consistent and transparent.	1	Quality and Performance	Chief Strategy & Governance Officer (Fagan)	1. Strategic blueprint. 2. Strategic blueprint. 3. Strategic blueprint. 4. Strategic blueprint. 5. Strategic blueprint. 6. Strategic blueprint. 7. Strategic blueprint. 8. Strategic blueprint. 9. Strategic blueprint. 10. Strategic blueprint.	3	5	Review requirements for the needs of the LCL Forward team. Review requirements for the needs of the LCL Forward team. Review requirements for the needs of the LCL Forward team. To obtain the recommendations from the LCL Forward team. Review requirements for the needs of the LCL Forward team. To obtain the recommendations from the LCL Forward team. Review requirements for the needs of the LCL Forward team. To obtain the recommendations from the LCL Forward team. Review requirements for the needs of the LCL Forward team.	UPDATE ON PROGRESS	30/1	30/1	3	3	▲	
Q1411	01/2015	Risk that patients could be harmed or receive inadequate care if the system and program are not consistent and transparent.	1	Quality	Chief Strategy & Governance Officer (Fagan)	1. Strategic blueprint. 2. Strategic blueprint. 3. Strategic blueprint. 4. Strategic blueprint. 5. Strategic blueprint. 6. Strategic blueprint. 7. Strategic blueprint. 8. Strategic blueprint. 9. Strategic blueprint. 10. Strategic blueprint.	4	3	Review requirements for the needs of the LCL Forward team. Review requirements for the needs of the LCL Forward team. Review requirements for the needs of the LCL Forward team. To obtain the recommendations from the LCL Forward team. Review requirements for the needs of the LCL Forward team. To obtain the recommendations from the LCL Forward team. Review requirements for the needs of the LCL Forward team. To obtain the recommendations from the LCL Forward team. Review requirements for the needs of the LCL Forward team.	UPDATE ON PROGRESS	30/1	30/1	4	4	▲	



ID	Date Added/2015-15-16-17	2015-15-16-17	Principal Risk	2015-15-16-17	Domain Type	Risk Owner	Identified Controls in the Phase	L	C	Additional controls required	Due Date	Where Data	Progress against Action Plan	MA	QA	CC	L	C	Control Risk Rating Before Last Update	Change Risk Rating Since Last Update
STADZ	Jan-15	NA	Risk that patients could be harmed or receive inadequate care due to lack of commissioner support in relation to being (HCP) for children and young people (SEKAD) and Educational Needs & Support (SENED)	Statutory Duty	Chief Nurse (Cheshire Region)	1. CCG systems and processes in place 2. CCG systems and processes in place and provided to support system and flow 3. Regular reporting of performance 4. SENED	5	4	20 Reviewing number of LAs for each health authority to ensure that match provision with LCI existing data	July 15	Where Data	CGG (Cheshire) Commissioning Manager has met with LCI to discuss LCI systems and processes - discussed CGG Letter 27th June - discussed LCI issues - issues with Director of Nursing and Operational Manager at LCI - issues with Finance at LCI - issues with HR at LCI New system sat. LA, Training of staff, and other issues - issues with HR at LCI - issues with Finance at LCI - issues with HR at LCI Improvement plan appears to be being implemented effect as satisfactory reviews are now being met. risk appears to have been reduced in line of the improvement plan.	NA	NA	4	3	12	▲		
STABZ	Jan-15	NA	Risk that patients could be harmed or receive inadequate care due to lack of commissioner support in relation to being (HCP) for children and young people (SEKAD) and Educational Needs & Support (SENED)	Statutory Duty	Chief Nurse (Cheshire Region)	1. Reach the location of pediatric team 2. Monitor through Quality Committee 3. Review through Quality Committee 4. 20% in contact for Lower Age Children 5. 20% in contact for Lower Age Children 6. 20% in contact for Lower Age Children 7. 20% in contact for Lower Age Children 8. 20% in contact for Lower Age Children 9. 20% in contact for Lower Age Children 10. 20% in contact for Lower Age Children 11. 20% in contact for Lower Age Children 12. 20% in contact for Lower Age Children 13. 20% in contact for Lower Age Children 14. 20% in contact for Lower Age Children 15. 20% in contact for Lower Age Children 16. 20% in contact for Lower Age Children 17. 20% in contact for Lower Age Children 18. 20% in contact for Lower Age Children 19. 20% in contact for Lower Age Children 20. 20% in contact for Lower Age Children	5	4	20 Cross-organizational meetings to be held to discuss the various issues to be resolved. This will be done on a regular basis (31st March, 2015) and will include 1. A meeting with the CCG and LAs 2. A meeting with the CCG and LAs 3. A meeting with the CCG and LAs 4. A meeting with the CCG and LAs 5. A meeting with the CCG and LAs 6. A meeting with the CCG and LAs 7. A meeting with the CCG and LAs 8. A meeting with the CCG and LAs 9. A meeting with the CCG and LAs 10. A meeting with the CCG and LAs 11. A meeting with the CCG and LAs 12. A meeting with the CCG and LAs 13. A meeting with the CCG and LAs 14. A meeting with the CCG and LAs 15. A meeting with the CCG and LAs 16. A meeting with the CCG and LAs 17. A meeting with the CCG and LAs 18. A meeting with the CCG and LAs 19. A meeting with the CCG and LAs 20. A meeting with the CCG and LAs User information not forwarded. Lessons learnt event to be held	NA	NA	3	4	23	▲					

UPDATE ON PROGRESS

Lead Officer/Risk Owner: Jan Leonard

<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	
1.1 Lack of capacity amongst clinical colleagues to deliver transformation	3 x 3	Development of Local Quality Contract Primary Care Clinical Lead identified in new GB Documented and robust PDR process for Governing Body members and locality lead roles Locality and practice lead roles clarified Service improvement and Redesign (SIR) Committee, established. Consultation complete. Contract finalised, all practices signed up.	Monitoring of uptake and performance of LQC, reported to SIR Committee and Governing Body. Regular updates to Senior Leadership Team on LQC Minutes of Locality Meetings received by Governing Body Governing Body oversight of PDR process for members/clinical and locality leads via exception reporting Primary Care Programme Lead appointed. Will have responsibility for focus on primary care development and transformation.	Significant	(GIC) Review needed on 2014/15 delivery and outcomes. (GIC) Monitoring of 2015/16 uptake, delivery and performance needed.	To be undertaken by Programme Lead. To be undertaken by Programme Lead. Panel met to review 14/15 contract performance in early September. A report is being compiled and will be shared with SLT in October 2015.	Sept 2015 Ongoing through year. Oct 2015	
Progress Reports	Q1	Primary Care Programme Lead appointed: awaiting commencement. Will have responsibility for focus on primary care development and transformation.						Limited
	Q2	Panel met to review 14/15 contract performance in early September. A report is being compiled and will be shared with SLT in October 2015.						Assurance Rating
	Q3	Report shared with SMT in October						
	Q4							

Corporate Objective 1: To place clinical leadership at the heart of localities to drive transformational change		Governing Body Reports						
Lead Officer/Risk Owner: Tracy Jeffes							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	
1.2 Lack of clinical engagement in Primary Care and other providers limit level of clinical engagement in locality to drive transformational change (New)	4 x 3	Organisational Development Plan in place. Local Development Plans	Support from Governing Body for the local development plans Reported to leadership team Regular Governing Body Development Sessions to help drive agenda.	Significant	(GIC) Review to be undertaken on Organisation Development Plan.		Sept 2015	
				Reasonable	(GIC) Review to be undertaken on Local Development Plans	Being developed further including the roles and responsibilities of leads, locality supporting and reporting mechanisms.	July 2015	
				Limited	(GIC) Clearer performance to deliver CCG Strategy	PMO involvement to support locality plans.	Dec 2015	
				Roles and responsibilities of leads, locality support and reporting mechanisms being reviewed.	(GIC) Capacity of clinicians to be release and engaged in CCG activity	Clinical leadership succession plan and commissioning training and development for emergent Clinical Commissioners. Work with S&O NHS Trust Leadership to support on-going input into localities	March 2016	
Progress Reports	Q1	Roles and responsibilities of leads, locality support and reporting mechanisms being reviewed.						Limited
	Q2	Multidisciplinary support team in place for each locality.						Assurance Rating
	Q3	Localities developed priorities for action.						
	Q4							

Corporate Objective 2: To develop the integration agenda across health and social care.

Corporate Objective 2: To develop the integration agenda across health and social care.			Governing Body Reports				
Lead Officer/Risk Owner: Tracy Jeffes							
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
2.1 Inability to carry out system wide change due to resource and structural re-organisation constraints (Carried forward from Q4 14/15: previously 6.1 - reworded and updated – new objective 2)	4x3	Regular joint meetings with Sefton Council to develop Integration Plans. Key officers assigned from Sefton Council and CCG to develop intermediate care strategy Section 75 in place: BCF Cross sector shaping to stimulate whole system working: 2 held to date.	Documented Evidence of reports and minutes from meetings Regular joint reporting on BCF to NHS England	Significant Reasonable Limited Review of HWBB structure to ensure streamlined and effective however, awaiting completion of Local Authority restructure. New governance structure for transformation proposed following review. Awaiting implementation	(GIC) Review of HWBB structure to ensure a streamlined and effective approach to commissioning. (GIC) Awaiting implementation of new governance structure for transformation. (GIA) Next “Shaping Sefton” event due to be held.	Awaiting completion of Local Authority restructure. LA changes completed. New governance structure for transformation agreed. Yet to be implemented. Integration post out to advert to provide additional capacity. Third Shaping Sefton event planned. Commencement of systems leadership with support by Kings Fund	August 2015 October 2015 October 2015 Dec 15
		Review of HWBB structure to ensure streamlined and effective however, awaiting completion of Local Authority restructure. New governance structure for transformation proposed following review. Awaiting implementation	Review of HWBB structure to ensure streamlined and effective however, awaiting completion of Local Authority restructure. New governance structure for transformation proposed following review. Awaiting implementation	Review of HWBB structure to ensure streamlined and effective however, awaiting completion of Local Authority restructure. New governance structure for transformation proposed following review. Awaiting implementation	Review of HWBB structure to ensure streamlined and effective however, awaiting completion of Local Authority restructure. New governance structure for transformation proposed following review. Awaiting implementation	Review of HWBB structure to ensure streamlined and effective however, awaiting completion of Local Authority restructure. New governance structure for transformation proposed following review. Awaiting implementation	Review of HWBB structure to ensure streamlined and effective however, awaiting completion of Local Authority restructure. New governance structure for transformation proposed following review. Awaiting implementation
<u>Progress Reports</u>	Q1	Review of HWBB structure to ensure streamlined and effective however, awaiting completion of Local Authority restructure.					Limited
	Q2	Shaping Sefton Governance Arrangements agreed. Funding agreed for post to support integrated commissioning.					Limited
	Q3	Post recruited. Bids submitted to support BCF delivery. Still awaiting implementation of new HWBB structure.					
	Q4						

Corporate Objective 3: To consolidate the Estates Plan and develop one new project for March 2016.		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					
3.1 <i>Securing adequate resources and expertise to deliver NHS Estates Strategy</i>	3x3	CCG's requirement to deliver the Estates Strategy	Locality meetings Sefton Property Partnership established. Estates support secured 1 day per week	<table border="1"> <tr> <td>Significant</td> <td rowspan="2">Late notification from on responsiveness (GIA) Shared view at locality level regarding the outcome of the strategy</td> </tr> <tr> <td>Reasonable</td> </tr> <tr> <td>Limited</td> <td></td> </tr> </table> Draft strategy being worked on. First draft due November 2015.	Significant	Late notification from on responsiveness (GIA) Shared view at locality level regarding the outcome of the strategy	Reasonable	Limited		(GIC) Late notification from on responsiveness (GIA) Shared view at locality level regarding the outcome of the strategy	Draft strategy being worked on. First draft to November Governing Body. Expected to be finalised December 2015.	November 2015 December 2015
Significant	Late notification from on responsiveness (GIA) Shared view at locality level regarding the outcome of the strategy											
Reasonable												
Limited												
<u>Progress Reports</u>	Q1	Draft strategy being worked on. First draft due November 2015.					Limited					
	Q2	First draft of strategy due November 2015.					Limited					
	Q3	Draft strategy reviewed by Governing Board in December 15, final strategy being developed					Assurance Rating					
	Q4											

Corporate Objective 3: To consolidate the Estates Plan and develop one new project for March 2016.		Governing Body Reports						
Lead Officer/Risk Owner: Martin McDowell							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	
3.2 Failure to develop a coherent view in order to deliver an agreed project across part/full locality	3x3	Delivery of Estates Strategy by end of 2015	Locality meetings Sefton Property Partnership established. Estates support secured 1 day per week Ongoing dialogue with NHS England for capital project funding and finance	Significant	Lack of clarity around finance and availability. National guidance expected.		Q3 (Oct – Dec 2015)	
				Reasonable				(GIA) Need a clear response from GPs on Locality Estates Strategy
				Limited				
				Estates support secured. Ongoing dialogue with interested parties. Draft Strategy still being developed.				
Progress Reports	Q1	Estates support secured. Ongoing dialogue with interested parties.						Limited
	Q2	Ongoing dialogue with interested parties. Draft Strategy still being developed.						Limited
	Q3	Draft strategy reviewed by Governing Board in December 15, final strategy being developed						
	Q4							

Corporate Objective 4: To publish plans for community services and commission for March 2016.		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	3x4	Wider Constituent Group established. Lead GP focus from CCG chair and Vice Clinical chair 'Facing the future' work with West Lancs. 'Closer to Home' Strategy Monitoring activity rates via CSU portals and contract meetings.	Care-closer-to-Home-beat Strategic Transformation Partnership Board Minutes of meetings feed into Strategic Transformation Partnership Board. Updates to the Governing Body via the Chief Officers report. Contract meeting via F&R committee. Care Closer to Home Programme Board Monthly minutes of F&R committee are reported to Governing Body and Chief Officers report is submitted to the Governing Body (standing agenda items) Regular reporting to NHS E against performance. In particular quarterly assurance meetings.	Significant SFCCG agreed to go to procurement at July GB Reasonable Limited Event held in April 2015 which included a discussion regarding the Senior Medical Model in the community and involved local GP's and local Geriatricians. Outcome resulted in the commissioning of rapid access scheme. Wider Group meeting to be held 15/7. Process made by ICO in terms of community services and a recommendation will be sought for future direction	(GIC) Nursing Home Pilot to be rolled out across Southport & Formby. Is included as part of local Quality Contract. (GIC) Care Closer to Home no longer exists.	Need to clarify what it is being replaced with.	Oct 2015
<i>(Carried forward from Q4 14/15: previously 3.1 and 4.1 merged, reworded and updated – new objective 4)</i> Progress Reports	Q1	Final gateway meeting to be held 30/6/15 for milestones for Southport. Outcome and options to be presented to the 15/7/15 Facing the Future meeting. Outcome and options to then be presented to the Governing Body on 2/7/15. Implementation to commence 1/8/15.					Limited
	Q2	Some gateways not met. SFCCG Governing Body agreed to go to procurement for service implementation April 2017. All service specifications being reviewed and in some cases redesigned for procurement.					Assurance Rating
	Q3	Specification development in progress. PQQ out for deadline 19th Jan 2016. Still no formal opportunity to be involved with current development due to trust engagement and legal advice, but assurance received that Facing the Future Together is being worked on.					
	Q4						

Corporate Objective 5: To commission new care pathways for mental health.		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				
5.1 Failure to progress recommendations and priorities from Mental Health review	3 x 3	Clinical lead appointed Blueprint agreed and signed off by Governing Body (June 2015). Clinical Group established. Project Group agreed and in place.	Regular progress reporting to Governing Body Progress management and assessment undertaken. Minutes of meetings PMO monitoring process in place. QIPP & SIR merged	<table border="1"> <tr> <th>Significant</th> </tr> <tr> <td>Enhanced resource position appointed and commenced. Detailed project plan progressed. Report to be presented to the November Governing Body.</td> </tr> <tr> <th>Reasonable</th> </tr> <tr> <td>Enhanced resource position going out to advert. Detailed project plan being progressed.</td> </tr> </table>	Significant	Enhanced resource position appointed and commenced. Detailed project plan progressed. Report to be presented to the November Governing Body.	Reasonable	Enhanced resource position going out to advert. Detailed project plan being progressed.	<p>(GIC) Enhanced resource required.</p> <p>(GIC) Detailed project plan required.</p> <p>(GIA) Project plan to be presented to the Service Improvement & Redesign Committee</p> <p>(GIA) To review priority areas, service lines and activity plans.</p>	<p>Position to go out to advert. Commissioning Lead for Mental Health appointed and position commenced. Role will include reconstructing the commissioning framework.</p> <p>Currently being worked on. Will include:</p> <ul style="list-style-type: none"> - Primary Care Mental Health - Dementia - CAMHS - Brain Injuries <p>Areas worked on. Blueprint report being presented to the Governing Body in November.</p> <p>Plan scheduled for review by SIR committee. QIPP & SIR merged. Meetings held. Has resulted in affirmed priority areas, service lines and activity plans.</p>	<p>July 2015</p> <p>July 2015</p> <p>July 2015</p> <p>Nov 2015</p>
Significant											
Enhanced resource position appointed and commenced. Detailed project plan progressed. Report to be presented to the November Governing Body.											
Reasonable											
Enhanced resource position going out to advert. Detailed project plan being progressed.											
(Is a continuation/ progression from Q4 14/15: re 7.1 – reworded and updated – new objective 5)											

Corporate Objective 5: To commission new care pathways for mental health.		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	
Progress Reports	Q1	Enhanced resource position going out to advert. Detailed project plan being progressed.						Limited
	Q2	Enhanced resource position appointed and commenced. Detailed project plan progressed. Report to be presented to the November Governing Body.						Assurance Rating
	Q3	Series of monthly Blueprint leads meetings arranged for Feb 16						
	Q4							Reasonable

Corporate Objective 6: To achieve Phase 1 of Primary Care transformation.		Governing Body Reports					
Lead Officer/Risk Owner: 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
6.1 Inability to deliver transformational change as a result of inappropriate estates (New)	4x3			<p>Significant</p> <p>Reasonable</p> <p>Limited</p> <p>Estates Group to be established and confirm position of estates review.</p>	<p>(GIC) Estates Group to be established.</p> <p>(GIC) Position of estates review to be confirmed by Estates Group.</p>	<p>Membership to include Finance, Clinicians, NHS England, Local Authority and Estates.</p> <p>Discussions are on-going with NHSE around particular localities. The CCG led Estates Group is leading discussions with stakeholders.</p> <p>Event with Formby planned for Jan 16 and commissioning transformation lead in post to support.</p>	<p>July 2015</p> <p>Aug 2015</p>
Progress Reports	Q1	Estates Group to be established and confirm position of estates review.					Limited
	Q2	Discussions are on-going with NHSE around particular localities. The CCG led Estates Group is leading discussions with stakeholders					Assurance Rating
	Q3	Event Planned for Jan 16 – update to be given Q4					
	Q4						

Corporate Objective 7: To achieve financial duties and commission high quality care.

Governing Body Reports

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
<p>7.1 Non Delivery of financial targets due to failure to control CCG expenditure budgets or failure to deliver required QIPP scheme</p> <p><i>(Carried forward from Q4 14/15; 1.1 reworded, merged and updated with 1.2 – new objective 7)</i></p>		5x4	<p>Internal and External Audit Plan in place to review systems of internal control</p> <p>Robust financial management and control processes in place to ensure reserves and contingency are utilised in an appropriate manner</p> <p>Internal budgetary management process in place to support and challenge budget holder to deliver within agreed limit.</p> <p>Provider contracts agreed and signed with specified activity levels and associated costs</p>	<p>Financial Plan for 2015/16 signed off by Governing Body (May 2015).</p> <p>Agreed provider contracts signed for 2015/16.</p> <p>Robust contract management arrangements in place to review performance, activity and quality, including associated costs within agreed limits (including CQUIN)</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 delivery within agreed limit.</p> <p>Budget holder training held: ongoing rolling programme.</p> <p>Working Group established to identify required QIPP scheme</p>	<p>Significant</p> <p>Better information being provided at practice level however further improvements to be developed.</p> <p>Limited</p> <p>QIPP working group established.</p>	<p>(GIC) Required QIPP schemes to be identified</p> <p>(GIA) Better information needed at practice level.</p>	<p>QIPP working group established. Group to identify required schemes</p> <p>Currently working through.</p> <p>CCG formally entered Financial Turnaround process with NHSE and FRP and is being developed. Draft plan has been submitted and awaiting formal feedback. QIPP scheme still to be fully identified. Practice level information is being rolled out and discussed at locality meetings and incorporated into practice level packs. Somewhat dependent on new Data Management provider for full drilldown capability by practice, so interim solutions being put in place to target high spending practices.</p>	<p>August 2015</p> <p>August 2015</p>
Progress Reports	Q1		QIPP working group established. Group to identify required schemes. Further improvements to be developed for practice level information.	Assurance Rating	Limited			

Corporate Objective 7: To achieve financial duties and commission high quality care.		Governing Body Reports					
Lead Officer/Risk Owner: Martin McDowell							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
	Q2	CCG has entered Financial recovery process with NHSE and FRP and is being developed. Draft plan has been submitted and awaiting formal feedback.					Limited
	Q3	Plans submitted to NHSE. Further CCG Membership discussions and ongoing implementation of QIPP plans					
	Q4						

Corporate Objective 7: To achieve financial duties and commission high quality care.				Governing Body Reports			
Lead Officer/Risk Owner: Tracy Jeffes							
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
7.2 Lack of sustainability of CSU services during transition and the effective procurement of CSU services via LPF <i>(Carried forward from Q4 14/15; 1.5 updated – new objective 7)</i>	3 x 4	New SLA in place with CSU Contract/Performance Monitoring Group in place and meeting on monthly basis. Exception reporting on performance and delivery at SMT Pan Cheshire and Merseyside Collaborative approach to commissioning future services via LPF.	Monthly meeting of Performance Monitoring Group. <i>Performance now reported by exception.</i> Reports to Finance & Resource Committee on six monthly basis Plan in place CHC. Project management support from NHS England. Additional capacity and support via secondment position <i>across Merseyside.</i> Weekly meeting of Merseyside CCG's: work on procurement through LPF. Reported to Transition Board Stability partner identified.	Significant Reasonable Limited In-housing of some services continues. Stability partner identified. Robust specifications in development for the LPF.	(GIA) To complete in-housing of identified services (GIA) Robust specifications needed for all areas.	Some additional services being brought in-house in order to secure local responsiveness and sustainability Specifications developed—being development—to-go out-on-LPF. LPF process proceeded to evaluation stage. In-housing of planned services	November 2015 Nov 2015 – March 2016
<u>Progress Reports</u>				Assurance Rating			
				Limited			
				Limited			

Corporate Objective 7: To achieve financial duties and commission high quality care.		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	
7.3 Non-delivery of 2015/16 QIPP Plan which supports transformational change	4 x 4	Development Plan commenced. Initial focus will include Dermatology, Gynaecology and Development Plan commenced. Initial focus will include Dermatology, Gynaecology and Development Plan commenced. Initial focus will include Dermatology, Gynaecology and	QIPP financial savings targets and plans signed off by the Governing Body (April 2015) Monthly financial performance reports (including QIPP targets and associated savings) presented to Finance and Resource Committee and reviewed by the Governing Body. Revised Strategic Plan develop Joint QIPP & SIR Group established (Governing Body and Clinical Leadership)	Significant Reasonable Limited Development Plan commenced. Initial focus will include Dermatology, Gynaecology and Gastroenterology. Recovery plan drafted and submitted to NHSE. Awaiting formal feedback.	(GIC) Development plan required. Needs to include areas for financial cost reduction.	Being developed. Initial focus will include: 1. Dermatology 2. Gynaecology 3. Gastroenterology Recovery plan drafted, 1-3 included. Shared with NHSE. Informal feedback received. Formal expected in next few weeks. PMO report being presented to the Governing Body. Will include plans milestones, risks and programmes. Will highlight the areas that have already commenced and any evidence of activity reductions. Governing Body Sub-committee structure revised. QIPP & SIR merged. Meet more regularly. QIPP Lead appointed.	July 2015 Oct 15 Nov 15	
<u>Progress Reports</u>	Q1	Development Plan commenced. Initial focus will include Dermatology, Gynaecology and Gastroenterology.						Limited
	Q2	Recovery Plan drafted and shared with NHS England. Awaiting formal feedback. Report on plan to be presented to November 2015 Governing Body.						Limited
	Q3							
	Q4							

Corporate Objective 7: To achieve financial duties and commission high quality care.		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					
7.4 Potential for any reduction in non-elective admissions may be offset by increased demand	4x3	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. Integrated Performance Report produced monthly for Governing Body. Minutes of meetings Revised 2015/16 activity plan developed with detailed rationale. Reviewed by Governing Body February 2015 with agreement and sign-off April 2015.	<table border="1"> <thead> <tr> <th>Significant</th> </tr> </thead> <tbody> <tr> <td>Reasonable</td> </tr> <tr> <td>Performance being closely monitored with appropriate systems and procedures in place. Contract query issued to Southport & Ormskirk as a result of a performance issue being identified.</td> </tr> <tr> <td>Detailed action plan compiled; ongoing.</td> </tr> <tr> <td>Limited</td> </tr> </tbody> </table>	Significant	Reasonable	Performance being closely monitored with appropriate systems and procedures in place. Contract query issued to Southport & Ormskirk as a result of a performance issue being identified.	Detailed action plan compiled; ongoing.	Limited	(GIA) Awaiting response on contract query issued to Southport & Ormskirk	Reported RTT performance has been compromised by PAS information system (Patient Administration System). Detailed action plan compiled; ongoing. Involvement in Trusts Prioritised Target List meetings which looks at addressing issues in order to deal with spikes in referrals.	July 2015
Significant												
Reasonable												
Performance being closely monitored with appropriate systems and procedures in place. Contract query issued to Southport & Ormskirk as a result of a performance issue being identified.												
Detailed action plan compiled; ongoing.												
Limited												
(Carried forward from Q4 14/15: 2.1 updated – new objective 7)												
Progress Reports	Q1	Performance being closely monitored with appropriate systems and procedures in place. Contract query issued to Southport & Ormskirk as a result of a performance issue being identified.						Reasonable				
	Q2	Detailed action plan compiled and ongoing. Involvement in Trusts Prioritised Target List meetings.						Assurance Rating				
	Q3							Reasonable				
	Q4											

Corporate Objective 7: To achieve financial duties and commission high quality care.		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
7.5 Failure of provider to deliver high quality services for the delivery of CHC/Individual packages of care would result in patients not receiving appropriate level of care to meet their needs.	4x3	Steering Group established. Improvement Plan in place with NWCUSU Weekly meetings between CCG Chief Nurse/Deputy Chief Nurse and operational leads within CSU	MIAA review of CCG internal processes: significant assurance. Closely monitor and review backlog for improvement in performance on a bi-monthly basis via Steering Group. Action plan in place. Regular reporting to Leadership Team and SLT.	Significant	(GIC) Discussion needed on the outcome of the CCG's review on NWCUSU CHC systems, processes and evidence.	CCG requested information from NWCUSU on the systems and processes in place for CHC, specifically Mental Health reviews and including: - Supervision policy - Templates used - Evidence of audit plan and outcome	July 2015
				Reasonable			
				Limited			

Corporate Objective 7: To achieve financial duties and commission high quality care.		Governing Body Reports						
Lead Officer/Risk Owner: Debbie Fagan							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	
(New)			<p>Regular reporting to F&R Committee.</p> <p>Regular review of Corporate Risk at Quality Committee.</p> <p>Continue to support CSU in local delivery of SOP and governance processes.</p>	<p>Assurance level decrease following review of CSU information regarding Mental Health reviews.</p> <p>Assurance levels remain limited until formal report received and CSU demonstrate any required improvement in processes.</p>		<p>- 2 anonymised cases for independent review</p> <p>Evidence collated and reviewed. CCG consider 'Limited' assurance. Letter to be sent to MD of NWCSU. Letter sent to MD of CSU outlining the CCG concerns.</p> <p>Externally commissioned review of Mental Health packages of care now completed.</p> <p>Informal feedback received but awaiting formal report – discussions taking place between CSU and CCG regarding required actions following the verbal feedback.</p>		
Progress Reports	Q1	Assurance level decrease following review of CSU information regarding Mental Health reviews.						Limited
	Q2	Assurance level remains the same until formal report received from external reviewer and CSU demonstrate and required improvement in processes						Assurance Rating
	Q3							
	Q4							

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 subcommittee 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)
**CQC 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 Q1 (reasonable assurance)
Contract monitoring report to commissioning committee in September 2010 showing performance within tolerance for overall achievement of target for Q1 (reasonable assurance)
Performance report to Trust Governing Body, most recent September 2010, indicating current position against key targets (limited assurance)

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

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.

MEETING OF THE GOVERNING BODY January 2016

Agenda Item: 16/9	Author of the Paper: Lisa Gilbert Corporate Governance Manager						
Report date: January 2016	Email: lisa.gilbert@southseftonccg.nhs.uk Tel: 0151 247 7238						
Title: Improving the Quality of NHS Complaints Investigations							
Summary/Key Issues: This paper provides a summary of the Parliamentary and Health Service Ombudsman (PHSO) report published on 8 th December 2015 into the quality of NHS complaints investigations where serious or avoidable harm has been alleged; it findings, highlights the issues identified, and sets out the action the PHSO believes needs to be taken to improve the quality of NHS investigations.							
Recommendation The Governing Body is asked to receive this report.	<table style="border: none;"> <tr><td>Receive</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Approve</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Ratify</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives <i>(x those that apply)</i>	
	To place clinical leadership at the heart of localities to drive transformational change.
	To develop the integration agenda across health and social care.
	To consolidate the Estates Plan and develop one new project for March 2016.
	To publish plans for community services and commission for March 2016.
	To commission new care pathways for mental health.
	To achieve Phase 1 of Primary Care transformation.
x	To achieve financial duties and commission high quality care.

**Southport and Formby
Clinical Commissioning Group**

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

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
	Treating and caring for people in a safe environment and protecting them from avoidable harm

Report to Governing Body January 2016

1. Executive Summary

This paper provides a summary of the Parliamentary and Health Service Ombudsman (PHSO) report published on 8th December 2015 into the quality of NHS complaints investigations where serious or avoidable harm has been alleged; it findings, highlights the issues identified, and sets out the action the PHSO believe needs to be taken to improve the quality of NHS investigations.

2. Introduction and Background

When things go wrong with NHS care, it can have devastating consequences for patients and their families. People want answers, to understand what happened and why, and to know that action is being taken to prevent the same thing happening again to others.

In January 2015 the PHSO reviewed 150 NHS complaints investigations where avoidable harm or death was alleged. The PHSO was interested to learn about the quality of complaints investigations; did these NHS investigations get to the root cause? Were the findings evidence based? They also spoke to six different trusts; they wanted to know what the challenges were to conducting these types of investigation and where there might be opportunities to improve the system. Finally, they surveyed over 170 NHS complaints managers to provide additional insight into the issues and brought together an advisory group to test their findings.

As part of the PHSO review of the quality of NHS investigations, they asked: how successful are NHS organisations, particularly acute trusts, at determining what went wrong and why? Are lessons being learnt and applied, not just across departments but across organisations and localities? Is appropriate action being taken and if not, why not? What can be done to improve how local investigations are conducted and delivered so that more people are not subjected to the same errors time and time again?

3. Key Issues

What the PHSO review found:

The process of investigating as it stands is not consistent, reliable, or good enough

- 40% of investigations were not adequate to find out what had happened.
- 19% of investigations had relevant evidence (medical records, statements and interviews) missing when they were conducted.
- Trusts did not find failings in 73% of cases in which the PHSO found them.
- Trusts did not find out why things went wrong in 36% of cases where they found failings.

Serious incidents are not being reliably identified by trusts, and there exists wide variation between trusts, and within trusts, in terms of how patient safety incidents are investigated

- Out of the 150 cases the PHSO reviewed, 28 were judged by them to be serious enough to lead to serious incidents, but only 8 were reported as such. The PHSO found that identification often relied on either clinicians to spot an incident or on a central risk team flagging incidents.

There is a lack of shared investigatory principles - how a case is investigated depends on the individual investigator

- There is no national guidance on patient safety incident investigations that sets out who should investigate and how independent they should be, level of training required, requirements for evidence needed, quality assurance, and general outcomes for good investigations.

Poor quality investigations only increase the distress to the person who is complaining and their families

- In almost a fifth of investigations medical records, statements and interviews were missing, making it difficult for trusts to arrive at what went wrong and why.
- In 41% of cases inadequate explanations were given to complainants for what went wrong and why.

Staff do not feel adequately supported in their investigatory role

- There is no national, accredited training programme to support investigators and/or complaints staff in their role.
- During the PHSO visits to trusts, staff cited a lack of respect, not being provided with protected time to investigate, and the lack of an open and honest culture as barriers to getting to the heart of why something has happened.
- There is inequity in terms of who can lead different types of investigations. The PHSO found serious incident investigations would often be led by a named investigator with training; all other investigations not meeting serious incident criteria could be led by an 'appropriate person'.

There are missed opportunities to learn

- 25% of complaints managers were unsure that sufficient processes existed to prevent a recurrence of an incident.
- A further 10% of complaints managers believed sufficient processes were not in place.

4. Conclusions

What needs to change?

In April 2016, a new Independent Patient Safety Investigation Service (IPSIS) will be established. Through a combination of exemplary practice and structured support to others, IPSIS has the opportunity to make a decisive difference to how the NHS improves the way it investigates in the future.

The PHSO call upon IPSIS and the NHS more broadly, to consider how the following recommendations can be implemented:

- IPSIS and NHS England should consider how the role of NHS complaints managers and investigators can be better recognised, valued and supported. This includes working with others to develop a national accredited training programme.
- To support all investigations to be carried out to a consistent and high quality, IPSIS should develop and champion broad principles of a good investigation. The emphasis should be on building capability and capacity at a local level whilst also allowing for flexibility and proportionality.
- IPSIS should work with others to lead, inspire and share learning from its own investigations in order to improve the capability of the local NHS. This includes demonstrating to organisations how they can take what they have learned from one

Southport and Formby Clinical Commissioning Group

investigation and apply it not just across divisions within a hospital, but across organisations too.

- Trusts should demonstrate to their boards that they have clear objectives both for their organisations and their staff to be open and honest, learn from investigations, and resolve complaints. Boards should be using My Expectations to assess to what extent local complaints services are meeting the needs of people who use the service.
- The Department of Health and NHS England should work with IPSIS to make clear who has accountability for conducting quality NHS investigations at a national and local level. The different roles of organisations that provide care, commissioners, regulators including NHS Improvement, should be clearly outlined.

The PHSO believe that taken together, these changes will result in tangible improvements to the quality of local investigations.

5. Recommendations

NHS Southport and Formby CCG Governing Body is asked to note the findings of this report.

An update report will be brought back to Governing Body following the establishment of the Independent Patient Safety Investigation Service (IPSIS).

Appendices

Appendix 1 – PHSO Summary Report

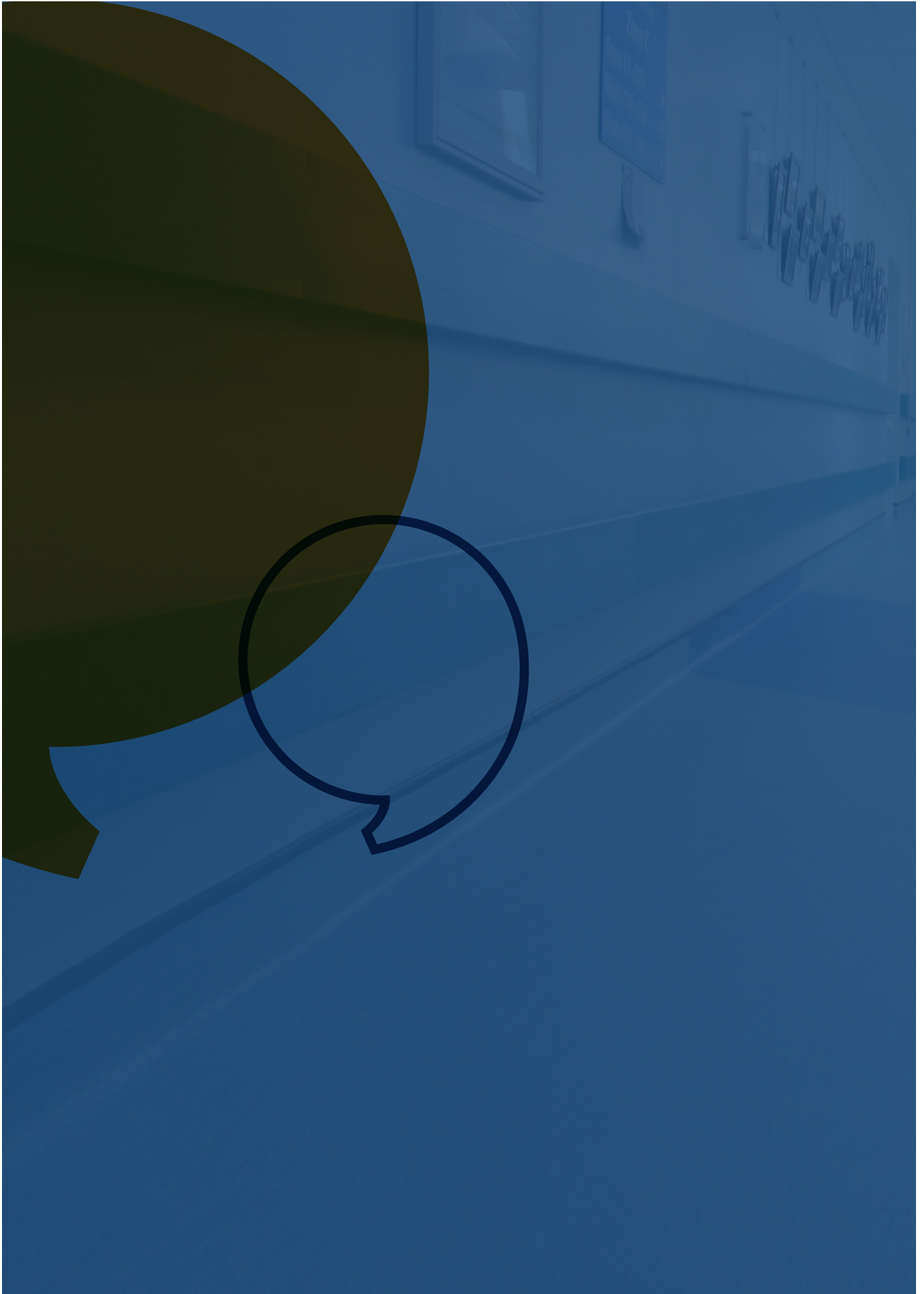
Lisa Gilbert
Corporate Governance Manager
January 2016



Parliamentary
and Health Service
Ombudsman

A review into the quality of NHS complaints investigations

where serious or avoidable
harm has been alleged



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The images used in this report are not representative of any person or particular individual and are used for illustrative purposes only.


Introduction

When things go wrong with NHS care, it can have devastating consequences for patients and their families. People want answers, to understand what happened and why, and to know that action is being taken to prevent the same thing happening again to others.

But our research has cast a question mark over the current ability of NHS organisations to conduct effective investigations where it is alleged that someone may have been harmed, or died, avoidably. We have found that NHS trusts are not always identifying patient safety incidents and are sometimes failing to recognise serious incidents. When investigations do happen, the quality is inconsistent, often failing to get to the heart of what has gone wrong and to ensure lessons are learnt.

As part of our review of the quality of NHS investigations, we asked: how successful are NHS organisations, particularly acute trusts, at determining what went wrong and why? Are lessons being learnt and applied, not just across departments but across organisations and localities? Is appropriate action being taken and if not, why not? What can be done to improve how local investigations are conducted and delivered so that more people are not subjected to the same errors time and time again?

This report explains the findings of our research, highlights the issues we have identified, and sets out the action we believe needs to be taken to improve the quality of NHS investigations.



We have found that NHS trusts are not always identifying patient safety incidents and are sometimes failing to recognise serious incidents.

About complaints investigations, serious incidents and patient safety incidents

More than 80% of the complaints we receive are about NHS care and treatment, many involving avoidable harm.

Avoidable harm spans everything from minor to moderate harm, to unexpected or avoidable death and incidents that may cause widespread public concern resulting in a loss of confidence in healthcare services. Where the consequences of these failures to patients, families and carers, staff or organisations are so significant or the potential for learning is great, cases should be investigated as serious incidents¹.

Generally, the complaints we see are about incidents of avoidable harm. These could be classed as patient safety incidents; cases where minor or moderate harm has occurred. Four out of five of the cases we reviewed were investigated as patient safety incidents as opposed to serious incidents.

As an Ombudsman's service, we believe that whether or not the event was significant enough to warrant being labelled a serious incident or a patient safety incident, people have a right to know that their complaint has been taken seriously and investigated thoroughly. Indeed, we expect trusts to be measuring and improving people's experience of complaining by using *My Expectations*² when assessing the performance of their complaints service and to what extent this is meeting the needs of the public.

How we approached this

We reviewed 150 NHS complaints investigations where avoidable harm or death was alleged. We were interested to learn about the quality of complaints investigations; did these NHS investigations get to the root cause? Were the findings evidence based? We also spoke to six different trusts; we wanted to know what the challenges were to conducting these types of investigation and where there might be opportunities to improve the system. Finally, we surveyed over 170 NHS complaints managers to provide additional insight into the issues and brought together an advisory group to test our findings.

¹ Serious incidents are defined as “unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm - including those where the injury required treatment to prevent death or serious harm, abuse, Never Events, incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of healthcare services and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services.” NHS England (March 2015) *Serious Incident Framework*. Available at <https://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incident-framework-upd.pdf>

² PHSO (Nov 2014) *My Expectations: a user-led vision for raising concerns and complaints*. Available at: http://www.ombudsman.org.uk/__data/assets/pdf_file/0008/28817/My-expectations-for-raising-concerns-and-complaints-summary-leaflet.pdf

What we found

1. The process of investigating is not consistent, reliable or good enough.

We found that 40% of investigations were not adequate to find out what happened. Not only are trusts not identifying failings, they are also not finding out why the failings happened in the first place. For example, trusts did not find failings in 73% of cases in which we found them, and in over a third of cases where failings were found, trusts did not find out why something went wrong. This is in marked contrast to the perception of 91% of NHS complaints managers who were confident an investigation could find out what had gone wrong.

Serious incidents are not being reliably identified by trusts; we judged 28 of the cases we looked at to be serious enough to lead to a serious incident investigation, but only 8 had been treated as such by the NHS. Identification often relied on either clinicians to spot an incident or on a central risk team flagging incidents. It was clear from our visits to trusts that not all had reliable processes in place, contrary to the perception of complaints managers; 96% stated there was both a process and trigger to help identify a serious incident at their trusts.

We found wide variation between and within trusts in terms of how patient safety incidents are investigated. Perhaps more worrying, is a distinct absence of shared investigatory principles. How a case is investigated is subject to the individual investigator.

We are concerned that there is no national guidance for patient safety incident investigations which make clear:

- who should investigate and how independent of events they should be;
- the level of training an investigator should have for any particular type of investigation;
- broad requirements for the specific evidence needed. For example, statements, interviews or independent clinical reviews;
- how investigations should be independently quality assured;
- what general outcomes any good investigation should aim to achieve.

Worryingly, medical records, statements and interviews were missing from almost a fifth of investigations making it even harder for trusts to arrive at what went wrong and why. Organisations that provide care should not lose sight that it is patients, carers and families who are often at the heart of these investigations. They need to be involved in a meaningful way if investigations are to answer their questions. All of this has a huge impact on patients and families at the centre of any investigation. Our results show that in 41% of cases, complainants were given inadequate explanations for what went wrong and why. The two cases opposite highlight the tragic impact poor quality investigations can have on families and those raising complaints, and why it's important that lessons are learned.

Case study

A one-day-old baby received a blood transfusion to treat severe jaundice. Tragically, serious errors were made in delivering the transfusion resulting in Baby F's collapse, which led to permanent brain damage. Although a serious incident investigation was carried out, it was done so by a close colleague of the paediatrician in charge that day.

We considered that Baby F's collapse was avoidable and requested the trust carry out a review to find out why things went so seriously wrong. The trust acknowledged the investigation was a review of notes only, and clinical staff were not interviewed or asked to provide written statements.

It took three years for Baby F's parents to get a proper explanation for what happened to their baby, adding to their distress.

Case study

Mr M, a 36-year-old father, was taken to accident and emergency with sudden, severe chest pain. Medical staff suspected a heart attack however further tests revealed Mr M may have suffered a tear to the wall of his heart.

After being admitted to a medical ward, Mr M was later discharged with a possible blockage in the bowel with further investigation of his abdomen planned. The following day, Mr M collapsed and lost consciousness. Attempts at resuscitation failed and Mr M died.

Our investigation concluded had a CT scan taken place, Mr M would have been transferred for surgery giving him an 80% chance of survival. No serious incident investigation was conducted and two complaints meetings failed to give the family the answers they needed, despite a list of questions being submitted by the family in advance.

The hospital refused to provide an 'expert view' on whether the doctors' actions were appropriate, adding to the injustice and distress felt by the family.

A review into the quality of NHS complaints investigations where serious or avoidable harm has been alleged


2. Staff do not feel adequately supported in their investigatory role

There is no national, accredited training programme to support investigators and/or complaints staff in their role. Cultural issues can often be a barrier to getting to the heart of why something has happened.

Common reasons cited during our visits to trusts included a lack of respect; not being provided with protected time to investigate, and the lack of an open and honest culture despite the introduction of the duty of candour in November 2014.

Our visits suggest inequity in terms of who can lead different types of investigations. Our visits revealed that serious incident investigations would often be led by a named investigator with training; all other investigations which fell short of the serious incident criteria could be led by an 'appropriate person'.

Ultimately, staff need to be equipped and empowered to carry out investigations otherwise trusts risk adding to the distress felt by individuals and missing opportunities to make essential service improvements as the following case illustrates.



Cultural issues can often be a barrier to getting to the heart of why something has happened.

Case study

Ms G was concerned about changes to her breast and was referred by her GP to a breast clinic. An ultrasound scan led to a diagnosis of mastitis. At a follow-up appointment, a different breast specialist made the same diagnosis. When Ms G missed a follow-up appointment three months later, she was discharged from the breast clinic.

Fourteen months later, Ms G was diagnosed with incurable, advanced breast cancer that had spread to her bones, liver and brain. We found that the secondary cancers were allowed to develop because she had been misdiagnosed and that the two letters she had received confirming mastitis gave her false reassurance. We also found that the trust failed to

fully investigate, and did not acknowledge the extent of the failings or the impact on Ms G.

The trust later acknowledged that it should have instigated a serious incident investigation when Ms G was diagnosed with cancer and had it done this, it could have considered learning and service improvements much sooner.

The trust identified a skills gap for staff responsible for investigating complaints, and developed and commissioned a complaint handling course with a local university; complaints management would now become part of their individual appraisals. The trust also established a quality approval process for complaints.

A review into the quality of NHS complaints investigations where serious or avoidable harm has been alleged

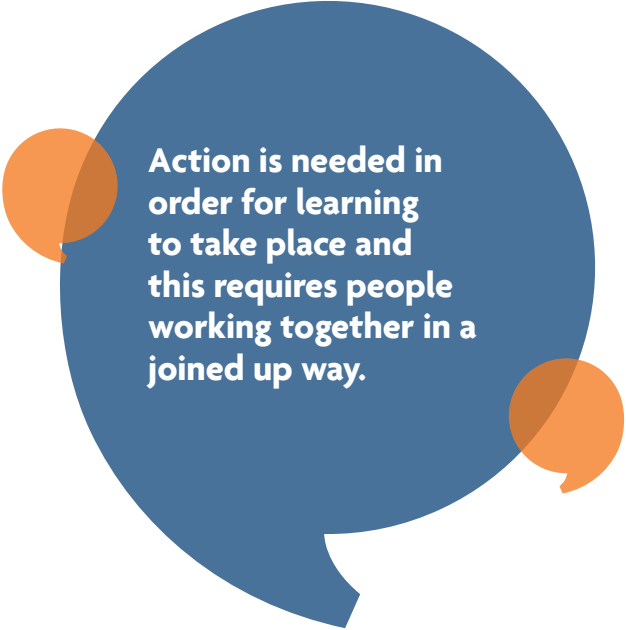
3. There are missed opportunities for learning.

Many complain because they do not wish the same thing to happen to somebody else. Therefore it was worrying to find that 25% of complaints managers were unsure that sufficient processes existed to prevent a recurrence of an incident, and a further 10% believed sufficient processes were not in place.

The impact of poor quality investigations that do not trigger a serious incident is felt most significantly by individuals and their families. However, it also results in missed opportunities to learn and make the relevant service improvements as the case opposite illustrates.

Action is needed in order for learning to take place and this requires people working together in a joined up way. NHS complaints managers, who are responsible for providing explanations to families and ensuring learning takes place, need to be joined up with clinical staff who are often tasked with leading patient safety incident investigations.

Our findings demonstrate that divisions within hospitals often work in isolation to each other; learning from investigations appears to be trapped in high level meetings; and learning across organisations often relies on goodwill and personalities rather than any established processes or mechanisms. Our advisory group reported that cross organisational learning tends to be led by the willing few rather than something that is a widespread practice across the NHS.



Action is needed in order for learning to take place and this requires people working together in a joined up way.

Case study

Mr D, a 77-year-old man, was admitted to A&E and seen by a junior doctor who suspected the cause of his symptoms was sepsis, a severe infection. He was not seen by a doctor for two-and-a-half hours, and antibiotics were then not given until two hours after they were prescribed.

Despite stepping up his treatment, Mr D died two days later. Concerns were raised by close family about the timeliness of Mr D's treatment and whether his death could have been avoided. In response to the complaint raised, the

trust outlined chronological events using clinical records only.

Had a complaints investigation been done thoroughly, the trust would have found that clinical staff failed to recognise the severity of Mr D's illness, that he was not seen by a doctor for more than two hours, observations were not taken regularly and that a serious incident should have been triggered.

Our investigation concluded that the hospital missed an opportunity to give him the best chance of recovery by failing to give him more timely treatment.

A review into the quality of NHS complaints investigations where serious or avoidable harm has been alleged

What needs to change?

In April 2016, a new Independent Patient Safety Investigation Service (IPSI) will be established. Through a combination of exemplary practice and structured support to others, IPSI has the opportunity to make a decisive difference to how the NHS improves the way it investigates in the future.

We therefore call upon IPSI and the NHS more broadly, to consider how the following recommendations can be implemented:

- 1 IPSI and NHS England should consider how the role of NHS complaints managers and investigators can be better recognised, valued and supported. This includes working with others to develop a national accredited training programme.
- 2 To support all investigations to be carried out to a consistent and high quality, IPSI should develop and champion broad principles of a good investigation. The emphasis should be on building capability and capacity at a local level whilst also allowing for flexibility and proportionality.

- 3 IPSI should work with others to lead, inspire and share learning from its own investigations in order to improve the capability of the local NHS. This includes demonstrating to organisations how they can take what they have learned from one investigation and apply it not just across divisions within a hospital, but across organisations too.

- 4 Trusts should demonstrate to their boards that they have clear objectives both for their organisations and their staff to be open and honest, learn from investigations, and resolve complaints. Boards should be using *My Expectations* to assess to what extent local complaints services are meeting the needs of people who use the service.

- 5 The Department of Health and NHS England should work with IPSI to make clear who has accountability for conducting quality NHS investigations at a national and local level. The different roles of organisations that provide care, commissioners, regulators including NHS Improvement, should be clearly outlined.

We believe that taken together, these changes will result in tangible improvements to the quality of local investigations. Although our report is a snapshot in time, it raises doubts over the ability of trusts to reliably identify when something has gone seriously wrong and why. Without this capability, trusts will continue to miss opportunities to learn and make service improvements.

As the stories in our report highlight, this is leading to tragic consequences for the people and families who are directly affected, and raises questions about whether the same preventable mistakes will not be repeated. There is some way to go before the NHS can be confident in the quality of local NHS investigations.

We look forward to playing our part in supporting improvements. As a first step, we will commit to disseminating our findings and will be sending copies of this report to the boards of each NHS trust across England.



Headline figures and insight

The evidence that we collated is attached to this report in annexes B to E. This shows variation in the quality of investigations of patient safety incidents, and provides comprehensive evidence about what is going wrong in the system. This evidence is summarised here.

Insight	Evidence	Our recommendation
<p>The process of investigating as it stands is not consistent, reliable, or good enough.</p>	<p>40% of investigations were not adequate to find out what had happened.</p> <p>19% of investigations had relevant evidence (medical records, statements and interviews) missing when they were conducted.</p> <p>Trusts did not find failings in 73% of cases in which we found them.</p> <p>Trusts did not find out why things went wrong in 36% of cases where they found failings.</p>	<p>To support all investigations to be carried out to a consistent and high quality, IPSIS should develop and champion broad principles of a good investigation. The emphasis should be on building capability and capacity at a local level whilst also allowing for flexibility and proportionality.</p>
<p>Serious incidents are not being reliably identified by trusts, and there exists wide variation between trusts, and within trusts, in terms of how patient safety incidents are investigated.</p>	<p>Out of the 150 cases we reviewed, 28 were judged by us to be serious enough to lead to serious incidents, but only 8 were reported as such. We found that identification often relied on either clinicians to spot an incident or on a central risk team flagging incidents.</p>	

A review into the quality of NHS complaints investigations where serious or avoidable harm has been alleged

Insight	Evidence	Our recommendation
<p>There is a lack of shared investigatory principles - how a case is investigated depends on the individual investigator.</p> <p>Poor quality investigations only increase the distress to the person who is complaining and their families.</p>	<p>There is no national guidance on patient safety incident investigations that sets out who should investigate and how independent they should be, level of training required, requirements for evidence needed, quality assurance, and general outcomes for good investigations.</p> <p>In almost a fifth of investigations medical records, statements and interviews were missing, making it difficult for trusts to arrive at what went wrong and why.</p> <p>In 41% of cases inadequate explanations were given to complainants for what went wrong and why.</p>	<p>To support all investigations to be carried out to a consistent and high quality, IPSIS should develop and champion broad principles of a good investigation. The emphasis should be on building capability and capacity at a local level whilst also allowing for flexibility and proportionality.</p>
<p>Staff do not feel adequately supported in their investigatory role.</p>	<p>There is no national, accredited training programme to support investigators and/or complaints staff in their role.</p> <p>During our visits to trusts, staff cited a lack of respect, not being provided with protected time to investigate, and the lack of an open and honest culture as barriers to getting to the heart of why something has happened.</p> <p>There is inequity in terms of who can lead different types of investigations. We found serious incident investigations would often be led by a named investigator with training; all other investigations not meeting serious incident criteria could be led by an 'appropriate</p>	<p>IPSIS and NHS England should consider how the role of NHS complaints managers and investigators can be better recognised, valued and supported. This includes developing a national accredited training programme.</p> <p>Trusts should demonstrate to their boards they have clear objectives, both for their organisations and their staff, to be open and honest, learn from investigations, and resolve complaints. Boards should be using My Expectations to assess to what extent local complaints services are meeting the needs of people who use the service.</p>

A review into the quality of NHS complaints investigations where serious or avoidable harm has been alleged

Insight	Evidence	Our recommendation
<p>There are missed opportunities to learn.</p>	<p>25% of complaints managers were unsure that sufficient processes existed to prevent a recurrence of an incident.</p> <p>A further 10% of complaints managers believed sufficient processes were not in place.</p>	<p>IPSIS should work with others to lead, inspire and share learning from its own investigations in order to improve the capability of the local NHS. This includes demonstrating to organisations how they can take what they have learned from one investigation and apply it not just across divisions within a hospital, but across organisations too.</p> <p>The Department of Health and NHS England should work with IPSIS to make clear who has accountability for conducting quality NHS investigations at a national and local level. The different roles of providers, commissioners, regulators including NHS improvement, should be clearly outlined.</p>

Annexes

A review into the quality of NHS complaints investigations
where serious or avoidable harm has been alleged

Annex A: Our approach and the evidence we gathered

We gathered evidence about the quality of NHS investigations through four strands of work: a review, a survey, visits to trusts, and an advisory panel.

The review

In January 2015 we completed an initial review of 150 of our cases that involved a complaint about avoidable harm or death. The aim was to establish whether trusts' own handling and investigation of these types of cases are adequate to identify and deal with failings in care or a serious incident. Our investigators answered a series of questions about the quality of the NHS' original complaint investigations, and the evidence that the trusts had relied upon in coming to their decisions.

The survey

In March 2015, we sent a survey about the investigation processes in relation to complaints about patient safety incident to 171 complaints managers in all acute trusts in England. The purpose of the survey was to understand their processes, and gain insight into best practices and areas for improvement. We asked closed questions and gave staff the opportunity to provide qualitative comments. The survey was anonymous. There were 104 responses after a three-week period. This equates to a response rate of 61%.

The visits

We visited acute trusts across the country, including small trusts, large trusts, trusts that had been performing well, and also those that had recently been in special measures. We asked the trusts questions about how they investigate

allegations of a patient safety incident and how their complaints process is set up to investigate and learn from complaints. We spoke to a wide variety of staff including directors of nursing, complaints managers, complaints staff, divisional leads, and governance leads. We used the information from these visits to validate and add depth and context to the information that we obtained from the survey and the review. We also looked to find examples of good practice.

Advisory group

Once we had gathered evidence from the review, the survey and the visits, we convened an advisory group. The advisory group was made up of organisations and individuals with a special interest in patient safety incident investigations. We discussed our findings with the advisory group, whether what we found fits with their experience and how our work fits into the wider landscape. All members of the advisory group said that our evidence resonated with their experience.

You can read a summary of the evidence we gathered in Annexes B to E of this report.

After we had collated all the evidence, we analysed it against the existing applicable standards: the *Ombudsman's Principles of Good Administration* and *Good Complaint Handling, My Expectations, the Duty of Candour*, and the *Complaints Regulations*. We considered whether what we had found suggested that the NHS was falling short of those standards when conducting a patient safety investigation following a complaint. We looked at whether the culture, systems and processes that were in place were robust enough to allow those standards to be met.

Annex B: The review - summary

Introduction

We undertook this review because our casework tells us that there is a wide variation in the quality of NHS investigations into complaints that patients have suffered serious avoidable harm. We completed this in January 2015 and the aim was to establish whether the NHS complaints process is acting adequately as a safety net to identify and deal with failings in care and patient safety incidents. We also looked for features of good practice.

Methodology

We identified and considered 288 cases about the NHS in England that we investigated in 2014. In each of the 288 cases a patient, or relative, alleged that they had suffered avoidable harm because of NHS treatment. Out of those cases, we identified 150 that raised issues of serious avoidable harm or death at acute trusts. The focus of our review was to look at the features and quality of the NHS investigation into the allegation, rather than the result of our subsequent investigation. We therefore did not discriminate between cases that we had upheld or not upheld.

Our investigators reviewed the case file for each of the 150 cases. They answered a series of questions³ about the quality of the trust's original investigation into the complaint and the evidence that the trusts had relied on in coming to their decisions.

The questions were:

- Was the allegation of avoidable harm or avoidable death?
- What was the nature of the alleged avoidable harm?
- What was the main alleged clinical failing leading to avoidable harm or avoidable death?
- Which specialism was complained about?
- Was a serious incident investigation carried out?
- Do you consider that it should have been?
- Did the organisation understand and investigate the complaint put to it?
- Was the complaints investigation carried out by appropriate staff?
- Did the organisation communicate adequately with the complainant?
- Did the organisation have access to the relevant clinical records?
- Was there a review of the care and treatment by appropriate clinical staff?
- If yes, was the review done by a clinician not involved in the patient's care?
- Were key staff interviewed?
- Were key staff asked to provide a written statement?

³ The criteria for the questions were informed by, but not confined to, the requirements of the *Serious Incident Framework*.

- Was any relevant evidence missing or not considered?
- Were the investigation findings reasonable and based on evidence?
- Did the organisation give the complainant an adequate explanation of what happened and why?
- Did the organisation find failings relating to avoidable harm or death?
- If yes, did the organisation find out why things went wrong?
- If failings were found, did the organisation take action to ensure patient safety?
- How long did the investigation take?
- Was the investigation adequate or inadequate?
- Was the complaint upheld or not upheld by us?

What we found

Our initial review bore out our premise that the NHS complaints process does not adequately address complaints about avoidable harm. Out of the cases we reviewed, over one third of investigations into allegations by patients, or their relatives, were not good enough to identify if something had gone seriously wrong.

We found that one third of investigations did not have reasonable conclusions that were based on evidence, and did not reliably identify when something had gone wrong.

Equally we found that, even when investigations did identify failings, the trusts did not always try to find out why something had gone wrong, or take remedial action.

In our review, 14 investigations (9%) found failings relating to avoidable harm; however, our subsequent investigations identified failings relating to avoidable harm in 52 cases (35%). Furthermore, in only 9 of the 14 cases did the trust try to find out why something had gone wrong, and in only 10 of the cases did the trust take action to try to make sure patients were safe in the future.

In the majority of cases the trusts had access to the relevant clinical records, and in 56% of investigations written statements were obtained and 38% involved interviewing key staff. In 90% of cases a review of the clinical care was carried out, but only 52% of cases involved an independent clinical review. In almost a fifth of cases we found that relevant evidence was missing from the trust's investigation. Some of the reasons that our investigators gave for this included that evidence had been given orally, and not documented; interviews or written statements, although considered necessary, were not obtained, and some clinical records could not be obtained.

We looked at the features of the investigations that we considered adequate, and those we considered inadequate. There was no significant difference in the adequate or inadequate groups in how frequently the trusts obtained written statements, interviewed staff, or obtained independent clinical reviews.

A review into the quality of NHS complaints investigations where serious or avoidable harm has been alleged

However, 71% of complaints that should have triggered a serious incident investigation were not identified as such. The 20 cases that should have been classified as a serious incident included: complaints about missed opportunities to survive; delays in providing medication and fluids that could have contributed to death; problems administering blood transfusions, leading to adverse consequences, including brain damage; and unexpected deaths. We found that for these 20 cases:

- 9 did not obtain written statements;
- 9 did not interview key staff;
- 7 did not either obtain written statements or interview key staff;
- 4 had evidence missing;
- 4 did not obtain a clinical review; and
- 6 of the 16 clinical reviews carried out were not independent.

Given the seriousness of these complaints, we considered that, even if the trusts did not recognise that these cases should have been classified as a serious incident, they should have followed a more thorough investigation process.

In addition to how trusts investigated the complaints, we also looked at how they communicated with complainants. Having reviewed the complaints files, we considered that in 27% of cases the trusts did not communicate adequately with the complainants. The reasons they gave for this include: delays in the complaints process; infrequent contact with complainants; and not keeping complainants updated about the progress of the investigation. We also found that in 41% of cases the trusts did not provide complainants with an adequate explanation of what happened and why.

Annex C: The survey – summary

Introduction

In March 2015, we sent a survey about the way complaints about patient safety incidents are investigated to complaints managers in all acute trusts in England, 171 in total. The purpose of the survey was to understand the trusts' processes, and gain insight into best practices and areas for improvement.

What we found

The survey asked closed questions and gave staff the opportunity to provide qualitative comments. Feedback was anonymous. We received 104 responses after a three-week period, which is a response rate of 61%.

Below is a breakdown of the key results by question.

1. *Does your trust's complaint team follow different investigation processes for complaints of avoidable harm, in comparison to other complaints?*

- Just under a tenth of respondents did not know whether they have different processes in place for avoidable harm complaints.
- Out of the remaining respondents, approximately half follow a different investigation process for complaints about avoidable harm.

2. *In your opinion, do you think that improvements are required in the complaints process to adequately investigate allegations of avoidable harm?*

- No respondents selected that 'a lot of improvements' were required to their complaints process.
- However, over half (53%) stated that 'some' improvements were required.
- 47% felt 'no improvements' were needed.

3. *If a complaints investigation identifies that something has gone wrong with the care provided, do you feel that there is an adequate process at your trust to find out why things went wrong?*

- The majority (91%) felt that there is an adequate process at their trust to find out why things went wrong.

4. *If a complaints investigation identifies that something went wrong with the care provided, do you feel that your trust has a sufficient process to prevent the same mistakes happening again?*

- In contrast to the previous question, only 6 in 10 respondents felt that their trust has sufficient processes in place to prevent mistakes happening again.
- Over a quarter of respondents were 'unsure', with over a tenth stating their trust did not have sufficient processes in place.

5. *Is there a process at your trust to identify a serious incident?*

- The majority of respondents (96%) said that there is a process to identify a serious incident at their trust.
6. *Is there a process for your complaints team to trigger a serious incident once the complaint has been identified as requiring one?*
- As in the previous question, the majority of respondents (96%) said that there is a process to trigger a serious incident.
7. *In your opinion do you consider that the complaints process at your trust can identify and trigger a serious incident when necessary?*
- The majority of respondents (92%) felt their trust's processes can identify and trigger a serious incident when needed.
8. *Has your trust signed up to NHS England's safety campaign?*
- Just over half of respondents said their trust has signed up to this campaign.
 - However, 45% of respondents said their trust had not.

Qualitative statements

Respondents were asked to offer ideas for improvements to complaint-handling processes. These centred on the following themes:

- Better training (for complaints teams, as well as others in trusts);
- Being more open, and creating a culture of openness;
- Better engagement between divisions and cross-department collaboration when investigating a complaint, so that people can learn from complaints;
- National guidelines and nationwide consistency (as it was felt that current complaints regulations are outdated);
- Greater ownership of the complaint and taking responsibility for actions relating to it, and for sharing any learning from it;
- Better resources; more time, money, and appropriate manpower;
- Involving more independent opinions in the complaints process;
- Greater focus on quality and consistency of the trust's responses; and
- Auditing the effectiveness of the actions taken.

We also asked respondents to share experiences about serious incident processes at their trust. They raised issues about decisions and processes being out of the complaint team's hands, meaning that staff in the complaints team had less influence in decisions. However, it was noted that things that worked well include:

- Sharing complaints and what is learned from them with other teams;
- Deciding the importance and urgency of complaints;
- Close working with other teams, for example, weekly meetings;
- Clear and consistent processes to deal with the complaint; and
- Having personnel involved who have experience of investigating and handling complaints.

Annex D: The visits – summary

Introduction

In April and May 2015, we visited six acute trusts⁴ across the country. These included smaller acute trusts, large trusts, trusts that had recently been in special measures, as well as trusts that had been performing well. We asked the trusts questions about how they investigate allegations of avoidable harm and how their complaints process is set up to investigate and learn from complaints. We spoke to a wide variety of staff, including directors of nursing, complaints managers, complaints staff, divisional leads, and governance leads.

We used the information from these visits to validate or highlight gaps in the information that we obtained from the survey and the review. We also looked to find examples of good practice.

Below is an overview of the feedback we received from these six trust visits.

What we found

We were made to feel welcome, and generally, trust staff spoke to us openly about the complaints process and their approach to investigating allegations of avoidable harm. The staff we spoke to were keen to improve the system.

We have not quantified how many trusts provided certain responses. This is because we only spoke to six trusts and this, therefore, cannot be representative of all trusts. However, themes did emerge. Equally, the information we gathered helped validate the information we had already collected.

The themes we looked at:

- **How the complaints teams and process is structured:**

Often the complaints teams do not, structurally, sit with the governance teams, but within the nursing directorate. This means the governance and complaints systems run in parallel. The complaints teams tend to liaise with complainants and deal with minor complaints, but do not investigate patient safety incidents. Generally we found that the complaints teams sent complaints about patient safety incidents to the division where the complaint arose to be investigated by clinical staff within that division.

However, one of the trusts we talked to was in the process of changing its approach, and its complaints team (who are lay people) will be investigating patient safety incidents. This is unless the complaint has already been reported on the relevant patient and risk management software (Datix) and investigated within the division.

We did not find any consistency about who would be investigating the complaint, and the level of training of investigators. Some trusts had a list of trained investigators within the divisions. Other trusts did not necessarily use trained investigators, but said that incidents were investigated by ‘the appropriate person’.

⁴ The trusts provided information anonymously.

Another variation we found was that in some trusts a trained investigator would investigate a serious incident, but anyone could investigate a patient safety incident that did not meet the criteria of a serious incident. Trusts also told us that investigators did not necessarily have time in their working week to do the investigations, but had to do this in addition to their clinical or managerial workloads.

The complaints staff we spoke to were all keen to resolve complaints and were persistent in following them through to the end. In some trusts, it appeared to be personalities and persistence that was improving the complaints and investigations process, rather than the investigations process itself. The majority of trusts were open in telling us that they did not feel they had a culture of openness.

- **Investigation process (patient safety incidents)**

In general, we found that complaints staff speak to the complainants and agree the scope of the investigation, and then pass the investigation over to the division where the patient safety incident occurred. However, one trust was starting to use complaints staff to investigate patient safety incident that did not meet the criteria for serious incident. Complaints teams generally told us that when they received a complaint about a patient safety incident they would cross reference it on the trust's logging system - most commonly Datix - and if the incident was not already reported they would report it. Different trusts said there were

different levels of reporting of patient safety incidents by clinical staff on Datix before the complaint was raised.

The larger trusts told us that it can be difficult to obtain clinical records, whereas the smaller trusts found this less of a barrier. Trusts that had an electronic records system said they were better able to get access to clinical records.

Some trusts relied on statements and did not interview staff because they said interviews were too difficult to arrange. Trusts also reported poor quality written statements and having to keep going back to the clinicians to get the information they needed.

Some trusts said that clinicians were unwilling to review their colleagues' work, which made getting an independent clinical review difficult. However, the majority of trusts could get clinical reviews from within the division where the incident occurred for patient safety incidents, and some sought reviews from different divisions for serious incidents, but there was no consistent approach to this. Trusts' complaints staff reported difficulties in challenging clinical opinions. Generally, external clinical reviews were only sought for serious incidents and larger trusts found it easier to get an independent clinical review. Trusts reported difficulty in obtaining independent clinical reviews where the speciality was rare and the number of clinicians working in that field at that trust was limited.

It was generally reported that doctors were more unwilling or slower to provide opinions and statements than nurses. Trusts considered that where the complaint response was quality assured by staff not involved in the care, this introduced an element of independence.

We found variation in whether trusts dealt with serious incidents, and patient safety incidents that did not meet the serious incident criteria, in the same way, or whether they approached them differently.

Equally, we did not find consistency in how the investigations were approached. Some trusts had a root cause analysis (RCA)⁵ template that the investigators followed, and others simply said that the investigator would choose how to approach the investigation on a case-by-case basis. The process and approach also differed between divisions within the same trust. Trusts generally expected the investigator to analyse the information and uncover why things went wrong.

We found that complaints teams tended to have a weekly meeting with the divisions where the complaint arose to discuss progress of outstanding investigations, and this helped the complaints team manage the process.

- **Governance**

We found, in general, that divisional leads quality assured the investigation reports, which were then quality assured by various senior managers and the chief executive. We were told that when a lot of people were in the quality assurance chain the process was longer and harder. This is because staff would tailor the write-up of the investigation and/or response to suit an individual's style, and it would then go to a different individual who would have a different personal preference about writing style. Trusts considered that the quality assurance chain introduced an element of independence. The complaints teams also quality assure responses before they are sent out and will query the complaint response if it does not answer the question, or is not written in plain English.

Trusts told us that complaints and patient safety incident/serious incident investigations were discussed at regular governance and senior management/board meetings. Trusts reported a move towards better identification of trends of where things are going wrong. Trusts reported that senior management gave complaints priority. Trusts also told us that governance and/or auditing of any changes that were implemented is an area that needs improvement.

⁵ A methodology in which steps are taken to identify, and tackle, the root causes of any errors or failings identified as the result of an investigation, in seeking to prevent them from recurring.

- **Communication**

Trusts reported that since the *Duty of Candour* requirements came out in November 2014 they inform patients more reliably about patient safety incidents. Trusts all reported that they have improved how they respond to complaints, and are aiming to give complainants clearer explanations of what happened and why. Trusts also reported that they explained, in their responses, what improvements had been put in place as a consequence of the complaint. Some trusts reported that local resolution meetings with complainants helped communication, and others said that written responses worked well.

- **Implementation and learning**

The majority of trusts said that the investigator was responsible for drawing up action plans for learning from a complaint. Usually the heads of division will sign off an action plan once the investigator has drawn it up. Trusts told us that not all investigations (even upheld ones) resulted in an action plan.

Trusts also told us that an area they needed to work on was sharing with staff what had been learned from complaints and investigations. They said that patient safety incidents and investigations were discussed at high level governance meetings, and that learning was cascaded down through matrons to ward staff. However, there was inconsistency in how this translated into changes in delivering clinical care.

Trusts also said that monitoring and auditing any changes was an area that needed improving, and there did not appear to be any robust processes in place to make sure this happened. Trusts said that the culture around learning from complaints and patient safety incidents needs to improve. Trusts also told us that it is difficult to achieve cross-divisional or trust-wide learning, as currently divisions appear to work as isolated units.

- **Serious incidents**

Trusts did not have a consistent process to identify a serious incident. They told us that, often, these had not been reported before a complaint was raised. They also told us that clinicians in some trusts use their experience to 'spot' serious incidents, whereas other trusts had a central risk team that flagged serious incidents.

It is more likely that serious incidents are investigated by a trained RCA investigator who will use an RCA investigation template, but this is not guaranteed. Again there is no set process to investigate these complaints. Some trusts follow the same approach for patient safety incidents and serious incidents, and others do not.

- **Barriers**

Trusts told us that the barriers they face are:

- Difficulty getting access to clinical records;
- Problems contacting staff who have moved;
- The use of temporary staff, which makes it harder to identify and track people;
- The challenging pace and scale of work;
- Poor interpretation of the available evidence;
- Lack of a system for learning from complaints;
- Lack of a culture of openness; and
- A culture where doctors who do not accept it when complaints staff and investigators challenge them about their statements or reviews.

- **Areas for improvement**

Trust staff suggested these areas for improvement:

- Create a check list for complaints team to help them identify if a complaint should be reported as a serious incident..
- Train complaints staff in investigation skills.
- Standardise processes for investigating patient safety incidents that do not meet the serious incident criteria, and use of an RCA template, irrespective of whether the

issue was raised by a health professional or as a complaint.

- Better collaboration across the divisions when investigating and learning from patient safety incidents and complaints.
- Better ownership and dissemination of learning and action.
- More resources, including appropriately trained staff.
- Better consistency and quality of investigation reports.
- Better and more consistent monitoring of the effectiveness of action plans/change.
- More thorough, but not unnecessarily cumbersome, quality assurance processes.
- Senior acceptance of changing culture in respect of openness.
- Buddying system with different trusts for clinical reviews.
- Cross trust learning methods such as the National Patient Safety Agency (NPSA) or Medicines and Healthcare Products Regulatory Agency (MHRA)⁶ alerts could help share learning across the country.
- Creation of a pool of national clinical advisers to review cases.
- More consistent national guidelines (we were told that the new serious incident guidelines are cumbersome).

⁶ The MHRA regulates medicines, medical devices and bloods for transfusions in the UK.

Annex E: Advisory group - summary

Introduction

In June 2015 we held a meeting with an advisory group to discuss our findings, how what we had found resonates with their experience, and how our work fits into the wider landscape. The advisory group was made up of organisations and individuals with a special interest in complaints investigations, patient safety incidents and serious incidents. The advisory group comprised Peter Walsh (Action Against Medical Accidents), Chloe Peacock (Healthwatch), Brian Toft (Coventry University), Denis Wilkins (CORESS), Donna Forsyth (NHS England), Nikki Pitt (Department of Health), Maria Dineen (Consequence UK), Carol Brennan (Queen Margaret University), Paula Mansell (Care Quality Commission) and Umesh Prabhu (Wrightington, Wigan and Leigh NHS Foundation Trust). Paula Mansell and Umesh Prabhu were unable to attend the advisory group meeting and therefore we met with them separately to capture their views. All members of the advisory group said that our evidence resonated with their experience.

Key areas

At the advisory group discussions, we identified key areas for improvement: those most in need of change; and those areas which, if changed, would have most impact on improving investigations. We also identified that culture and leadership are crucial to improving the following areas:

• Staff

The advisory group considered that it would be useful for investigators to have a skills and competency framework.

Skills that were seen as important to such a framework include:

- Facilitation;
- Analytical;
- Project and multi-project management;
- Time management;
- Interviewing;
- Research, including content mapping⁷ and affinity mapping⁸;
- Active oral and written communication, which is empathetic and non-judgemental.

The advisory group also considered that investigators should have enough seniority to carry things through, and have a sound knowledge of a range of investigation and human factors⁹ methodologies.

The group felt that training for investigators should be accredited, and those that provided the training should be able to show evidence of competency and compliance with national requirements in their training packages.

⁷ A tool used to map content to the needs of service users or the organisational goals.

⁸ A tool used to group information and ideas together according to them having a shared relationship.

⁹ The process of understanding what factors will affect how people think, behave and act.

In addition, they felt that a senior level champion (a named person) in each trust, for example, a head of profession, at board level could oversee the training of staff conducting investigations.

The advisory group suggested that a buddying, leadership and mentorship pool within and across clinical care group communities could be developed to aid training and share experience.

- **Consistent process**

The advisory group felt that the patient and family that had made the complaint should be involved at every stage to manage expectations and to provide information for the investigation. They also felt that the patient and/or family should be able to have access to a source of independent advice and support.

They said that consideration should be given to standardising the investigation process across the NHS. This may include alignment of complaints investigations into patient safety incidents and serious incidents investigations, so that all investigations are subject to the same process, albeit the size, complexity and terms of reference of the investigation could change. For this to happen, the advisory group said that the complaints team and governance may need to sit and work together.

The advisory group noted that the NPSA had developed an investigation template, but this is not used routinely. It was hoped that the new clinical incident investigation unit (IPSI) would consider how to make sure that a template is used consistently. This may include considering how any template would match the skills and/or competencies of investigators, so that staff have the knowledge to use the template.

The advisory group also considered that commissioners could be involved in ensuring independence in the investigations process. Clinical commissioning groups, or a group of trusts, could develop a pool of investigators who can share resources and reciprocate help by giving independent views. Equally a group of people who would challenge the investigation process could be set up.

- **Learning and monitoring**

The advisory group agreed that the term 'learning' needed to be clearly defined.

The theory of the use of legislation versus education to spread what is learned from complaints across the NHS was discussed. That is, do trusts need someone external to the system to motivate and make changes happen (for example, legislation and/or policy changes backed up by penalties for non-compliance), or whether training, empowering staff, and making changes to the culture would result in change.

The group felt that the possible blocks to improving learning from complaints (both across and within trusts) were:

- 160+ trusts all approach this differently and they do not always talk to each other;
- Limitations on resources, although it was felt that a potential solution to this would be to involve the third (charitable) sector;
- They felt that there have been opportunities to build a more collaborative culture and it may not have happened because:
 - › People are not always willing to share (in order to prevent bad press or the need to be the best independently);
 - › There was a risk to organisations' reputations;
 - › People do not want to relinquish control;
 - › People work in isolated groups;
 - › There tends to be a coalition of the willing - those who would naturally engage with this do, and the remainder do not.

The advisory group considered leadership to be the key to a supportive learning environment by:

- Using a public forum to discuss patient safety incidents where staff can make public pledges;
- Involving staff in finding solutions;
- Working together;
- Listening to staff at all levels; and
- Encouraging staff at all levels to speak up, and bring down the hierarchy.

Many of the advisory group members thought that the solution, therefore, was to use the benefits of both legislation and encouraging collaboration and partnership. Together these methods may result in:

- Empowerment of clinical teams;
- Legislation and accountability as the backstop if individuals or organisations are unwilling to learn; and
- Harnessing good practice and inviting people to tell and/or share their stories.

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MEETING OF THE GOVERNING BODY January 2016

Agenda Item: 16/10	Author of the Paper: Fiona Taylor Chief Officer Email: fiona.taylor@southseftonccg.nhs.uk Tel: 0151 247 7061
Report date: January 2016	
Title: Liverpool City Region (LCR) NHS CCG Alliance Terms of Reference	
Summary/Key Issues: This report provides the Governing Body with the Terms of Reference for the newly formed Committee in Common, LCR NHS CCG Alliance, formerly the Merseyside CCG Network.	
Recommendation The Governing Body is asked to approve the terms of reference.	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
x	To place clinical leadership at the heart of localities to drive transformational change.
x	To develop the integration agenda across health and social care.
x	To consolidate the Estates Plan and develop one new project for March 2016.
x	To publish plans for community services and commission for March 2016.
x	To commission new care pathways for mental health.
x	To achieve Phase 1 of Primary Care transformation.
x	To achieve financial duties and commission high quality care.

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

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

Liverpool City Region (LCR) NHS Clinical Commissioning Group Alliance (Committee in Common)

Terms of Reference

1. Purpose of the Alliance

- 1.1 The Committee in Common, referred to from here as the Alliance will be the formal vehicle for the LCR NHS CCGs to:
- Oversee co-commissioning of specialised services with NHS England;
 - Oversee collaborative commissioning across other agreed areas;
 - Be the responsible body of NHS commissioners for discussions regarding devolution;
 - Oversee the production of a sustainability and transformation plan (STP) for health services across the Liverpool City Region (LCR) footprint;
 - Oversee plans for re-configuration of hospital services (including mental health services) across LCR.
- 1.2 The purpose of the Alliance detailed above will be set out in an indicative annual work plan which will be signed off by each full member CCG's Governing Body.
- 1.3 The Alliance will make decisions on areas of work agreed in the workplan and other areas as required from time to time in line with the individual CCG's schemes of delegation.

2. Membership

- NHS Halton Clinical Commissioning Group
 - NHS Knowsley Clinical Commissioning Group
 - NHS Liverpool Clinical Commissioning Group
 - NHS Southport and Formby Clinical Commissioning Group
 - NHS South Sefton Clinical Commissioning Group
 - NHS St Helens Clinical Commissioning Group
 - NHS Wirral Clinical Commissioning Group
- 2.1 Attendees from each CCG will be the Chief Officer, Chair and Chief Finance Officer.
- 2.2 A nominated deputy in line with the relevant CCG's scheme of delegation is permitted, however, this person should be named in advance of the meeting.
- 2.3 Associate members:
- NHS West Lancashire CCG
 - NHS Warrington CCG
 - NHS West Cheshire CCG
- 2.4 Representatives from other organisations will be co-opted/invited to attend in line with agenda items, eg NHS England Specialised Commissioning representative.

3. Accountability and Reporting

- 3.1 The Alliance is a committee of each full member CCG and reports to each Governing Body.
- 3.2 Ratified minutes from the Alliance meetings will be submitted to each Governing Body for receipt.

4. Administration

- 4.1 Responsibility for chairing the Alliance will rotate between the 7 full CCG members on a six monthly basis.
- 4.2 Dedicated administrative support will be identified to support the work of the Alliance.
- 4.3 Managerial leadership and support will be identified for key areas of the work programme.

5. Quorum

- 5.1 The Alliance will be quorate if all full member CCGs are represented.

6. Voting arrangements

- 6.1 Each CCG forming part of the full membership will have one vote.
- 6.2 A minimum of 5 CCGs in agreement is required for a decision to be carried.
- 6.3 Associate CCG's or colleagues in attendance do not have a vote.

7. Frequency and Notice of Meetings

- 7.1 The Alliance will meet at least 10 times during the financial year, additional meetings may be called by the Chair of the Alliance as and when required.
- 7.2 Members shall be notified at least 10 days in advance that a meeting is due to take place. Exceptionally the Chair may call an urgent meeting with notice of 2 working days.
- 7.3 Agendas and reports shall be distributed to members 5 working days in advance of the meeting date, except in the case of urgent meetings above where supporting papers will be provided when it is called.

8. Conduct

- 8.1 All members are required to make open and honest declarations of interest at the commencement of each meeting or to notify the Committee Chair of any actual, potential or perceived conflict in advance of the meeting.
- 8.2 All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.
- 8.3 The Alliance will:
 - a) Comply with the principles of good governance;
 - b) Operate in accordance with each CCG's scheme of reservation and delegation;
 - c) Comply with each CCG's standing orders;
 - d) Operate in accordance with these terms of reference;
 - e) Comply with all relevant statutory and regulatory requirements.

MEETING OF THE GOVERNING BODY January 2016	
Agenda Item: 16/11	Author of the Paper: Dwayne Johnson Director Social Care and Health Email: dwayne.johnson@sefton.gov.uk Tel: 0151 934 3333
Report date: January 2016	
Title: Children & Young People's Plan (CYPP)	
Summary/Key Issues: To seek views and agreement to the content and layout of the draft Children & Young People's Plan for Sefton.	
Recommendation The Governing Body is asked to receive this report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
	To place clinical leadership at the heart of localities to drive transformational change.
x	To develop the integration agenda across health and social care.
	To consolidate the Estates Plan and develop one new project for March 2016.
x	To publish plans for community services and commission for March 2016.
x	To commission new care pathways for mental health.
x	To achieve Phase 1 of Primary Care transformation.
	To achieve financial duties and commission high quality care.

**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		x		
Locality Engagement	x			
Presented to other Committees	x			

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

**Report to Governing Body
January 2016**

1. Executive Summary

Members and officers of the Southport and Formby Clinical Commissioning Group are asked to receive and comment on the Draft Children & Young People's Plan for Sefton. This plan has been written in partnership and can be used to support service commissioning and delivery.

2. Introduction and Background

- 2.1 Under the Children's Act 2004 the statutory responsibility for the production of a Children & Young People's Plan for the borough was transferred from the Council's Children's Services to the Children's Trust Board. In November 2013 the Early Life Forum of the Health & Wellbeing Board was delegated powers to discharge the Children's Trust arrangements and facilitated the production of the draft Children and Young People's Plan. This is attached for consideration by members of Overview and Scrutiny for Children's Services and Safeguarding.
- 2.2 A small Task and Finish Group, led by the Director of Children's Services reporting to the Early Life Forum, developed the draft Plan. This Task and Finish group was made up of members from various organisations and service areas including Schools and Families, Children's Social Care, Early Years, Sefton CVS (Every Child Matters Forum), Strategic Support, Public Health and Sefton's two CCG's. Young People attended the early Life Forum to give feedback and input into the draft Plan and a group of Young People youth proofed the plan as well as producing a series of poster and animation to represent the plan.
- 2.3 In agreeing to the development of the Plan, the Early Life Forum were keen that it should be an overarching five year plan to be used by officers and wider partners in designing and delivering services for children and young people to ensure they had the best possible start in life. The plan outlines the ambitions for children, young people and families in the borough, setting it in both within a strategic and demographic context. The Forum agreed that the Plan should be available in both Youth friendly and accessible versions which will be published when the plan is finalised.
- 2.4 The Plan defines the following four key priority areas which underpin the achievement of the priority, "Ensure all children have a positive start in life" in the Health & Wellbeing Strategy:
- Ensure all children and young people have a positive educational experience;
 - Ensure all children are supported to have a healthy start in life and healthy adulthood;
 - Improving the quality of lives of children and young people with additional needs and vulnerabilities, to ensure they are safe and fulfil their individual potential;
 - Ensure positive emotional health and wellbeing of children and young people is achieved.
- 2.5 Production of the Children and Young People Plan - A multi-agency working group designed a consultation to gather the views of people caring for or working with children and young people in Sefton as well as young people themselves. This was done via a World Café style event in Formby PDC, which was attended by Young Advisors, parent carer reps, teacher's, social workers and other practitioners from a range of statutory and voluntary organisations. The aim of the event was to better understand how their needs were being met, what gaps they have encountered and their views on improving services across Sefton.

2.6 The Sefton Young Advisors were commissioned to produce a series of age appropriate posters and an animated video clip for children and young people that could be used to promote the content of the plan and what it means for children and young people in Sefton.

2.7 Next Steps

Officers are asked to

- Consider the draft and make recommendations for modifications to content and or layout;
- Recommend Cabinet and Council approval of the draft plan with required modifications;
- Endorse the launch of the Children & Young People's age-appropriate posters and animation to promote the content of the plan through schools, youth centres and other locations across the borough that deliver services to young people;
- Receive annual updates from key officers with responsibility for the delivery of the action plan;
- Endorse the creation of a Young Peoples reference group to work with the Cabinet member for Children, Schools and Safeguarding and the Director Social Care and Health to help monitor and evaluate the delivery of the plan.

3. Key Issues

Views are sought from members of Governing Body on the following:

- Does the plan look and feel about right?
- Are the priorities the right things?
- Do members feel that a short pictorial summary should be produced?
- How do members want to be involved in the delivery plan?

4. Conclusions

The draft Children and Young Peoples Plan is centred on improving outcomes for children and young people and families across the borough. The partners of the plan will work towards actions that promote early intervention and prevention to improve the health and life chances of all children regardless of their background.

5. Recommendations

- 5.1. Note the content of the report and make recommendations for modifications;
- 5.2. Receive further updates on the work to implement the Children & Young People Plan in Sefton.

Appendices

Appendix 1 – Draft Children and Young People's Plan

Nicola Beattie
January 2016



Sefton Children & Young People's Plan 2015 – 2020



DRAFT

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Sefton Health & Wellbeing Board

Developing the Children & Young People Plan

Priorities for Children & Young People in Sefton

Principles for delivering the Priorities for Children & Young People in Sefton

Priority 1 Ensure all children and young people have a positive educational experience

Priority 2 Ensure all children are supported to have a healthy start in life and a healthy adulthood

Priority 3 Improving the quality of lives of children and young people with additional needs and vulnerabilities, to ensure they are safe and fulfil their individual potential

Priority 4 Ensure positive emotional health and wellbeing of children and young people is achieved.

How we will measure success

Making it happen

Plan on a Page

Action Plan:-

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Glossary

Foreword

Welcome to the 2015-2017 Children and Young People's Plan for Sefton.

The children and Young People's Plan (CYPP) is the single strategic 5 year plan for all services and organisations which work with children and families in Sefton.

At a time of significant reduction in public spend it is important to ensure that resources are targeted to where they will have the greatest positive impact on the lives of our children and young people. The priorities outlined in this Plan sit within the wider determinants of health and wellbeing, as outlined in its 2014-2020 Strategy, and are informed by Sefton's Strategic Needs Assessment.

The Plan is broken into four major themes, reflecting the priorities of the Health and Wellbeing Early Life (0-25) Forum. They are:

- Ensure all children and young people have a positive educational experience
- Ensure all children are supported to have a healthy start in life and a healthy adulthood
- Improving the quality of lives of children and young people with additional needs and vulnerabilities, to ensure they are safe and fulfil their individual potential.
- Ensure positive emotional health and wellbeing of children and young people is achieved

These will work towards the overall aim to "Ensure all children have a positive start in life and are safe"



Councillor John J. Kelly
Cabinet Member - Children,
Schools & Safeguarding



Director of Social Care & Health



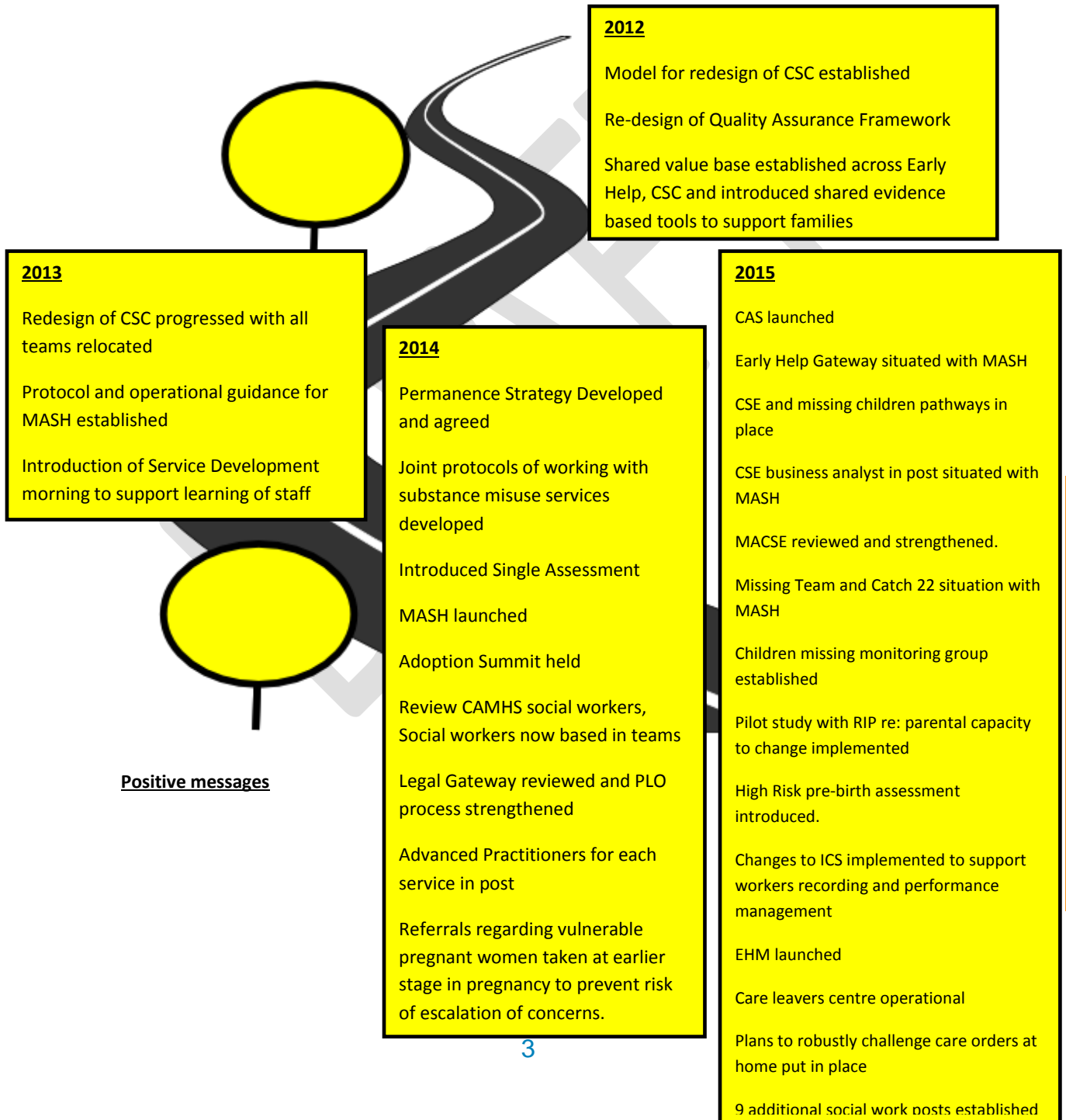
A handwritten signature in black ink, appearing to read 'Nigel Bellamy'.

Nigel Bellamy
Deputy Chief Executive, Sefton
CVS & Chair of 0-25 Forum

The Journey so Far



In Sefton we are proud of the achievements we have made in recent times for our Children & Young People, some of these successes include.



Positive messages

What it's like to live in Sefton



Sefton is an area that stretches from Southport in the North to Bootle in the South. To the east lies the town of Maghull and the west is bordered by an award winning coastline covering Crosby through to Formby and Ainsdale. There are a lot of things that make life good for people but it is not so good for others. The health and wellbeing of everyone is important to Sefton's Health and Wellbeing Board.



People enjoy living in Sefton with **80%** of Sefton residents saying that they are either **very or fairly satisfied** with their local area as a place to live



Our young people **achieve well** in school



Crime rates are either **equal to or lower than** the average for our neighbouring authorities in the Liverpool City Region



There is a **good quality coast line and green spaces** which residents and visitors enjoy.

Sefton's Population



Sefton's **overall population** has **reduced** between 2001 and 2011



Sefton's Strategic Needs Assessment includes official government population projections (Office of National Statistics), which indicates that Sefton's population will **increase by 1%** by **2021**, with the most **significant increase** occurring amongst the **over 65 population**. However, ONS guidance states that projections are uncertain and become increasingly so the further they are carried forward



There are **less people in employment** and a **significant increase in youth unemployment**;



There are areas of the borough where people and families are **in poverty and this leads to poorer health and wellbeing**



The Council currently spends over **£90 million on acute services for older people**, and the NHS spends **£15.2 million a year on routine and emergency surgery for older citizens** in the borough.



The Council spends a further **£33 million on children's social care**.

These present significant challenges to commissioners.

What life is like for Children and Young People living in Sefton?



The number of **children and young people** living in Sefton (0-25 year olds) is **62,100** a **fall of 14%** (9,990) since 2001. Sefton is a **good place for children and young people to live and grow up**. Most receive their **immunisations**, with rates being close to - or above - the national average;



On the whole our children and **young people achieve in school**. However, there are still **some that do not reach their full potential** which impacts on their ability to go into further education, training and to get a job.



The **health** of children and young people is **generally improving** and they have access to a **wide range of physical activity opportunities**.



Almost 20% of our children are obese when they leave primary school at **11 years**.



The number of **hospital admissions related to alcohol use in under 18's is also higher (though declining) than the England average** and **childhood smoking rates are average**



There are **fewer teenage mothers** in the borough than in previous years



Whilst the **total number of births** in Sefton is **not rising**, there has been an increase in the **number of babies born to non British born women**. These mothers may need additional support to access maternity and other health services



Sefton mothers are **more likely to smoke during pregnancy** and **less likely to breastfeed their baby at 6 weeks**

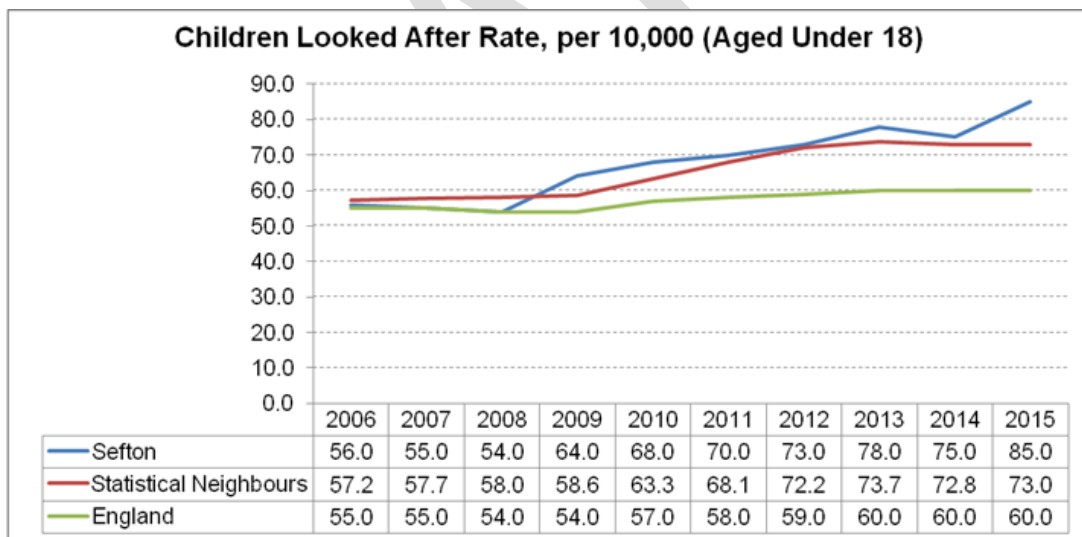


Some of our children and young people **cannot live with their parents or families**; they live with **Foster Carers**, in **children's homes** or are **adopted**. These children and young people are **more likely to experience poor life chances**

As of November 2015 there are 454 looked after children (LCS)

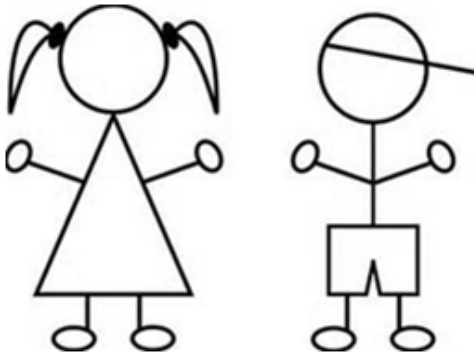
Most recently available Comparison data shows that At March 2015 there were 85 looked after children per 10,000 population in Sefton, compared with 73 for our statistical neighbours and 60 for all England

(<https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2014-to-2015>)



If Sefton had 100 Children (0-18years inc), as they grow up.....

19 will live in poverty
6 will be low birth weight babies (below 2500g)
66 will be achieving good development in Early Years Foundation Stage One
76 will achieved Yr1 Phonics
93 will make expected progress in Primary school in Reading
94 will make expected progress Primary school in Writing
93 will make expected progress Primary school in Maths
58 will achieve A*-C GCSE's including English & Maths
25 will be overweight / obese in reception
35 will be overweight / obese by Year 6
16 will be eligible for free school meals
5 will be persistently absent from secondary school
13 will live in lone parent families



If Sefton's Constituencies had 100 Children (0-18inc), as they grow up.....

Southport Constituency

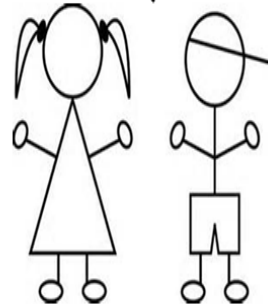
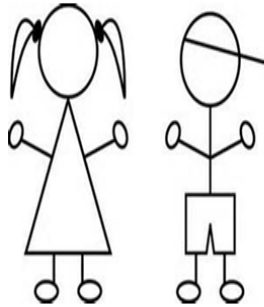
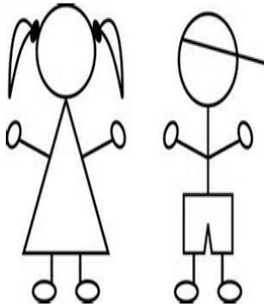
15 will live in poverty
7 will be low birth weight babies (below 2500g)
93 will make expected progress at Primary school
58 will achieve A*-C GCSE's including English & Maths
22 will be overweight / obese in reception
36 will be overweight / obese by Year 6
13 will be eligible for free school meals
8 will be persistently absent from secondary school
19 will live in lone parent families

Central Constituency

9 will live in poverty
6 will be low birth weight babies (below 2500g)
96 will make expected progress in Primary school
58 will achieve A*-C GCSE's including English & Maths
23 will be overweight / obese in reception
31 will be overweight / obese by Year 6
13 will be eligible for free school meals
7 will be persistently absent from secondary school
15 will live in lone parent families

Bootle Constituency

29 will live in poverty
8 will be low birth weight babies (below 2500g)
92 will make expected progress in Primary school
52 will achieve A*-C GCSE's including English & Maths
28 will be overweight / obese in reception
39 will be overweight / obese by Year 6
28 will be eligible for free school meals
9 will be persistently absent from secondary school
31 will live in lone parent families



Sefton Health & Wellbeing Board

The Health and Wellbeing Board in Sefton was formally established as a Committee of the Council in April 2013, having operated in Shadow form for 12 months.

Membership of the Board

The membership of the Board comes from the range of organisations that have the biggest impact on the health and wellbeing of local people, and those required by Health and Social Care legislation, including Sefton Council, NHS South Sefton Clinical Commissioning Group (CCG), NHS Southport and Formby CCG, Healthwatch and NHS England.

The aim of the Health and Wellbeing Board is to make a real difference to the health and wellbeing of the people of Sefton.

The legislation that established the Board also gave it some specific functions:-

- To prepare a Sefton Strategic Needs Assessment (SSNA) of the health needs of the people of Sefton
- A responsibility and duty to encourage integrated working between organisations that plan and deliver health and social care services for local people
- A power to encourage close working relationships between all partners that plan and provide services that can improve the health and wellbeing of local people.

The Board's role is to

- Encourage integrated working between commissioners of health services, to public health and social care services.
- Encourage those who provide services related to wider affects of health, such as housing, to work closely with the Health and Wellbeing Board.
- Lead on the Sefton Strategic Needs Assessment (SSNA) and Joint Health and Wellbeing Strategy (JHWS) involving users and the public in their development.
- To provide system leadership for change across care, health and wellbeing across a wide range of leaders from not only the Council and the two Clinical Commissioning Groups Governing Bodies, but other public sector organisations such as hospitals and community based health care providers, Merseyside Police, Merseyside Fire and Rescue, Merseyside Probation Service, Schools and Colleges, Merseytravel and housing providers and of course our voluntary community and faith sector groups and organisations.

Health and Wellbeing Board Vision

The Vision which the Health and Wellbeing Board has adopted is:

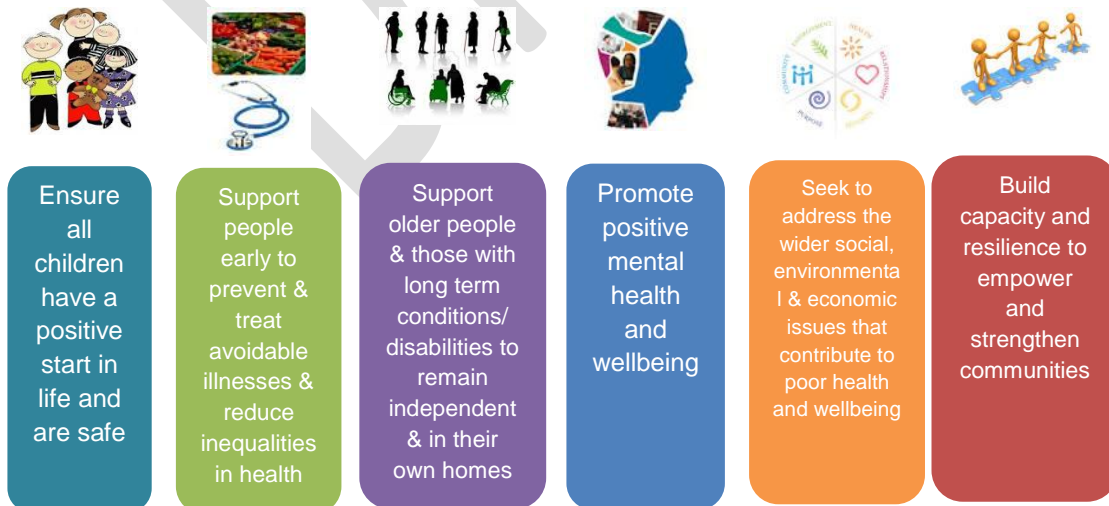
**Together we are Sefton – a great place to be!
We will work as one Sefton for the benefit of local people,
businesses and visitors**

Health and Wellbeing Strategic Priorities

The strategic priorities of the Board have been developed through both understanding the analysis of need and the feedback from our communities, through extensive consultation and engagement. These priorities are for the borough of Sefton, and through partnership working seek to deliver:-

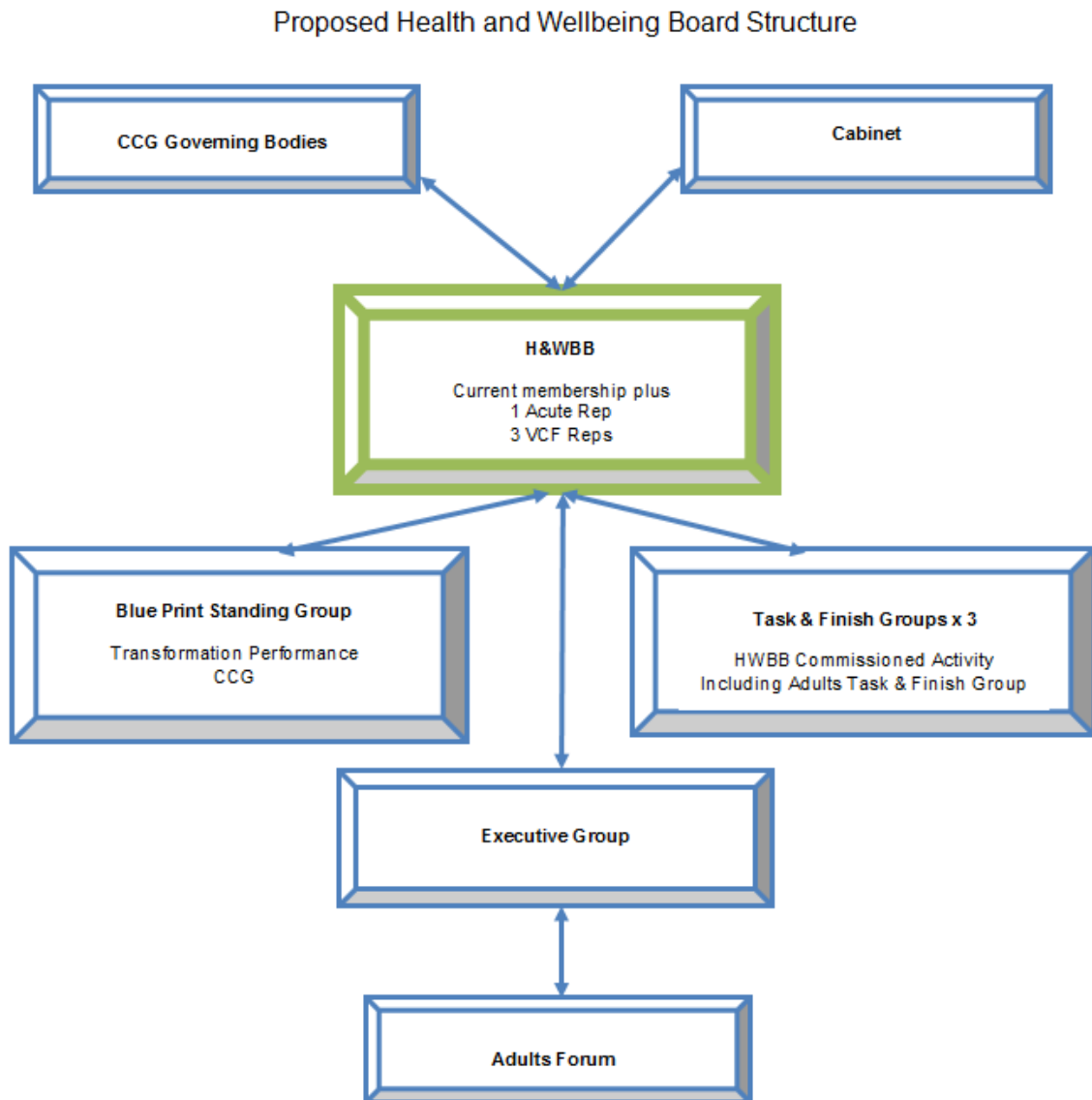


These priorities will be delivered through the following strategic objectives for health and wellbeing in Sefton:-



The Structure of the Health and Wellbeing Board

The Health and Wellbeing Board has a proposed new structure to ensure Sefton has the delivery infrastructure to achieve the best care, health and wellbeing outcomes for people in Sefton, through integrated, collaborative working.



The Health and Wellbeing Board is also proposing that the Children's Trust Arrangements are discharged through the Health and Wellbeing Board as outlined in the attached Memorandum of Understanding to be agreed by Cabinet and Council.

Developing the Children & Young People's Plan

To identify and agree the priorities within this Plan we:

CHILDREN AND
YOUNG PEOPLE'S
PLAN



Reviewed our previous Children & Young People's Plan



Collected information from a wide range of partners and analysed the characteristics and needs of children and young people within Sefton, compared to national data and the needs of children and young people from each area of Sefton to identify gaps



Considered national and local priorities and how these affect services for children and young people in Sefton



Discussed the information and emerging priorities arising from the Sefton Strategic Needs Analysis 2014.



The Plan has been written in the context of significant pressures on public sector budgets which will continue to impact up to 2017 and beyond. This will require organisations to work in very different ways, focusing on the most vulnerable in an innovative and creative way to promote community resilience and by maximising the use of new technology.

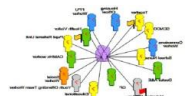
In developing and implementing this Plan, we have focussed on:



Narrowing the gap between children's outcomes via supporting children with additional needs and the most vulnerable;



Helping communities and individuals to help themselves – where we find ways to support people, allowing them to be as independent as possible;



Locality working – where locality approaches are used when they are the best way to make improvements

Priorities for Children and Young People in Sefton

This has resulted in a set of Priorities which will underpin the Vision for the 0-25 Forum as follows:-



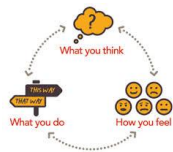
Ensure all children and young people have a positive educational experience



Ensure all children are supported to have a healthy start in life and a healthy adulthood



Improving the quality of lives of children and young people with additional needs and vulnerabilities, to ensure they are safe and fulfil their individual potential.



Ensure positive emotional health and wellbeing of children and young people is achieved

These priorities are underpinned by the United Nations Convention of the Rights of a Child (UNCRC) and by a shared commitment to remove barriers to access, participation and achievement, and not tolerating discrimination or abuse.

Principles for delivering the Priorities for Children and Young People in Sefton

In developing this Plan the Forum has agreed a set of principles that will shape the way we work towards delivering the priorities:-



Having a Family approach - utilising Early Intervention and Prevention services help build resilience and strengthen protective factors in the lives of children and young people and their families



Listening to children and young people - giving children and young people opportunities to be engaged in decision-making processes and give them as much influence as possible. This will be crucial to us in improving their future outcomes



Promoting partnership working, joint commissioning and investing in children and young people's futures - Joint commissioning and service delivery will enable partners to provide services which deliver improved children and young people's outcomes

Growing Up



Smoothing the transition between childhood and adulthood



Ensuring services are delivered cost effectively

DRAFT

Priority 1



Ensure all children and young people have a positive educational experience

National context

Through a range of central government reforms, schools now have greater freedom to innovate and raise standards for their children and young people. The most significant reform has been the creation of academies and free schools, which are outside the direct control of local authorities and are formally accountable to the Secretary of State for Education.

A national priority for the new system to address is the fact that in two thirds of local authorities, pupils have a higher chance of attending a good or outstanding primary school than a secondary school.

Regional context

The North West has a rich variety of education provision and expertise, including system leaders in the region who are making an excellent contribution to school improvement in the most disadvantaged areas. Good collaborative networks exist to promote school-to-school support, and local authorities support and challenge each other on their performance and new roles going forward.

In terms of overall school performance and inspection outcomes, children in the region have a greater chance of attending a good or outstanding primary school than their peers nationally. However, this performance is not matched at secondary level, where Ofsted have found too much variation in the quality of secondary school teaching and leadership, and an increase in the number of failing schools.

The proportion of early year's providers who received an outstanding Ofsted judgement is significantly above both local and national averages. A similar pattern emerges when considering early year's providers who are good or outstanding. This reflects the ongoing support and training offered to the sector.

Sefton context

Over the past decade, our children and young people have had access to a wide variety of educational provision. Significant investment and additional funding was sought to create and upgrade schools and other settings across early years providers, children's centres, further education, special educational needs provision, and alternative curriculum provision. The local authority has positively encouraged school autonomy and has delegated higher levels of school funding than that found regionally. The ultimate aim has been to ensure that all Sefton children and young people have a positive educational experience.

With reference to the national and regional context, Sefton schools and settings have built upon their autonomy and have embraced the academisation programme, teaching schools, National

Leaders of Education, and Local Leaders of Education. However, schools are keen to balance school autonomy and school-to-school support with the local authority maintaining a secure enough oversight of school performance and provision – the full expression of this will be set out in a new Education and Skills Strategy.

Education remains a key priority for the local authority, particularly given the fact that inequalities still exist in provision across the borough - at secondary level there is considerable variation in KS4 performance and Ofsted inspection outcomes. The local authority recognises that there are specific parts of the borough where pupils do not have access to a "good" secondary school as judged by Ofsted.

Improvement has been made at KS1 and KS2, which has brought Sefton broadly in line with national averages, but there is obviously further room for improvement.

Sefton Performance



In terms of performance, standards of **Early Years provision** are above national and regional averages

94% of children taking up the **two year old offer** and **90%** of funded **three and four year olds** are in provision rated **good or better** by Ofsted

The proportion of children achieving a '**good level of development**' are broadly in line with national averages although a significant gender issue exists, with the proportion of girls achieving a 'good level of development' some 20 points above the boys



Children's Centres offer a wide range of universal and targeted services for under 5 year olds. Currently **80%** of those inspected are **good or better**



Ofsted have found that children are well supported in their early years. 84% of 0-5s attend a good or outstanding setting.

At Key Stage 1, Sefton has made improvement and is now broadly in line with national averages for reading, writing and mathematics at all Levels.

At Key Stage 2, Sefton has made improvement and is now broadly in line with national averages for reading, writing and mathematics at all Level 4 and 5.

The percentage of A*-C (including mathematics and English) is 56% is in line with the national average.

Overall school performance at secondary at secondary level has improved from 55% to 65% but Sefton is still below the national average



Sefton's **post-16 average point score (APS)** per candidate is **below the national average** and above for the APS per entry against figures for statistical and Merseyside neighbours.

Percentage of children attending good or outstanding schools



	North	Central	South
Primary Schools	27%	42%	27%
Secondary Schools	21%	74%	4%
Special Schools	28%	40%	27%



- There are two general FE Colleges, one sixth form college and one LA governed sixth form centre
- Both general FE colleges and the six form centre were graded good at their last inspections
- The sixth form college in Southport is in special measures. This is obviously a cause for concern as residents in the Southport area are seeking good or better A level provision elsewhere, particularly high achieving sixth form colleges in Lancashire. Actions are being taken by the college, supported by the SFA and LA to address the issues but given freedom of choice for young people and parents, this is not an easy task.
- There are 9 schools with sixth forms, mainly serving the middle and north of the borough where there is more affluence and generally higher achievement at KS4. The outcomes are comparable with regional averages in terms of average point's scores at A level, but there is much variance between schools.
- There is a very good range of vocational provision in the borough: two general FE colleges which offer courses at all levels, now including degree courses
- There is a full range of work based learning provision, providing training for Apprenticeships, Traineeships, study programmes and re- engagement programmes
- There is a strong Post 16 participation group which addresses such issues as strengthening provision, gaps in provision, NEET 9 by areas within the borough and performance
- NEET is currently at its lowest level since records began (5.4%) and the "not known" rate is also very low (3.5%) but these figures to some extent mask the regional variances between highest and lowest performing wards (highest NEET is 15%, lowest is 1.6%)
- NEET is disproportionately high amongst vulnerable

groups, particularly Care Leavers and YOT. The connexions service is commissioned to work on behalf of the authority to address these issues in conjunction with LA and non- LA support services.

- There is a strong relationship between the LA and schools/colleges in collecting data, particularly September Guarantee and Activity survey data.



In those schools judged to require **improvement** or **failing** at inspection, the local authority has been swift in tackling the issues of underperformance by working closely with the school's leadership and governance, and, in some instances has removed the governing body to create Interim Executive Boards (IEBs) to oversee improvement



33% of young people in north and central Sefton go to university but if the young people live further south in the borough they don't tend to travel far or go to red brick universities.

A new Education and Skills Partnership will be established, which will work closely with the Health and Wellbeing Board to ensure all school improvement priorities are successfully achieved. The Partnership will also oversee the work required to tackle surplus places in the secondary sector and the sufficient number of places required in the primary sector, as well as ensuring the success of our strategies to implement SEN reforms, reduce persistent and overall absence, virtual school, NEET and post-16 progression, and the development of a commercial traded services model for all schools.

Key Priorities

We want to ensure that all Sefton children and young people are equipped with the knowledge, skills, and desire needed to fulfil their true potential. We aim to do this by giving children the very best start in life through good early years provision and support, and then ensure that they progress and achieve high standards at good and outstanding primary schools, secondary schools, and further education provision.

We will do this by:-

1. Ensuring good leadership and governance across all educational settings in Sefton
2. Ensuring that barriers to participation and progress are addressed
3. Ensuring children are ready for school and to move onto the next stage of their lives
4. Ensuring all pupils make at least 'good' progress in every year of their education
5. Ensuring young people leave education with the skills and opportunities to achieve.

Priority 2



Ensure all children are supported to have a healthy start in life and a healthy adulthood

National Context

The Healthy Child Programme (HCP) is the early intervention and prevention public health programme that lies at the heart of universal services for children and families. It is delivered by a range of health, education, early years and social care agencies working in partnership.

The **HCP for 0-5 year olds** aims to:

- Help parents develop a strong bond with children
- Encourage care that keeps children healthy and safe
- Protect children from serious diseases, through screening and immunisation
- Reduce childhood obesity by promoting healthy eating and physical activity
- Encourage mothers to breastfeed
- Identify problems in children's health and development so that they can get help with their problems as early as possible.
- Make sure children are prepared for school

The **HCP for 5-19 year olds** demonstrates how health, education and other partners working together across a range of settings can significantly enhance a child or young person's life chances by supporting children to be healthier, happier and able to take advantage of opportunities that will help them reach their full potential.

From 1st October 2015, the Government intends that Local Authorities take over responsibility for **commissioning public health services for children aged 0-5**. This includes health visiting and Family Nurse Partnership (FNP). In addition, certain elements of the HCP will become mandatory including; Antenatal health promoting visits, new baby review, 6-8 week assessment, 1 year assessment and 2-2 ½ year assessment.

FNP is a dedicated programme offered to first time mothers aged 19 or under. Unlike the regular health visiting service, it begins in early pregnancy; with the Family Nurse offering weekly and fortnightly visits right up until the child is two years old. The aim is to work with young parents, helping them to understand about their pregnancy and how to care for themselves and their baby. FNP will be available in Sefton from early 2015.

The council will be responsible for commissioning core health, education and children's services and will have the opportunity to commission a fully integrated 0-19 HCP.

Regional context

Commissioners in Sefton work closely with neighbouring commissioners and healthcare providers to ensure children and young people receive high quality services and continuity of care regardless of where a child lives or attends school.

- Sefton Council, NHS South Sefton CCG and NHS Southport and Formby CCG are members of the Merseyside Health Visiting Strategic Assurance Board.
- Partners in Sefton are supporting NHS England manage the Sefton FNP Advisory Board that will monitor and oversee the implementation and continued delivery of FNP programme in Sefton.
- Sefton revised the school health service specification in collaboration with Liverpool, Knowsley, St Helens and Halton. The re-commissioned Sefton service went live in October 2014.

Sefton context

The National Public Health Outcome Framework includes a number of indicators that help Local Authorities and their partners gauge whether they are providing a HCP which supports children and young people achieve good health and wellbeing. There are a number of areas where Sefton is performing significantly better than the England average. These include:



2 year vaccinations.



Family homelessness



Child Mortality

However, Sefton falls below the national average on a number of key health outcomes.



Breastfeeding - One in two mothers initiate breastfeeding in Sefton (compared to one in three across the North West and three in every four across England) and rates differ across the Borough (e.g. Harrington 63.8% , Netherton and Orrell, Derby and Linacre at 20% or lower)

The rate of mothers who are partially or fully breastfeeding at 6-8 weeks is around 26-29%, much lower than the national rate of 47%



In Sefton the percentage of **mothers smoking at time of delivery** is 15.6%, which is the lowest of all the Mersey authorities, but still higher than the England figure of 12.0%. The rate is significantly higher for mothers living in South Sefton than North Sefton. (17.1% compared to 12.2%)



Childhood obesity in Sefton is **higher than the national and regional averages** for children in reception year and year 6. Approximately one in ten children entering primary school is obese and by the time they leave primary school one in five are obese.

Sefton's reception obesity rates are **lower than Liverpool** and the year six rate is **lower than all other Merseyside** areas except Wirral.

The reception and year 6 obesity rates are higher than all demographically similar areas.

What are we doing to improve things?



Breastfeeding - The key to successful breastfeeding is the protection, promotion and support of breastfeeding in health and community settings and Midwives, health visitors, breastfeeding peer supporters, healthy living centres and children's centres all have a role to play. The award of UNICEF Baby Friendly Initiative recognised the high standard of breastfeeding knowledge and skilled practice that exists amongst staff and volunteers working with parents in Sefton. We will continue to explore ways of promoting and encouraging breastfeeding



Mothers smoking at time of delivery - Sefton has a specialist service for pregnant and new mothers provided by Sefton's local NHS stop smoking service. 138 Sefton mothers were helped to stop smoking by our specialist services during 2013/14. Everyone who works with parents should encourage smoking cessation including signposting and helping pregnant women access smoking cessation services



Childhood obesity – There are a range of interventions to help families and children chose healthier food and be more active through a whole family approach to support young people to achieve and maintain a healthy weight.

During 2013/14 programmes took place in Sefton schools and leisure centres, with 521 children and 51 parents completing courses (78 % adherence rate) with 100% of participants experiencing positive health gains. We need to explore ways of sustaining such programmes for the most vulnerable families needing support

Key Priorities

We want to ensure that all children and young people in Sefton are healthier and happier and able to take advantage of opportunities that will help them reach their full potential.

We will do this by:-

1. Encouraging care that keeps children healthy and safe.
2. Identifying problems in children's health and development so they can get help with their problems as early as possible
3. Supporting children to be healthier, happier and able to take advantage of opportunities that will help them reach their full potential.

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Priority 3



Improving the quality of lives of children and young people with additional needs & vulnerabilities, to ensure they are safe and fulfil their individual potential

National Context



Domestic Abuse

Domestic violence and abuse between parents is the most frequently reported form of trauma for children. In the UK, 24.8% of those aged 18 to 24 reported that they experienced domestic violence and abuse during their childhood and around 3% of those aged under 17 reported exposure to it in the past 12 months. It has an impact on their mental, emotional and psychological health and their social and educational development. It was a feature of family life in 63% of the serious case reviews carried out between 2009 and 2011



Parental Substance Misuse

A recent NSPCC study showed that 198,000 babies in the UK are at high risk because they were born into homes where life was disrupted by domestic abuse, drug and drink addictions and mental distress with 144,000 babies under one living with a parent who has mental health problems.

More than 93,000 babies live with a parent who is a problem drinker and more than 50,000 live with a parent who has used an illegal drug in the past year.

For children raised in such circumstances, the risk of child maltreatment and neglect is substantially higher than in ordinary homes.



Neglect

Nationally neglect is the most common factor for children to be subject to a child protection plan.

In the most recent NPSCC prevalence study 9.8% of the 2,275 11 – 17 year olds surveyed had experienced severe emotional neglect or lack of physical care or supervision

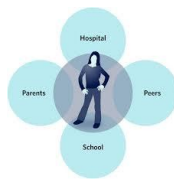


Disability

Disabled children are at risk of being disproportionately disadvantaged by systems that do not integrate care well at the point of delivery in particular how support is organised and eligibility. There are at least six distinct systems that impact on the lives of disabled children and their families:

- healthcare,
- benefits,
- tax and tax credits,
- education and schooling,
- children's social care,
- Adult's social care.

The new Special Educational Needs and Disability Code of Practice will play a vital role in underpinning the major reform programme for children and young people. Their special educational needs and disabilities will be picked up at the earliest point with support routinely put in place, and their parents will know what services they can reasonably expect to be provided. Children and young people and their parents or carers will be fully involved in decisions about their support and what they want to achieve. Importantly, the aspirations for children and young people will be raised through an increased focus on life outcomes, including employment and greater independence.



Vulnerable Adolescents

Adolescents in and on the edge of care have complex needs and face a wide range of risk factors including alienation from families, exiting mainstream education and not achieving their academic potential, homelessness, drug and alcohol misuse, domestic abuse in the home, child sexual exploitation, gun and gang crime involvement and entry into the criminal justice system.

They are often in need of support from and in contact with a wide range of different agencies but the demarcation of services and responsibilities across public service providers currently prevents a shared and consistent approach to doing the right thing at the right time. Young people find themselves referred from service to service, subject to multiple plans, and having to tell their story to a queue of changing professionals and maintaining effective and meaningful relationships with professionals is difficult.



Child Sexual Exploitation

In addition to the focus on partnership working within *Call to End Violence against Women and Girls*, a number of other strategic documents reflect the importance of multi-agency working and information sharing. For example, an action plan developed by the Sexual Violence Against Children and Vulnerable People (SVACV) National Group acknowledges the need for multi-agency responses from partners who are addressing issues which are closely linked to the sexual exploitation of children such as missing children, gangs and human trafficking. It also highlights the importance of partnering with local safeguarding children boards in delivering this joined up agenda



Pre-birth to 5

Numerous indicators highlight the substantial differences in early childhood experiences across children that affect their initial development. Such factors include, for example, the nature of early relationships with parents and other caregivers, the extent of cognitive stimulation, and access to adequate nutrition, health care, and other resources such as a safe home and neighbourhood environment.

Poverty affects a sizable share of young children in the UK; the number living in low income households in the UK reached 3.9 million in 2008/09. Such neighbourhoods offer limited opportunities in terms of resources important for early child development, including health facilities, parks and playgrounds. Preventative health care does not reach all parents and young children, which disadvantages those children who miss out on opportunities for health and developmental screenings, through which parental behaviours are also encouraged, to promote healthy child development

Regional Context



Domestic Abuse

Regional approaches will have increasing relevance for the delivery of domestic abuse and violence against women services, as Merseyside's Police and Crime Commissioner is set to have increased responsibility for commissioning victim services. This will include making the criminal justice service more responsive and easier to navigate for victims and witnesses. The Criminal Justice Board's *Reducing Domestic Violence and Abuse: Merseyside Partnership Strategy (2013)* is a pan-Merseyside approach to tackling domestic abuse.

Sefton Context



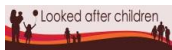
Keeping children safe

Keeping children safe in Sefton is a key priority for the 0-25 Forum. To avoid duplication we will work with a range of partnerships to ensure children living within families experiencing a range of needs are also supported. Working closely with Sefton Local Safeguarding Children Board (LSCB) we will ensure that children, young people and their families are provided with support as early as possible to reduce abuse, neglect and exploitation. The Forum will also support the LSCB in implementing the LSCB Neglect Strategy and Sefton’s Child Sexual Exploitation PAN Mersey Strategy Implementation Plan.



Domestic Abuse

Sefton’s Domestic and sexual violence framework 2014 seeks to coordinate and enable key partnerships in relation to domestic abuse. A Domestic Abuse Public Health Needs Assessment has been carried out in 2014 and is forming the basis of a Domestic Abuse Strategy. The Forum will develop strong links with the Safer Stronger Communities Partnership to ensure the Domestic Abuse Strategy has a focus on safeguarding children living within households experiencing domestic abuse.



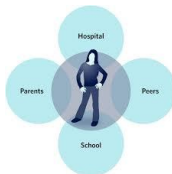
Looked After Children

With regard to children in care and leaving care we will work with the Corporate Parenting Board to ensure the Childs Permanence Policy is effectively implemented. The focus of permanency planning is to ensure children are assisted to achieve attachment to a permanent and stable care giver. Sefton Council is working with partners in the region to strengthen the recruitment of both foster carers and adopters This will ensure that there are increasing numbers of high quality permanent placements for our children. Sefton is also part of an initiative to improve the quality of accommodation for our care leavers through an updated regional framework.



Disability

Locally partners across education, Early Intervention & Prevention, health, social care (adults and children) have worked with parents to prepare for the new arrangements, to jointly plan and commission services for children and young people who have special educational needs or are disabled. Those with more complex needs will have an integrated assessment and where appropriate a single education, health and care plan for their support.



Vulnerable Adolescents

Sefton Council, in partnership with CCGs in Sefton, Merseyside Probation and Merseyside Police has secured a Department for Education Innovation grant to pilot a range of interventions and ways of working with young people and the adults who make teenagers more vulnerable.



Missing Children

There are approximately 100 individual children reported missing each quarter in Sefton and about 250-300 missing episodes, between 33% and 50% of those reported would be children who go missing from care.



Pre-birth to 5

Sefton has developed a school readiness framework with its partners in schools and health. The school readiness framework focussing on three broad strands of - Child Ready, Family Ready and School Ready with five high priority areas for consideration – understanding the language of school readiness, sustainability of leadership, progress and accountability, variability within and between settings and quality of teaching and learning



PREVENT and CHANNEL

The PREVENT Duty Guidance (under the Counter-Terrorism and Security Act 2015) came into force on 1st July 2015. The Guidance places a duty on schools, and child care providers, to “have due regard to the need to prevent people from being drawn into terrorism”.

Work with schools, governing bodies, colleges and child care providers has been the priority area of focus over the last quarter. Merseyside Police Special Branch have delivered workshops raising awareness in relation to PREVENT. The target audience has included; head teachers, senior leaders, safeguarding leads, Chairs of Governors and early year and child care providers.

The PREVENT Duty to address radicalisation is included in the content of centrally delivered safeguarding training for Designated Leads and Designated Governors.

CHANNEL is about early intervention, to protect and divert people away from the risk they face and to safeguard children and adults from being drawn into committing terrorist-related activity before illegality occurs. This also includes extremist's views that present risk in the community. It will assess the nature and extent of that risk and develop the most appropriate support plan for the individuals concerned. All schools and further education institutions in Sefton understand the referral route for vulnerable individuals to receive support through the CHANNEL process.

Sefton Council and the LSCB have set up a website featuring resources for schools, colleges and child care providers.

Female Genital Mutilation

has been carried out for centuries and directly causes serious short and long term medical and psychological complications. Consequently it is considered to be a physically abusive act against female children and also adult females who come under the Care Act 2014 definition of an Adult at Risk.



To prevent FGM in the future, agencies need to work closer with communities that practice FGM and foster stronger links so together we are able to break the taboo and silence surrounding the harmful practise of FGM.

The Serious Crime Act 2015 introduced a new duty on teachers, social workers and healthcare professionals to report to the police known cases of female genital mutilation involving victims aged under 18. This duty came into force on 31 October 2015. 'Mandatory reporting of female genital mutilation: procedural information'.

An e-learning course for all frontline staff, promoted by Sefton LSCB, is available via the following link

<http://www.safeguardingchildrenea.co.uk/resources/female-genital-mutilation-recognising-preventing-fgm-free-online-training/> and a pan-Merseyside LSCB Protocol to illustrate how agencies and individuals should respond to concerns about FGM, is currently being developed.

Key Priorities

We want to improve the quality of lives of children and young people with additional needs and vulnerabilities, to ensure they are safe and fulfil their individual potential

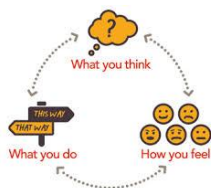
We will do this by:-

1. Reducing the impact on children and young people of living in households experiencing neglect by the provision of a range of support and services.
2. Reducing the impact on children of living in households which experience parental substance misuse by the provision of a range of support and services.
3. Reducing the impact on children and young people living in household which experience domestic abuse by the provision of a range of support and services.
4. Supporting young people with a range of additional needs through new ways of working to minimize risk taking behavior and maximize their life chances.
5. Enabling children to live within their birth family, where this is not possible children are assisted to develop an attachment to a permanent and stable carer.
6. Children and young people with Special Educational Needs and/or disabilities achieve their full potential

7. Securing and sustaining better all-round outcomes for babies and young children which narrows the gap between vulnerable children and others

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Priority 4



Ensure positive emotional health and wellbeing of children and young people is achieved

National Context



- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between one in every 12 and one in 15 children and young people deliberately self-harm and there has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.

The national strategy No Health Without Mental Health 2011 (NHWMH), the public health white paper Healthy Lives Healthy People 2010 has mental health as a cross-cutting theme and the 2014 government call to action in 'Closing the Gap' includes a 25 point action plan for change in mental health.

Mental health is central to our quality of life, our economic success and interdependence, with our success in improving education, training and employment outcomes and tackling some of the persistent problems that scar our society, from homelessness, violence and abuse, to drug use and crime'.

The Government requires individuals, communities and the organisations within them to take responsibility for improving their own mental health and wellbeing and/or taking care of that of other people. Challenging "the blight of stigma and discrimination" is also prioritised as both an individual and collective responsibility.

In March 2015 the Department of Health and NHS England produced a taskforce report called *Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing*. Over the next 5 years, a significant amount of *additional* money is available to flow via CCG's to support transformation programmes based on the aspirations of this report. Accessing this funding is dependent on demonstrating "strong local leadership and ownership at a local level through robust action planning and the development of publically

available 5 year Local Transformation Plans for Children and Young People's Mental Health and Wellbeing." These plans will be based on the taskforce report 'Future in Mind'. What is included should be decided at a local level in collaboration with children, young people and their families as well as commissioning partners and providers.

Key objectives of the investment are:

1. Build capacity and capability across the system
2. Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT)
3. Develop evidence based community Eating Disorder services for children and young people
4. Improve perinatal care.

Regional Context

Public Health England in 2014 launched a national finger tips health database to support in presenting data on a national, regional and local level. However data relating to Children and young people's mental health is currently limited due to the pending implementation of the CAMHS (Child and Adolescent Mental Health Service) minimum data sets. NHS England's Strategic Clinical Network for Merseyside and Cheshire in 2014 also formed a mental health specialist interest group who are assisting in developing a greater regional understanding, key themes of which will be communicated in the near future.

Sefton Context

The following are findings from CHIMAT (Child and Maternal Health Observatory) 2014 and the 2014 Sefton Strategic Needs Assessment. Current data available is recognised as limited and the implementation of the 2015 Sefton Children's Emotional Health and Wellbeing strategy will seek to address as part of its aims and action plan for 2014-2017.



The rate of young people under 18 who are **admitted to hospital because of alcohol specific conditions**, such as alcohol overdose, has declined in the period 2010-13 when compared with the period 2006-09. However, overall rates of admission in the period 2010-13 are significantly higher than the England average.



The rate of young people under 18 who are **admitted to hospital as a result of self-harm** increased in 2011/12 when compared with figures from 2009/10. Overall rates of admission in 2011/12 are significantly higher than the England average. In this period, the rate of self-harm hospital admissions was 171.2 per 100,000 young people aged 0-17. Nationally, levels of self-harm are higher among young women than young men. This is the same in Sefton



The rate of Sefton Children and Young People **admitted to hospital as a result of a mental health problem** in 2012/13 was 98.5 per 100,000 young people aged 0-17. This is similar to the England average



The level of **child poverty** in Sefton in 2011 was 20.9%, which was 0.3% higher than the England average. The difference is not significant. Approximately 9,300 children in Sefton live in poverty.

Sefton is ranked 92 out of 326 authorities in the 2010 Index of Deprivation (1 is most deprived). Approximately 18% of Sefton's residents live within the most deprived 10% of areas within England and Wales

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What are we doing to improve things?



The establishment of a Sefton children and young people's emotional health and wellbeing steering group, as well as provider partnerships are enabling services to work together to better understand emotional health and wellbeing locally and improve access to services



Sefton has been successfully appointed by NHS England as a CYP IAPT (Children and Young People's Improving Access to Psychological Therapies) site, bringing enhanced resource, workforce development opportunities and an increased focus on youth involvement in the delivery and design of emotional wellbeing services



A joint NHS CQUIN (Commissioning for Quality and Innovation) programme, involving Alder Hey and MerseyCare Trusts is shaping improved transitions between children and adult services for 0-25's and new service model.



Sefton were successful in 2014/15 in receiving national funding from NHS England to enhance how Clinical Commissioning Groups (CCGs), Education and the Local Authority work together to fund Child and Adolescent Health Services (CAMHS), with a particular focus on utilising the local voluntary sector to provide early and accessible support in the community



Sefton has developed a Local Transformation Plan in response to Future in Mind (DH & NHSE, 2015) that is focussed on improving and increasing local mental health services for children and young people



"CAMHS staff link with schools for children who are receiving an intervention and where contact or joint working with the school is indicated or requested. In addition, there is a duty line accessible to all professionals including school staff Monday – Friday 9-5.

Training that has been offered by CAMHS in the past has been offered out to schools. CAMHS are current liaising with third sector partners about offering further training around mental health including self-harm specifically tailored to school staff that should run early 2016 as part of the co-commissioning pilot. Specific training has been offered to some schools.

CAMHS offer supervision to the Specialist School Nurse for Emotional Health and Wellbeing who in turn offers supervision and consultation to generic school nurses around emotional health and wellbeing. CAMHS also offer consultation to the Well Young Person's Project who work with children, commissioned by schools."

Key Priorities

We want good mental and emotional well-being for children and young people in Sefton where the psychological development and emotional welfare of the child is paramount.

We will do this by:-

1. Promoting good mental health and emotional wellbeing for all children and young people, parents and care givers in Sefton.
2. Improving access for all children and young people who have mental health problems and disorders to timely, integrated, high quality, multi-disciplinary mental health services that ensure effective assessment, treatment and support for them and for their families, and to work together to tackle the stigma of mental ill-health
3. Improving knowledge of brain development and attachment theory with parents and services so we can build on this to reduce the numbers of children and young people presenting with mental health issues.

How we will measure success



Each priority has its own plan for delivery which includes outcome success measures. The outcome success measures have clear indicators and targets which are monitored by the 0-25 Forum, to assess progress being made and the impact upon children and young people's outcomes.



The 0-25 Forum of the Health and Wellbeing Board has overall responsibility for the production, evaluation and monitoring of this plan. The plan is subject to annual review to ensure it continues to reflect local need and priorities, whilst taking into account changing national policy, financial and local service issues.

Key partners as members of the 0-25 Forum will monitor the delivery of this plan, evaluate its impact and inform future planning.



Sefton children and young people's emotional health and wellbeing steering group will oversee and guide the implementation of the Local Transformation Plan

The following section sets out the four priorities in the context of the national, regional and Sefton picture. What we know has worked well to date is referenced. Details as to how the priority will be implemented and the success outcomes which are expected to be achieved is also presented.

Making it happen

The Early Life forum of Sefton's Health & Wellbeing Board is committed to delivering the priorities outlined in this plan and improving the life outcomes for all Children and Young People in the Borough. The successful delivery of Sefton's CYPP depends on the success of the following elements

- Integrated working of the Early Life Forum, Local Children's Partnerships and Partners
- A diverse and experienced workforce
- Information sharing
- Engaging children and young people
- Working with parents/carers
- Strong safeguarding arrangements
- Building new relationships with those working with children and young people
- Promoting diversity in the provision of services
- Exploring new funding models