

Southport and Formby Clinical Commissioning Group

Governing Body Meeting in Public Agenda

Date: Wednesday, 25 September 2013 at 1.00pm to 4.00pm

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

13.00 Members of the public may highlight any particular areas of concern/interest and address questions to Board members. If you wish, you may present your question in writing beforehand to the Chair.

13.15 Formal meeting of the Governing Body in Public commences. Members of the public may stay and observe this part of the meeting.

The Governing Body

Dr Niall Leonard	Chair, and GP	(NL)
Helen Nichols	Vice Chair and Lay Member, Financial Management & Audit	(HN)
Dr Robert Caudwell	Clinical Vice-Chair and GP	(RC)
Dr Martin Evans	GP	(ME)
Dr Liam Grant	GP	(LG)
Dr Hilal Mulla	GP	(HM)
Dr Graeme Allan	GP Board Member	(GA)
Roy Boardman	Practice Manager	(RB)
Karen Leverett	Practice Manager	(KL)
Fiona Clark	Chief Officer	(FLC)
Martin McDowell	Chief Finance Officer	(MMcD)
Debbie Fagan	Chief Nurse	(DF)
Roger Pontefract	Lay Member, Engagement and Patient Experience	(RP)
Dr Jeff Simmonds	Secondary Care Doctor	(JS)
Peter Morgan	Deputy Chief Executive, Sefton MBC (co-opted member)	(PM)

Also in attendance

Jan Leonard	Joint Head of CCG Development	(JL)
Billie Dodd	Joint Head of CCG Development	(BD)
Brendan Prescott	CCG Lead for Medicines Management	(BP)

No	Item	Lead	Report	Receive/ Approve	Time
General business					
13/111	Apologies for Absence	Chair		R	5 mins
13/112	Declarations of Interest regarding agenda items	All		R	
13/113	Register of Interests	-	✓	R	

No	Item	Lead	Report	Receive/ Approve	Time
13/114	Hospitality Register	-	✓	R	
13/115	Minutes of Previous Meeting	Chair	✓	R	5 mins
13/116	Action Points from Previous Meeting	Chair	✓	R	
13/117	Business Update	Chair		R	5 mins
13/118	Chief Officer Report	FLC	✓	R	5 mins
Reports received by way of assurance (taken as read)					
13/119	Corporate Performance Report	MC/DF	✓	R	20 mins
13/120	Financial Performance Report	MMcD	✓	R	10 mins
13/121	Prescribing Performance Report	BP	✓	R	5 mins
13/122	Non Recurrent A&E Funding	FLC	✓	R	5 mins
Formal approval by Governing Body required					
13/123	Primary Care Strategy	Dr Duper	✓	A	10 mins
13/124	Equality and Diversity Objectives	MW	✓	A	10 mins
13/125	CCG Constitution – Update	MW	✓	A	10 mins
13/126	Risk Management Strategy	TJ	✓	A	10 mins
13/127	Commissioning Support Unit Procurement	TJ	✓	A	10 mins
13/128	Disciplinary Policy	MW	✓	A	10 mins
13/129	Annual Leave and Bank Holiday Policy	MW	✓	A	
13/130	Grievance and Dispute Resolution Policy	MW	✓	A	
13/131	Attendance Management Policy	MW	✓	A	
13/132	Summary and recommendations of the Health Economy Emergency Care Intensive Support Team (ECIST) Whole System Review Visit July 2013	BD	✓	A	5 mins
13/133	Remuneration Committee	MW	✓	A	5 mins
13/134	Baseline Allocations (to follow)	MMcD	✓	A	5 mins
Minutes of Committees to be formally received (taken as read)					
13/135	Audit Committee (no minutes available)	-			5 mins
13/136	Quality Committee	-	✓	R	
13/137	Finance & Resource Committee (no minutes available)	-			
13/138	Merseyside CCG Network	-	✓	R	
13/139	Health and Wellbeing Board	-	✓	R	
13/140	Medicines Management Operational Group	-	✓	R	
13/141	Strategic Integrated Commissioning Group	-	✓	R	

No	Item	Lead	Report	Receive/ Approve	Time
13/142	Locality Meetings - (i) Ainsdale & Birkdale Locality (ii) Formby Locality (iii) Central Locality (iv) North Locality	-	✓ ✓ ✓ ✓	R R R R	
Closing business					
13/143	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting.</i>				5 mins
13/144	Date, Time and Venue of Next Meeting of the Governing Body to be held in Public <i>Wednesday, 27 November 2013 at 1.00pm at the Family Life Centre</i>				-
Estimated meeting time					155 mins

Motion to Exclude the Public:

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

Register of Interests

Version: 10 September 2013

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
Niall Leonard	17.05.13	Chair, Governing Body Member	Partner, Roe Lane Surgery	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO No action required No action required	
			Director, Exacta Medico-Legal Ltd Assessor, Sector 12(2) Mental Health Act, Merseycare NHS Trust and Lancashire Care NHS Foundation Trust	Family Personal	None None		
Rob Caudwell	13.05.13	Governing Body Member	Partner, Marshside Surgery	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO No action required No action required	
			Director, Caudwell Medical Services Ltd	Personal	None		
			Director, Allbright Domestic Services	Family	None		
Liam Grant	16.05.13	Governing Body Member	GP Principal & Partner, Dr Reddington & Partners, Formby	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO No action required	
			GP Practice rents a room for fortnightly NHS outreach clinics to Renacres	Personal	None		
			GP Associate, Liverpool Community Health Services, Out of Hours Service	Personal	Decision making re commissioning of Out of Hours Service	Exclusion from decision making around the Out of Hours service	

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
Martin Evans	08.05.13	Governing Body Member	GP Principal, Grange Surgery	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
			Member, Sefton LMC	Personal	None		
Graeme Allan	20.05.13	Governing Body Member	GP Partner, St Marks Medical Centre	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
Hilal Mulla	20.05.13	Governing Body Member	GP Partner, Corner Surgery	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
Karen Leverett	01.05.13	Governing Body Member	Practice Manager, The Village Surgery	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
			GP Practice rents a room for fortnightly NHS outreach clinics to Renacres	Personal	None		
			Employed by Southport & Ormskirk Hospitals NHS Trust	Family	Decision making re commissioning of services at Southport & Ormskirk	Exclusion from decision making process around S&O.	
Roy Boardman	01.05.13	Governing Body Member	Business Manager, St Marks Medical Centre and Trinity Practice	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
Helen Nichols	14.05.13	Vice-Chair, Governing Body Lay Member	Governor & Vice-Chair, St Luke's Church of England Primary School, Formby	Personal	None	No action required	
			Professor, Chemistry Dept, University of Liverpool	Family	None	No action required	
Roger Pontefract	01.05.13	Governing Body Lay Member	Owner, Roger Pontefract & Associates	Personal	None	No action required	
			Chair, Sefton Partnership for Older Citizens	Personal	None	No action required	
			Trustee, Formby Pool Trust	Personal	None	No action required	
			Trustee, Formby Land Trust	Personal	None	No action required	
Jeff Simmonds	06.05.13	Governing Body Member	Nil return		None	No action required	
			Employed by Liverpool Community Healthcare Trust	Family	Decision making re Liverpool Community Healthcare Trust	Exclusion from decision making around Liverpool Community Healthcare Trust	
Fiona Clark	03.05.12	Chief Officer, Governing Body Member	Dual role as CO between Southport & Formby CCG and South Sefton CCG	Personal	In the event of an issue between Southport & Formby CCG and South Sefton CCG	Each of the CO and CFO to work specifically for one CCG pending resolution of the issue	
Martin McDowell	02.05.13	Chief Finance Officer, Governing Body Member	Dual role as CFO and Deputy CO between Southport & Formby CCG and South Sefton CCG	Personal	In the event of an issue between Southport & Formby CCG and South Sefton CCG	Each of the CO and CFO to work specifically for one CCG pending resolution of the issue	
			Employed by Liverpool Community Healthcare Trust	Family	Decision making re Liverpool Community Healthcare Trust	Exclusion from decision making around Liverpool Community Healthcare Trust	
Debbie Fagan	13.05.13	Chief Nurse, Governing Body Member	Dual role as CN between Southport & Formby CCG and South Sefton CCG	Personal	None	No action required	
Kevin Thorne	02.07.13	Employee	Nil return	None	None	No action required	
Susanne Lynch	15.07.13	Employee	Employed to run patient clinics at Churchtown Medical Centre	Personal	Decision directly affecting Churchtown Medical Centre	None required, employee does not work in a capacity which can affect decision making in this area	
			Husband employed as superintendant pharmacist for pharmacy owned by Churchtown Medical Centre	Family	Decision directly affecting Churchtown Medical Centre	None required, employee does not work in a capacity which can affect decision making in this area	

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
			Brother in law (Mark Harrison-North) trustee for Dovehaven Care homes	Family	Decision directly affecting Care Homes	None required, employee does not work in a capacity which can affect decision making in this area	
Malcolm Cunningham	24.06.13	Employee, Committee Member	Practicing Optometrist - Yates & Suddell Optometrists	Family	None	No action required, practising outside of CCG area.	
Sara Boyce	10.07.13	Employee	Nil return	None	None	No action required	
Billie Dodd	15.07.13	Employee, Committee or Sub-Committee Member	Nil return	None	None	No action required	
Chloe Rachelle	09.07.13	Employee	Nil return	None	None	No action required	
Cathy Loughlin	21.06.13	Employee	Nil return	None	None	No action required	
Karen Lloyd	21.06.13	Employee	Nil return	None	None	No action required	
Becky Williams	21.06.13	Employee	Nil return	Personal	None	No action required	
Sandra Craggs	24.06.13	Employee	Nil return	None	None	No action required	
Ruth Menzies	24.06.13	Employee	Nil return	None	None	No action required	
Stephen Astles	24.06.13	Employee	Wife is a ward manager at Broadgreen Hospital	None	None	No action required	
Terry Stapley	24.06.13	Employee	Nil return	None	None	No action required	
Brendan Prescott	25.06.13	Employee, Committee or Sub-Committee Member	Wife is an employee of University Hospitals Aintree NHS Foundation Trust	Family	none	Exclusion from decision making in connection to University Hospitals Aintree NHS Foundation Trust	
Tina Ewart	21.06.13	Employee	Julian Richard Donagh Tuson, Consultant Interventional Radiologist, at Aintree Hospital NHS	Family	none	Exclusion from decision making in connection to University Hospitals Aintree NHS Foundation Trust	
Philippa Rose	27.06.13	Employee	Nil return	None	None	No action required	
Gillian Beardwood	27.06.13	Employee	Nil return	None	None	No action required	
Alison Lucy Johnston	01.07.13	Employee	Nil return	None	None	No action required	
Clare Shelley	01.07.13	Employee	Husband employed by neighbouring NHS Organisation CQQ CSU	Family	Decision making regarding CSU SLA.	Exclusion from decision making process around CSU SLA.	
Janet Fay	29.06.13	Employee	Nil return	None	None	No action required	
Jenny Kristiansen	02.07.13	Employee	Nil return	None	None	No action required	
Christine Barnes	25.06.13	Employee	Work as a pharmacist in Boots Store 1152, 31-39 Chapel Street, Southport. 2 days a week	Personal	None	No action required	
Thomas Roberts	08.07.13	Employee	Nil return	None	None	No action required	
Angela Parkinson	15.07.13	Employee	Nil return	None	None	No action required	
Sarah McGrath	15.07.13	Employee	Nil return	None	None	No action required	
Michael Scully	15.07.13	Employee	Nil return	None	None	No action required	

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
Alain Anderson	15.07.13	Employee	Nil return	None	None	No action required	
Jane Ayres	15.07.13	Employee	Nil return	None	None	No action required	
Jennie Birch	15.07.13	Employee	Nil return	None	None	No action required	
Lyn Cooke	15.07.13	Employee	Nil return	None	None	No action required	
Sue Crump	15.07.13	Employee	Nil return	None	None	No action required	
Tracey Cubbin	15.07.13	Employee	Nil return	None	None	No action required	
Emma Dagnall	15.07.13	Employee	Nil return	None	None	No action required	
Fiona Doherty	15.07.13	Employee	Nil return	None	None	No action required	
Laura Doolan	15.07.13	Employee	Nil return	None	None	No action required	
Sheila Dumbell	25.07.13	Employee	Nil return	None	None	No action required	
Adam Gamston	15.07.13	Employee	Nil return	None	None	No action required	
Paul Halsall	15.07.13	Employee	Nil return	None	None	No action required	
James Hester	15.07.13	Employee	Nil return	None	None	No action required	
Terry Hill	15.07.13	Employee	Nil return	None	None	No action required	
Tracy Jeffes	15.07.13	Employee	Nil return	None	None	No action required	
Zita Johnson	15.07.13	Employee	Nil return	None	None	No action required	
Jennifer Johnston	15.07.13	Employee	Nil return	None	None	No action required	
Nicole Cowan	15.07.13	Employee	Nil return	None	None	No action required	
Gary Killen	23.07.13	Employee	Nil return	None	None	No action required	
Jan Leonard	15.07.13	Employee	Nil return	None	None	No action required	
Suzanne Lynch	15.07.13	Employee	Nil return	None	None	No action required	
Sarah McGrath	15.07.13	Employee	Nil return	None	None	No action required	
Moira McGuinness	15.07.13	Employee	Nil return	None	None	No action required	
Geraldine O'Carroll	15.07.13	Employee	Nil return	None	None	No action required	
Colette Page	15.07.13	Employee	Nil return	None	None	No action required	
Indira Patel	15.07.13	Employee	Nil return	None	None	No action required	
Sejal Patel	25.07.13	Employee	Nil return	None	None	No action required	
Sean Reck	15.07.13	Employee	Nil return	None	None	No action required	
Tracy Reed	15.07.13	Employee	Nil return	None	None	No action required	
Helen Roberts	15.07.13	Employee	Nil return	None	None	No action required	
Shaun Roche	15.07.13	Employee	Nil return	None	None	No action required	
Diane Sander	15.07.13	Employee	Nil return	None	None	No action required	
Jane Tosi	15.07.13	Employee	Nil return	None	None	No action required	
Jane Uglov	03.07.13	Employee	Nil return	None	None	No action required	
Jenny White	15.07.13	Employee	Nil return	None	None	No action required	
Melanie Wright	15.07.13	Employee	Nil return	None	None	No action required	
Christopher Brennan	15.07.13	Employee	Nil return	None	None	No action required	
Caroline Gunson	15.07.13	Employee	Nil return	None	None	No action required	

**Hospitality Register
September 2013**

Recipient:	Nature of Gift / Hospitality:	Date Received	Approximate Value	Donated by:
-	-	-	-	-

No hospitality received.

Governing Body Meeting in Public Minutes

To be held on Wednesday, 31 July 2013 at 1.00pm to 4.00pm
The Family Life Centre, Ash Street, Southport PR8 6JH

Please note: the formal Governing Body meeting will commence following a brief period when members of the public will be able to highlight any particular areas of concern / interest and address questions to Governing Body members.

Present

Dr Niall Leonard	Chair, GP Governing Body Member	(NL)
Dr Robert Caudwell	Clinical Vice-Chair, GP Governing Body Member	(RC)
Dr Martin Evans	GP Governing Body Member	(ME)
Dr Hilal Mulla	GP Governing Body Member	(HM)
Roy Boardman	Practice Manager Governing Body Member	(RB)
Karen Leverett	Practice Manager Governing Body Member	(KL)
Fiona Clark	Chief Officer	(FLC)
Martin McDowell	Chief Finance Officer	(MMcD)
Debbie Fagan	Chief Nurse	(DF)
Roger Pontefract	Lay Member	(RP)
Dr Jeff Simmonds	Secondary Care Doctor, Governing Body Member	(JS)
Peter Morgan	Deputy Chief Executive, Sefton MBC (Co-opted Member)	(PM)

In attendance

Jan Leonard	Joint Head of CCG Development	(JL)
Billie Dodd	Joint Head of CCG Development	(BD)
Brendan Prescott	CCG Lead for Medicines Management	(BP)

Apologies

Helen Nichols	Vice Chair, Lay Member	(HN)
Dr Liam Grant	GP Governing Body Member	(LG)
Dr Graeme Allan	GP Governing Body Member	(GA)

Minutes

Melanie Wright	Business Manager
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Record of Attendance

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

Governing Body Member	Designation	Jan 2013	Mar 2013	May 2013	July 2013								
Dr Niall Leonard	Chair, and GP	✓	✓	✓	✓								
Helen Nichols	Vice Chair & Lay Member, Financial Management & Audit	✓	✓	✓	A								
Dr Robert Caudwell	Clinical Vice-Chair and GP	✓	✓	✓	✓								
Dr Martin Evans	GP	✓	✓	A	✓								
Dr Liam Grant	GP	✓	A	✓	A								
Dr Hilal Mulla	GP	✓	A	✓	✓								
Dr Graeme Allan	GP	L	L	A	A								
Roy Boardman	Practice Manager	✓	✓	✓	✓								
Karen Leverett	Practice Manager	✓	A	✓	✓								
Roger Pontefract	Lay Member, Engagement and Patient Experience	✓	A	A	✓								
Dr Jeff Simmonds	Secondary Care Doctor	A	✓	A	✓								
Fiona Clark	Chief Officer	✓	✓	✓	✓								
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓								
Debbie Fagan	Chief Nurse	A	✓	✓	✓								
Peter Morgan	Strategic Director, Sefton MBC (co-opted Member)	A	A	A	✓								

Question 1

What is the standard time that doctors see patients for appointments?

Dr Leonard provided some historical context in terms of the increase in volume of consultations per patient. Currently, most GPs will offer 10-15 minutes per routine appointment. Emergency appointments are five minutes and telephone consultations are also available in many surgeries. Patients often bring up to five issues per consultation.

Dr Evans also referred to the number of conditions a patient may present with. GPs not only see ill people, but well patients with a number of other kinds of problems as well.

Dr Mulla referred to the complexity associated with treating patients with multiple co-morbidities, which often results in appointments overrunning. Also, the volume of house calls has increased and this often takes several hours.

Karen Leverett described the options available at Village Surgery in Formby, where the standard appointment time was ten minutes. Double appointments were also available. Roy Boardman confirmed that this was also the standard at St Marks Medical Centre.

Question 2

Booking of appointments and management of non-attenders

Ms Leverett advised that text message reminders are used at the Village Surgery. Solutions are being considered by the practices, but there is also a element of encouraging responsible usage of services by patients.

Question 3

What plans are there to improve after-hospital care?

Dr Leonard advised as to £900k invested in the 'Care Closer to Home' project to support avoiding unnecessary admissions to hospital and improving after-hospital care. Avoiding admission was not always possible, particularly with an aging population, but synergy between health and social care, together with the support of the voluntary sector was important in developing solutions.

Dr Leonard also referred to software being piloted by GPs, which worked to identify patients who were most at risk of a hospital admission and offering those patients additional support. Dr Evans described the benefits to avoiding hospital admission, together with the patient's usual preference to remain at home wherever possible.

The formal meeting was preceded by a presentation on MerseyCare NHS Trust's application for Foundation Trust status by Fleur Blakeman.

The presentation on Public Health was deferred to a later date.

No	Item	Action
13/85	Apologies for Absence were noted.	
13/86	Declarations of Interest	

No	Item	Action
	Dr Leonard noted a conflict of interest identified on the paper at item 13/93 upon which GPs and Practice Manager Governing Body members were unable to take part in the discussion.	
13/87	Minutes of Previous Meeting The Minutes of the previous meeting were approved as an accurate record of that meeting.	
13/88	Points from Previous Meeting All actions have been closed out.	
13/89	Business Update Dr Leonard advised as to ongoing work with NHS England around specialised commissioning, as the rules around what comprises specialised commissioning have changed this year, which has financial implications for the CCG. It is necessary to manage any growth in this area to avoid unnecessary pressure in other areas of the system. There has been a recent visit by the Emergency Care Intensive Support team visit to Southport Hospital to look at making improvements in unplanned care across the system. Work is now under way to consider winter pressures and the CCG is also working with the Local Authority and providers to ensure robust systems are in place. Practices are also looking at supporting care homes by working collaboratively.	
	<u>Action</u> The Governing Body noted the contents of the Chair's update.	
13/90	Chief Officer Report The Chief Officer's report was taken as read and Ms Clark highlighted the current situation into the 111 service and that the previous provider was providing support to the service locally to maintain patient safety. Ms Clark also described current work with the Local Authority around integration of health and social care, which will offer considerable benefits to patients. Ms Clark reminded those present that quality remained at the core of the CCG's vision and referred to the publication of the Keogh report, following which a review will take place with local providers in line with the findings contained in that report. <u>Action</u> The Governing Body noted the contents of Ms Clark's report.	
13/91	Portfolio Leads Update <i>Practice Payments</i> Ms Leverett advised as to a meeting pending with NHS England to consider payments to practices. <i>Mental Health</i> Dr Mulla referred to the contractual extension granted in relation to Improving Access to Psychological Therapies, which has been extended to 2014 pending the design of a new service specification. Also, MerseyCare are recruiting eight new healthcare practitioners to work between primary and secondary care and recruitment is currently under way.	

No	Item	Action
	<p><i>Paediatrics</i> Dr Caudwell advised as to progress on the programme to avoid admissions to hospital for children respiratory conditions at Ormskirk Hospital, which was already showing positive results.</p> <p><i>IT</i> Discussions are ongoing in relation to community IT systems.</p> <p><i>Cardiac</i> Dr Leonard reported on recognition by local secondary care clinicians in relation to their own services for chest pain diagnostics following NICE Guidance which is a positive step.</p> <p><i>Contracting</i> Dr Evans referenced monitoring the 'payment by results' contractual arrangements.</p> <p><i>Practice Managers</i> It is thought that eighty percent of practices are engaging in the Risk Stratification DES, although the statistics are being checked with NHS England.</p> <p><i>Engagement</i> Mr Pontefract referred to the Big Chat event held last week which aim was to widen public and patient engagement and ensuring that engagement is integral to the processes of the CCG.</p>	
	<p><u>Action</u> The Governing Body noted the updates provided by Governing Body members.</p>	
13/92	<p>Performance Reports</p> <p>(a) Corporate Performance Report</p> <p>Ms Fagan reported that on Monday, 29 July there are no breaches to the clinical pathway around delays in referrals to treatment for cancer waits.</p> <p>In relation to A&E performance, although performance is improving, a contract query has now been raised with Southport & Ormskirk Hospitals NHS Trust.</p> <p>Southport & Ormskirk Hospitals Trust have also reported two never events. Investigations have been held in both cases. NHS England (Merseyside Area Team) have been notified and are working collaboratively with the CCG, together with other local CCGs as part of the investigations.</p> <p>Ms Fagan also referred to the information on NHS Choices around the Friends and Family Test, which Miss Fagan will discuss with the Trust on behalf of the Governing Body.</p> <p>A further Quality review with S&O is planned for 30 September and an action plan is being considered at the CCG Quality Committee.</p> <p>Mr Pontefract referred to paragraph 3.1 of the report in relation to 62-day urgent referral to treatment target, which he felt was long and challenged the Governing Body that this could be progressed quicker. Dr Leonard responded that, within this time scale, there was time for diagnostics and the collaboration between a number of specialists leading to a final prognosis delivered to the patient. Further there may be a number of co-existing conditions which add complexity to the case. This 62-day period referred to all of the above investigations taking place, not just a simple straightforward operation, for example.</p>	

No	Item	Action
	<p><u>Action</u> The Governing Body noted the contents of the performance report.</p>	
	<p>(b) Finance Update</p> <p>Mr McDowell highlighted some of the matters raised in his report. Due to an over-statement in the operational budget in respect of reablement, a virement to reserves is required in the sum of £0.944m from the reablement cost centre to the contingency reserve.</p> <p>There remains a significant degree of uncertainty regarding the baseline allocations to CCGs as a consequence of assumptions made in the PCT disaggregation exercise undertaken in 2012/13.</p> <p>Southport and Formby CCG is £0.304m overspent as at month 3 prior to the application of reserves, caused by an overspend at the Royal Liverpool Hospital Trust in relation to Vascular Surgery (£0.089m) and Ophthalmology (£0.062m).</p> <p>Southport and Ormskirk Hospital Trust is also overspending by £0.202m and has been caused by Outpatient First appointments (£0.73m) and Outpatient Follow Up appointments (£0.42m). However, there is an underspend at the Trust for day cases. The CCG has agreed a contract with the Trust which applies a 50% marginal rate adjustment for over spends up to £1.5m so the revised overspend is limited to £0.101m under these terms.</p>	
	<p>£875k is available to deal with any investments or pressures that arise during the remainder of the financial year.</p>	
	<p>In the event of a 'worst case scenario' there are a number of contingency plans in place which are red-amber-green rated.</p> <p><u>Action</u> The Governing Body undertook the following actions.</p> <ol style="list-style-type: none"> 1. It noted that the CCG remains on target to deliver its financial targets for 2013/14. 2. The Chief Finance Officer's recommendation in terms of virements as outlined in section 3.2 was approved. 3. It was noted that the likely case scenario predicts that the CCG has £0.875m to address unforeseen issues / approve investments during the year. 4. It was noted that the CCG's worse-case scenario is "amber-rated" in terms of additional actions required should the CCG position deteriorate. 	
	<p>(c) Prescribing Update</p> <p>Mr Prescott advised that the practice prescribing spend for April 2013 cannot be used to forecast an out turn position, as practice budgets were not posted to the Business Services Authority until 30 June as usual. This data will be reported as soon as it is available.</p> <p><u>Action</u> The Governing Body noted Mr Prescott's update.</p>	
13/93	2012/13 Results of Prescribing Quality Scheme	

No	Item	Action
	<p>All GP Governing Body Members and Practice Managers left the room, due to the presence of a conflict of interests in relation to the matter being discussed. Those remaining to take part in the discussion were Mr Morgan, Dr Simmons, Mr Pontefract, Ms Clark, Ms Fagan and Mr McDowell. Mr Pontefract assumed the Chair.</p> <p>Ms Clark noted that the Governing Body was still quorate with Mr Morgan not having voting rights and added that the outcome of the scheme was favourable.</p> <p>Mr Prescott described the nature of the scheme and the incentives to practices.</p> <p>Mr McDowell asked whether there were any themes in practices that did not achieve the full award, to which Mr Prescott responded that there were not. Mr Prescott also confirmed that the scheme will be met within the existing resource.</p> <p><u>Action</u> Those present approved the recommendations contained within Mr Prescott's report.</p>	
13/94	<p>Community Anti-Coagulation Service Procurement - Update</p> <p>Mrs Dodd updated the Governing Body as to the progress regarding the anti-coagulation service. A provider day has recently been held and discussions opened with interested parties. The Governing Body is asked to approve a full tender process.</p> <p><u>Action</u> The Governing Body approved the recommendations contained within Mrs Dodd's report.</p>	
13/95	<p>Assurance Framework</p> <p>Ms Clark asked those present to note that the Assurance Framework identified the risks to the corporate objectives and provided assurance to the Governing Body that they were being appropriately managed.</p> <p>Ms Clark advised that a paper will be coming to the September meeting to consider the options for the election process.</p> <p><u>Action</u> The Governing Body noted the contents of the Assurance Framework</p>	
13/96	<p>Update of Terms of Reference – Board Committees</p> <p><u>Action</u> The Governing Body approved the Terms of Reference for the Quality Committee, Audit Committee, Finance and Resource Committee and Remuneration Committee. However, in relation to the latter, it was noted that the Chief Nurse could not form part of the membership of the Remuneration Committee when matters relating to the remuneration of the Chief Officer and Chief Financial Officer were being considered.</p>	
13/97	<p>Minutes of Committees</p>	
	a) Audit Committee [no meeting held].	
	b) Quality Committee	
	c) Finance & Resource Committee	
	d) Merseyside CCG Network	

No	Item	Action
	<p>e) Health and Wellbeing Board</p> <p>Dr Leonard referred to the developing responsibility of the Health and Wellbeing Board and the future implications in relation thereto for the CCG.</p> <p>Ms Clark added that it was part of the CCG's core strategy to address integration of services with the Local Authority.</p> <p>Mr Morgan referred specifically to the Strategic Integrated Commissioning Group which considered strategic integration and would now become more of an operational group to support the objectives of the Health and Wellbeing Board.</p>	
	f) Medicines Management Operational Group	
	g) Strategic Integrated Commissioning Group	
	<p>h) Engagement and Patient Experience Group</p> <p>i) Locality Meetings -</p> <p>(1) Ainsdale & Birkdale Locality</p> <p>(2) Formby Locality</p> <p>(3) Central Locality</p> <p>(4) North Locality</p> <p>Mr Morgan referred to plans for locality managers to enter into discussions within localities with head teachers of schools. Dr Leonard welcomed this approach.</p> <p><u>Action</u> The Governing Body received and noted the contents of all of the above.</p>	
13/98	<p>Register of Interests</p> <p><u>Action</u> The Governing Body received and noted the Register of Interests.</p>	
13/99	<p>Hospitality Register</p> <p>No declarations</p> <p><u>Action</u> The Governing Body received and noted the Hospitality Register.</p>	
13/100	<p>Any Other Business</p> <p><i>j) The TIME Project</i></p> <p>Mr McDowell apologised to the Governing Body and referenced the urgent need for the CCG to provide a letter of support in relation to the TIME Project being delivered by MerseyCare NHS Trust and discussed the detail thereof. This followed on from the recent Governing Body Development session.</p> <p><u>Action</u> The Governing Body approved the sending of a letter in the terms suggested by Mr McDowell.</p> <p><i>ii) Dementia Action Alliance</i></p> <p>Mr Pontefract referred to the Dementia Action Alliance, who were offering a dementia training course which he was may be helpful to practice receptionists. He suggested this be taken to the Practice Manager meeting.</p> <p><u>Action</u> Mr Boardman agreed to take this proposal to the Practice Managers' meeting.</p>	RB

No	Item	Action
	<i>iii) Pioneer Group Bid</i> Mr Morgan referred to the progress made on the recent Pioneer Group bid, which demonstrated the synergy between local organisations and the realistic vision of the bid. The plans contained therein had been positively received.	
13/101	Date, Time and Venue of Next Governing Body Meeting Wednesday, 25 September 2013 at 1.00pm at the Family Life Centre	

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 Action Points

Wednesday, 31 July 2013 at 1.00pm to 4.00pm

No	Item	Action
13/100	<p>Any Other Business</p> <p><i>ii) Dementia Action Alliance</i></p> <p>Mr Pontefract referred to the Dementia Action Alliance, who were offering a dementia training course which he was may be helpful to practice receptionists. He suggested this be taken to the Practice Manager meeting.</p> <p><u>Action</u></p> <p>Mr Boardman agreed to take this proposal to the Practice Managers' meeting.</p>	RB

MEETING OF THE GOVERNING BODY September 2013	
Agenda Item: 13/118	Author of the Paper:
Report date: 16 September 2013	Fiona Clark Chief Officer fiona.clark@southseftonccg.nhs.uk Tel: 0151 247 7061
Title: Chief Officer Report	
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's monthly update.	
Recommendation The Governing Body is asked to receive this report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

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

Southport and Formby Clinical Commissioning Group

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

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

Report to Governing Body September 2013

1. Quality Surveillance Group

The Quality Surveillance Group (QSG) facilitated by NHS England (Merseyside) has met on a monthly basis. The key purpose is to ensure the essential standards of quality and safety are maintained across Merseyside. It brings together a wide variety of key stakeholders around the quality agenda, including CCGs, Health Watch, Mersey deanery, CQC, Local Authority, Public Health England, NHS Trust Development Authority, Health education Northwest and Monitor across Merseyside.

It complements the statutory roles of the Clinical Commissioning Groups and aims, by drawing membership from the above, to undertake surveillance of quality across NHS commissioned services. It acts as a proactive forum for collaboration and provides the health economy with:

- A shared view of risks to quality through shared intelligence
- An early warning mechanism of risk about poor quality
- opportunities to coordinate actions to drive improvement.

To date, the QSG has covered a wide variety of topic areas with SFCCG membership drawn from the Chair, Chief Officer, Chief Nurse and Lead GP for Quality of the CCG.

2. Developing the Integration Agenda

Following on from the recent Health & Wellbeing Board peer challenge in Sefton, work is underway to consider the recommendations.

The Strategic Integrated Commissioning Group, which is part of the CCG governance structure has been revised to now function as the Health & Wellbeing Board-Programme group. This streamlining has allowed for greater clarity of roles and membership.

There are now three main forum of this programme group:

- Early Life Forum
- Adults Forum
- Wider Determinates Forum.

With 3 enabling task groups:

- Resources & Performance
- Communication & Engagement
- Intelligence.

These changes create the opportunity to further integrate the thinking of the CCG with the Local Authority, in line with national policy direction and in order to maximise the resources locally. The management support team has been strengthened with Tracy Jeffes now having a remit for integration as Head of Delivery & Integration. The Governing Body will continue to receive specific updates.

3. University Hospitals Aintree NHS Foundation Trust

Work continues following on from the contract query raised with Aintree on in July 2013. Assurance is being sought on the following areas:

- Mortality rates
- Referral to Treatment times (RTT)
- Accident & Emergency 4 Hours waits
- Health Care Acquired Infection (HCAI)
- Alongside Patient Experience (from the quality risk review).

Each of these areas is being performance managed through the clinical leadership of the Aintree Collaborative Commissioning Forum (ACCF). The ACCF incorporates Knowsley CCG, Liverpool CCG and South Sefton CCG. Sub-groups for each of these areas have been established and action plans are in place, with progress being made.

NHS South Sefton CCG, under the terms of the risk sharing agreement, work on behalf of NHS Southport & Formby CCG, with the Chief Officer, Chief Finance Officer and Chief Nurse acting as the bridge across the two CCGs. The ACCF are working closely with Monitor and NHS England (Merseyside) colleagues.

4. Quality Issues

4.1. Francis 2 Public Inquiry

The Chief Nurse attended the Health and Wellbeing Board on 21 August 2013 and delivered a presentation to raise the awareness of the members regarding the Francis 2 Public Inquiry and other national strategies and reports that have been produced as a result.

4.2. Aintree University Hospital C-Difficile Protocol & Trajectory

A meeting was held on 21 August 2013 Chaired by the GP Clinical Quality Lead with Aintree University Hospital to discuss their revised C-Diff protocol that had previously been supported by the collaborative CCGs. In attendance were CCGs, local Public Health and NHSE(M) along with Trust representation. The outcome of the meeting was that the Trust were informed that although the CCGs acknowledged that the protocol was safe (as had been advised by PH England) that the CCGs could no longer support the protocol as it was not in line with the most recent DH guidance. The Chief Nurse has forwarded the Trust the appeals information as provided by NHSE(M) and Public Health and the Trust are going to engage with this process. The CCGs will be working with the local Public Health team to enact the appeals process locally as the Trust will require CCG support / sign-off for the individual cases to be considered. The Trust are in the processes of retrospectively reporting all C-Diff toxin positive cases from April 2013 which will see a year to date increase to approximately 47 cases which above the full year trajectory of 43 cases. The expected increase in the numbers to be reported does not have any impact on the care patients have received.

5. The Big Chat

At the end of July, NHS Southport and Formby Clinical Commissioning Group (NHS SFCCG) invited local residents to come along to its Big Chat event to gain views about health services. It was also a chance to update people about the CCG's work in the first four months since it became a statutory body.

Around 65 people attended the event, which focused on their experiences of using urgent or emergency healthcare. Feedback from the events will be used to help further shape the CCG's winter plans, when health services are traditionally under the most pressure. A summary report of the event is being produced and will be available to members of the public shortly. There will be a further Big Chat in the autumn, hosted jointly with Sefton Council, to share their overarching strategic plans with local residents.

6. Strategic Plan Update

The development of the strategic plan requires further consideration. The deadline for the draft to be received by the Governing Body was anticipated to be the September meeting. Recent reflections following the Health & Wellbeing Board peer challenge recommendations have led to the following actions:

- to consider the six key priorities of the Health & Well Being strategy as a framework for the CCG
- to gain further broader involvement in shaping the strategic plan
- to increase the capacity in the CCG support team through a Head of Strategic Planning & Assurance role
- to strengthen the clinical leadership at governing body by a dedicated role for strategy and planning.

The plan has therefore been deferred for this meeting and a full report on progress will be brought to the November 2013 Governing Body meeting.

7. CCG Development Framework

Co-produced with CCGs and open to continuous improvement as we learn more together, the CCG Development Framework supports CCGs in developing themselves and is a key part of NHS England's commitment to support CCG development nationally. CCGs' emerging identity as clinically led organisations will doubtless produce innovative new strengths that need to be encouraged, supported and spread.

The framework, developed and overseen by the NHS Commissioning Assembly CCG development working group, sets out how further insight into what constitutes a great CCG will be gained and how every CCG will be supported to access development support that recognises its local circumstances and differing stages of maturity.

It also identifies a clear direction of travel, rooted in achieving CCG ambitions for improvement in health outcomes and the quality and safety of care, and focused on developing healthy, vibrant, clinically led commissioning organisations.

Southport and Formby Clinical Commissioning Group

The intention is that the framework will offer CCGs, and all those with an interest in CCGs improving lives locally, an effective way of making their contribution and working together for success. A copy of the framework can be accessed at:

<http://www.england.nhs.uk/wp-content/uploads/2013/08/20130829-CCG-Development-Framework-final-v5.0.pdf>.

8. Directory of CCG Support

CCGs have said they need greater visibility of the range of development support that is available to equip them to achieve their ambitions for local service improvement.

In response, NHS England are developing a directory of support which captures a wide range of support currently available and in many cases free of charge to CCGs. This is at an early stage of development and NHS England are requesting feedback on the content and format of this version so that it can be developed in a way that is relevant, useful and shaped in response to CCG preferences.

Looking ahead, there are plans to make the directory available as an online searchable tool, which will be updated as new offers of support are made. The Directory will be a key support to the CCG and will be considered in light of the CCG Organisational Development plan and on-going CCG development needs.

9. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Clark
September 2013

MEETING OF THE GOVERNING BODY September 2013

Agenda Item: 13/119	Author of the Paper:						
Report date: 16 September 2013	Debbie Fagan debbie.fagan@southseftonccg.nhs.uk Malcolm Cunningham malcolm.cunningham@southseftonccg.nhs.uk						
Title: Corporate Performance Report							
Summary/Key Issues: This paper presents the Governing Body with the Performance Dashboard, Quality Report, Family and Friends Inpatient Summary, Friends and Family A&E Summary, Liverpool Community Health Quality Compliance Report for Month 4, Liverpool Community Health KPI Report.							
Recommendation The Governing Body is asked to approve the recommendations contained within this report.	<table style="border: none;"> <tr> <td style="padding: 2px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 20px;">x</td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="border: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

Links to Corporate Objectives <i>(x those that apply)</i>	
	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

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

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

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1. NHS Southport and Formby CCG Corporate Performance Report
2. NHS Southport and Formby CCG Exception Report
3. NHS Southport and Formby Quality Report
4. NHS Southport and Formby – Friends and Family Inpatient Summary
5. NHS Southport and Formby – Friends and Family A&E Summary
6. Liverpool Community Healthcare Trust – Quality Compliance Dashboard
7. Liverpool Community Health Trust – KPI report

MEETING OF THE GOVERNING BODY SEPTEMBER 2013

Agenda Item: 13/120	Author of the Paper: Martin McDowell Chief Finance Officer Martin.mcdowell@southportandformbyccg.nhs.uk Tel: 01704 387042						
Report date: 16 September 2013							
Title: Financial Performance report							
Summary/Key Issues: This paper presents the Governing Body with an overview of the financial position for NHS Southport and Formby Clinical Commissioning Group. It details information in relation to the budget setting process, how the budgets link into the baseline exercise, the financial position of the CCG as at month 5, and an evaluation of risks.							
Recommendation The Governing Body is asked to receive the finance update by way of assurance, in particular, that: <ul style="list-style-type: none"> that the CCG remains on target to deliver its financial targets for 2013/14; that the CCG's worst case scenario is "amber-rated" in terms of additional actions required should the CCG position deteriorate The Governing Body is also asked to approve: <ul style="list-style-type: none"> all virements that support the financial information presented in this paper; and that all CCG members are asked to review the information reported on the Mersey Intelligence Portal to support the data checking and validation process. 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Receive</td> <td style="text-align: center; border: 1px solid black; width: 40px;">x</td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="text-align: center; border: 1px solid black;">x</td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="text-align: center; border: 1px solid black;"></td> </tr> </table>	Receive	x	Approve	x	Ratify	
Receive	x						
Approve	x						
Ratify							

Links to Corporate Objectives	
x	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement	x			
Clinical Engagement	x			
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered		x		
Locality Engagement		x		
Presented to other Committees	x			Finance & Resource Committee

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

Report to the Governing Body September 2013

1. Executive Summary

This report outlines the budget setting process and focuses on the financial performance of the CCG at month 5. At the end of August, the CCG is £0.068m over-spent prior to the application of reserves.

The CCG is on target to achieve the planned £1.569m surplus at the end of the year. However, there are risks to achieving this and actions are required to deliver this position.

2. Introduction and Background

This paper presents the Governing Body with an overview of the financial position for NHS Southport and Formby Clinical Commissioning Group.

It also details the budget setting process and describes the steps taken in formulating the budgets for 2013/14 along with detail of how the budgets link into the baseline exercise. The paper also provides information in relation to the financial position of the CCG as at month 5 and a risk evaluation surrounding the financial position of the CCG.

3. Budgets

Members of the Governing Body will be aware that operational budgets were agreed in the May Governing Body meeting. Southport and Formby CCG has a budget of £157.6m in financial year 2013/14, with a surplus target of £1.569m.

The budget setting process for 2013/14 has been complicated by the changes in commissioning structures and the delay in agreeing contracts with a number of providers. Much of the uncertainty has now been clarified, and budgets have been revised accordingly. Budget holders have signed off the revised values at cost centre level.

Due to the values of the changes, the governing body are now asked to approve the changes in line with the scheme of delegation. All changes to budgets need to be approved in line with the scheme of delegation prior to the action of any budget virements.

Appendix 1 highlights the movements between budgets presented to the Governing Body in May and the current budget proposals. The main reasons for movements is predominantly due to the application of the budget setting principles (outlined in appendix 2) combined with rebasing activity budgets from original assumptions to actuals as better information is received.

Following the budget setting process, it has been possible to identify how much of the CCG spend is based on true activity and how much remains on a 40:60 fair share split with NHS South Sefton CCG. This is outlined in appendix 1.

Of the total spend for the CCG, 72% of the expenditure is based on activity and 28% remains on a 40:60 split. 24% of the spend (approx. 17% community contracts and 7% Continuing Healthcare (CHC) / Learning Disability (LD)) is being reviewed, and it is anticipated that these budgets will be revised in month 6 as new information continues to be received.

With improved information it has been possible to set budgets based on activity by CCG. This has identified an imbalance in the resources allocated between South Sefton CCG and Southport and Formby CCG. To correct this imbalance, a transfer of resources from South Sefton CCG to Southport and Formby CCG is recommended. This transfer of resource requires Governing Body approval. Further transfers of resource may be necessary as budgets are refined and more data becomes available. This is outlined in more detail in the report entitled 'NHS Allocations for CCGs' to be presented to the Governing Body in September. The reported allocations at month 6 will be used as the baseline for future allocations. It is therefore recommended that these changes take place for inclusion in the Month 5 Accounting Period.

4. Review of Baselines

A detailed review of baselines has been carried out to analyse the split of resources between commissioner organisations. This analysis has identified a number of areas where funding has erroneously transferred to the wrong organisation. The CCG continues to engage with other commissioners to rectify the errors.

A review of budgets and baselines has also identified inaccuracies in the baseline exercise between CCGs. This has generally led to an overstated allocation for South Sefton and an understated allocation for Southport & Formby. This is outlined in more detail in the report entitled 'NHS Allocations for CCGs'. A transfer of funding between CCGs requires Governing Body approval.

5. Our Position to Date

5.1 Month 5 Financial Position

Please refer to Table A overleaf which shows a summary position for the CCG.

Table A: Financial Performance: Summary report to 31 August 2013

Budget Area	Annual and Year to Date				End of Year	
	Annual Budget £000	YTD Budget £000	YTD Actual £000	YTD Variance £000	Expenditure Out turn £000	FOT Variance £000
NHS Commissioned Services	112,185	46,743	47,037	294	113,249	1,064
Corporate and Support Services	3,666	1,527	1,633	106	4,404	738
Primary Care	1,332	616	481	(135)	1,364	32
Medicines Management (Including Prescribing)	22,396	9,332	9,070	(262)	21,372	(1,024)

Budget Area	Annual and Year to Date				End of Year	
	Annual Budget £000	YTD Budget £000	YTD Actual £000	YTD Variance £000	Expenditure Out turn £000	FOT Variance £000
Independent Sector	3,190	1,329	1,249	(80)	2,998	(192)
Commissioning - Non NHS	11,621	4,842	4,987	145	11,640	19
Sub Total Prior to Reserves	154,390	64,389	64,457	68	155,027	637
Total Reserves	1,565	68	0	(68)	928	(637)
Grand Total Expenditure	155,955	64,457	64,457	0	155,955	0
RRL Analysis	157,524	0	0	0	0	0
(Surplus) / Deficit	(1,569)	(654)	(654)	0	0	(1,569)

Please note, figures that appear in brackets represent an under spend.

The year to date financial position before the application of reserves is a £0.068m overspend.

The position within operational budgets is attributable to a number of items as outlined below.

NHS Commissioned Services

Whilst the financial reporting period relates to the end of August, the CCG has only received information from Acute Trusts to the end of July.

This budget is showing a year to date position of £0.294m overspend. This has been caused by an over spend on Acute Commissioning.

One of the main factors is the over spend at The Royal Liverpool Hospital Trust of £0.506m. The main specialties which are over-performing are ophthalmology and vascular surgery.

The Royal Liverpool is the hub for vascular surgery and work has moved from Southport and Ormskirk to Liverpool. A contract variation is required to reflect this change and increase the contract value with The Royal Liverpool Hospital. A budgetary change will be required to support this and ensure that the outturn principle is maintained. This will be taken from reserves.

The causes of the overspend in Ophthalmology are being investigated by the CCG with the support of CSU. We are seeing over-performance for outpatient follow-up attendances and Wet AMD that is double that of the contract values. There is also over-performance in Ophthalmology at Southport and Ormskirk. Ophthalmology services are an area of high financial risk.

Southport and Ormskirk hospital Trust is overspending by £0.235m. This is after the application of a 50% marginal rate for activity above planned levels. The gross over-performance is therefore £470k. This equates to 1.8% of the contract value. The main specialty contributing to the overspend is Trauma and Orthopaedics. New outpatient

attendances have also increased, with Trauma and Orthopaedics once again being the area of overspend. General Medicine outpatient attendances are also higher than plan.

Although Trauma and Orthopaedics activity is over plan this is being offset in part by reductions in activity at Independent Sector providers (eg. Renacres).

The level of overspending at the start of the year raises some concerns for the CCG and all CCG members are asked to review the information reported on the Mersey Intelligence Portal to support the data checking and validation process.

Corporate and Support Services

The CCG is currently operating within its running cost target with a year to date underspend of £0.095m and a forecasted year end position of £0.113m underspend. The under spend has arisen due to a number of vacancies.

This underspend will be used to offset an element of the forecast overspend against corporate programme costs.

Primary Care

Primary Care is currently showing a year to date position of £0.134m underspend. This has been caused by underspends against locality investments for which spend plans are currently being devised. It is anticipated that the locality budget will be spent in full by the end of the financial year.

Medicines Management (Including Prescribing)

The Medicines Management budget consists of High Cost Drugs, Oxygen and Prescribing.

High Cost Drugs is currently showing a breakeven year to date position, as there are a number of uncertainties in relation to the invoices received and the baseline budgets.

Oxygen has a small under-spend of £16k in the year to date performance.

Prescribing is showing a year to date under-spend of £0.246m. This is based on Prescription Pricing Authority (PPA) data to the end of June. The PPA also provides a forecast, which predicts a £0.986m underspend for the year. However, it is important to note that the forecast position for prescribing expenditure can change significantly in the early part of the year and there remains a significant degree of uncertainty in relation to the forecast outturn assessment..

Independent Sector

The Independent Sector budget is under spent by £0.080m. This under spend predominantly relates to Renacres Hospital which is currently £0.109m underspent. This has been caused by a reduction in day case activity.

Commissioning Non-NHS

Commissioning from Non NHS organisations is underspent by £0.145m, but there are a number of risks in relation to this area of expenditure. A large area of spend relates to Continuing Healthcare and Funded Nursing Care, where there continues to be a significant

degree of uncertainty over expenditure. The CCG is working closely with the CSU to understand the pressures in this area with the aim for mitigating actions to be put in place to ensure the position is brought back in line with budget by the end of the financial year.

5.2 Treasury and Legacy issues

The work to disaggregate the balance sheet of NHS Sefton is continuing and recent guidance has been issued from the Department of Health (DH) advising that any prior year balances that relate to clinical contracts will be inherited by NHS England with a number of exceptions which include continuing healthcare restitution cases. The deadline for the full disaggregation of the balance sheet by successor organisation is November.

Once this work has been approved by the DH, the final balance sheets will be shared with successor organisations.

6. Evaluation of Risks

The CCG has analysed the risks, and put in place plans to mitigate them. These risks have been reported these through the Finance & Resource Committee. The risk analysis is subject to scenario planning and a best, likely and worst case scenario is explored.

The CCG can achieve financial balance in its worst case scenario by instigating a number of mitigating actions. These actions are predominantly “amber-rated” as they will require co-operation from other bodies to enact.

All members of the CCG are asked to support the review of data validation and work closely together to assess referrals into secondary care, noting that the CCG no longer holds a fixed-price agreement for elective services in the secondary care market.

7. Recommendations

The Governing Body is asked to receive the finance update by way of assurance, in particular:

- that the CCG remains on target to deliver its financial targets for 2013/14;
- that the CCG’s worst case scenario is “amber-rated” in terms of additional actions required should the CCG position deteriorate

The Governing Body is also asked to approve:

- all virements that support the financial information presented in this paper; and
- that all CCG members are asked to review the information reported on the Mersey Intelligence Portal to support the data checking and validation process.

Appendices

- Appendix 1 – Revised budgets
- Appendix 2 – Budget setting principles

Cost centre Number	Cost Centre Description	Budget Holder	Finance Lead	Financial Plan : Operational Budgets APP 4 to Board			Revised Budget Setting 2013/14 - M5			Variance		
				Rec	Non-Rec	Total	Rec	Non-Rec	Total	Rec	Non-Rec	Total
COMMISSIONING - NON NHS												
603506	Child and Adolescent Mental Health	Debbie Fagan	Laura Doolan	1,063	0	1,063	979	0	979	(84)	0	(84)
603596	Collaborative Commissioning	Debbie Fagan	Laura Doolan	227	0	227	222	0	222	(5)	0	(5)
603711	Community Services	Debbie Fagan	Laura Doolan	1,150	0	1,150	451	0	451	(698)	0	(698)
603682	Continuing Care	Debbie Fagan	Laura Doolan	2,160	0	2,160	2,291	0	2,291	131	0	131
603511	Dementia	Debbie Fagan	Laura Doolan	86	0	86	86	0	86	0	0	0
603691	Funded Nursing Care	Debbie Fagan	Laura Doolan	2,316	0	2,316	2,268	0	2,268	(48)	0	(48)
603721	Hospices	Debbie Fagan	Laura Doolan	827	0	827	768	0	768	(59)	0	(59)
603516	Improving Access to Psychological Therapies	Debbie Fagan	Laura Doolan	1,038	0	1,038	0	0	0	(1,038)	0	(1,038)
603726	Intermediate Care	Debbie Fagan	Laura Doolan	154	0	154	114	0	114	(40)	0	(40)
603521	Learning Difficulties	Debbie Fagan	Laura Doolan	1,309	0	1,309	1,302	0	1,302	(7)	0	(7)
603501	Mental Health Contracts	Debbie Fagan	Laura Doolan	639	0	639	627	0	627	(12)	0	(12)
603531	Mental Health Services - Adults	Debbie Fagan	Laura Doolan	673	0	673	907	0	907	234	0	234
603541	Mental Health Services - Collaborative Commissioning	Debbie Fagan	Laura Doolan	652	0	652	692	0	692	41	0	41
603531	Mental Health Services - Older People	Debbie Fagan	Laura Doolan	184	0	184	0	0	0	(184)	0	(184)
603541	Personal Health Budgets	Debbie Fagan	Laura Doolan	22	0	22	0	0	0	(22)	0	(22)
603796	Reablement	Debbie Fagan	Laura Doolan	2,224	0	2,224	912	0	912	(1,312)	0	(1,312)
	Sub-Total			14,722	0	14,722	11,620	0	11,620	(3,102)	0	(3,102)
CORPORATE & SUPPORT SERVICES												
605251	Administration and Business Support (Running Cost)	Fiona Clark	Chloe Rachelle	55	0	55	77	0	77	22	0	22
605271	CEO/Board Office (Running Cost)	Fiona Clark	Chloe Rachelle	548	0	548	408	0	408	(140)	0	(140)
605276	Chairs and Non Excess (Running Cost)	Fiona Clark	Chloe Rachelle	98	0	98	89	0	89	(9)	0	(9)
605286	Clinical Governance (Running Cost)	Fiona Clark	Chloe Rachelle	118	0	118	0	0	0	(118)	0	(118)
605296	Commissioning (Running Cost)	Fiona Clark	Chloe Rachelle	1,167	0	1,167	1,345	0	1,345	178	0	178
605351	Finance (Running Cost)	Martin McDowell	Chloe Rachelle	818	0	818	1,006	0	1,006	188	0	188
605391	Medicines Management (Running Cost)	Brendan Prescott	Chloe Rachelle	38	0	38	55	0	55	17	0	17
603646	Commissioning Schemes	Fiona Clark	Chloe Rachelle	138	0	138	0	0	0	(138)	0	(138)
	Sub-Total Running Costs			2,980	0	2,980	2,980	0	2,980	0	0	0
603656	Medicines Management (Programme Cost)	Brendan Prescott	Chloe Rachelle	377	0	377	342	0	342	(35)	0	(35)
603646	Commissioning Schemes (Programme Cost)	Fiona Clark	Chloe Rachelle	95	0	95	344	0	344	249	0	249
	Sub-Total Programme Costs			377	0	377	686	0	686	214	0	214
	Sub-Total			3,356	0	3,356	3,666	0	3,666	309	0	309
SERVICES COMMISSIONED FROM NHS ORGANISATIONS												
603576	Acute Childrens Services	Jan Leonard/Billie Dodd	Jenny White	628	0	628	2,148	0	2,148	1,520	0	1,520
603571	Acute Commissioning	Jan Leonard/Billie Dodd	Jenny White	75,808	246	76,054	75,771	1,707	77,478	(37)	1,461	1,424
603586	Ambulance Services	Jan Leonard/Billie Dodd	Jenny White	4,060	0	4,060	4,596	0	4,596	536	0	536
603756	Commissioning - Non Acute (Community)	Jan Leonard/Billie Dodd	Jenny White	9,077	0	9,077	15,198	0	15,198	6,121	0	6,121
603756	Commissioning - Non Acute (Mental Health)	Jan Leonard/Billie Dodd	Jenny White	10,485	0	10,485	11,600	21	11,621	1,115	21	1,136
603756	Commissioning - Non Acute (Specialist)	Jan Leonard/Billie Dodd	Jenny White	2,278	819	3,097	15	0	15	(2,263)	(819)	(3,082)
603761	Commissioning Reserve	Jan Leonard/Billie Dodd	Jenny White	144	0	144	0	0	0	(144)	0	(144)
603616	NCAs/OATs	Jan Leonard/Billie Dodd	Adam Gamston	1,139	0	1,139	1,121	0	1,121	(18)	0	(18)
603786	Patient Transport	Jan Leonard/Billie Dodd	Adam Gamston	8	0	8	8	0	8	(0)	0	(0)
	Sub-Total			103,628	1,065	104,693	110,458	1,728	112,186	6,830	663	7,493
INDEPENDENT SECTOR												
603591	Renacres	Jan Leonard/Billie Dodd	Adam Gamston	1,659	0	1,659	2,468	0	2,468	809	0	809
603591	Spire-Liverpool	Jan Leonard/Billie Dodd	Adam Gamston	397	0	397	97	0	97	(300)	0	(300)
603591	I-Sight	Jan Leonard/Billie Dodd	Adam Gamston	271	0	271	594	0	594	323	0	323
603591	Other	Jan Leonard/Billie Dodd	Adam Gamston	37	0	37	31	0	31	(6)	0	(6)
	Sub-Total			2,364	0	2,364	3,190	0	3,190	826	0	826
PRIMARY CARE												
603791	Programme projects	Jan Leonard/Billie Dodd	Chloe Rachelle	1,237	0	1,237	0	504	504	(1,237)	504	(733)
603651	Local enhanced services and GP Framework	Jan Leonard/Billie Dodd	Michael Scully	1,068	0	1,068	829	0	829	(240)	0	(240)
	Sub-Total			2,305	0	2,305	829	504	1,333	(1,477)	504	(973)
PRESCRIBING												
603606	High Cost Drugs	Brendan Prescott	Adam Gamston	1,159	0	1,159	1,159	0	1,159	0	0	0
603666	Oxygen	Brendan Prescott	Laura Doolan	226	0	226	256	0	256	30	0	30
603671	Prescribing	Brendan Prescott	Laura Doolan	20,998	0	20,998	20,981	0	20,981	(17)	0	(17)
	Sub-Total			22,384	0	22,384	22,396	0	22,396	12	0	12
RESERVES												
605356	Risk Share Reserve	Martin McDowell	Clare Shelley	(662)	0	(662)	0	0	0	662	0	662
605356	Flexibility Reserve (Budget Setting)	Martin McDowell	Clare Shelley	0	0	0	(2,666)	644	(2,022)	(2,666)	644	(2,022)
605356	Contingency Reserve	Martin McDowell	Clare Shelley	994	0	994	686	0	686	(308)	0	(308)
605356	Lodgement Reserve	Martin McDowell	Clare Shelley	0	0	0	0	0	0	0	0	0
605356	Committed Reserve	Martin McDowell	Clare Shelley	2,417	86	2,503	1,756	86	1,842	(661)	0	(661)
605356	General Reserve	Martin McDowell	Clare Shelley	834	0	834	820	0	820	(14)	0	(14)
605356	Investment Reserve	Martin McDowell	Clare Shelley	1,580	17	1,597	108	17	125	(1,472)	0	(1,472)
605356	Non Rec Reserve	Martin McDowell	Clare Shelley	0	3,116	3,116	0	1,305	1,305	0	(1,811)	(1,811)
605356	Contracting Reserve	Martin McDowell	Clare Shelley	(1,194)	0	(1,194)	(844)	0	(844)	350	0	350
605356	Unidentified QIPP	Martin McDowell	Clare Shelley	(875)	(182)	(1,057)	(165)	(182)	(347)	710	0	710
	Sub-Total			3,094	3,037	6,131	(305)	1,870	1,565	(3,399)	(1,167)	(4,566)
	Grand Total Expenditure			151,853	4,102	155,955	151,853	4,102	155,955	(0)	0	(0)
	RRL Analysis			155,866	1,658	157,524	155,866	1,658	157,524	0	0	0
	Surplus / (Deficit)			4,013	(2,444)	1,569	4,013	(2,444)	1,569	0	0	0

Budget setting principles

NCB planning guidance “Everyone Counts Planning for Patients 2013/14” was released on 18th December 2012, along with CCG allocations.

The document provides guidance on the following assumptions for planning purposes for 2013/14:

- 1) CQUIN – remains at 2.5%
- 2) Surplus policy – cumulative surplus of 1%
- 3) Non-recurrent headroom – 2% of resource limit to be set aside
- 4) Contingency – minimum requirement of 0.5% of resource limit
- 5) Running cost allowance - £25 per head of population
- 6) National provider efficiency requirement – 4%
- 7) Estimated provider cost inflation – 2.9% has been applied to PbR prices, 1% applied to prescribing and remaining budget areas.

The main principle adopted for budget setting for 2013/14 is to use 2012/13 forecast outturn as the starting point. This approach means that cost pressures incurred throughout the previous year are already recognised in the budgets.

With the forecast outturn established for each cost centre, the next steps are as follows:

- 1) Identify and remove any non-recurrent expenditure in 2012/13.
- 2) Remove CQUIN out of any budgets which contain a contract CQUIN target.
- 3) Apply the national provider efficiency requirements and estimated provider cost inflation (using the figures provided above).
- 4) Add in known cost pressures not captured in 2012/13 outturn.
- 5) Pay budgets have been costed at point of scale at 2013/14 pay scale rates incorporating any in year incremental drift.
- 6) Finalise QIPP schemes and apply each scheme at cost centre level (i.e. identify by provider where the contract reductions are going to be applied).
- 7) Finalise investment plans and apply at cost centre level (i.e. identify by provider where the investments are going to be made).
- 8) Add 2.5% to revised contracts in respect of CQUIN targets.
- 9) Set a contingency budget of 0.5%
- 10) Set a reserve for the 2% non-recurrent headroom requirement (as above).

Through steps 1-8 above budget setting control totals for each area are established. The concept of a budget setting control total is that commissioners work within the specified total, but have discretion and flexibility around individual contracts and allocation of funding.

Southport and Formby Clinical Commissioning Group

MEETING OF THE GOVERNING BODY September 2013	
Agenda Item: 13/121	Author of the Paper:
Report date: 13 September 2013	Brendan Prescott CCG lead Medicines Management brendan.prescott@southseftonccg.nhs.uk Tel: 0151 247 7093
Title: Prescribing Update	
Summary/Key Issues:	
This paper presents the Governing Body with an update on prescribing spend for September 2013 (month 3).	
Recommendation	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to receive this report by way of assurance.	

Links to Corporate Objectives <i>(x those that apply)</i>	
x	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
	To maintain systems to ensure quality and safety of patient care.
	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail <i>(x those that apply)</i>
Patient and Public Engagement			x	
Clinical Engagement			x	
Equality Impact Assessment			x	
Legal Advice Sought			x	

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

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

Southport and Formby Clinical Commissioning Group

Report to the Governing Body September 2013

1. Executive Summary

The Southport and Formby CCG position for month 3 (June 2013) is a forecast underspend of £ 114,966 or -0.6% on a budget of £19,587,637.

2. Introduction and Background

This is a regular monthly update on the management of the Southport and Formby prescribing budget.

3. Key Issues

For June 2013 data the Department of Health used an incorrect value for one of the historical data points used in the analysis for forecasting at out turn. As a result the figures were too low. This forecast is based on amended figures but as a result is unreliable at this time. This is compounded by the volatility of forecasting over the beginning of the year i.e. the first quarter.

4. Content

Medicines management team members have met with practices to agree on work priorities for 2013-14. Work has been undertaken to analyse where the common cost growth areas are for practices.

In June 2013 all Merseyside CCGs showed less negative cost growth on a year on year comparison and cost per item is increasing. In summary prescribing costs are increasing. However it is difficult to confirm why this is at this time. It may be due to a re correction of prices after the patent expiry of high volume / high cost drugs last financial year or an increase in Category M prices.

This will be monitored as the year progresses but forecasting will be subject to further changes such as Category M pricing changes in October.

The incorrect allocation of prescribing codes at St Mark's and Trinity practices will take a number of months to correct and as the forecast for the two practices is unreliable.

5. Recommendations

The Governing Body is asked to receive this report by way of assurance.

6. Appendices

Southport and Formby CCG forecast at out turn

Brendan Prescott
September 2013
Appendix 1

CCG Practices INFO	
Prescriber Code	Prescriber Name
N84012	AINSDALE MEDICAL CENTRE
N84014	AINSDALE VILLAGE SURGERY
N84006	CHAPEL LANE SURGERY
N84017	CHURCHTOWN MEDICAL CENTRE
N84005	CUMBERLAND HOUSE SURGERY
N84013	CURZON ROAD MEDICAL PRACTICE
N84036	FRESHFIELD SURGERY
N84024	GRANGE SURGERY
N84617	KEW SURGERY
N84037	LINCOLN HOUSE SURGERY
N84008	NORWOOD SURGERY
N84611	ROE LANE SURGERY
N84021	ST MARKS MEDICAL CENTRE
N84032	SUSSEX ROAD SURGERY
N84613	THE CORNER SURGERY (DR MULLA)
N84625	THE FAMILY SURGERY
N84618	THE HOLLIES
N84614	THE MARSHSIDE SURGERY (DR WAINWRIGHT)
N84018	THE VILLAGE SURGERY FORMBY
Y02610	TRINITY PRACTICE
CCG Southport & Formby Subtotal	

SECTION 3: FINANCIAL INFO - Total Prescribing Budget (Annual Amount) against Forecast Outturn		
Forecast Out-Turn (£)	Variance Over/Under spend (forecast outturn against budget) (£)	Variance Over/Under spend (forecast outturn against budget) (%)
1,983,219	12,831	0.7%
572,805	22,513	4.1%
1,200,057	-18,566	-1.5%
2,015,242	-23,902	-1.2%
1,273,511	-7,552	-0.6%
554,555	25,985	4.9%
584,597	5,607	1.0%
1,655,561	-61,633	-3.6%
501,646	7,771	1.6%
385,982	-27,546	-6.7%
1,295,623	-9,020	-0.7%
407,187	-8,816	-2.1%
2,671,662	264,135	11.0%
322,879	-4,767	-1.5%
582,061	10,216	1.8%
456,943	20,412	4.7%
660,686	-12,034	-1.8%
427,685	29,047	7.3%
1,570,965	-7,239	-0.5%
349,807	-332,406	-48.7%
19,472,671	-114,966	-0.6%

MEETING OF THE GOVERNING BODY September 2013							
Agenda Item: 13/122	Author of the Paper:						
Report date: 16 September 2013	Fiona Clark Chief Officer fiona.clark@southseftonccg.nhs.uk Tel: 0151 247 7061						
Title: Non Recurrent A&E Funding							
Summary/Key Issues: This paper presents the Governing Body with an overview of the recently announced non-recurrent A&E funding. This funding has a local impact as both Southport & Ormskirk NHS Trust and University Hospitals Aintree Foundation Trust have been allocated some of the national funding. <ul style="list-style-type: none"> Aintree - £1.520 million Southport & Ormskirk - £ 4.042 million. The report presents the Governing Body with the background and next steps for utilisation of the non-recurrent funding allocation.							
Recommendation The Governing Body is asked to receive this report, by way of assurance.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Receive</td> <td style="text-align: center; width: 20px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives <i>(x those that apply)</i>	
x	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

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			Care Closer to Home Network-Southport & Ormskirk North Mersey Urgent Care Network
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 September 2013

1. Background

It was announced on the 10th September that an extra £500 million non-recurrent funding was to be made available over the next two years, to support the attainment of the A&E 4 hour standard. The Secretary of State for Health set out how the £250 million for 13/14 would be used by 53 Trusts identified this winter.

The funding being specifically directed in the following areas.

- £62 million for additional capacity in hospitals
- £57 million for community services
- £51 million for improving the urgent care services
- £25 million for primary care services
- £16 million for social care
- £9 million for other measures i.e ambulance services
- £15 million was also earmarked for NHS 111.

This money was tied into a 75% target for staff vaccinated against flu.

2. Local Impact

As a result of this announcement, both University Hospitals Aintree NHS Foundation Trust and Southport & Ormskirk NHS Trust received funding, as they had both failed to reach the 4 hour A&E target in quarter 1 of 13/14.

The amounts received are

- Aintree - £1.520 million
- Southport & Ormskirk - £4.042 million.

The local funding is badged against the national criteria and will support the successful delivery of the 4 hour A&E target through the wider health and social care system. The funding bid was supported by the Local Authority and CCGs alongside the Hospitals Trust.

3. Next Steps

The implementation plan will now be finalised and performance managed through the two Urgent Care networks responsible for Southport and Ormskirk NHS Trust and University Hospitals Aintree NHS FT.

The Governing Body will receive regular updates on progress and delivery.

4. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Clark
September 2013

MEETING OF THE GOVERNING BODY September 2013

Agenda Item: 13/123	Author of the Paper:
Report date: 16 September 2013	Dr Bal Duper Primary Care Quality Lead bal.duper@nhs.net Tel: 0151 247 7251

Title: Primary Care Quality Strategy

Summary/Key Issues:

From the 1 April 2013, Clinical Commissioning Groups (CCGs) have a statutory duty regarding the continuous improvement of primary care. A three year strategy focusing on quality areas for improvement based on safety, clinical effectiveness, and patient experience is being developed for Southport and Formby CCG.

A draft Primary Care Quality Strategy – ‘A Sense of Purpose’ has been developed setting the context and current challenges, which outlines the areas identified in our ‘Everyone Counts’ document (practice demographics, workforce development, clinical outcomes, estates /IT and health outcomes). The document has been circulated and discussed locally with a request for feedback on areas of prioritisation. Stakeholder responses have been received and evaluated (Appendix A) to progress and shape the proposals within this report. The Governing Body are asked to approve these proposals.

Further development, implementation and Governance for delivery of the strategy will be through a Primary Care Quality Strategy Board.

Next Steps

- Attendance at Local Medical Committee meeting September 2013
- Establishment of a Primary Care Quality Strategy Board
- PMO involvement

Recommendation

The Governing Body is asked to approve the proposals within this report.

Note	
Approve	X
Ratify	

Links to Corporate Objectives (<i>x those that apply</i>)	
x	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	x			Healthwatch / Community Champion Network, EPEG, Health and Social Care Forum
Clinical Engagement	x			Senior Leadership Team, Board to Board, Wider Group Meeting, Practice Nurse Group
Equality Impact Assessment	x			Recommendations to draft document initiated
Legal Advice Sought		x		
Resource Implications Considered	x			Vary current resources, plus primary care investment
Locality Engagement	x			Via Wider Group
Presented to other Committees	x			Quality Committee, Local Medical Committee, Practice Manager Group, Medical Directorate NHSE Merseyside, Liverpool and Sefton Health Partnership, iMerseyside

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

Primary Care Quality Strategy – A Sense of Purpose Consultation Document

UK general practice recently scored a higher public satisfaction rating than any other service provide by the National Health Service (NHS). The Kings Funds' annual British Social Attitudes survey revealed general practice to receive the highest rating of 74% compared to 61% for the NHS as a whole.

The Health and Social Care Act has now placed unprecedented responsibilities on GP clinicians to overhaul the NHS commissioning processes, through Clinical Commissioning Groups (CCG) becoming authorised organisations. Politicians of all persuasions purport to place the NHS, especially Primary Care, as a key element of the fabric of British society.

GP investment in services, premises, training of future doctors, I.T clinical systems and models of delivering clinical outcomes (such as Quality and Outcome Framework (QOF) and Local Enhanced Services (LES) provide models of excellence and good practice comparable with any private or public business model.

'Primary health care offers the best way of coping with the ills of life in the 21st century; the globalisation of unhealthy lifestyles, rapid unplanned urbanisation, and the ageing of populations'.

Margaret Chan, Director, World Health Organisation 2008

Within a generation, General Practice has developed from a profession seen as a 'second' or 'last' choice by both patients and future doctors, to a rewarding career choice as well as a service that delivers quality personal care, and outcomes for the population.

The role of GPs and of General Practice continues to evolve. GPs have become skilled and adept at managing change both in their own businesses, and in responding to the various NHS organisations, with their policies and management credos. In five years time, much of what GPs do will remain the same, but there will be significant changes.

It will take time and funding to deliver these changes across not just the profession and practices, but also across the NHS. All of Primary Care in Southport and Formby CCG (SFCCG) will have to have a shared purpose to understand the evidence for these changes, and then agree the steps to deliver them.

The challenge for our CCG is to address the challenges faced by all of our members, their staff, and their patients in delivering high quality, accessible and fair health care in the next five years. Our CCG will need to address how those challenges will impact on general practice delivery, which areas to invest in future models of working to meet patient needs and, at the same time, resource that which will be retained.

Our CCG will have to address these challenges within a background of increasing demand for health care against diminishing resources, and rising real-term costs.

National, regional, and local organisations and networks which have 'supported' Primary Care, in all aspects, have seen real and substantial reductions in manpower and capability.

New organisations at similar early stages of Organisational development and 'memory' as our CCG, are keen to develop partnerships with SFCCG as well fulfilling their statutory responsibilities.

All NHS organisations in this new landscape face similar challenges. Our CCG will need to be part of the process for facing that series of challenges in order for Primary Care to thrive and prosper in Southport and Formby.

What are the Challenges?

- **Long term conditions (LTC) with multiple morbidity in an ageing population**

- 15m people in England with a long term condition rising to 18m by 2025.
- Make up 29% of population but 50% of all GP appointments, 64% of all hospital appointments and 70% of all inpatient bed days. 30% of population make up 70% of spend.
- 5m with two or more LTC will rise to 6.5m in same period. A patient with 3 or more LTC costs £8000 annually compared to £3000 for someone with one.
- Multi-morbidity is not randomly distributed in the population. Health inequalities in our region show morbidity differences between wards of 10 years. In deprived areas, patients will develop multi-morbidities, on average 10-15 years earlier.
- Our ageing population will increase its numbers of the 'frail'. This group is characterised by poor functional reserve, fragility and mobility. They are, and will be, high users of health care particularly with problems associated with falls, immobility, delirium and incontinence.

- **Fragmented and fragmenting care**

- Fragmentation means multiple decision makers make health decisions for an individual. This fragmentation is the biggest pressure on patients and Primary Care causing rising cost, rising health inequalities and poor quality of care.
- For Primary Care, fragmentation results in the loss of continuity of care, reducing health outcomes, and patient experience becomes poorer.
- Continuity of care is important for quality as well as financially reducing hospital admissions (a 1% increase in proportion of patients seeing the same doctor per year per practice resulted in 7.6 less elective admissions in that year; a cost saving to practice of £20000 per year).
- There has been a decline in personal care by GPs as they take on new and increasing demands.
- The loss of continuity is one of the victims of modern health care models. New developments such as NHS 111, the need for senior clinicians to take on medical managerial responsibilities, and tendering of large areas of primary care provision unless addressed, will continue that process.
- Patients nationally and through local groups, continue to value continuity of care from 'my doctor' and can be a powerful ally for the CCG in having that local implementation of the changes pending which threaten more fragmentation.

- **Delivering integrated care**

- The highest quality gains lie in those patients with multiple morbidity, whether our elderly or in our socially deprived.
- Financial constraints to deliver quality integrated care where numbers of patients with LTCs and multiple morbidities are increasing, will need strong local partnerships between our patients, their practices, and our CCG.
- Integrated care needs not only to be lead by general practice, but quality 'measured' in its delivery locally by both patients and clinicians.

- **Health inequalities**

- Health inequalities, at best, are not worsening but nationally are worsening.
- However, telling people simply to behave responsibly is likely to be no more effective than telling a patient with depression to 'pull his socks up'.
- Smoking, obesity and heavy drinking, are the causes of much of the health inequalities in our population.
- Primary Care can deliver real changes in reducing health inequalities, but there are health inequalities in resources through the NHS in recent years:
 - Where life expectancy is lowest (London, NW, NE and Midlands) are areas where GP numbers per head are lowest(*office for national statistics ;life expectancy-2002-04*).
 - Overall numbers of GPs have increased but there is a larger inequality of distribution of GPs (*information centre ;workforce census-2006*).
 - In the last decade, the full-time equivalent GP workforce grew by 18% but the hospital consultant number grew by 61%.
 - There is little evidence that focusing on investing in secondary care with its ethos on subspecialisation (with the associated cost and fragmentation) has delivered the health outcomes expected now by our CCG.
 - Despite media focus on the GP remuneration, it will be the potential doubling of consultant salaries from £3.8 billion presently to £6 billion by 2020 (assuming present projections and doctors in training posts) that poses the health inequality in clinical service commitment.

- **Increasing workload**

- The GP role has changed beyond recognition within the last decade, some from within the profession but mostly from recurring policy, contract and legislative changes.
- Consultation rates have soared in the last decade
 - From 3 times annually to 6 times presently.
 - The elderly consulting 12-14 times annually.

- Telephone contacts have added to workload rather than reduced.
- In 1995, 171 million consultations, in England, to 300 million in 2008.
- Increasing GP responsibilities previously under hospital specialist
 - Diabetes, anticoagulation, near patient testing, shared care, etc, etc...
 - Leading on specialised community care such as substance misuse, homeless, and mental health e.g. 85% of all care of patients with mental health problems is in Primary Care, with Psychiatry seen by users and GPs as a crisis service as opposed a 'health and care' service.
 - Continued movement by hospitals and previous NHS Primary Care organisations to assume the shift of work to Primary Care as 'normal' general practice without discourse or resources.
- Complexity of health needs of an ageing population with multiple morbidities
 - Case requiring detailed management of not only single health events, but of their LTC with multiple morbidities, and age related social needs within a 10 minute consultation.
 - Each consultation is now 3-4 consultations with inter-related problems as well as the 'while I'm here'.
- Lack of real empowerment for patients to self-care and become partners in their health care
 - GPs continue to find challenges in helping their patients in navigating a complex and multi-layered decision making process in local secondary care services.
 - I.T strategies have not delivered real strides forward in partnership working with patients and GPs in managing self-care and LTC, whether in electronic prescribing or 'patient Access to Records'.
- Lack of morale

Senior GPs cite workload pressures, unheralded and unresourced management responsibilities, and pension changes as real demotivating factors, not only for engaging in the changes but also in continuing in GP clinical commitments.

'What will we do.'

- Work with GPs and the NHS England Local Area Team (NHSE) on proposals to ensure that contracts are able to support delivery of quality care
 - We will do this by sharing best practice throughout our member practices on processes and contracts managed by the NHSE.
 - A piece of work to outline the resources available within the CCG LES financial envelope to explore a range of offers both to the CCG members and the NHSE within a period of 6 months.
 - Prepare well for any consequences of the GP National contract.

- Help practices with the changes for this year's QOF.
- Improve access for patients
 - Undertake an analysis of opening hours of all practices.
 - Develop proposals for how local Primary Care services will prepare for proposed national changes by NHS Medical Director on areas such as 7 day working or 8-8 opening for Primary Care.
 - Undertake work with patient groups and Healthwatch to ascertain and evaluate how patients can help Primary Care improve access.
- Develop and implement a Primary Care Quality Framework in Primary Care
 - Engage with the Local Medical Committee (LMC) to re-evaluate issues of agreement within previous Quality frameworks and documents to consider a local framework to measure Primary Care quality.
 - Invest in Primary Care to have time and resources to engage in that framework to deliver quality improvements over a 3 year cycle.
 - Continue the investment and evaluation in the present GP Framework for the coming financial year.
 - Work closely with the NHSE as it develops its 'Performance Assurance Framework' document over the coming year.
- Ensure we have in place an up to date, agreed suite of care pathways
 - Agreed care pathways assist both healthcare staff and patients achieve best approaches to health care.
 - Invest in pathways where behaviour of Primary Care has greatest impact on Secondary Care and provides greatest return on clinical resource investment:
 - diabetes
 - asthma
 - COPD
 - dementia
 - congestive heart failure
 - care of the frail and elderly
 - Virtual Ward.
 - Unify the 'suite' into an accessible and readable document.
 - Evaluate an agreed methodology and process to measure that uptake and usage by Primary Care-Secondary Care.
- Measure quality indicators for the provision of delivery of primary care services out of hours

- Ensure GPs and patients have a real say in the services offered by present, and future, OOH providers.
 - Ensure there is flexibility in any future commissioning intentions, that resources are available to all possible providers with an emphasis on patient preference and needs.
 - Ensure practices' receive real time information and explanations on pressures in new national services such as NHS111.
 - Support innovative areas of local provision of Primary Care services out of hours such as a co-operative /'buddy practice'/federation group model at times of identified pressures on urgent care (weekends/early evening).
 - Evaluate the effectiveness and return-on-investment on 'In-hours' services such as the Walk-in-Centre or innovations such as 'Acute Visiting Schemes'.
- **Help practices with workforce planning**
 - Work with the NHSE on its Regional workforce census on Primary Care staff demography and needs analysis in the next year.
 - Undertake a CCG workforce analysis of capacity, demographics and needs analysis to deliver CCGs commissioning intentions in the next 18 months based on NHSE initial analysis.
 - Work with the Deanery to evaluate local initiatives to increase GP trainee retention.
 - Work with Director of Nursing at NHSE to undertake a comprehensive Primary Care needs analysis of nursing provision within the CCG.
 - Invest in Primary Care workforce development in areas such as Health Care Assistant (HCA) resourcing and GP numbers where the CCG identifies variation from need and national parameters.
- **Ensure more effective partnerships between Primary Care professionals**
 - Invest in the locality model of Primary Care feedback allowing CCGs to invest savings achieved into Primary Care services that will help with workload pressures.
 - Evaluate development of locality structures to allow quality improvements to be enhanced at localities instead of through other organisations.
 - Allow de-commissioning of certain services to fulfil potential of clinically led Primary Care services by investing in clinical time.
 - Consider an easily defined process and support team to help practices' and localities resource areas of local services.
 - Consider a long term (3-5 year) investment strategy in equalising provision of Primary Care services in the CCG involving all GPs in that strategy.

- **Ensure patients contribute to a clearer understanding between patients and practitioners on what it means to be part of a patient centred CCG**
 - Ensure a real and meaningful dialogue between senior CCG clinicians and patient organisations based on the lessons of the Francis enquiry.
 - Investment in the Quality Committee, not only of resources but of clinicians (ideally Locality Leads') time in informing, evaluating and implementing patient quality areas throughout the CCG.
 - Empowering patients through a cohesive I.T strategy to realise their potential in not only their self -care but of deciding on local services.

- **A clear and simple Quality Strategy**
 - An investment in clinical time to 'champion' the 6 'Cs'.
 - A move from measuring and discussing standards set by other organisations for their benefit to one that measures outcomes and areas improved within our CCG.
 - The Quality Committee to be supported in moving to look at Quality areas within Primary Care, not solely Secondary Care.
 - An invigoration of the quality agenda at senior level with a bi-annual Quality Summit with our providers and Patient Groups.
 - Regular and mutually beneficial dialogue with the NHSE on fulfilling our statutory responsibility to continually improving quality in Primary Care.

How will we do this?

A single definition of quality was outlined by Lord Darzi in 2008, and still holds true today. Indeed, it is now enshrined in the legislation of the 'Health and Social Care Act' to which our CCG operates. There are 3 areas to quality which must be continually referenced to provide a quality service;

- **Clinical effectiveness**

What is best evidence and is this being delivered here?

- **Safety**

Has all avoidable harm and risk been minimised or removed?

- **Patient experience**

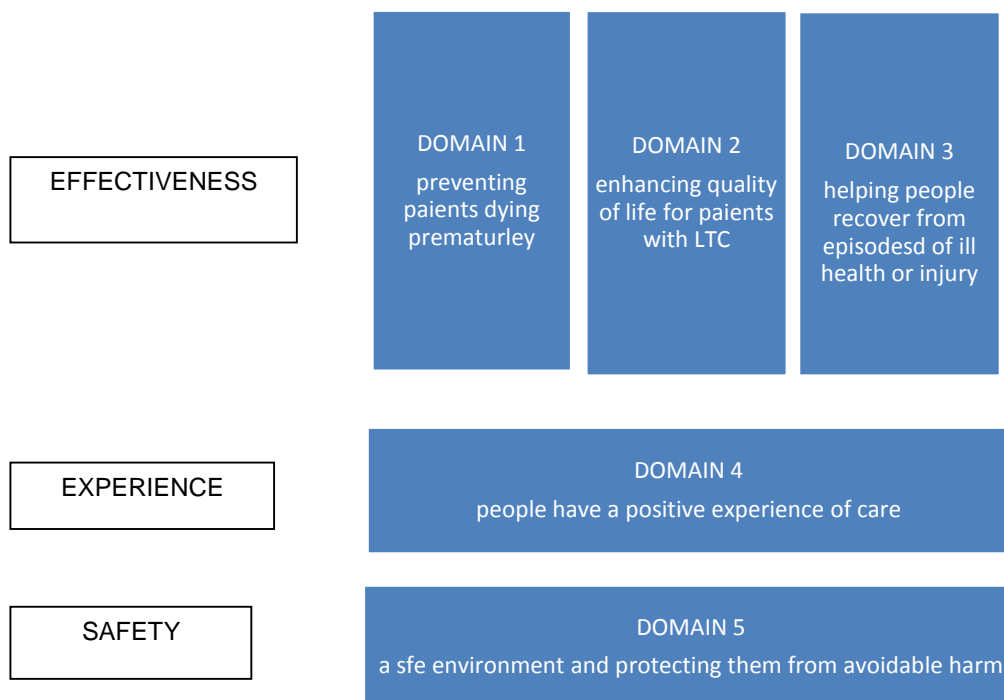
Has the individual had as positive experience as possible to receive and recover from the care?

Our CCG has already embarked on that journey and is in an enviable position as it moves forward to ensure the above parameters are referenced in all that we do.

SFCCG undertook an initial Quality Strategy implementation programme, as NHS Sefton, as outlined in the 'Because Quality Matters' document covering 2009 to 2012. As a result many of the structures, such as the Quality Committee, and personnel, Director of Quality/Primary Care Quality Lead, are in place.

Our CCG now has a culture within its authorised Governing Body, its' constitution and, most importantly, its values and vision that quality and patients come first.

The momentum will be maintained by SFCCG initiated through the domains outlined in the NHS commissioning outcomes framework in the 3 areas of clinical effectiveness, safety and Patient experience.



A Clear and Simple Quality Strategy

Our 'Everyone Counts' document for 2013-2014 has outlined the areas for our clear and simple Primary Care Quality Strategy:

1. Practice demographics
2. Workforce development
3. Clinical services development
4. Premises/estates/I.T
5. Health outcomes of Primary care activity.

The five domains of the NHS Outcomes Framework help shape what we will strive for to achieve in all of these areas for our patients and population we serve.

PROPOSED AREAS FOR CONSULTATION

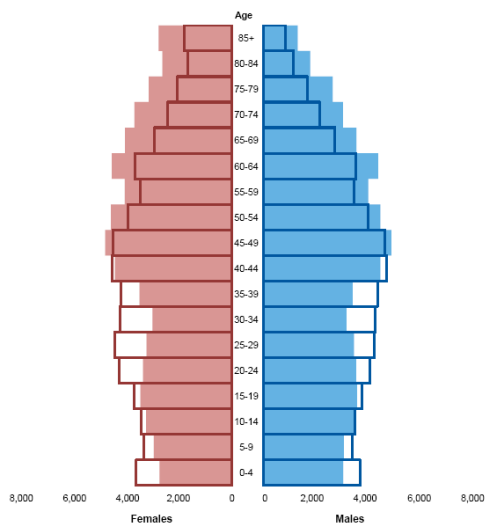
- **PRACTICE DEMOGRAPHICS**

- 20 doctors surgeries in 4 distinct geographical localities
- Responsible for 122000 patients with a budget of £160m in 2013-14
- Male life expectancy is 78.4, female 82.5
- Difference between most and least deprived wards is over 7 years
- 21% of our population is over 65 with a projected increase of 10% in next five years
- There is a significant migrant population-13% of all births (2000 to non-British workers)

Population profile (registered patients, April 2011)

The chart below shows the number of people registered with this CCG's practices by sex and 5-year age band.

The darker outlines show the profile of the England population.



- Implement the strategic objectives of the SFCCG and Sefton Council Health and Wellbeing strategy for 2013-14
- Implement the strategic objectives of SFCCG and Sefton Council Health and Wellbeing strategy for 2013-14.

- **Workforce Development**

- Work with NHSE on joint workforce mapping work stream – 2013.
- Undertake CCG analysis of Primary Care workforce clinicians (with LMC) mapping present capability, workforce aspirations for each clinical group in retirement aspirations/ job planning and future needs of CCG Primary Care Strategy – 2014.
- Support the business case for HCA development programme - 2013-14.
- Undertake full safeguarding training programme for all practitioners - 2014-15.
- Evaluate protected learning time (PLT) programme with investment for the next 3 years - 2013-16.
- Work with NHSE Medical Director on Revalidation objectives and workforce resilience - 2013-18.
- Feasibility of CCG clinical workforce to ensure support, back fill and mentoring - 2014-15.
- Ensure a suite of up to date 'job descriptions' for each clinical CCG role - 2013-14.
- Wider organisational development (OD) plan for resourcing and mentoring Clinical Leaders, with view to 'succession' planning - 2014-15.

- **Clinical Services**

- Locality Investment programme to be secured recurrently - 2013-16.
- Implementation and rollout of Virtual Ward work stream - 2013-14.
- Suite of pathways to be evaluated and published - 2013-14.
- Implementation of a Quality Prescribing scheme - 2013-15.
- Evaluation of resource availability and clinical evidence for LES schemes in place – 2013.
- Work with NHSE for CCG ‘offer’ on resources identified from LES evaluation – 2014.
- Quality Investment Programme for Primary Care clinical services to undertake ‘Care Closer to Home’ - 2013-16.
- Reward innovation-simplify the business case process-adopting principle of ‘assumed liberty’ for schemes less than £10000 - 2014-16.
- Evaluate a suite of CCG innovations in NHS:
 - g. Acute visiting schemes
 - h. Community specialists
 - i. GP in A+E
 - j. Pharmacist in GP - 2014-15.
- Consider federation/‘buddy practice’ model for clinical services - 2014-15.
- OOH procurement to be re-presented to Localities and patient groups for local specification - 2013-14.
- Implementation of NHS 111 in a safe manner – 2013.

- **Premises**

- Consultation on Estates Strategy to be re-invigorated – 2013.
- Timetable of Estates Strategy to be confirmed and ratified by the Governing Body, with confirmation of resource allocation to Strategy – 2013.
- Primary Care premises business case model/process for investment in local practices for quality improvement in patient care - 2014-15.
- Needs analysis of Primary Care in relation to premises - 2014-15/

- **I.T**

- Consultation on I.T strategy to be re-invigorated – 2013.
- Timetable on I.T strategy to be confirmed and ratified by the Governing Body with confirmation of resource allocation – 2013.
- Consider feasibility of 'Patient Access to Records' programme based on NHS evidence elsewhere – 2015.
- Evaluate evidence for Telehealth - 2014-15.

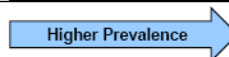
• **Health Outcomes of Primary Care Activity**

- CCG Governing Body to focus locality activity on areas of high prevalence identified in QOF disease prevalence, to reduce health inequalities with localities, responding with a 3 year plan to work on health inequalities in their locality.

Disease prevalence (QOF)

The table below shows the prevalence (number and percentage) of diseases covered by the QOF for the practices in this CCG in 2010/11. The chart shows the distribution of the CCG's practices' prevalence in terms of ranks. Individual practices are shown as vertical bars with the height of the bar proportional each practice's population. The blue box shows the range of the middle 50% of practices in the CCG. The large diamond shows the average rank for the CCG and the dashed blue line shows the England average.

QOF Disease Register	Number (%)	Practice ranks chart
Coronary Heart Disease	6,843 (4.5%)	
Stroke or Transient Ischaemic Attacks (TIA)	3,172 (2.1%)	
Hypertension	24,564 (16.0%)	
Chronic Obstructive Pulmonary Disease	4,278 (2.8%)	
Hypothyroidism	5,664 (3.7%)	
Cancer	2,956 (1.9%)	
Mental Health	1,683 (1.1%)	
Asthma	9,355 (6.1%)	
Heart Failure	1,977 (1.3%)	
Heart Failure Due to LVD	1,240 (0.8%)	
Palliative Care	219 (0.1%)	
Dementia	928 (0.6%)	
Atrial Fibrillation	2,820 (1.8%)	
Cardiovascular Disease Primary Prevention	2,174 (1.4%)	
Diabetes Mellitus (17+)	6,957 (5.6%)	
Epilepsy (18+)	1,267 (1.0%)	
Depression (18+)	19,263 (15.7%)	
Chronic Kidney Disease (18+)	6,404 (5.2%)	
Obesity (16+)	15,765 (12.4%)	
Learning Disability (18+)	597 (0.5%)	



2013-14

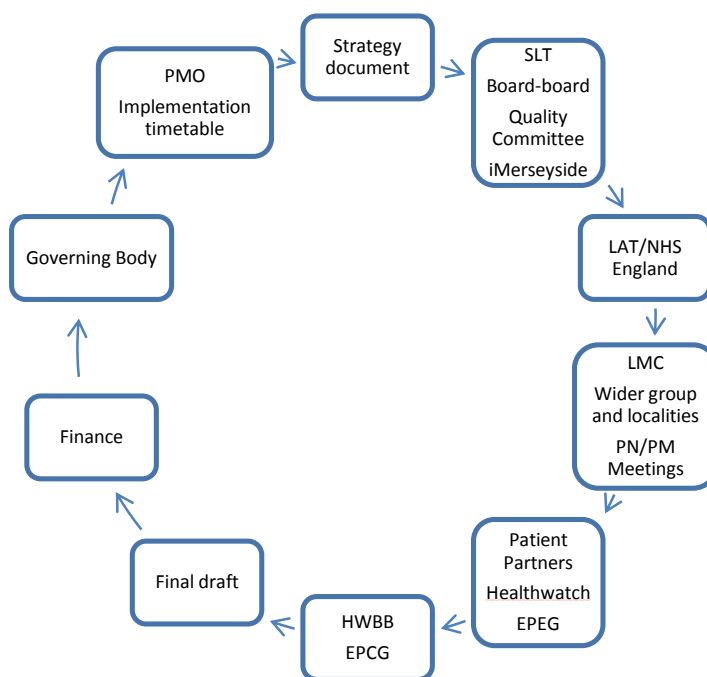
- Work with NHSE on proposed Performance Assurances Framework for CCG practices – 2013.
- Develop local framework/template for each practice to have an Individual 'Quality Improvement 3 year Plan' - 2014-15.
- Fulfil commitment to present GP framework investment programme – 2014.

- Undertake engagement with emerging Healthwatch with proposals for patient groups to champion 'Friends and Family' - 2013-16.
- Locality ownership of Quality Premium work stream - 2013-14.
- Support practices in achieving transition to new QOF - 2013-14.
- Quality Committee to include Primary Care quality areas of NHSE Framework /local dashboard to be part of remit – 2013.
- Innovation:
 - a. Triple Aim Programme
 - b. Clinical Director for Primary Care Quality
 - c. Joint working in wider network of CCGs and/or NHSE
 - d. Quality, innovation, prevention and productivity (QIPP)
 - e. Increase GP numbers - 2013-14.
- Re -invigorate service redesign Commissioning intentions prioritising 'care closer to home' - 2013-16.

Proposed Timetable

Timescale	
Draft PCQ Strategy	May-13
Engagement Process	Aug-13
Finance	Sep-13
Final Draft PCQ Strategy	Sep-13
LES Review	Oct-03
Governing Body	Nov-13
Implementation Timetable	Nov-13

Proposed Process



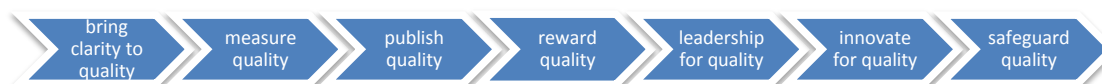
- SLT – Senior Leadership Team
- LAT – Local Area Team
- LMC – Local Medical Committee
- PN – Practice Nurse
- PM – Practice Manager
- EPEG – Engagement and Patient Experience Group
- EPCG – Energising Primary Care Group
- HWBB – Health and Well Being Board
- PMO – Project Management Office

What will success look like?

How do we ensure Primary Care delivers high quality care to our patients through this strategy? The Francis Report reminds us again of the central principles of the whole systems' objectives in answering that question:

- we have to be assured that the essential standards of quality and safety are maintained;
- we have to drive continuous improvement in quality and outcomes.

'High Quality For All' sets out a framework for ensuring we think about improving quality-a duty now statutorily enshrined in law as part of our authorisation process.



Historically, we have set 'The Quality Bar' to our providers at a challenging expectation. We shall assume it is equitable to expect that of ourselves.

Assumption of the above template for all areas outlined in the Primary Care Strategy will assure us of our systems objectives in improving quality. This will be in the agreed areas to be resourced and prioritised by the Governing Body. It will set our 'Quality Bar' to a level our partners will assume our equal effort as well as united responsibility to Quality.

Primary Care Quality is not an abstract term or concept relevant in policy debates for senior NHS managers or medical academics. It is a measure of our visions and values as an organisation, and of us as members of that organisation.

The complexity of the interconnected roles, responsibilities, and relationships between professional, provider organisations, commissioners, system and professional regulators and national bodies such as the Department of Health (DOH) has meant the process of navigating through that landscape consumed our time, resources and energies. This report seeks to realign our view of the landscape to put high quality Primary Care and good health outcomes for our patients back as our primary destination.

For our patients, the quality they see daily in Primary Care is valued, as well as treasured, as measure of their pride in the NHS as a whole.

DR B DUPER
Primary Care Quality Lead
May 2013

Glossary	
CCG	Clinical Commissioning Group
I.T	Information Technology
QOF	Quality and Outcome Framework
LES	Local Enhanced Services
SFCCG	Southport and Formby Clinical Commissioning Group
LTC	Long Term Conditions
NHSE	NHS England
LMC	Local Medical Committee
OOH	Out of Hours
PLT	Protected Learning Time
OD	Organisational Development
QIPP	Quality Innovation Prevention and Productivity
PCQ	Primary Care Quality
SLT	Senior Leadership Team
LAT	Local Area Team
PN	Practice Nurse
PM	Practice Manager
EPEG	Energising Primary Care Group
HWBB	Health and Well Being Board
PMO	Project Management Office

MEETING OF THE GOVERNING BODY September 2013

Agenda Item: 13/124	Author of the Paper: Andy Woods						
Report date: 25 September 2013	Andy Woods Senior Governance Manager (Equality & Diversity) 0151 285 4644 07825111596 andrew.woods@cmcsu.nhs.uk						
Title: Equality and Diversity Objectives							
Summary/Key Issues: This paper highlights the key equality objectives that Southport and Formby CCG has produced to progress the equality agenda. The objectives are a specific requirement stipulated by the Equality Act 2010.							
Recommendation The Governing Body is asked to approve the recommendations contained within this report.	<table style="border: none;"> <tr> <td style="padding-right: 10px;">Note</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;">x</td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table>	Note		Approve	x	Ratify	
Note							
Approve	x						
Ratify							

Links to Corporate Objectives <i>(x those that apply)</i>	
	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	x			Patient and Public engagement across protected groups is a requirement of the Equality Act 2010
Clinical Engagement				
Equality Impact Assessment	x			Equality Objectives are specific compliance requirement of the Equality Act 2010
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees	x			The Equality Objectives report was presented to EPEG 11/9/13

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

Report to the Governing Body September 2013

1. Executive Summary

This paper highlights the key Equality Objectives Southport and Formby CCG has produced to progress the equality agenda (Appendix 1). The objectives are a specific requirement stipulated by the Equality Act 2010. This paper outlines what informed the development of the Objectives Plan, including the Equality Delivery Systems self-assessment framework, how the objectives can support the CCG to improve access and outcomes, meet a range of requirements and how the plan will be monitored.

2. Introduction and Background

2.1. The objectives are a specific requirement stipulated by the Equality Act 2010.

2.2. The Objectives Plan (Appendix 1) was informed by the following.

- The NHS Equality Delivery Systems (EDS): this is a self-assessment that is graded across 4 areas – undeveloped, developed, achieving and excelling and maps equality performance against the NHS Outcomes Framework. It is broken into 4 goals with 18 outcomes (Appendix 2).
- Equality performance of providers.
- Commissioning priorities and the Joint Strategic Needs Assessment.
- Other wider intelligence including the Equality and Diversity Strategy, national policy and intelligence from communities and representative groups.

3. Key Issues

3.1. The objectives also support the CCG to:

- evidence how it is working towards meeting the wider Public Sector Equality Duty (PSED) to eliminate discrimination, advance equality or opportunity and foster good community relations
- meet the NHS England Assurance Framework
- be more responsive to community and patient needs
- provide a level of assurance against the commissioning practice of the CCG
- improve access and health and wellbeing outcomes for protected groups and communities

- be vigilant to poor standards of care
 - address health inequalities
 - deliver against the commissioning priorities; and
 - provide a clear line of sight on any potential legal and financial risks.
- 3.2. The Objectives Plan provides clarity on where the CCG intends to focus its efforts around the agenda and provides a clear insight into where improvements are needed in relation to making commissioning decisions and monitoring the performance of its main providers.
- 3.3. The key four Equality Objectives are to:
1. to improve how we make fair and transparent commissioning decisions
 2. improve outcomes and access for people who face inequality and disadvantage
 3. improve the equality performance of our main providers
 4. to empower and engage our workforce.
- 3.4. The action plan in has been mapped against EDS outcomes and goal and against the Public Sector Equality Duty. Key heads of service have been assigned as responsible people.
- 3.5. EDS assessment took place between June and September 2013. This involved a series of one to one meetings, interviews and briefings with services leads, senior managers, programme teams, commissioners and key corporate and quality leads and officers. This evidence was benchmarked against the EDS framework and was discussed and agreed at the Engagement and Patient Experience Group (EPEG) on 11 September 2013.
- 3.6. The organisation has been assessed as **Developing** and the Objective Plan demonstrates how the CCG intends to improve over this score over next 4 year (Appendix 2).
- 3.7. Furthermore, EDS is changing significantly and EDS 2 will be launched by NHS England in November 2013 and the CCG' will work toward the new framework from 2014 onwards.

4. Monitoring and Assurance

- 4.1. Quarterly updates will be made to the Corporate Governance Support Group on progress against the Objectives Plan and Equality and Diversity Strategy Plan.
- 4.2. Bi-annual progress reports will be presented at EPEG.
- 4.3. The Governing Body will receive an annual update report.

5. Conclusions

The Equality Objective Plan ensures that the CCG are compliant with their specific duties under the Equality Act 2010 and supports the CCG in meeting the Public Sector Equality Duty.

6. Recommendations

The Governing Body are asked to approve the Equality Objectives Plan.

Appendices

- Appendix 1 Equality Objectives Plan
- Appendix 2 Equality Delivery Self-Assessment

Andy Woods
Senior Governance Manager (Equality & Diversity)
Cheshire & Merseyside Commissioning Support Unit
September 2013

Southport and Formby CCG Equality Objective	Key Areas of Work	Lead Responsible Officer	Target Dates	Public Sector Equality Duty	Equality Delivery System (EDS)
	particularly those who experience disadvantage				
3. To improve the equality performance of our providers through robust procurement and monitoring practise	<ol style="list-style-type: none"> 1. Raise profile of equality agenda at key providers CQPG to develop and implement plans to address key areas of disadvantage. 2. Review the Equality KPI requirements of the Quality contract schedule to ensure instructions are clear, focussed and addresses Public sector Equality Duty 3. Maintain the Equality provider forum 4. Connect equality implications of Keogh and Francis report via quality schedule (EDS2 and above CQPG plan above) 5. Explore options to improve analysis of patient experience across protected groups where needs are greatest 	Chief Nurse	<p>February 2014</p> <p>March 2014</p> <p>On going</p> <p>March 2014</p> <p>March 2015</p>	<ul style="list-style-type: none"> • Eliminate Discrimination • Advance Equality of Opportunity • Foster Good Community Relations 	Goals 1,2,4
4. To empower and engage our workforce	<ol style="list-style-type: none"> 1. CSU to refresh and standardise key workforce policies in conjunction with Southport and Formby CCG 2. HR and Remuneration committee to ensure robust commitment to equality and workforce issues 3. Act upon NHS England equality related workforce recommendations 	Head of Delivery & Integration	<p>April 2014</p> <p>March 2015</p> <p>April 2014</p>	<ul style="list-style-type: none"> • Eliminate Discrimination harassment and victimisation • Advance Equality of Opportunity • Foster Good Community Relations 	Goal 3

Appendix 2 - Equality Objectives Plan October 2013 to March 2015

Goal	Narrative	Outcome	Developing
1. Better Health Care Outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities	
		1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways	
		1.3 Changes across services for individual patients are discussed with them and transitions are made smoothly	
		1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all	
		1.5 Public Health, vaccination and screening programmes reach and benefit all local communities and groups	
2. Improved Patient Access and Experience	The NHS Should Improve accessibility and information and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 Patients, carer and communities can readily access services and should not be denied access on unreasonable grounds	
		2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment	
		2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised	
		2.4 Patients and carers complaints about services and subsequent claims for redress should be handled respectfully and efficiently	
3. Empowered, engaged and well-supported Staff	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients and community's needs.	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades	
		3.2 The NHS is committed to equal pay audits to help fulfil their legal obligations	
		3.3 Through support, staff are confident and competent to do their work so that services are commissioned or provided appropriately	
		3.4 Staff are free from abuse, harassment, bullying, violence from other patients and their relatives and colleagues, with redress being open and fair to all	
		3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way people lead their lives.(flexible working may be a reasonable adjustment for disabled members of staff or carers)	
		3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population	
4. Inclusive Leadership at all levels	NHS organisations should ensure that equality is everyone's business and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced and good relations fostered within their organisations and beyond	
		4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination	
		4.3 The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes	

MEETING OF THE GOVERNING BODY September 2013

Agenda Item: 13/125

Author of the Paper:

Report date: 4 September 2013

Melanie Wright
Business Manager
melanie.wright@southseftonccg.nhs.uk

Title: CCG Constitution - Update

Summary/Key Issues:

This paper presents the Governing Body with recommendations of amendments required to the CCG's Constitution, details of which are set out below.

(1) Section 8 – Standards of Business Conduct and Managing Conflicts of Interest

Amended to include reference to the CCG's Policy on Managing Conflicts of Interest, which was approved by the Governing Body on 29 May 2013.

(2) Section 9 – The Group as Employer

Inclusion of an additional paragraph at 9.10 in relation to 'whistleblowing'.

(3) Appendix H - Terms of Reference

(i) Committees of the Governing Body

The Governing Body approved the updated Terms of Reference for the Audit Committee, Quality Committee, Finance and Resource Committee and Remuneration Committee on 31 July 2013 and these approved Terms of Reference have now been formally appended to the Constitution.

(ii) Locality Groups

These terms of reference have been updated to reference the CCG's Policy on Managing Conflicts of Interest, together with Standards of Business Conduct expected by members of those committees. These amendments mirror the standards expected of formal committees of the Governing Body at (2) above.

Recommendation	Receive <input type="checkbox"/>
The Governing Body is asked to approve the amendments suggested to the Constitution.	Approve <input checked="" type="checkbox"/>
	Ratify <input type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

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

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



**Southport and Formby
Clinical Commissioning Group**

CONSTITUTION

Version: 20

NHS England Effective Date: [] 2013

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FOREWORD

NHS Southport and Formby Clinical Commissioning Group (CCG) consists of local primary care practices and is responsible for commissioning a significant amount of health care for the residents of Southport and Formby.

Our aim is to create an environment where everyone who needs health care can be assured that they will have the best possible local services and the information to make the choices that are right for them.

For us, treating illness and disability is only part of what we will achieve. Of equal importance is creating communities where health and wellbeing is the norm and that residents live their lives to their full potential.

We will achieve this by effective working with those that use the services and those that provide them such as local authorities, primary care providers, Acute and Community care services, Mental Health services and our great range of volunteer services available.

General Practice is at the heart of our community and is central to the changes that need to occur to deliver our aims. It is therefore vital that clinical commissioning is developed and delivered through its constituent membership.

This document lays out how we will achieve this and our responsibilities to our stakeholders.

Niall Leonard
Chair
NHS Southport and Formby CCG

1. INTRODUCTION AND COMMENCEMENT

1.1. Name

- 1.1.1. The name of this clinical commissioning group is NHS Southport and Formby Clinical Commissioning Group. (NHS SFCCG)

1.2. Statutory Framework

- 1.2.1. Clinical commissioning groups are established under the Health and Social Care Act 2012 (“the 2012 Act”).¹ They are statutory bodies which have the function of commissioning services for the purposes of the health service in England and are treated as NHS bodies for the purposes of the National Health Service Act 2006 (“the 2006 Act”).² The duties of clinical commissioning groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act, and the regulations made under that provision.³

- 1.2.2. NHS England is responsible for determining applications from prospective groups to be established as clinical commissioning groups⁴ and undertakes an annual assessment of each established group.⁵ It has powers to intervene in a clinical commissioning group where it is satisfied that a group is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so.⁶

- 1.2.3. Clinical commissioning groups are clinically led membership organisations made up of general practices. The members of the clinical commissioning group are responsible for determining the governing arrangements for their organisations, which they are required to set out in a constitution.⁷

1.3. Status of this Constitution

- 1.3.1. This constitution is made between the members of NHS Southport and Formby Clinical Commissioning Group and has effect from 1st April 2013, when NHS England established the group.⁸ The constitution is:

- a) published on the group’s website at www.southportformbyccg.org.uk
- b) or available in hard copy by writing to Melanie Wright at NHS SFCCG, 5 Curzon Rd, Southport, PR8 6PL

¹ See section 1I of the 2006 Act, inserted by section 10 of the 2012 Act

² See section 275 of the 2006 Act, as amended by paragraph 140(2)(c) of Schedule 4 of the 2012 Act

³ Duties of clinical commissioning groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act

⁴ See section 14C of the 2006 Act, inserted by section 25 of the 2012 Act

⁵ See section 14Z16 of the 2006 Act, inserted by section 26 of the 2012 Act

⁶ See sections 14Z21 and 14Z22 of the 2006 Act, inserted by section 26 of the 2012 Act

⁷ See in particular sections 14L, 14M, 14N and 14O of the 2006 Act, inserted by section 25 of the 2012 Act and Part 1 of Schedule 1A to the 2006 Act, inserted by Schedule 2 to the 2012 Act and any regulations issued

⁸ See section 14D of the 2006 Act, inserted by section 25 of the 2012 Act

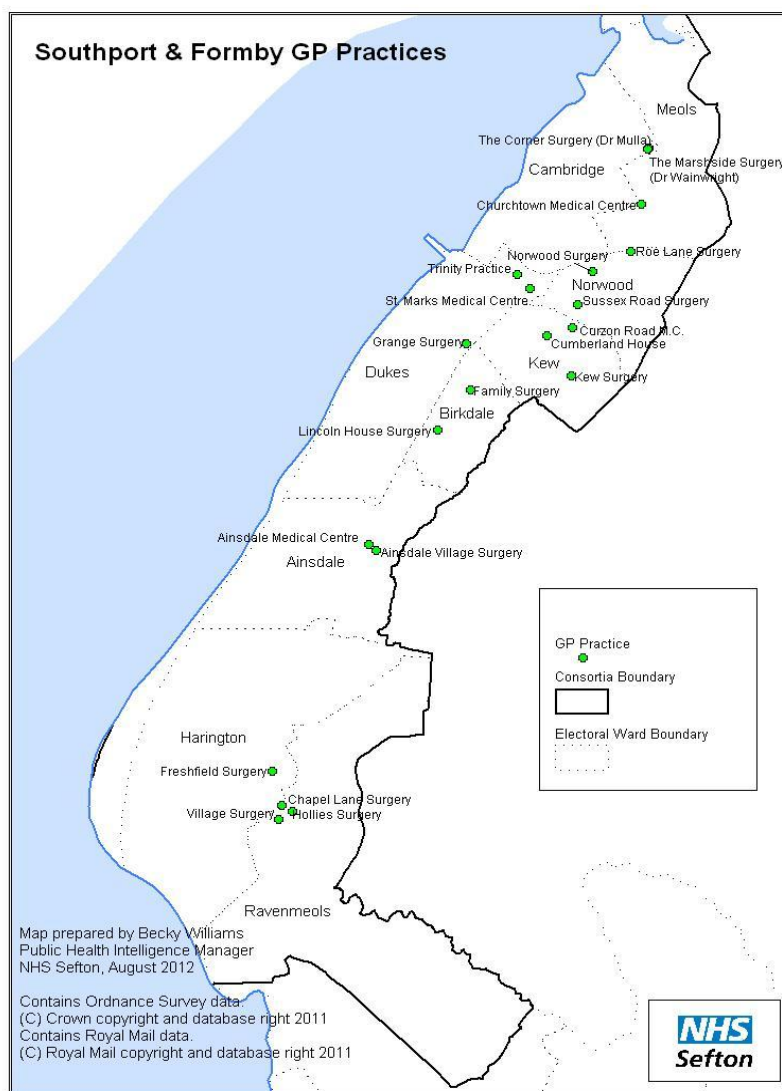
1.4. Amendment and Variation of this Constitution

1.4.1. This constitution can only be varied in two circumstances.⁹

- a) where the group applies to NHS England and that application is granted;
- b) where in the circumstances set out in legislation NHS England varies the group's constitution other than on application by the group.

2. AREA COVERED

2.1. The geographical area covered by NHS Southport and Formby Clinical Commissioning Group is from Formby and Ince Blundell in the south to Crossens, Southport in the north of the borough of Sefton.



⁹ See sections 14E and 14F of the 2006 Act, inserted by section 25 of the 2012 Act and any regulations issued

3. MEMBERSHIP

3.1. Membership of the Clinical Commissioning Group

3.1.1. The following practices comprise the members of NHS Southport and Formby Clinical Commissioning Group.

Practice Name and Address	Practice Locality Group
Churchtown Medical Centre Cambridge Road, PR9 7LT	North
Marshside Surgery 117 Flyde Road, Southport, PR9 9XL	North
Corner Surgery 117 Fylde Road, Southport, PR9 9XL	North
Norwood 11 Norwood Avenue, Southport, PR9 7EG	North
Roe Lane 172 Roe Lane, Southport, PR9 7PN	North
Sussex Rd Surgery 125 Sussex Rd PR8 6AF	North
Curzon Rd Surgery 5 Curzon Rd, PR8 6PN	Central
Trinity Practice Houghton St Southport	Central
Cumberland House 58 Scarisbrick New Road, Southport, PR8 6PG	Central
Kew Surgery 85 Town Lane PR8 6RG	Central
St Marks 42 Derby Road, Southport, PR9 0TZ	Central
The Grange 41 York Road, Southport, PR8 2AD	Ainsdale and Birkdale
Family Surgery 107 Liverpool Road, Southport, PR8 4DB	Ainsdale and Birkdale
Lincoln 33 Lincoln Road, Southport, PR8 4PR	Ainsdale and Birkdale
Ainsdale Medical Centre 66 Station Road, Ainsdale, Southport, PR8 3HW	Ainsdale and Birkdale
Ainsdale Village 2 Leamington Road, Ainsdale, Southport, PR8 3LB	Ainsdale and Birkdale
Chapel Lane 13 Chapel Lane, Formby, L37 4DL	Formby
The Hollies Elbow Lane, Formby, L37 4AD	Formby
The Village Surgery Elbow Lane, Formby, L37 4AD	Formby
Freshfield 61 Gores Lane, Formby, L37 3NU	Formby

3.1.2. Appendix B of this constitution contains the list of practices, together with the signatures of the practice representatives confirming their agreement to this constitution.

3.2. Eligibility

Providers of primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract, will be eligible to apply for membership of this group¹⁰.

4. VISION, VALUES AND AIMS

4.1. Vision

Southport and Formby: a sustainable healthy community

4.2. Values

4.2.1. Good corporate governance arrangements are critical to achieving the group's objectives.

4.2.2. The values that lie at the heart of the group's work are:

Responsive We will enable action, be accountable and transparent

Approachable We will listen and remain open minded

Respectful We will have integrity; we are fair, inclusive, and reflective and will respect each other

Efficient We will work informally, yet robustly, be innovative and flexible to make things happen

4.3. Aims

4.3.1. The group's aims are to:

- a) To collaborate with other organisations to ensure that the care people receive is delivered in a timely and effective manner
- b) To improve health and reduce inequalities of practice populations
- c) To consult with patients about the care we commission on their behalf
- d) To ensure that our population receive the best possible outcomes
- e) To ensure that services that we commission deliver good value for money.

4.4. Principles of Good Governance

4.4.1. In accordance with section 14L (2) (b) of the 2006 Act,¹¹ the group will at all times observe "such generally accepted principles of good governance" in the way it conducts its business. These include:

¹⁰ See section 14A(4) of the 2006 Act, inserted by section 25 of the 2012. Regulations to be made

¹¹ Inserted by section 25 of the 2012 Act

- a) the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business;
- b) *The Good Governance Standard for Public Services*;¹²
- c) the standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the 'Nolan Principles'¹³
- d) the seven key principles of the *NHS Constitution*;¹⁴
- e) the Equality Act 2010.¹⁵

4.5. **Accountability**

4.5.1. The group will demonstrate its accountability to its members, local people, stakeholders and NHS England in a number of ways, including by:

- a) publishing its constitution;
- b) appointing independent lay members and non GP clinicians to its Governing Body;
- c) holding meetings of its Governing Body in public (except where the group considers that it would not be in the public interest in relation to all or part of a meeting);
- d) publishing annually a commissioning plan;
- e) complying with local authority health overview and scrutiny requirements;
- f) meeting annually in public to publish and present its annual report (which must be published);
- g) producing annual accounts in respect of each financial year which must be externally audited;
- h) having a published and clear complaints process;
- i) complying with the Freedom of Information Act 2000;
- j) providing information to NHS England as required.

4.5.2. In addition to these statutory requirements, the group will demonstrate its accountability by:

- a) publishing its principal commissioning and operational policies, e.g. a policy about funding exceptional cases
- b) holding engagement events
- c) engaging with the local medical committee in respect of its functions as these affect their constituent members
- d) engaging with other relevant clinical and non-clinical bodies such as Local Optical Committee, Local Dental Committee, relevant nursing bodies

¹² *The Good Governance Standard for Public Services*, The Independent Commission on Good Governance in Public Services, Office of Public Management (OPM) and The Chartered Institute of Public Finance & Accountability (CIPFA), 2004

¹³ See Appendix F

¹⁴ See Appendix G

¹⁵ See <http://www.legislation.gov.uk/ukpga/2010/15/contents>

- 4.5.3. The Governing Body of the group will throughout each year have an ongoing role in reviewing the group's governance arrangements to ensure that the group continues to reflect the principles of good governance.

5. FUNCTIONS AND GENERAL DUTIES

5.1. Functions

- 5.1.1. The functions that the group is responsible for exercising are largely set out in the 2006 Act, as amended by the 2012 Act. An outline of these appears in the Department of Health's *Functions of clinical commissioning groups: a working document*. They relate to:

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

- 5.1.2. In discharging its functions the group will:

- a) act¹⁶, when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and NHS England of their duty to ***promote a comprehensive health service***¹⁷ and with the objectives and requirements placed on NHS England through *the mandate*¹⁸ published by the Secretary of State before the start of each financial year by:
 - i) Delegating responsibility to the Governing Body
 - ii) Preparing and Publishing your commissioning plans
 - iii) Consulting on those plans (public and Overview and Scrutiny Committee, HWBB etc)
 - iv) Using effective procurements to secure quality health services
- b) **meet the public sector equality duty**¹⁹ by:
 - i) delegating responsibility to the Chief Nurse through the Quality Committee, reporting to the Governing Body
 - ii) the development and application of a Equality and Diversity policy
 - iii) Use of the Equality and Diversity Strategy

¹⁶ See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act

¹⁷ See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act

¹⁸ See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act

¹⁹ See section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act

- iv) Ensuring up to date staff training
 - v) publish, at least annually, sufficient information to demonstrate compliance with this general duty across all CCG function
 - vi) prepare and publish specific and measurable equality objectives, revising these at least every four years
- c) work in partnership with its local authority to develop **joint strategic needs assessments**²⁰ and **joint health and wellbeing strategies**²¹ by:
- i) delegating responsibility to Head of Corporate Development with reporting to the Governing Body
 - ii) Ensuring the Joint Strategic Needs Assessment (JSNA) and Health and Well-Being Strategy(HWBS) process is integral to the work of the localities and can be articulated by local practices
 - iii) That Patient Representative Groups and Patient and Public Involvement networks have been involved in the JSNA and HWBS process
 - iv) That it accesses expertise on modelling and forecasting
 - v) That partner provider services are actively involved in the JSNA and HWBS
 - vi) That it produces an easy and relevant one page summary for all stakeholders

5.2. General Duties - in discharging its functions the group will:

5.2.1. Make arrangements to **secure public involvement** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements²² by:

- a) Building on the developed and robust systems and processes and networks for patient and public involvement which were developed jointly by the Sefton Equalities Partnership, comprising the NHS, Local Authority and third sector. This framework is reflected in its engagement and communications strategy.
- b) Using a process of Managed engagement , Setting the context with realistic timeframes while enabling debate on clear areas of influence using ambassadors and understanding stakeholders while ensuring that everyone has a voice
- c) Consulting with the Overview and Scrutiny Committee
- d) Reporting to the Governing Body by the Lay advisor lead for Patient and Public Involvement

5.2.2. **Statement of Principles;** SFCCG will:

- a) Work in partnership with patients and the local community to secure the best care for them
- b) adapt engagement activities to meet the specific needs of the different patient groups and communities

²⁰ See section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 of the 2012 Act

²¹ See section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by section 191 of the 2012 Act

²² See section 14Z2 of the 2006 Act, inserted by section 26 of the 2012 Act

- c) publish information about health services on the group's website and through other media
- d) encourage and act on feedback from all stakeholders
- e) identify how the group will monitor and report its compliance against this statement of principles (i.e. the committee / mechanism to oversee this)

5.2.3. **Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution²³ by:**

- a)
- b) Delegating responsibility to the Head of Service Development/Head of Corporate Delivery, reporting to the Governing Body
- c) Giving consideration in any policy development
- d) Ensuring CCG support team are aware of significance through team meetings and in practice locality group work

5.2.4. **Act effectively, efficiently and economically²⁴ by:**

- a) Delegating responsibility to the Governing Body
- b) Ensuring effective management of budgets in line with the scheme of reservation and delegation, Prime Financial policies and Standing orders and instructions.
- c) Ensuring value for money in commissioned services.

5.2.5. **Act with a view to securing continuous improvement to the quality of services²⁵ by:**

- a) Reporting to the Governing Body via Quality committee
- b) Using real-time information to challenge the system
- c) Performance managing quality of commissioned services

5.2.6. **Assist and support NHS England in relation to the NHS England's duty to improve the quality of primary medical services²⁶ by:**

- a) Delegated responsibility to the Quality committee
- b) Working in partnership with the NCB
- c) Peer review and benchmarking
- d) Promoting and undertaking development of Practice Locality Groups
- e) Sharing best practice
- f) Development of QOF QP indicators by the localities

By:

- i) Using data and triangulation of information
- ii) Practice/practitioner dashboards
- iii) Measuring real time improvements

5.2.7. **Have regard to the need to reduce inequalities²⁷ by:**

²³ See section 14P of the 2006 Act, inserted by section 26 of the 2012 Act and section 2 of the Health Act 2009 (as amended by 2012 Act)

²⁴ See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act

²⁵ See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act

²⁶ See section 14S of the 2006 Act, inserted by section 26 of the 2012 Act

²⁷ See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act

- a) Delegating responsibility to the Governing Body via the MOU with the Local authority
- b) Ensuring work with Sefton's Health and Wellbeing Board which will be essential in tackling existing health inequalities.
- c) Working in partnership with local government to develop Joint Strategic Needs Assessment and robust joint health and wellbeing strategies.
- d) Ensure there are mechanisms to monitor inequalities in health and to evaluate the effectiveness of measures taken to reduce them.
- e) Evaluation of all policies that may have direct or indirect effect on health inequalities

5.2.8. **Promote the involvement of patients, their carers and representatives in decisions about their healthcare²⁸** by:

- a) Supporting the funding and development of a Sefton Public Engagement and Patient Experience group. The group will be a sub group to the Quality Committee and will have representation from community, third sector, local authority, HealthWatch and the Governing Body. The group will report to the Quality committee and give assurance that there are adequate and effective models are in place to ensure inclusion of Sefton's patients and public in their locality commissioning plans.
- b) An annual commissioning patient and public conference will be held to set out the CCG Vision, Values, and priorities annually.
- c) Quarterly patient and public meetings will be developed to bring together and further developing GP patient participation groups, HealthWatch community champions and community group representatives as part of a quarterly cycle of "meet the commissioner events".
- d) Annual conferences will then focus on "you said, we did" model of feedback.
- e) Targeted patient and carer engagement will also take place to inform care pathway programmes of work and will inform specific commissioning plans (e.g. long term conditions).

5.2.9. **Act with a view to enabling patients to make choices²⁹** by:

- a) Commissioning multiple providers to facilitate patient choice
- b) Developing Policy which promotes patient choice
- c) Promoting links to NHS Choices by including contact details on the CCG website
- d) Promotion of Choose and Book systems
- e) Delegating responsibility to the Chief Nurse through the Quality Committee

5.2.10. **Obtain appropriate advice³⁰** from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

- a) Delegated responsibility to Chief Officer
- b) Joint working and committee with Local authority including the Director of Public Health
- c) Joint working across the health economy with groups such as:
 - the Wider constituent group

²⁸ See section 14U of the 2006 Act, inserted by section 26 of the 2012 Act

²⁹ See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act

³⁰ See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act

- The local Acute Trust Clinical Senate and GP Operational Group
 - Practice Nurse forum
- d) Identified Clinical leads in Wider Constituent Group
 - e) Clinical senates across the wider Health economy
 - f) The appointment of a Chief Nurse to the Governing Body
 - g) Ensuring a range of skilled Governing Body members
 - h) Regional and National clinical network meetings
 - i) Contract performance and quality groups with providers through contracts

5.2.11. **Promote innovation³¹** by:

- a) Delegating responsibility to the Chief Officer and members of Governing Body
- b) Commitment to service redesign across providers
- c) Delegated responsibility to Registered nurse/clinical lead and Governing Body
- d) Empowering practitioners to develop themselves
- e) Supporting service developments identified and prioritised in primary care
- f) Provide opportunities for practitioner's to be innovative through locality groups
- g) Entering into joint ventures using up to date technology as appropriate

5.2.12. **Promote research and the use of research³²** by:

- a) Delegating to the Chief Nurse and members of the Quality committee
- b) Working with support from MCSS research and development and governance function through SLA
- c) Promote the dissemination and use of research findings through the locality groups
- d) Promote and support the development and delivery of research within the CCG
- e) Using research to redesign services across the system
- f) Reporting from localities to Quality committee

5.2.13. Have regard to the need to **promote education and training³³** for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty³⁴ by:

- a) Delegated responsibility to the Head of Corporate Delivery for annual reporting to Quality committee
- b) Commitment to education and training for all CCG employees
- c) Management of OD/HR and Training with MCSS via SLA
- d) Commitment to regional process with links to education planning.
- e) Support provision of education and training for all primary care health professionals through maintenance of existing Protected Learning Times

³¹ See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act

³² See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act

³³ See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act

³⁴ See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act

- f) Act with a view to **promoting integration** of *both* health services with other health services *and* health services with health-related and social care services where the group considers that this would improve the quality of services or reduce inequalities³⁵ by:
 - g) Delegation to the Chief Officer and members of the Governing Body
 - h) Working with the Strategic Integrated Commissioning Group (local authority)
 - i) Developing policies to reflect integration

5.3. **General Financial Duties** – the group will perform its functions so as to:

5.3.1. **Ensure its expenditure does not exceed the aggregate of its allotments for the financial year**³⁶ by

- a) The CCG Financial duties will be performance managed via the Finance and Resources Committee, reporting to the Governing Body. The Chief Finance Officer as Accountable led will ensure that all financial duties and requirements are identified for the Governing Body to enact its full statutory duty.

5.3.2. **Ensure its use of resources** (*both its capital resource use and revenue resource use*) **does not exceed the amount specified by NHS England for the financial year**³⁷ by

- a) The CCG Financial duties will be performance managed via the Finance and Resources Committee reporting to the Governing Body. The Chief Finance Officer as Accountable led will ensure that all financial duties and requirements are identified for the Governing Body to enact its full statutory duty.

5.3.3. **Take account of any directions issued by NHS England, in respect of specified types of resource use in a financial year, to ensure the group does not exceed an amount specified by NHS England**³⁸ by

- a) The CCG Financial duties will be performance managed via the Finance and Resources Committee, reporting to the Governing Body. The Chief Finance Officer as Accountable led will ensure that all financial duties and requirements are identified for the Governing Body to enact its full statutory duty.

5.3.4. **Publish an explanation of how the group spent any payment in respect of quality** made to it by NHS England³⁹ by

- a) Delegated to the Chief Officer and Governing Body
- b) Manage and report performance of all providers in relation to quality
- c) Provide as part of corporate reporting process information with regard to quality performance and payments for achievement
- d) Publication of appropriate Annual reports

³⁵ See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act

³⁶ See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act

³⁷ See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act

³⁸ See section 223J of the 2006 Act, inserted by section 27 of the 2012 Act

³⁹ See section 223K(7) of the 2006 Act, inserted by section 27 of the 2012 Act

5.4. **Other Relevant Regulations, Directions and Documents**

- 5.4.1 The group will
- a) comply with all relevant regulations;
 - b) comply with directions issued by the Secretary of State for Health or NHS England; and
 - c) take account, as appropriate, of documents issued by NHS England.
- 5.4.2 The group will develop and implement the necessary systems and processes to comply with these regulations and directions, documenting them as necessary in this constitution, its scheme of reservation and delegation and other relevant group policies and procedures.

6. **DECISION MAKING: THE GOVERNING STRUCTURE**

6.1. **Authority to act**

6.1.1 The clinical commissioning group is accountable for exercising the statutory functions of the group. It may grant authority to act on its behalf to:

- a) any of its members;
- b) its Governing Body;
- c) employees;
- d) A committee or sub-committee of the group.

6.1.2 The extent of the authority to act of the respective bodies and individuals depends on the powers delegated to them by the group as expressed through:

- e) the group's scheme of reservation and delegation; and
- f) for committees, their terms of reference.

6.2. **Scheme of Reservation and Delegation⁴⁰**

6.2.1. The group's scheme of reservation and delegation sets out:

- a) those decisions that are reserved for the membership as a whole;
- b) Those decisions that are the responsibilities of its Governing Body (and its committees), the group's committees and sub-committees, individual members and employees.

6.2.2. The clinical commissioning group remains accountable for all of its functions, including those that it has delegated.

6.3. **General**

6.3.1. In discharging functions of the group that have been delegated to its Governing Body (and its committees), committees, Joint Committees, Sub-committees and individuals must:

⁴⁰ See Appendix D

- a) comply with the group's principles of good governance,⁴¹
- b) operate in accordance with the group's scheme of reservation and delegation,⁴²
- c) comply with the group's standing orders,⁴³
- d) comply with the group's arrangements for discharging its statutory duties,⁴⁴
- e) Where appropriate, ensure that member practices have had the opportunity to contribute to the group's decision making process.

6.3.2. When discharging their delegated functions, committees, sub-committees and joint committees must also operate in accordance with their approved terms of reference.

6.3.3. Where delegated responsibilities are being discharged collaboratively, the joint (collaborative) arrangements must:

- a) identify the roles and responsibilities of those clinical commissioning groups who are working together;
- b) identify any pooled budgets and how these will be managed and reported in annual accounts;
- c) specify under which clinical commissioning group's scheme of reservation and delegation and supporting policies the collaborative working arrangements will operate;
- d) specify how the risks associated with the collaborative working arrangement will be managed between the respective parties;
- e) identify how disputes will be resolved and the steps required to terminate the working arrangements;
- f) Specify how decisions are communicated to the collaborative partners.

6.4. **Committees of the group**

6.4.1. The following committees have been established by the group:

- a) Quality Committee
- b) Finance and Resource Committee
- c) Audit Committee
- d) Remuneration Committee

6.4.2. Committees will only be able to establish their own sub-committees, to assist them in discharging their respective responsibilities, if this responsibility has been delegated to them by the group or the committee they are accountable to.

6.5. **Joint Arrangements**

6.5.1. The group has entered into joint arrangements with the following clinical commissioning groups:

- a) NHS Southport and Formby CCG has entered into a joint arrangement with respect to a shared management team, with South Sefton CCG
- b) under the terms of a memorandum of understanding

⁴¹ See section 4.4 on Principles of Good Governance above

⁴² See appendix D

⁴³ See appendix C

⁴⁴ See chapter 5 above

- c) NHS Southport and Formby CCG has entered into a joint arrangement with The Merseyside CCG Network which acts as an advisory committee to each of the named CCGs below
- i) Halton CCG
 - ii) Knowsley CCG
 - iii) Liverpool CCG
 - iv) Southport & Formby CCG
 - v) South Sefton CCG
 - vi) St Helens CCG
 - vii) Warrington CCG
 - viii) West Lancashire CCG

6.5.2. Memoranda of Agreement are available on the website; www.southportformbyccg.org.uk

6.5.3. The group has joint committees with the following local authorities:

- a) Strategic Integrated Commissioning group, Sefton Metropolitan Borough Council, whose purpose is to oversee the strategy for integrated commissioning of adult and children's care and public health programmes.

6.6. The Governing Body

6.6.1. **Functions** - the Governing Body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations and in this constitution.⁴⁵ The Governing Body has responsibility for:

- a) ensuring that the group has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the groups principles of good governance⁴⁶ (its main function);
- b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the group and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act;
- c) approving any functions of the group that are specified in regulations;⁴⁷
- d)
 - i) leading the setting of vision and strategy
 - ii) approving commissioning plans
 - iii) monitoring performance against plans
 - iv) providing assurance of strategic risk
- e) the promotion a comprehensive health service
- f) meeting public sector equality duty
- g) Promoting awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution
- h) Acting effectively, efficiently and economically
- i) securing continuous improvement to the quality of services

⁴⁵ See section 14L(3)(c) of the 2006 Act, as inserted by section 25 of the 2012 Act

⁴⁶ See section 4.4 on Principles of Good Governance above

⁴⁷ See section 14L(5) of the 2006 Act, inserted by section 25 of the 2012 Act

- j) the improvement of the quality of primary medical services
- k) promoting the involvement of patients, their carers and representatives in decisions about their healthcare
- l) enabling patients to make choices
- m) enabling patients to make choices
- n) Promote innovation
- o) Promote research and the use of research
- p) promote education and training
- q) promoting integration
- r) Have regard to the need to reduce inequalities

6.6.2. **Composition of the Governing Body** - the Governing Body shall not have less than 15 members and comprise of:

- a) the chair; (GP)
- b) 5 GP representatives of member practices;
- c) 2 Practice Managers
- d) two lay members:
 - i) one to lead on audit, governance, remuneration and conflict of interest matters,
 - ii) one to lead on patient and public participation matters;
- e) registered nurse;
- f) secondary care specialist doctor;
- g) the Chief Officer;
- h) the Chief Finance Officer;
- i) 1 additional nurse

6.7 **Committees of the Governing Body** - the Governing Body has appointed the following committees and sub-committees:

- a) **Audit Committee** – the audit committee, which is accountable to the group's Governing Body, provides the Governing Body with an independent and objective view of the group's financial systems, financial information and compliance with laws, regulations and directions governing the group in so far as they relate to finance. The Governing Body has approved and keeps under review the terms of reference for the audit committee, which includes information on the membership of the audit committee⁴⁸.

In addition the group or the Governing Body has conferred or delegated the following functions, connected with the Governing Body's main function⁴⁹, to its audit committee:

The committee shall critically review the clinical commissioning group's financial reporting and internal control principles and ensure an appropriate relationship with both internal and external auditors is maintained.

The key duties of an audit committee will be:

- i) Integrated governance, risk management and internal control
- ii) External audit
- iii) Other assurance functions

⁴⁸ See appendix I for the terms of reference of the Audit Committee

⁴⁹ See section 14L(2) of the 2006 Act, inserted by section 25 of the 2012 Act

- iv) Counter fraud
 - v) Financial reporting
- b) **Remuneration Committee** – the remuneration committee, which is accountable to the group’s Governing Body makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the group and on determinations about allowances under any pension scheme that the group may establish as an alternative to the NHS pension scheme. The Governing Body has approved and keeps under review the terms of reference for the remuneration committee, which includes information on the membership of the remuneration committee⁵⁰.

In addition the group or the Governing Body has conferred or delegated the following functions, connected with the Governing Body’s main function, to its remuneration committee:

- i) The committee shall make recommendations to the Governing Body on determinations about pay and remuneration for employees of the clinical commissioning group and people who provide services to the clinical commissioning group and allowances under any pension scheme it might establish as an alternative to the NHS pension scheme]
- c) **The Quality committee** –which is accountable to the group’s Governing Body, will monitor the quality of commissioned services, consider information from governance, risk management and internal control systems and; provide corporate focus, strategic direction and momentum for governance and risk management.
The Governing Body has approved and keeps under review the terms of reference for the Quality committee which includes information on the membership of the Quality committee ⁵¹.
- d) **Finance and Resources committee** which is accountable to the group’s Governing Body, will oversee and monitor financial and workforce development strategies; monitor the annual revenue budget and planned savings; Develop and deliver capital investment; financial and workforce risk registers; financial, workforce and contracting performance⁵²
- e) **Practice Locality Groups** – There are four locality groups; North, Central, Ainsdale and Birksdale, and Formby, determined by the Governing Body. Their role is as is determined by the Governing Body. ⁵³

⁵⁰ See appendix I for the terms of reference of the remuneration committee

⁵¹ See appendix I for the terms of reference of the Quality Committee

7. ROLES AND RESPONSIBILITIES

7.1. Practice Representatives

7.1.1. Practice representatives represent their practice's views and act on behalf of the practice in matters relating to the group. The role of each practice representative is to:

- a) act as the designated lead GP for the CCG within each practice and should make him/herself available to meet Governing Body members or their representatives on a regular basis.
- b) attend meetings of the Wider Constituent Group.
- c) contribute to the CCG's goals by using their holistic understanding of patients' needs to help shape the design of services
- d) understand how they can provide services in ways that enhance quality and promote the most effective use of NHS resources.
- e) feedback to the practice so that all GPs and their practice colleagues will have a broad understanding of how the CCG works.

7.2. Other GP and Primary Care Health Professionals

7.2.1. In addition to the practice representatives identified in section 7.1 above, the group has identified a number of other GPs / primary care health professionals from member practices to either support the work of the group and / or represent the group rather than represent their own individual practices. These GPs and primary care health professional undertake the following roles on behalf of the group:

- a) Lead GP for Quality who will be responsible for the development of and monitoring of quality indicators with providers and primary care quality with the GP membership and reports to the Governing Body
- b) Lead GP for prescribing, responsible for the local development of prescribing initiatives, monitoring prescribing processes
- c) Lead GPs for Clinical Care Pathways
- d) Locality lead GP's, and Practice Nurses who will lead the localities work and report to the Governing Body

⁵² See appendix I for the terms of reference of the Finance and Resource Committee

⁵³ See appendix I for the terms of reference of the Practice Locality Groups

7.3. All Members of the Group's Governing Body

7.3.1. Guidance on the roles of members of the group's Governing Body is set out in a separate document⁵². In summary, each member of the Governing Body should share responsibility as part of a team to ensure that the group exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this constitution. Each brings their unique perspective, informed by their expertise and experience.

⁵² Draft *clinical commissioning group Governing Body Members – Roles Attributes and Skills*, NHS Commissioning Board Authority, March 2012

7.4. The Chair of the Governing Body

7.4.1. The chair of the Governing Body is responsible for:

- a) leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in this constitution;
- b) building and developing the group's Governing Body and its individual members;
- c) ensuring that the group has proper constitutional and governance arrangements in place;
- d) ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties;
- e) supporting the Chief Officer in discharging the responsibilities of the organisation;
- f) contributing to building a shared vision of the aims, values and culture of the organisation;
- g) leading and influencing to achieve clinical and organisational change to enable the group to deliver its commissioning responsibilities;
- h) overseeing governance and particularly ensuring that the Governing Body and the wider group behaves with the utmost transparency and responsiveness at all times;
- i) ensuring that public and patients' views are heard and their expectations understood and, where appropriate as far as possible, met;
- j) ensuring that the organisation is able to account to its local patients, stakeholders and NHS England;
- k) ensuring that the group builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authority(ies).

7.4.2. Where the chair of the Governing Body is also the senior clinical voice of the group they will take the lead in interactions with stakeholders, including NHS England.

7.5. The Deputy Chair of the Governing Body

7.5.1. The deputy chair of the Governing Body deputises for the chair of the Governing Body where he or she has a conflict of interest or is otherwise unable to act.

7.6. Role of the Chief Officer

7.6.1. The Chief Officer of the group is a member of the Governing Body.

7.6.2. This role of Chief Officer has been summarised in a national document⁵³ as:

- a) being responsible for ensuring that the clinical commissioning group fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money;
- b) at all times ensuring that the regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice (as identified through such agencies as the Audit Commission and

⁵³ See the latest version of NHS England Authority's *Clinical commissioning group governing body members: Role outlines, attributes and skills*

- the National Audit Office) is embodied and that safeguarding of funds is ensured through effective financial and management systems.
- c) working closely with the chair of the Governing Body, the Chief Officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through the Governing Body) of the organisation's ongoing capability and capacity to meet its duties and responsibilities. This will include arrangements for the ongoing developments of its members and staff.
 - d) Other duties as the board decides

7.7. Role of the Chief Finance Officer

7.7.1. The Chief Finance Officer is a member of the Governing Body and is responsible for providing financial advice to the clinical commissioning group and for supervising financial control and accounting systems. The Chief Finance Officer will also act as deputy Chief Officer of the CCG

7.7.2. This role of Chief Finance Officer has been summarised in a national document⁵⁴ as:

- a) being the Governing Body's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged;
- b) making appropriate arrangements to support, monitor on the group's finances;
- c) overseeing robust audit and governance arrangements leading to propriety in the use of the group's resources;
- d) being able to advise the Governing Body on the effective, efficient and economic use of the group's allocation to remain within that allocation and deliver required financial targets and duties; and
- e) producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to NHS England;
- f) and any other duties the Governing Body decides.

7.8. Joint Appointments with other Organisations

7.8.1. The group has the following joint appointments with NHS South Sefton CCG:

- a) Chief Officer
- b) Chief Finance Officer

And others as identified within the memorandum of understanding

7.8.2. These joint appointments are supported by a memorandum of understanding (available on CCG website) between the organisations who are party to these joint appointments.

⁵⁴ See the latest version of NHS England Authority's *Clinical commissioning group governing body members: Role outlines, attributes and skills*

8. STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.1. Standards of Business Conduct

- 8.1.1. Employees, members, committee and sub-committee members of the group and members of the Governing Body (and its committees) will at all times comply with this constitution and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the group and should follow the *Seven Principles of Public Life*; set out by the Committee on Standards in Public Life (the Nolan Principles) The Nolan Principles are incorporated into this constitution at Appendix F.
- 8.1.2. They must comply with the group's policy on business conduct, including the requirements set out in the policy for managing conflicts of interest. This policy will be available on the group's website at www.southportformbyccg.org.uk
- 8.1.3. Individuals contracted to work on behalf of the group or otherwise providing services or facilities to the group will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services.

8.2. Conflicts of Interest

- 8.2.1. As required by section 14O of the 2006 Act, as inserted by section 25 of the 2012 Act, the clinical commissioning group will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the group will be taken and seen to be taken without any possibility of the influence of external or private interest.
- 8.2.2. Where an individual, i.e. an employee, group member, member of the Governing Body, or a member of a committee or a sub-committee of the group or its Governing Body has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the group considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution.
- 8.2.3. A conflict of interest will include:
- a) a direct pecuniary interest: where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);
 - b) an indirect pecuniary interest: for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;
 - c) a non-pecuniary interest: where an individual holds a non-remunerative or not-for profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);
 - d) a non-pecuniary personal benefit: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital

- services which might result in the closure of a busy clinic next door to an individual's house);
- e) where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.
- 8.2.4. If in doubt, the individual concerned should assume that a potential conflict of interest exists.
- 8.3. **Declaring and Registering Interests**
- 8.3.1. The group will maintain one or more registers of the interests of:
- a) the members of the group (as defined in the Policy on Managing Conflicts of Interest);
 - b) the members of its Governing Body;
 - c) the members of its committees or sub-committees and the committees or sub-committees of its Governing Body; and
 - d) its employees.
- 8.3.2. The registers will be published on the group's website at www.southportformbyccg.org.uk.
- 8.3.3. Individuals will declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of the group, in writing to the Governing Body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.
- 8.3.4. Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter.
- 8.3.5. The Governing Body will ensure that the register of interest is reviewed regularly, and updated as necessary.
- 8.4. **Managing Conflicts of Interest: General**
- 8.4.1. Individual members of the group, the Governing Body, committees or sub-committees, the committees or sub-committees of its Governing Body and employees will comply with the arrangements determined by the group for managing conflicts or potential conflicts of interest.
- 8.4.2. The Head of Corporate Delivery will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the group's decision making processes.
- 8.4.3. Arrangements for the management of conflicts of interest are contained within the CCG's Policy on Managing Conflicts of Interest and will include the requirement to put in writing to the relevant individual arrangements for managing the conflict of interests or potential conflicts of interests, within a week of declaration. The arrangements will confirm the following:

- a) when an individual should withdraw from a specified activity, on a temporary or permanent basis;
 - b) monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.
- 8.4.4. Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with the group's exercise of its commissioning functions, they have received confirmation of the arrangements to manage the conflict of interest or potential conflict of interest from the Head of Corporate Delivery.
- 8.4.5. Where an individual member, employee or person providing services to the group is aware of an interest which:
- a) has not been declared, either in the register or orally, they will declare this at the start of the meeting;
 - b) has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.
- 8.4.6. In accordance with the CCG's Policy on Managing Conflicts of Interest, the chair of the meeting will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, the chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.
- 8.4.7. Where the chair of any meeting of the group, including committees, sub-committees, or the Governing Body and the Governing Body's committees and sub-committees, has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the deputy chair will act as chair for the relevant part of the meeting. Where arrangements have been confirmed for the management of the conflict of interests or potential conflicts of interests in relation to the chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the deputy chair may require the chair to withdraw from the meeting or part of it. Where there is no deputy chair, the members of the meeting will select one.
- 8.4.8. Any declarations of interests, and arrangements agreed in any meeting of the clinical commissioning group, committees or sub-committees, or the Governing Body, the Governing Body's committees or sub-committees, will be recorded in the minutes.
- 8.4.9. Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the chair (or deputy) will determine whether or not the discussion can proceed.
- 8.4.10. In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the group's standing orders. Where the meeting is not quorate, owing to the absence of

certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult the Head of Corporate Delivery on the action to be taken.

8.4.11. This may include:

- a) requiring another of the group's committees or sub-committees, the group's Governing Body or the Governing Body's committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible,
- b) inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the Governing Body or committee / sub-committee in question) so that the group can progress the item of business:
 - i) a member of the clinical commissioning group who is an individual;
- c) an individual appointed by a member to act on its behalf in the dealings between it and the clinical commissioning group;
 - i) a member of a relevant Health and Wellbeing Board;
 - ii) a member of a Governing Body of another clinical commissioning group.

These arrangements must be recorded in the minutes.

- d) In any transaction undertaken in support of the clinical commissioning group's exercise of its commissioning functions (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction, and declare that interest as soon as possible thereafter. The individual must also inform either their line manager (in the case of employees), or the Head of Corporate Delivery or the Chairman of the transaction.

8.4.12. The Head of Corporate Delivery will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared

8.5. **Managing Conflicts of Interest: contractors and people who provide services to the group**

8.5.1. Anyone seeking information in relation to a procurement, or participating in a procurement, or otherwise engaging with the clinical commissioning group in relation to the potential provision of services or facilities to the group, will be required to make a declaration of any relevant conflict / potential conflict of interest.

8.5.2. Anyone contracted to provide services or facilities directly to the clinical commissioning group will be subject to the same provisions of this constitution in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

8.6. Transparency in Procuring Services

8.6.1. The group recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. The group will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.

8.6.2. The group will publish a Procurement Strategy approved by its Governing Body which will ensure that:

- a) all relevant clinicians (not just members of the group) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services;
- b) service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way

8.6.3. Copies of this Procurement Strategy will be available on the group's website at www.southortformbyccg.org.uk and;

- a) available upon request for inspection at SFCCG headquarters
- b) available upon application, either by post to 5 Curzon Rd Southport PR8 6PN or by
- c) email from melanie.wright@sefton.nhs.uk

9. THE GROUP AS EMPLOYER

9.1. The group recognises that its most valuable asset is its people. It will seek to enhance their skills and experience and is committed to their development in all ways relevant to the work of the group.

9.2. The group will seek to set an example of best practice as an employer and is committed to offering all staff equality of opportunity. It will ensure that its employment practices are designed to promote diversity and to treat all individuals equally.

9.3. The group will ensure that it employs suitably qualified and experienced staff who will discharge their responsibilities in accordance with the high standards expected of staff employed by the group. All staff will be made aware of this constitution, the commissioning strategy and the relevant internal management and control systems which relate to their field of work.

9.4. The group will maintain and publish policies and procedures (as appropriate) on the recruitment and remuneration of staff to ensure it can recruit, retain and develop staff of an appropriate calibre. The group will also maintain and publish policies on all aspects of human resources management, including grievance and disciplinary matters

9.5. The group will ensure that its rules for recruitment and management of staff provide for the appointment and advancement on merit on the basis of equal opportunity for all applicants and staff.

- 9.6. The group will ensure that employees' behaviour reflects the values, aims and principles set out above.
- 9.7. The group will ensure that it complies with all aspects of employment law.
- 9.8. The group will ensure that its employees have access to such expert advice and training opportunities as they may require in order to exercise their responsibilities effectively.
- 9.9. The group will adopt a Code of Conduct for staff and will maintain and promote effective 'whistleblowing' procedures to ensure that concerned staff have means through which their concerns can be voiced.
- a) Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter, will be available on the group's website at [www. Southportformbyccg.org.uk](http://www.Southportformbyccg.org.uk) available upon request for inspection at SFCCG headquarters
 - b) available upon application, either by post to 5 Curzon Rd Southport PR8 6PN or by
 - c) email from melanie.wright@sefton.nhs.uk.
- 9.10. The group recognises and confirms that nothing in or referred to in this constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998) by any member of the group, any member of its governing body, any member of any of its committees or sub-committees or the committees or sub-committees of its governing body, or any employee of the group or of any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act.

10. TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1. General

- 10.1.1. The group will publish annually a commissioning plan and an annual report, presenting the group's annual report to a public meeting.
- 10.1.2. Key communications issued by the group, including the notices of procurements, public consultations, Governing Body meeting dates, times, venues, and certain papers will be published on the group's website at www.southportformby.org.uk and:
- a) available upon request for inspection at SFCCG headquarters
 - b) available upon application, either by post to 5 Curzon Rd Southport PR8 6PN or by
 - c) email from melanie.wright@sefton.nhs.uk
- 10.1.3. The group may use other means of communication, including circulating information by post, or making information available in venues or services accessible to the public.

10.2. Standing Orders

- 10.2.1. This constitution is also informed by a number of documents which provide further details on how the group will operate. They are the group's:

- 10.2.2. Standing orders (Appendix C) – which sets out the arrangements for meetings and the appointment processes to elect the group’s representatives and appoint to the group’s committees, including the Governing Body;
- 10.2.3. Scheme of reservation and delegation (Appendix D) – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of the group’s Governing Body, the Governing Body’s committees and sub-committees, the group’s committees and sub-committees, individual members and employees;
- 10.2.4. Prime financial policies (Appendix E) – which sets out the arrangements for managing the group’s financial affairs.

APPENDIX A DEFINITIONS OF KEY DESCRIPTIONS USED IN THIS CONSTITUTION

2006 Act	National Health Service Act 2006
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act)
Chief Officer	<p>an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by NHS England, with responsibility for ensuring the group:</p> <p>a) complies with its obligations under:</p> <ol style="list-style-type: none"> i. sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act), ii. sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act), iii. paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and iv. any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Governing Body for that purpose; <p>b) exercises its functions in a way which provides good value for money.</p>
Area	the geographical area that the group has responsibility for, as defined in Chapter 2 of this constitution
Chair of the Governing Body	the individual appointed by the group to act as chair of the Governing Body
Chief Finance Officer	the qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance
Clinical commissioning group	a body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
Committee	<p>a committee or sub-committee created and appointed by:</p> <ol style="list-style-type: none"> a) the membership of the group b) a committee / sub-committee created by a committee created / appointed by the membership of the group c) a committee / sub-committee created / appointed by the Governing Body
Financial year	this usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a clinical commissioning group is established until the following 31 March
Group	NHS Southport & Formby Clinical Commissioning Group, whose constitution this is
Governing Body	<p>the body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that a clinical commissioning group has made appropriate arrangements for ensuring that it complies with:</p> <ol style="list-style-type: none"> a) its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and b) such generally accepted principles of good governance as are relevant to it.

<i>Governing Body member</i>	any member appointed to the Governing Body of the group
<i>Lay member</i>	a lay member of the Governing Body, appointed by the group. A lay member is an individual who is not a member of the group or a healthcare professional (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations
<i>Member</i>	a provider of primary medical services to a registered patient list, who is a members of this group (see tables in Chapter 3 and Appendix B)
<i>Practice representatives</i>	an individual appointed by a practice (who is a member of the group) to act on its behalf in the dealings between it and the group, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act)
<i>Registers of interests</i>	registers a group is required to maintain and make publicly available under section 14O of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of: a) the members of the group; b) the members of its Governing Body; c) the members of its committees or sub-committees and committees or sub-committees of its Governing Body; and d) its employees.

APPENDIX B - LIST OF MEMBER PRACTICES

Practice Name and Address	Locality	Practice Representative Signature
Churchtown Medical Centre Cambridge Rd, Southport, PR9 7TL	North	
The Corner Surgery 117 Flyde Road, Southport, PR9 9XL	North	
Marshside Surgery 117 Fylde Road, Southport, PR9 9XL	North	
Norwood 11 Norwood Avenue, Southport, PR9 7EG	North	
Roe Lane 172 Roe Lane, Southport, PR9 7PN	North	
Sussex Rd Surgery 125 Sussex Rd PR8 6AF	North	
Trinity Practice Houghton St Southport	Central	
Curzon Rd Surgery 5 Curzon Rd, PR8 6PN	Central	
Cumberland House 58 Scarisbrick New Road, Southport, PR8 6PG	Central	
Kew Surgery 85 Town Lane PR8 6RG	Central	
St Marks 42 Derby Road, Southport, PR9 0TZ	Central	
The Grange 41 York Road, Southport, PR8 2AD	South	
Family Surgery 107 Liverpool Road, Southport, PR8 4DB	South	
Lincoln 33 Lincoln Road, Southport, PR8 4PR	South	
Ainsdale Medical Centre 66 Station Road, Ainsdale, Southport, PR8 3HW	South	
Ainsdale Village 2 Leamington Road, Ainsdale, Southport, PR8 3LB	South	
Chapel Lane 13 Chapel Lane, Formby, L37 4DL	Formby	
The Hollies Elbow Lane, Formby, L37 4AD	Formby	
The Village Surgery Elbow Lane, Formby, L37 4AD	Formby	
Freshfield 61 Gores Lane, Formby, L37 3NU	Formby	

APPENDIX C – STANDING ORDERS

1. STATUTORY FRAMEWORK AND STATUS

1.1. Introduction

1.1.1. These standing orders have been drawn up to regulate the proceedings of the NHS Southport and Formby Clinical Commissioning Group so that group can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations. They are effective from the date the group is established.

1.1.2. The standing orders and prime financial policies must be read in conjunction with the following guidance and other issued by the Secretary of State for Health and of NHS England.

- a) The Human Rights Act 1998
- b) Caldicott Guardian 1997
- c) Freedom of Information Act 2000

1.1.3. The standing orders, together with the group's scheme of reservation and delegation⁵⁵ and the group's prime financial policies⁵⁶, provide a procedural framework within which the group discharges its business. They set out:

- a) the arrangements for conducting the business of the group;
- b) the appointment of member practice representatives and the members of the group's Governing Body;
- c) the procedure to be followed at meetings of the group, the Governing Body and any committees or sub-committees of the group or the Governing Body;
- d) the process to delegate powers,
- e) the declaration of interests and standards of conduct.

These arrangements must comply, and be consistent where applicable, with requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate⁵⁷ of any relevant guidance.

1.1.4. The standing orders, scheme of reservation and delegation and prime financial policies have effect as if incorporated into the group's constitution. Group members, employees, members of the Governing Body, members of the Governing Body's committees and sub-committees, members of the group's committees and sub-committees and persons working on behalf of the group should be aware of the existence of these documents and, where necessary, be

⁵⁵ See Appendix D

⁵⁶ See Appendix E

⁵⁷ Under some legislative provisions the group is obliged to have regard to particular guidance but under other circumstances guidance is issued as best practice guidance.

familiar with their detailed provisions. Failure to comply with the standing orders, scheme of reservation and delegation and prime financial policies may be regarded as a disciplinary matter that could result in dismissal.

1.2. **Schedule of matters reserved to the clinical commissioning group and the scheme of reservation and delegation**

- 1.2.1. The 2006 Act (as amended by the 2012 Act) provides the group with powers to delegate the group's functions and those of the Governing Body to certain bodies (such as committees) and certain persons. The group has decided that certain decisions may only be exercised by the group in formal session. These decisions and also those delegated are contained in the group's scheme of reservation and delegation (see Appendix D).

2. **THE CLINICAL COMMISSIONING GROUP: COMPOSITION OF MEMBERSHIP, KEY ROLES AND APPOINTMENT PROCESS**

2.1. **Composition of membership**

- 2.1.1. Chapter 3 of the group's constitution provides details of the membership of the group (also see Appendix B).

- 2.1.2. Chapter 6 of the group's constitution provides details of the governing structure used in the group's decision-making processes, whilst Chapter 7 of the constitution outlines certain key roles and responsibilities within the group and its Governing Body, including the role of practice representatives (section 7.1 of the constitution).

2.2. **Key Roles**

- 2.2.1. Paragraph 6.6.2 of the group's constitution sets out the composition of the group's Governing Body whilst Chapter 7 of the group's constitution identifies certain key roles and responsibilities within the it's membership council and its Governing Body. These standing orders set out how the group appoints individuals to these key roles.

- 2.2.2. The Chair of the Governing Body, as listed in 6.6.2 of the group's constitution, is subject to the following appointment process:

- a) **Nominations** – by the mandate from constituent members
- b) **Eligibility** – GP who is assessed to meet the required attributes and skills and have been through the national assessment process ;
- c) **Appointment process** – one vote per voting member of the CCG;
- d) **Term of office** – 3 years;
- e) **Eligibility for reappointment** - as above for 2 terms only;
- f) **Grounds for removal from office** - gross misconduct in office as brought to the governing bodies attention and removal sanctioned by them after due investigation;
- g) **Notice period** – one month

- 2.2.3. The Deputy Chair, as listed in paragraph 6.6.2] of the group's constitution, is subject to the following appointment process:
- a) **Nominations** – by 2 voting members of the Governing Body;
 - b) **Eligibility** – Governing Body member assessed to meet the required attributes and skills ;
 - c) **Appointment process** – one vote per voting member of the Governing Body;
 - d) **Term of office** – 3 years;
 - e) **Eligibility for reappointment** - as above for 2 terms only
 - f) **Grounds for removal from office** - gross misconduct in office as brought to the governing bodies attention and removal sanctioned by them after due
 - g) **Notice period** – one month
- 2.2.4. The Chief Officer, as listed in paragraph 6.6.2of the group's constitution, is subject to the national appointment process
- 2.2.5. The Chief Finance officer, as listed in paragraph 6.6.2 of the group's constitution, is subject to the national appointment process:
- 2.2.6. The Practice representatives, as listed in paragraph 6.6.2 of the group's constitution, are subject to the following appointment process:
- a) **Nominations** – self with partner approval
 - b) **Eligibility** – GP with a practice in the geographical area
 - c) **Appointment process** – Voted by practice
 - d) **Term of office** – 3 years
 - e) **Eligibility for reappointment** - as above for 2 terms only
 - f) **Grounds for removal from office** - gross misconduct in office as brought to the governing bodies attention and removal sanctioned by them after due investigation
 - g) **Notice period** – one month
- 2.2.7. The Nurses, as listed in 6.6.2 of the groups constitution are subject to the following appointment process:
- a) **Nominations** – self with employer agreement
 - b) **Eligibility** – working within Sefton
 - c) **Appointment process** – Voted by member practices
 - d) **Term of office** – 3 years
 - e) **Eligibility for reappointment** - as above for 2 terms only
 - f) **Grounds for removal from office** - gross misconduct in office as brought to the governing bodies attention and removal sanctioned by them after due investigation
 - g) **Notice period** – one month
- 2.2.8. The Practice Managers as listed in paragraph 6.6.2 of the group's constitution, is subject to the following appointment process:
- a) **Nominations** –self with partner approval;
 - b) **Eligibility** – working as a Practice Manager in a practice within the geographical area
 - c) **Appointment process** – voted by member practices
 - d) **Term of office** – 3 years;

- e) **Eligibility for reappointment** - as above for 2 terms only
- f) **Grounds for removal from office** - gross misconduct in office as brought to the governing bodies attention and removal sanctioned by them after due investigation
- g) **Notice period** – one month

2.2.9. The Lay member for governance, as listed in paragraph 6.6.2 of the group's constitution, is subject to the following appointment process:

- a) **Nominations** – advert and recruitment
- b) **Eligibility** – able to demonstrate attribute and skills as outlined by the NHSCB
- c) **Appointment process** – Interview by Governing Body members
- d) **Term of office** – 3 years
- e) **Eligibility for reappointment** - as above
- f) **Grounds for removal from office** - gross misconduct in office as brought to the governing bodies attention and removal sanctioned by them after due investigation
- g) **Notice period** – one month

2.2.10. The Lay Member for Patient \and public participation as listed in paragraph 6.6.2 the group's constitution, is subject to the following appointment process:

- a) **Nominations** – advert and recruitment
- b) **Eligibility** – able to demonstrate attribute and skills as outlined by the NHSCB
- c) **Appointment process** – Interview by Governing Body members
- d) **Term of office** – 3 years
- e) **Eligibility for reappointment** - as above
- f) **Grounds for removal from office** - gross misconduct in office as brought to the governing bodies attention and removal sanctioned by them after due investigation
- g) **Notice period** – one month

2.2.11. The Secondary Care Clinician as listed in paragraph 6.6.2 of the group's constitution, is subject to the following appointment process:

- a) **Nominations** – advert and recruitment
- b) **Eligibility** – able to demonstrate attribute and skills as outlined by the NHSCB
- c) **Appointment process** – Interview by Governing Body members
- d) **Term of office** – 3 years
- e) **Eligibility for reappointment** - as above
- f) **Grounds for removal from office** - gross misconduct in office as brought to the governing bodies attention and removal sanctioned by them after due investigation
- g) **Notice period** – one month

2.2.12. The roles and responsibilities of each of these key roles are set out either in paragraph 6.6.2 or Chapter 7 of the group's constitution.

2.3. **General Principles of Appointment to Key Roles and Removal Of Office**

2.3.1. As a general principle all selections and appointments will be conducted in a fair and transparent manner.

2.3.2. The following individuals will not be eligible to either represent their practice, or to put themselves forward for election as chair of the group or for election to the group's Governing Body or to apply for position on the group's Governing Body if they are:

- a) not eligible to work in the UK;
- b) a clinician practising with conditions;
- c) the subject to bankruptcy restrictions or an interim bankruptcy restrictions order;
- d) a person who has been dismissed from employment in the last five years [other than by means of redundancy];
- e) a person who has received a prison sentence or suspended sentence of three months or more in the last five years;
- f) a person who has been disqualified from serving as a company director;
- g) a person who has been removed from the management or control of a charity;
- h) a serving civil servant with the Department of Health or members/employees of the Care Quality Commission; or
- i) intending to serve as a chair or non-executive of another NHS body beyond the formal establishment of the relevant CCG.

2.3.3. As a general principle, practice will be asked to withdraw their nominated representative, or elected leaders be removed from office, or other Governing Body members removed from office, or other Governing Body members removed from office if:

- a) where appropriate, they cease to be eligible to provide primary medical services or to carry out their clinical role;
- b) they are unable to meet the specified attendance requirement for meetings;
- c) they fail, without good reason, to meet the attendance requirement for meetings or, where permitted, fail to send a deputy to those meetings;
- d) they have conflicts with the work of the group that cannot be managed;
- e) in the opinion of the membership council or where appropriate the Governing Body the individual is no longer able to contribute to the work of the group;

- f) they behave in a manner or exhibit conduct which is likely to undermine public confidence in the group;
 - g) they are declared bankrupt.
- 2.3.4. In all of the aforementioned circumstances, the group will adhere to best human resources practices. In respect of nominated practice members clinicians, elected clinicians or employees of the group, the group will consult with the appropriate representative bodies in drawing up the relevant procedures
- 1.1. Employees of the group will be subject to the group's disciplinary policies which are available on the website at www.southportformbyccg.org.uk or from its headquarters. Any decision to terminate the appointment of employees shall be taken in accordance with those policies.
- 2.4. Representatives of Member Practice.

3. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

3.1. Openness

- 3.1.1. Members of the public, including the media may attend meetings of the Governing Body. They may observe the deliberations of the governing body but do not have a right to contribute to debate. Contributions from the public at these meetings may be considered at the discretion of the chair.
- 3.1.2. Exceptionally there may be items of a confidential nature that the governing body needs to discuss in private. The public will be excluded from observing these discussions. Such items of business will include matters:
- a) concerning a member of staff
 - b) concerning a patient
 - c) that could commercially disadvantage the group if discussed in public; or
 - d) could be detrimental to the operation of the group
- 3.1.3. Meetings of the membership council will be held in private.

3.2. Calling meetings

- 3.2.1. Ordinary meetings of the governing body shall be held at least bi-monthly, at such times and places determined by the chair of the governing body. Members of the governing body will be given at least 6 weeks' notice of the date of the meeting.
- 3.2.2. Ordinary meetings of the membership council shall be held at least quarterly at such times and places determined by the chair of the group. Members of the membership council will be given at least 6 weeks' notice of the date of the meeting.
- 3.2.3. An extraordinary meeting of the membership council or governing body may be called by the chair at any time, or by not less than a third of the members of the

respective bodies lodging a written request with the Chief Officer stating the business to be transacted. No business shall be transacted at that meeting other than that specified in the notice of the meeting.

- 3.2.4. The written requests should ask for the meeting to take place within 28 days and the Chief Officer will give 21 days' notice of the date of the meeting.

3.3. **Agenda, supporting papers and business to be transacted**

- 3.3.1. Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the chair of the meeting or deputy at least 15 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least 10 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 7 working days before the date the meeting will take place.

- 3.3.2. Agendas and certain papers for the group's Governing Body – including details about meeting dates, times and venues - will be published on the group's website at www.southportformbyccg.org.uk or Are available on request from melanie.wright@sefton.nhs.uk

3.4. **Petitions**

- 3.4.1. Where a petition has been received by the group, the chair of the Governing Body shall include the petition as an item for the agenda of the next meeting of the Governing Body.

3.5. **Chair of a meeting**

- 3.5.1. At any meeting of the membership council or its Governing Body or of a committee or sub-committee, the chair of the membership council, Governing Body, committee or sub-committee, if any and if present, shall preside. If the chair is absent from the meeting, the deputy chair, if any and if present, shall preside.

- 3.5.2. If the chair is absent temporarily on the grounds of a declared conflict of interest the deputy chair, if present, shall preside. If both the chair and deputy chair are absent, or are disqualified from participating, or there is neither a chair or deputy a member of the group, Governing Body, committee or sub-committee respectively shall be chosen by the members present, or by a majority of them, and shall preside.

3.6. **Chair's ruling**

- 3.6.1. The decision of the chair of the Governing Body on questions of order, relevancy and regularity and their interpretation of the constitution, standing orders, scheme of reservation and delegation and prime financial policies at the meeting, shall be final.

3.7. **Quorum**

- 3.7.1. The Governing Body - quoracy of 65% of the Governing Body membership

- 3.7.2. The Governing Body shall specify that no business will be transacted unless 5 members present (including);
- a) At least one lay member
 - b) Either Chief Officer/Chief Finance Officer
 - c) At least 3 clinicians
- 3.7.3. The Practice Locality Groups – must have practices representing 50% of the vote present
- 3.7.4. Representation on behalf of the designated GP lead for CCG is permitted by proxy, so long as the chair has been informed in writing and the representative GP
- 3.7.5. For all other of the group's committees and sub-committees, including the Governing Body's committees and sub-committees, the details of the quorum for these meetings and status of representatives are set out in the appropriate terms of reference
- 3.8. **Decision making**
- 3.8.1. Chapter 6 of the group's constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the group's statutory functions. Generally it is expected that at the membership council or governing body meetings, decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:
- a) **Eligibility** – must have been elected to the Governing Body
 - b) **Majority necessary to confirm a decision** – 51% plus of vote;
 - c) **Casting vote** - Chair;
 - d) **Dissenting views** – will be recorded.
- 3.8.2. Should a vote be taken the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.
- 3.8.3. For all other of the group's committees and sub-committees, including the Governing Body's committees and sub-committee, the details of the process for holding a vote are set out in the appropriate terms of reference.
- 3.9. **Emergency powers and urgent decisions**
- 3.9.1. In exceptional circumstances, where the chair of the membership council or the governing body authorises urgent action in respect of a matter on behalf of the group which would have been considered by the membership council or the governing body respectively, such action will be reported at the next meeting of the respective bodies. In taking such action, the chair in conjunction with the Chief Officer should consult with at least two members of the membership council, in respect of decisions reserved to the membership council, or two members of the governing body, for decisions reserved to the governing body.
- 3.9.2. In dealing with such issues requiring an urgent decision and if timescales and practicalities allow, the chair may call a meeting of the membership council or governing body using video or telephone conferencing facilities. All such decisions will be ratified by the respective bodies at their next meeting.

3.10. **Suspension of Standing Orders**

- 3.10.1. Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these standing orders may be suspended at any meeting, provided the Chief Finance Officer, Chair or Chief Officer is present and 8 group members are in agreement.
- 3.10.2. A decision to suspend standing orders together with the reasons for doing so shall be recorded in the minutes of the meeting.
- 3.10.3. A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Governing Body's audit committee for review of the reasonableness of the decision to suspend standing orders.

3.11. **Record of Attendance**

- 3.11.1. The names of all members of the meeting present at the meeting shall be recorded in the minutes of the group's meetings. The names of all members of the Governing Body present shall be recorded in the minutes of the Governing Body meetings. The names of all members of the Governing Body's committees / sub-committees present shall be recorded in the minutes of the respective Governing Body committee / sub-committee meetings.

3.12. **Minutes**

Will:

- a) Record names of individuals
- b) record the individual responsible for taking and drafting minutes
- c) be formally signed off by the chair of the meeting at the next meeting)
- d) available internally within 2 weeks
- e) will be available to the public when next meeting agenda'd
- f) record additional/late attendances and leavers
- g) record proxies and who they are representing

3.13. **Admission of public and the press**

- 3.13.1. Ordinary meetings of the governing body will be open to the press and public (Part A). These meetings will also hold a meeting with a separate agenda (Part B) which will be closed to the press and public for the consideration of sensitive information, not for sharing within the public domain.
- 3.13.2. The chair of the governing body shall determine which items are considered in Part A and Part B of the ordinary meeting.
- 3.13.3. If the chair decides to exclude the press or public for any reason during Part A of an ordinary meeting, then the reason will be noted in the minutes.

3.14. **Annual General Meeting (AGM)**

The CCG will hold an annual general meeting (an "AGM") once a year during The AGM will be in public and a matter of public record. The CCG Chair or Vice Chair will chair the AGM.

The matters to be considered at the AGM will be sent out in the notice, but will include:

- a) Consideration and (if thought appropriate) approval of the CCG's annual report, accounts, annual operating plan and commissioning strategy;
- b) Consideration of an annual report describing all public consultations undertaken by the CCG, the findings and the actions it has taken as a result;
- c) Election of members of the Governing Body;
- d) The transaction of any other business included in the notice.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1. Appointment of committees and sub-committees

4.1.1. The group may appoint committees and sub-committees of the group, subject to any regulations made by the Secretary of State⁵⁸, and make provision for the appointment of committees, joint committees, sub-committees and advisory bodies of its Governing Body and its membership council. Where such committees, joint committees, sub-committees and advisory bodies of the group, its Governing Body or its membership council, are appointed they are included in Chapter 6 of the group's constitution.

4.1.2. Other than where there are statutory requirements, such as in relation to the Governing Body's audit committee or remuneration committee, the membership council and governing body respectively shall determine the membership and terms of reference of committees, joint committees, sub-committees and advisory bodies and shall, if it requires, receive and consider reports of such committees at the next appropriate meeting of the group.

4.1.3. The provisions of these standing orders shall apply where relevant to the operation of the membership council and the Governing Body's committees, joint committees, sub-committees and advisory unless stated otherwise in the committee, joint committee, sub-committee or advisory body's terms of reference.

4.2. Terms of Reference

4.2.1. Terms of reference shall have effect as if incorporated into the constitution and shall be added to this document as an appendix.

4.3. Delegation of Powers by Committees to Sub-committees

4.3.1. Where committees are authorised to establish advisory groups they may not delegate executive powers to the sub-committee unless expressly authorised by either the membership council or Governing Body or appropriate body or advisory group.

4.4. Approval of Appointments to Committees and Sub-Committees

⁵⁸ See section 14N of the 2006 Act, inserted by section 25 of the 2012 Act

- 4.4.1. The group shall approve the appointments to each of the committees and sub-committees which it has formally constituted including those the Governing Body. The group shall agree such travelling or other allowances as it considers appropriate.

5. DUTY TO REPORT NON-COMPLIANCE WITH STANDING ORDERS AND PRIME FINANCIAL POLICIES

- 5.1. If for any reason these standing orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Governing Body for action or ratification. All members of the group and staff have a duty to disclose any non-compliance with these standing orders to the Chief Officer as soon as possible.

6. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1. Clinical Commissioning Group's seal

- 6.1.1. The group may have a seal for executing documents where necessary. The following individuals or officers are authorised to authenticate its use by their signature:

- a) the Chief Officer;
- b) the chair of the Governing Body;
- c) the Chief Finance Officer;

- 6.1.2. The Chief Officer shall keep a register of every sealing made and numbered consecutively in a book for that purpose.

- 6.1.3. A report of all sealings shall be made to the Audit Committee at least bi-annually.

6.2. Execution of a document by signature

- 6.2.1. The following individuals are authorised to execute a document on behalf of the group by their signature.

- a) the Chief Officer
- b) the chair of the Governing Body
- c) the Chief Finance Officer

7. OVERLAP WITH OTHER CLINICAL COMMISSIONING GROUP POLICY STATEMENTS / PROCEDURES AND REGULATIONS

7.1. Policy statements: general principles

- 7.1.1. The group will from time to time agree and approve policy statements / procedures which will apply to all or specific groups of staff employed by NHS Southport and Formby Clinical Commissioning Group. The decisions to approve such policies and procedures will be recorded in an appropriate group minute and will be deemed where appropriate to be an integral part of the group's standing orders as per CCG scheme of delegation.

APPENDIX D – Scheme of Reservation and Delegation

Schedule of Matters Reserved to the Clinical Commissioning Group and Scheme of Delegation

- 1 The arrangements made by the Group as set out in this scheme of reservation and delegation of decisions shall have effect as if incorporated into the Group's constitution.
- 2 Nothing in the scheme of reservation and delegation should impair the discharge of the direct accountability to the Membership Council or Governing Body of the Chief Finance Officer (CFO). Outside of these requirements the Chief Finance Officer shall be accountable to the Group's Chief Officer.
- 3 The Clinical Commissioning Group remains accountable for all of its functions, including those that it has delegated.
- 4 Unless stated in the Group's Constitution or in its Scheme of Reservation and Delegation, the Group's Chief Officer has responsibility for the operational management of the Group.

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
1 Regulation and Control						
1.1. Determine the arrangements by which the members of the Group approve those decisions that are reserved for the membership.	Wider Constituent Meeting			Chair		Chief Officer
1.2. Consideration and approval of applications to NHS England on matters concerning changes to the Group's constitution, including proposed changes to the appendices to the Constitution.	Wider Constituent Meeting				Governing Body	Chief Officer
1.3. Exercise or delegation of those functions of the Clinical Commissioning Group which have not been retained as reserved by the Group or delegated to the Governing Body or to a committee or sub-committee				Chief Officer		Chief Officer

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
of the Group or to one of its members.						
1.4. Approval of the Group's overarching scheme of reservation and delegation, which sets out those decisions that are in statute the responsibility of the Group and that are reserved to the membership and those delegated to the: a) Governing body b) Committees, sub committees c) Its members or employees.	Wider Constituent Meeting				Governing Body	Chief Officer
1.5. Final authority on interpretation of the Group's constitution and supporting appendices (i.e. standing orders, prime financial policies and scheme of reservation and delegation).				Chair		Chief Officer
1.6. Prepare the Scheme of Reservation and Delegation, which sets out those decisions that are in statute, and are the responsibility of the Governing Body, those reserved to the Governing Body and those delegated to the a) Governing body b) Committees, sub committees c) Its members or employees.		Governing Body			Chief Officer	Chief Officer
1.7. Disclosure of non-compliance with the Group's Constitution (incorporating the standing orders, prime financial policies and scheme of reservation and Delegation).				All Staff All Members		Chief Officer
1.8. Suspension of provisions within the Constitution (incorporating the standing orders, prime financial policies and Scheme of Reservation and Delegation) due to extreme cause or emergency.				Chair and either Chief Officer or CFO together	Chief Officer	Chief Officer
1.9. Review of any such suspensions of the Constitution.			Audit C'ttee		Head of Internal Audit	Head of Internal Audit

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
1.10. Approval of the Group's operational scheme of delegation that underpins the Group's Scheme of Reservation and Delegation within the Constitution.		Governing Body			Chief Officer	Chief Officer
1.11. Approval of the Group's detailed financial policies that are underpinned by the Prime Financial Policies within the Constitution including a) thresholds above which quotations or formal tenders must be obtained b) arrangements for seeking professional advice regarding the supply of goods and services c) delegated limits for the certification of invoices d) raising of orders.		Governing Body	Audit C'ttee		CFO	CFO
1.12. Executing a document by signature or use of the Group's seal.				Chair or CFO or Chief Officer		Chief Officer
2 Practice Member Representatives & Members of the Governing Body						
2.1. Approve the arrangements for identifying practice representatives for the Wider Constituent Meeting	Wider Constituent Meeting				Chair	Chief Officer
2.2. Approve the arrangements for appointing clinical leaders to the Group's Governing Body.	Wider Constituent Meeting				Chair	Chief Officer
2.3. Approve the arrangements for appointing the non-GP members to the Group's Governing Body (other than Chief Officer).	Wider Constituent Meeting				Chair	Chief Officer
2.4. Approve arrangements for recruiting the Group's Chief Officer.	Wider Constituent Meeting				Chair	Chair
3 Strategy and Planning						

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
3.1. Approve the Group's vision, values and overall strategic direction.	Wider Constituent Meeting				Chair	Chief Officer
3.2. Approve the Group's Operating Structure.		Governing Body			Chief Officer	Chief Officer
3.3. Approve the Group's Commissioning Plan.	Wider Constituent Meeting				Chief Officer	Chief officer
3.4. Approve the Group's Financial Strategy and Annual Budget which meet the financial duties of the Group.		Governing Body			CFO	CFO
3.5. Approve the Group's arrangements for engaging the public and key stakeholders in the Group's planning and commissioning arrangements.		Governing Body			Chief Officer	Chief Officer
3.6. Approve variations to the approved budgets where variation would impact on the overall approved levels of income and expenditure or the Group's ability to achieve its strategic aims.		Governing Body			CFO	CFO
3.7. Approve a recovery plan where the CCG is faced with a deficit in excess of 1% or poor performance puts the Group's continued authorisation in doubt.		Governing Body			Chief Officer and CFO	Chief Officer and CFO
4 Annual Reports and Accounts						
4.1. Approval of the Group's Annual Accounts.			Audit C'ttee		CFO	CFO
4.2. Approval of the Group's Annual Report.			Audit C'ttee		Chief Officer	Chief officer
4.3. Approval of appointment of auditors and their annual audit plans.			Audit C'ttee		CFO	CFO
4.4. Approval of arrangements for discharging the Group's statutory financial duties.			Audit C'ttee		Chief Officer	CFO

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
5 Human Resources and Organisational Development						
5.1. Approve the terms and conditions, remuneration and travelling or other allowances for governing body members and including pensions and gratuities.	Wider Constituent Meeting		Remunerat' n C'ttee		Chief Officer (exc. own post)	Chief officer (exc. own post)
5.2. Approve other terms and conditions of service for all employees of the Group including pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the Group.		Governing Body	Remunerat' n C'ttee		Chief Officer	Chief Officer
5.3. Approve disciplinary arrangements for employees, including the chief officer (where he/she is an employee or member of the Group) and for other persons working on behalf of the Group.			Remunerat' n C'ttee		Chief Officer / Chair (if Chief officer)	Chief officer / Chair (if Chief officer)
5.4. Approve disciplinary arrangements where the Group has joint appointments with another Group and the individuals are employees of that Group.			Remunerat' n C'ttee		Chief Officer	Chief Officer
5.5. Approve the Group's succession planning for elected members on the Governing Body.	Wider Constituent Meeting				Chief Officer	Chief Officer
5.6. Approve the arrangements for discharging the Group's statutory duties as an employer.		Governing Body			Chief Officer	Chief Officer
5.7. Approve Organisational Development Plans.		Governing Body			Chief Officer	Chief Officer
5.8. Approve HR policies.		Governing Body			Chief Officer	Chief Officer
6 Quality and Safety						
6.1. Approve arrangements including supporting policies			Quality		Chief Officer	Chief Nurse

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.			C'ttee			
6.2. Approve the arrangements for handling complaints.			Quality C'ttee		Chief Nurse	Chief Nurse
6.3. Approve arrangements for safeguarding children and adults.		Governing Body			Chief Nurse	Chief Nurse
6.4. Approve the Group's arrangements for engaging patients and their carers in decisions concerning their healthcare.			Quality C'ttee		Chief Nurse	Chief Nurse
6.5. Approve arrangements for supporting the NHSCB in discharging its responsibilities to secure continuous improvement in the quality of general medical services.			Quality C'ttee		Chief Officer	Chief Nurse
7 Operational and Risk Management						
7.1. Approve counter fraud and security management arrangements.			Audit C'ttee		CFO	CFO
7.2. Approve risk management arrangements			Quality C'ttee		Chief Nurse	Chief Nurse
7.3. Approve arrangements for risk sharing and or risk pooling with other organisations including Section 75 agreements.		Governing Body	Governing Body		Chief Officer	Chief Officer
7.4. Approve a comprehensive system of internal control, including budgetary control, which underpins the effective, efficient and economic operation of the Group.			Audit C'ttee		Chief Officer	CFO
7.5. Approve the thresholds above which quotations or formal tenders must be obtained.		Governing Body			CFO	CFO

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
7.6. Approve the arrangements for seeking professional advice regarding the supply of goods and services.		Governing Body			CFO	CFO
7.7. Approve proposals for action on litigation against or on behalf of the Group.				Chief Officer and CFO together	Chief Officer	Chief Officer
7.8. Approve arrangements for emergency planning and business continuity.			Quality C'ttee		Chief Officer	Chief Officer
7.9. Approve banking arrangements.			Finance & Resource C'ttee		CFO	CFO
7.10. Approve the arrangements for the proper safekeeping of records in accordance with NHS procedures and information governance requirements.			Quality C'ttee		Chief Nurse	Chief Nurse
8 Partnership, Joint and Collaborative Working						
8.1. Approve the arrangements governing joint or collaborative working between the Group and other statutory bodies where those arrangements incorporate decision making responsibilities.		Governing Body			Chief Officer	Chief Officer
8.2. Approve the delegated decision making responsibilities of individuals who represent the Group in joint or collaborative arrangements with other statutory bodies.		Governing Body			Chief Officer	Chief Officer
8.3. Review the minutes of meetings of, or reports from, joint or collaborative arrangements with other statutory bodies.		Governing Body			Chief Officer	Chief Officer
8.4. Authorise an individual to act on behalf of the Group in discharging the Group's duty in respect of statutory and local joint working arrangements within the financial limits determined under sections 9 and 10 of		Governing Body			Chief Officer	Chief Officer

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
this scheme of reservation and delegation.						
9 Tendering						
9.1. Approve the group's tendering arrangements for any commissioned or corporate support service in excess of £500,000 per annum.		Governing Body			CFO	CFO
9.2. Approve the group's tendering arrangements for any commissioned or corporate support service with a value below £500,000 per annum.				Chief Officer and Chair together	CFO	CFO
9.3. Approve the award of tender for any service or contract in excess of £500,000 per annum.		Governing Body			CFO	CFO
9.4. Approve the award of tender for any service or contract less than £500,000 per annum.				Chief Officer and Chair together	CFO	CFO
10 Commissioning and Contracting for Clinical Services						
10.1. Approve arrangements (including individual authority to act, where appropriate) for discharging the Group's statutory responsibilities for commissioning clinical services including collaborative arrangements with a) other CCGs b) NHS England c) Local Authorities.		Governing Body			Chief Officer	Chief Officer
10.2. Sign off annual contract renewals for clinical services with health care providers.				Chair or CFO or Chief Officer	CFO	CFO
10.3. Determine arrangements for handling requests for exceptional or "novel" individual patient treatments.			Finance & Resources C'ttee		Chief Officer	CFO
11 Commissioning and Contracting for Non-Clinical Services						

Reserved or Delegated Matter	Matter Reserved to the Membership	Matter Reserved to the Governing Body	Delegated to		Responsible for Preparing or Recommending a Course of Action	Operational Responsibility
			Governing Body or Committee	Individual Member or Officer		
11.1. Approve arrangements (including individual authority to act, where appropriate) for discharging the Group's statutory responsibilities for commissioning clinical services including collaborative arrangements with a) other CCGs b) NHS England c) Local Authorities.		Governing Body			Chief Officer	Chief Officer
11.2. Sign off annual contract renewals for non-clinical services with providers.				Chair or CFO or Chief Officer	CFO	CFO
12 Communications						
12.1. Approve arrangements and policies for communication including a) handling Freedom of Information requests b) public engagement on commissioning decisions c) press enquiries.		Governing Body			Chief Officer	Chief Officer

APPENDIX E – PRIME FINANCIAL POLICIES

1. INTRODUCTION

1.1. General

- 1.1.1. These prime financial policies and supporting detailed financial policies shall have effect as if incorporated into the group's constitution.
- 1.1.2. The prime financial policies are part of the group's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration; lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Chief Officer and Chief Finance Officer to effectively perform their responsibilities. They should be used in conjunction with the scheme of reservation and delegation found at Schedule 15.
- 1.1.3. In support of these prime financial policies, the group has prepared more detailed policies, approved by the [Chief Officer / Chief Finance Officer – clinical commissioning group to select], known as detailed financial policies. The group refers to these prime and detailed financial policies together as the clinical commissioning group's financial policies.
- 1.1.4. These prime financial policies identify the financial responsibilities which apply to everyone working for the group and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The Chief Finance Officer is responsible for approving all detailed financial policies.
- 1.1.5. A list of the group's detailed financial policies will be published and maintained on the group's website at www.southportfomrbyccg.org.uk
- 1.1.6. Should any difficulties arise regarding the interpretation or application of any of the prime financial policies then the advice of the [Chief Officer / Chief Finance Officer] must be sought before acting. The user of these prime financial policies should also be familiar with and comply with the provisions of the group's constitution, standing orders and scheme of reservation and delegation.
- 1.1.7. Failure to comply with prime financial policies and standing orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

2.2. Overriding Prime Financial Policies

- 2.2.1. If for any reason these prime financial policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Governing Body's audit committee for referring action or ratification. All of the group's members and employees have a duty to disclose any non-compliance with these prime financial policies to the Chief Finance Officer as soon as possible.

2.3. Responsibilities and delegation

- 2.3.1. The roles and responsibilities of group's members, employees, members of the Governing Body, members of the Governing Body's committees and sub-committees, members of the group's committee and sub-committee (if any) and persons working on behalf of the group are set out in chapters 6 and 7 of this constitution.
- 2.3.2. The financial decisions delegated by members of the group are set out in the group's scheme of reservation and delegation (see Schedule 14).

2.4. Contractors and their employees

- 2.4.1. Any contractor or employee of a contractor who is empowered by the group to commit the group to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Officer to ensure that such persons are made aware of this.

2.5. Amendment of Prime Financial Policies

- 2.5.1. To ensure that these prime financial policies remain up-to-date and relevant, the Chief Finance Officer will review them at least [annually]. Following consultation with the Chief Officer and scrutiny by the Governing Body's audit committee, the Chief Finance Officer will recommend amendments, as fitting, to the [Governing Body] for approval. As these prime financial policies are an integral part of the group's constitution, any amendment will not come into force until the group applies to NHS England and that application is granted.

2. INTERNAL CONTROL

POLICY – the group will put in place a suitable control environment and effective internal controls that provide reasonable assurance of effective and efficient operations, financial stewardship, probity and compliance with laws and policies

- 3.1. The Governing Body is required to establish an audit committee with terms of reference agreed by the Governing Body (see Schedule 9).
- 3.2. The Chief Officer has overall responsibility for the group's systems of internal control.
- 3.3. The Chief Finance Officer will ensure that:
- a) prime financial policies are considered for review and updated when appropriate annually;
 - b) detailed financial policies are considered for review and updated where appropriate at least bi-annually;
 - c) a system is in place for proper checking and reporting of all breaches of financial policies; and

- d) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3. AUDIT

POLICY – the group will keep an effective and independent internal audit function and fully comply with the requirements of external audit and other statutory reviews

- 4.1.1. In line with the terms of reference for the Governing Body's audit committee, the person appointed by the group to be responsible for internal audit and the Audit Commission appointed external auditor will have direct and unrestricted access to audit committee members and the chair of the Governing Body, Chief Officer and Chief Finance Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.
- 4.1.2. The person appointed by the group to be responsible for internal audit and the external auditor will have access to the audit committee and the Chief Officer to review audit issues as appropriate. All audit committee members, the chair of the Governing Body and the Chief Officer will have direct and unrestricted access to the head of internal audit and external auditors.
- 4.1.3. The Chief Finance Officer will ensure that:
- a) the group has a professional and technically competent internal audit function; and
 - b) the Governing Body approves any changes to the provision or delivery of assurance services to the group.

4. FRAUD AND CORRUPTION

POLICY – the group requires all staff to always act honestly and with integrity to safeguard the public resources they are responsible for. The group will not tolerate any fraud perpetrated against it and will actively chase any loss suffered

- 5.1. The Governing Body's audit committee will satisfy itself that the group has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.
- 5.2. The Governing Body's audit committee will ensure that the group has arrangements in place to work effectively with NHS Protect.

6. EXPENDITURE CONTROL

- 6.1. The group is required by statutory provisions to ensure that its expenditure does not exceed the aggregate of allotments from NHS England and any other sums it has received and is legally allowed to spend.

- 6.2. The Chief Officer has overall executive responsibility for ensuring that the group complies with certain of its statutory obligations, including its financial and accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.
- 6.3. The Chief Finance Officer will:
- a) provide reports in the form required by NHS England;
 - b) ensure money drawn from NHS England is required for approved expenditure only is drawn down only at the time of need and follows best practice;
 - c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the group to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of NHS England.

7. ALLOTMENTS

- 7.1. The group's Chief Finance Officer will:
- a) periodically review the basis and assumptions used by NHS England for distributing allotments and ensure that these are reasonable and realistic and secure the group's entitlement to funds;
 - b) prior to the start of each financial year submit to the Governing Body for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve; and
 - c) regularly update the Governing Body on significant changes to the initial allocation and the uses of such funds.

8. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

POLICY – the group will produce and publish an annual commissioning plan that explains how it proposes to discharge its financial duties. The group will support this with comprehensive medium term financial plans and annual budgets

- 8.1. The Chief Officer will compile and submit to the Governing Body a commissioning strategy which takes into account financial targets and forecast limits of available resources.
- 8.2. Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Chief Officer, prepare and submit budgets for approval by the Governing Body.
- 8.3. The chief financial officer shall monitor financial performance against budget and plan, periodically review them, and report to the Governing Body. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.

- 8.4. The Chief Officer is responsible for ensuring that information relating to the group's accounts or to its income or expenditure, or its use of resources is provided to NHS England as requested.
- 8.5. The Chief Officer will approve consultation arrangements for the group's commissioning plan.

9. ANNUAL ACCOUNTS AND REPORTS

POLICY – the group will produce and submit to NHS England accounts and reports in accordance with all statutory obligations, relevant accounting standards and accounting best practice in the form and content and at the time required by NHS England

- 9.1. The Chief Finance Officer will ensure the group:
- a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Governing Body;
 - b) prepares the accounts according to the timetable approved by the Governing Body;
 - c) complies with statutory requirements and relevant directions for the publication of annual report;
 - d) considers the external auditor's management letter and fully address all issues within agreed timescales; and
 - e) publishes the external auditor's management letter on the group's website at www.southportformbyccg.org.uk

10. INFORMATION TECHNOLOGY

POLICY – the group will ensure the accuracy and security of the group's computerised financial data

- 10.1. The Chief Finance Officer is responsible for the accuracy and security of the group's computerised financial data and shall
- a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the group's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;
 - b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy,

- completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
 - d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Chief Finance Officer may consider necessary are being carried out.
- 10.2. In addition the Chief Finance Officer shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation

11. ACCOUNTING SYSTEMS

POLICY – the group will run an accounting system that creates management and financial accounts

- 11.1. The Chief Finance Officer will ensure:
- a) the group has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of NHS England;
 - b) that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.
- 11.2. Where another health organisation or any other agency provides a computer service for financial applications, the Chief Finance Officer shall periodically seek assurances that adequate controls are in operation.

12. BANK ACCOUNTS

POLICY – the group will keep enough liquidity to meet its current commitments

- 12.1. The Chief Finance Officer will:
- a) review the banking arrangements of the group at regular intervals to ensure they are in accordance with Secretary of State directions, best practice and represent best value for money;
 - b) manage the group's banking arrangements and advise the group on the provision of banking services and operation of accounts;
 - c) prepare detailed instructions on the operation of bank accounts.
- 12.2. The Chief Finance Officer shall approve the banking arrangements.

13. INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS.

POLICY – the group will

- operate a sound system for prompt recording, invoicing and collection of all monies due
- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the group or its functions
- ensure its power to make grants and loans is used to discharge its functions effectively

13.1. The Chief Financial Officer is responsible for:

- a) designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due;
- b) establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;
- c) approving and regularly reviewing the level of all fees and charges other than those determined by NHS England or by statute. Independent professional advice on matters of valuation shall be taken as necessary
- d) for developing effective arrangements for making grants or loans.

14. TENDERING AND CONTRACTING PROCEDURE

POLICY – the group:

- will ensure proper competition that is legally compliant within all purchasing to ensure we incur only budgeted, approved and necessary spending
- will seek value for money for all goods and services
- shall ensure that competitive tenders are invited for
 - the supply of goods, materials and manufactured articles;
 - the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the Department of Health); and
 - for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) for disposals

14.1. The group shall ensure that the firms / individuals invited to tender (and where appropriate, quote) are among those on approved lists or where necessary a framework agreement. Where in the opinion of the Chief Finance Officer it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Chief Officer or the group's finance and remuneration committee

14.2. Contracts may only be negotiated on behalf of the group by those committees or individuals authorised to do so in the group's scheme of reservations and

delegation, and the group may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:

- a) the group's constitution;
- b) the Public Contracts Regulation 2006, any successor legislation and any other applicable law; and
- c) take into account as appropriate any applicable NHS England or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.

- 14.3. In all contracts entered into, the group shall endeavour to obtain best value for money. The Chief Officer shall nominate an individual who shall oversee and manage each contract on behalf of the group. The scope of individual responsibilities in relation to contracting and contract values shall be set out in the group's detailed scheme of reservation and delegation which will be published on the group's website www.southportformbyccg.org.uk

15. COMMISSIONING

POLICY – working in partnership with relevant national and local stakeholders, the group will commission certain health services to meet the reasonable requirements of the persons for whom it has responsibility

- 15.1. The group will coordinate its work with NHS England, other clinical commissioning groups, and local providers of services, local authority (ies), including through Health & Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.
- 15.2. The Chief Officer will establish arrangements to ensure that regular reports are provided to the Finance and Resources committee detailing actual and forecast expenditure and activity for each contract. The Chief Officer will also ensure that the group's membership council is kept informed of the group's expenditure against contracts in accordance with arrangements for reporting agreed with the membership council.
- 15.3. The Chief Finance Officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

16. RISK MANAGEMENT AND INSURANCE

POLICY – the group will put arrangements in place for evaluation and management of its risks. Where available and appropriate insurance arrangements will support evaluated key risks.

- 16.1. The group's Chief Officer will ensure that the group has a robust and effective risk management policy, which has been approved by the group's Governing Body. This will include;
- a) a procedure for identifying and qualifying risks and potential liabilities throughout the group;
 - b) suitable management procedures to mitigate all significant risks and potential liabilities; and;
 - c) arrangements to review risk management procedures periodically
- 16.2. The group's Chief Officer will ensure that a report will be presented to the Governing Body's Audit Committee at least bi-annually on the key risks and the procedures for managing them. The Chief Finance Officer will undertake to present this report on behalf of the Chief Officer.
- 16.3. The Governing Body's Audit Committee must approve any significant changes to insurance arrangements that increase the risk to the group.

17. PAYROLL

POLICY – the group will put arrangements in place for an effective payroll service

- 17.1. The Chief Finance Officer will ensure that the payroll service selected:
- a) is supported by appropriate (i.e. contracted) terms and conditions;
 - b) has adequate internal controls and audit review processes;
 - c) Has suitable arrangement's for the collection of payroll deductions and payment of these to appropriate bodies.
- 17.2. In addition the chief finance office shall set out comprehensive procedures for the effective processing of payroll

18. NON-PAY EXPENDITURE

POLICY – the group will seek to obtain the best value for money goods and services received

- 18.1. The Governing Body will approve the level of non-pay expenditure on an annual basis and the Chief Officer will determine the level of delegation to budget managers
- 18.2. The Chief Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.
- 18.3. The Chief Finance Officer will:

- a) advise the Governing Body on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the scheme of reservation and delegation;
- b) be responsible for the prompt payment of all properly authorised accounts and claims;
- c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

19. CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

POLICY – the group will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place policies to secure the safe storage of the group's fixed assets

19.1. The Chief Officer will

- a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
- b) be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges;
- d) be responsible for the maintenance of registers of assets, taking account of the advice of the Chief Finance Officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

19.2. The Chief Finance Officer will prepare detailed procedures for the disposals of assets.

20. RETENTION OF RECORDS

POLICY – the group will put arrangements in place to retain all records in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance

20.1. The Chief Officer shall:

- a) be responsible for maintaining all records required to be retained in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance;
- b) ensure that arrangements are in place for effective responses to Freedom of Information requests;
- c) publish and maintain a Freedom of Information Publication Scheme.

21. TRUST FUNDS AND TRUSTEES

POLICY – the group will put arrangements in place to provide for the appointment of trustees if the group holds property on trust

The Chief Finance Officer shall ensure that each trust fund which the group is responsible for managing is managed appropriately with regard to its purpose and to its requirements

APPENDIX F - NOLAN PRINCIPLES

1. The 'Nolan Principles' set out the ways in which holders of public office should behave in discharging their duties. The seven principles are:
 - a) **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
 - b) **Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
 - c) **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
 - d) **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
 - e) **Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
 - f) **Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
 - g) **Leadership** – Holders of public office should promote and support these principles by leadership and example.

Source: *The First Report of the Committee on Standards in Public Life* (1995)⁵⁹

⁵⁹ Available at <http://www.public-standards.gov.uk/>

APPENDIX G – NHS CONSTITUTION

The NHS Constitution sets out seven key principles that guide the NHS in all it does.

1. **the NHS provides a comprehensive service, available to all** - irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.
2. **access to NHS services is based on clinical need, not an individual's ability to pay** - NHS services are free of charge, except in limited circumstances sanctioned by Parliament.
3. **the NHS aspires to the highest standards of excellence and professionalism** - in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.
4. **NHS services must reflect the needs and preferences of patients, their families and their carers** - patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.
5. **the NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population** - the NHS is an integrated system of organisations and services bound together by the principles and values now reflected in the Constitution. The NHS is committed to working jointly with local authorities and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well-being.
6. **the NHS is committed to providing best value for taxpayers' money and the most cost-effective, fair and sustainable use of finite resources** - public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.
7. **the NHS is accountable to the public, communities and patients that it serves** - the NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose.

Source: *The NHS Constitution: The NHS belongs to us all* (March 2012)⁶⁰

⁶⁰ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961

Terms of Reference Quality Committee

1. Principal Functions

- 1.1. The Quality Committee shall be established as a committee of the Governing Body in accordance with the CCG's Scheme of Delegation and will have key responsibilities to:
 - approve arrangements including supporting policies to minimise clinical risk, maximise patient safety and secure continuous improvement in quality and patient outcomes
 - approve the arrangements for handling complaints
 - approve the CCG's arrangements for engaging patients and their carers in decisions concerning their healthcare
 - approve arrangements for supporting NHS England in discharging its responsibilities to secure continuous improvement in the quality of general medical services.
- 1.2. The approval of arrangements for safeguarding children and adults remains a matter reserved for the Governing Body. However, monitoring of safeguarding arrangements and activity is part of the Quality Committee's principal functions and duties.
- 1.3. In the event of overlap or conflict between the roles or responsibilities of the Audit Committee and the Quality Committee of the CCG, the role of the Audit Committee and any decisions made by the Audit Committee shall have precedence over those of the Quality Committee. The main functions of the Quality Committee are:
 - to monitor standards and provide assurance on the quality of commissioned services, by the CCG to ensure that local and national standards are met
 - to promote a culture of continuous improvement and innovation with respect to safety, clinical effectiveness and patient experience
 - to provide an assurance to the Governing Body that there are robust structures, processes and accountabilities in place for identifying and managing significant risks facing the organisation (i.e. strategic, operational, clinical and organisational)
 - to provide corporate focus, strategic direction and momentum for quality, and risk management within the CCG.

2. Principal Duties

The principal duties of the Committee are as follows:

- 2.1. to ensure effective management of governance areas (clinical governance, corporate governance, information governance, research governance, financial governance, risk management and health & safety) and corporate performance in relation to all commissioned services
- 2.2. to ensure the establishment and maintenance of an effective system of integrated governance, risk management and internal control in line with the Integrated Governance Handbook (DoH February 2006), across the organisation's activities (both clinical and non-clinical), that support the achievement of the organisation's objectives
- 2.3. to provide assurance to the Audit Committee, and the Governing Body, that there are robust structures, processes and accountabilities in place for the identification and management of significant risks facing the organisation
- 2.4. to ensure the CCG is able to submit risk and control related statements, in particular the Annual Governance Statement and declarations of compliance
- 2.5. to ensure that the organisation has policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements, and to approve such policies
- 2.6. to monitor the CCG's Quality Strategy and ensure improvement in standards across all commissioned services that reflect all elements of quality (patient experience, effectiveness and patient safety)
- 2.7. to receive, scrutinise and monitor progress against reports from external agencies, including the Care Quality Commission, Monitor and Health and Safety Executive
- 2.8. receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans
- 2.9. to have oversight of the process and compliance issues concerning serious incidents requiring investigation (SIRIs); being informed of Never Events and informing the CCG Governing Body of any escalation or sensitive issues in good time.
- 2.10. to work collaboratively to identify and promote "best practice", the sharing of experience, expertise and success across the CCG and with key stakeholders
- 2.11. to monitor the CCG Performance Dashboard and drive year-on-year improvement in performance. The Committee will agree what information, reports, notes or minutes from other committees or Cheshire and Merseyside CSU colleagues that it needs to see on a regular or ad hoc basis and ensure they are scrutinised
- 2.12. to establish sub-groups or task and finish groups as and when appropriate to assist the Committee discharge its duties effectively. These groups will be required to report to the Quality Committee by submission of meeting notes and key issues reports as stipulated by the Quality Committee

2.13. the Quality Committee shall monitor the effectiveness of meeting the above duties by:

- reviewing progress against its own programme of business agreed by the Governing Body
- producing an annual report for the CCG Governing Body

2.14. support the Governing Body to meet its Public Sector Equality Duty

2.15. promote research and the use of research across the organisation

2.16. promote education and training across the organisation

2.17. support the improvement of primary medical services and primary care quality

2.18. to review and approve plans for Emergency Planning and Business Continuity

2.19. to review and approve arrangements for the proper safekeeping of records.

3. Membership

3.1. The following will be members of the Committee:

- Governing Body Lay Member (Chair)
- Clinical Governing Body Member (Vice)
- GP Governing Body Member
- Practice Manager Governing Body Member
- Chief Officer
- Chief Finance Officer or nominated deputy
- Chief Nurse
- CCG Clinical Lead for Quality (non-Governing Body member)
- CCG Head of Corporate Performance & Outcomes
- Locality Manager with a lead for Primary Care
- A clinical locality representative
- Patient Representative (HealthWatch)
- Head of CCG Development

The following leads have an open invitation for each meeting of the Quality Committee:

- Designated Professional Safeguarding Children & Adults.

3.2. All Members are required to nominate a deputy to attend in their absence.

3.3. All members are expected to attend a minimum of 50% of meetings held.

3.4. Minutes and papers shall also be sent for information to CCG Chair who shall have a standing invitation to attend committee meetings.

4. Chair

A Lay GP Governing Body member nominated by the CCG Governing Body shall chair the committee. The Committee shall select a Vice Chair from its membership.

5. Quorum

- 5.1. The quorum shall consist of the Chair of the Quality Committee or Vice Chair, one Member of the Governing Body that is also a member of the CCG Senior Management Team, a Governing Body Clinician and three other members from within the Quality Committee Membership.
- 5.2. As per the NHS Southport and Formby CCG Constitution, the quorum shall exclude any member affected by a Conflict of Interest. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

6. Frequency of Meetings and Reporting Arrangements

- 6.1. The Committee will meet at least 8 times per year and submit the ratified minutes of its meeting to the next available Audit Committee and CCG Governing Body.
- 6.2. The Committee will submit an annual report to the CCG Governing Body.

7. Conduct

- 7.1. All members are required to maintain accurate statements of their register of interest with the Governing Body. Members should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting or at the beginning of each meeting. The Chair shall consider such notices in accordance with NHS Southport and Formby CCG procedure for the management of Conflicts of Interest as set out in the Constitution.
- 7.2. All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

8. Secretarial Arrangements

- 8.1. PA to the Chief Nurse shall provide secretarial support to the Committee.
- 8.2. The agenda for the meetings will be drawn up with the Chair of the Committee.
- 8.3. The agenda and papers for meetings will be distributed one week in advance of the meeting.
- 8.4. The minutes of the meeting will be produced in 10 working days.

9. Date and Review

Date:	July 2013 (Approval by Governing Body)
Version Number:	3
Future Review dates	November 2013 March 2014 September 2014 March 2015

Terms of Reference Audit Committee

1. Authority

- 1.1. The Audit Committee shall be established as a committee of the Governing Body to perform the following functions on behalf of the CCG Governing Body.
- 1.2. The principal functions of the Committee are as follows:
 - a) To support the establishment of an effective system of integrated governance, risk management and internal control, across the whole of the Group's activities to support the delivery of the Group's objectives.
 - b) To review and approve the arrangements for discharging the Group's statutory financial duties.

2. Membership

- 2.1. The following will be members of the Committee:
 - Lay Member (Governance) (Chair)
 - Lay Member (Patient Experience & Engagement)
 - Practice Manager Board Member.
- 2.2. A Vice Chair will be selected by the Committee from within its membership.
- 2.3. Other officers required to be in attendance at the Committee are as follows:
 - Internal Audit Representative
 - External Audit Representative
 - Counter Fraud Representative
 - Chief Finance Officer
 - Chief Nurse.
- 2.4. The Chair of the CCG will not be a member of the Committee although he/she will be invited to attend one meeting each year in order to form a view on, and understanding of, the Committee's operations.

- 2.5. Other senior members of the Group may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that Officer. Representatives from NHS Protect may be invited to attend meetings.
- 2.6. At least once a year the Committee should meet privately with the external and internal Auditors. Regardless of attendance, external audit, internal audit, local counter fraud and security management (NHS Protect) providers will have full and unrestricted rights of access to the Audit Committee.
- 2.7. Members are expected to personally attend a minimum of 75% of meetings held.
- 2.8. Relevant Officers from the CCG may be invited to attend dependent upon agenda items. Officers from other organisations including Mersey Commissioning Support Service (MCSS) and from the Local Authority Public Health team may also be invited to attend dependent upon agenda items.

3. Responsibilities of the Committee

The Audit Committee is responsible for:

- 3.1. reviewing the underlying assurance processes that indicate the degree of achievement of the Group's objectives and its effectiveness in terms of the management of its principal risks;
- 3.2. ensuring that there is an effective internal audit function which meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, the Chief Officer and the Group;
- 3.3. reviewing the work and findings of the external auditors and consideration of the implications of management responses to their work;
- 3.4. reviewing policies and procedures for all work relating to fraud and corruption as set out by the Secretary of State Directions and as required by the NHS Protect;
- 3.5. reviewing findings of other assurance functions (where appropriate) and consider the implications for governance arrangements of the Group (e.g. NHS litigation authority, Care Quality Commission etc.);
- 3.6. monitoring the integrity of the financial statements of the Group and to consider the implications of any formal announcements relating to the Group's financial performance;
- 3.7. responding on behalf of the Governing Body, to any formal requirements of the Group in relation to the audit process (e.g. the report from those charged with governance);
- 3.8. monitoring and review of the CCG Assurance Framework (AF) to support the CCG's integrated governance agenda.

4. Duties of the Committee

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

- 4.1. To review and recommend approval of the detailed financial policies that are underpinned by the Prime Financial Policies within the Group's Constitution to the Group's Governing Body.
- 4.2. To review and approve the operation of a comprehensive system of internal control, including budgetary control, which underpin the effective, efficient and economic operation of the group.
- 4.3. To review and recommend to the Governing body the approval of the annual accounts.
- 4.4. To review and approve the Group's annual report on behalf of the Governing Body
- 4.5. To review and approve the arrangements for the appointment of both internal and external audit and their annual audit plans.
- 4.6. To review and approve the arrangements for discharging the group's statutory financial duties.
- 4.7. To review and approve the Group's Counter Fraud and Security Management arrangements.
- 4.8. To review the circumstances relating to any suspensions to the Group's constitution (as set out in the Scheme of Delegation and Reservation) and to report to the Governing Body and Wider Membership Council on the appropriateness of such actions
- 4.9. To undertake annual review of its effectiveness and provide an annual report to the Governing Body to describe how it discharged its functions during the year.

5. Administration

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

6. Quorum

- 6.1. The Audit Committee Chair (or Vice Chair) and one other member will be necessary for quorum purposes.
- 6.2. The quorum shall exclude any member affected by a Conflict of Interest under the NHS Southport and Formby CCG Constitution. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

7. Frequency and notice of meetings.

The Audit Committee shall meet on at least four occasions during the financial year. Internal Audit and External Audit may request an additional meeting if they consider that one is necessary.

8. Reporting

The ratified minutes of Audit Committee will be submitted to the Governing Body. Exception reports will also be submitted at the request of the Governing Body. The ratified minutes will also be sent to the Quality Committee to support its role in monitoring the Group's integrated governance arrangements.

9. Conduct

- 9.1. All members are required to maintain accurate statements of their register of interest with the Governing Body. Members of the committee should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting or at the beginning of each meeting. The Chair shall consider such notices in accordance with NHS Southport and Formby CCG procedure for the management of Conflicts of Interest as set out in the Constitution.
- 9.2. All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

10. Date and Review

Date July 2013 (Approval by Governing Body)

Version Number: 2

Review dates November 2013
March 2014
September 2014
March 2015.

Terms of Reference

Finance & Resources Committee

1. Authority

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

2. Membership

- 2.1. The following will be members of the Committee:
 - Lay Member (Governance) (Chair)
 - Clinical Governing Body Member (Vice Chair)
 - Clinical Governing Body Member
 - Lay Member (Patient Experience & Engagement)
 - Practice Manager Governing Body Member
 - Locality Clinical Representatives
 - Chief Officer
 - Chief Financial Officer
 - Head of Performance & Health Outcomes
 - Head of CCG Corporate Delivery
 - Head of CCG Development
 - Chief Nurse.
- 2.2. The Chair of the Governing Body will not be a member of the Committee although he/she will be invited to attend one meeting each year in order to form a view on, and understanding of, the Committee's operations.
- 2.3. Members are expected to personally attend a minimum of 60% of meetings held and can send a deputy to attend in their absence as required.

- 2.4. Relevant Officers from the CCG will be invited to attend in line with agenda items. Officers from other organisations including Cheshire and Mersey Commissioning Support Unit (C&MCSU) and from the Local Authority Public Health team will also be invited to attend in line with agenda items.

3. Responsibilities of the Committee

The Finance and Resources Committee is responsible for the following.

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

4. Duties of the Committee

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

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

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

- 4.18. To monitor progress of local provider plans, particularly aspirant FT's, to advise the governing body in terms of key issues and any recommend decisions as appropriate.
- 4.19. The Committee will review monthly reports detailing performance of commissioned services against core standards, national & local targets and the CCGs Strategic Plans, review may be on an exception basis.

5. Establishment of Sub-Groups of the Committee

- 5.1. The Committee will undertake regular review of its workload and will from time to time establish sub-groups to ensure that it conducts its business in an effective and appropriate manner. These sub groups will be required to provide key update reports as stipulated by the Finance and Resources Committee and submit ratified notes of meetings to the Finance and Resources Committee.
- 5.2. The Committee will establish 2 initial sub-groups as follows:
- QIPP Sub-Group to undertake detailed review of all QIPP schemes, monitor progress and advise on corrective action as required.
 - Individual Funding Request Sub-Group to receive recommendations from the local IFR panel, and approve as appropriate. Given that these requests may require urgent action, the Chair has the power to take action after consulting with whoever he/she deems appropriate.

6. Administration

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

7. Quorum

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

8. Frequency and notice of meetings

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

9. Reporting

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

10. Conduct

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

11. Review

Version No.	2
Review dates	November 2013 March 2014 September 2014 March 2015

Terms of Reference Remuneration Committee

1. Authority

- 1.1. The Remuneration Committee shall be established as a committee of the CCG Governing Body to perform the following functions on behalf of the Governing Body.
- 1.2. The principal function of the Committee is to make recommendations to the Governing Body on determinations about pay and remuneration for employees of the CCG and people who provide services to the CCG and allowances under any pension scheme it might establish as an alternative to the NHS pensions scheme.

2. Principal Duties

The principal duties of the Committee are as follows:

- 2.1. Determining the remuneration and conditions of service of the senior team.
- 2.2. Reviewing the performance of the Chief Officer and other senior team and determining salary awards.
- 2.3. Approving the severance payments of the Chief Officer and other senior staff
- 2.4. Approve disciplinary arrangements for employees, including the Chief Officer (where he/she is an employee or member of the Group) and for other persons working on behalf of the Group.
- 2.5. Approve disciplinary arrangements where the Group has joint appointments with another Group and the individuals are employees of that Group.

3. Membership

- 3.1. The committee shall be appointed by the CCG from amongst its Governing Body members as follows:-
 - Lay Member (with a lead role in governance) as Chair
 - 2 GP Governing Body Members
 - 1 Nurse Governing Body Member
 - 1 Practice Manager Governing Body Member
- 3.2. Only members of the CCG Governing Body may be members of the remuneration committee.
- 3.3. The Chair of the CCG's Governing Body shall not be a member of the Committee.
- 3.4. Only members of the committee have the right to attend the Committee meetings.

- 3.5. However, other individuals such as the Chief Officer, the HR lead and external advisers may be invited to attend for all or part of any meeting as and when appropriate. They should however not be in attendance for discussions about their own remuneration and terms of service.

4. Chair

The Lay Governing Body Member shall be nominated by the CCG Governing Body to act as Chair of the committee. The Committee shall nominate a Vice Chair from within its membership.

5. Quorum

- 5.1. The quorum will be the Remuneration Committee Chair or Vice Chair plus 3 other members of the Remuneration Committee membership (all of which must be members of Governing Body as per Section 2 of these Terms of Reference)
- 5.2. The quorum shall exclude any member affected by a Conflict of Interest. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

6. Frequency of Meetings and Reporting Arrangements

The Committee will meet at least once a year with clear arrangements for calling meetings at additional times, as and when required, with seven working days' notice. The Committee will submit its minutes to the next available CCG Governing Body. In addition the Committee will report annually to the Governing Body.

7. Secretarial arrangements

- 7.1. The Business Manager / PA to the Chief Officer shall provide secretarial support to the Committee and support the Chair in the management of remuneration business, drawing the Committee's attention to best practice, national guidance and other relevant documents as appropriate.
- 7.2. The agenda for the meetings will be drawn up with the Chair of the Committee.
- 7.3. The agenda and papers for meetings will be distributed one week in advance of the meeting.
- 7.4. The minutes of the meeting will be produced within 10 working days

8. Policy and Best Practice

- 8.1. The Committee will apply best practice in the decision making process. When considering individual remuneration, the committee will:-
- comply with current disclosure requirements for remuneration
 - on occasion seek independent advice about remuneration for individuals
 - ensure that decisions are based on clear and transparent criteria.

- 8.2. The Committee will have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations.

9. Conduct of the Committee

- 9.1. The committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice, such as Nolan's seven principles of public life.
- 9.2. The Committee will review its own performance, membership and terms of reference on an annual basis and any resulting changes to the terms of reference will be approved by the Governing body.
- 9.3. All members are required to maintain accurate statements of their register of interest with the Governing Body. Members of the committee should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting or at the beginning of each meeting. The Chair shall consider such notices in accordance with NHS Southport and Formby CCG procedure for the management of Conflicts of Interest as set out in the Constitution.

10. Review

Version	2
Future Review:	November 2013 March 2014

Terms of Reference Practice Locality Sub-Committee

1 Principal Functions

The practice locality group sub- committee (the sub-committee) is established in accordance with NHS Southport and Formby clinical commissioning group’s constitution, standing orders and scheme of delegation.

2 Principal Duties

- The duties of the sub-committee will be driven by the priorities and associated risks as identified by the CCG. It will be flexible to new and emerging priorities and risks.
- Practice locality group sub-committees are formal sub-committees of the Governing Body and act as the key forum for clinicians within individual practices to engage with and develop the local commissioning and service redesign agenda. See appendix 1
- Responsible for addressing the local issues in relation to health inequalities and working with the Governing Body on the wider health & wellbeing agenda

3 Membership

Every constituent general practice is a member of a sub-committee based on a natural community of practices.

Practice Name and Address	Practice Locality Group
Churchtown Medical Centre Cambridge Road, PR9 7LT	North
The Corner Surgery 117 Flyde Road, Southport, PR9 9XL	North
Marshside Surgery 117 Fylde Road, Southport, PR9 9XL	North
Norwood 11 Norwood Avenue, Southport, PR9 7EG	North
Roe Lane 172 Roe Lane, Southport, PR9 7PN	North
Sussex Rd Surgery 125 Sussex Rd PR8 6AF	North
Curzon Rd Surgery 5 Curzon Rd Southport, PR8 6PN	Central

Practice Name and Address	Practice Locality Group
Trinity Practice Houghton St Southport	Central
Cumberland House 58 Scarisbrick New Road, Southport, PR8 6PG	Central
Kew Surgery 85 Town Lane PR8 6RG	Central
St Marks 42 Derby Road, Southport, PR9 0TZ	Central
The Grange 41 York Road, Southport, PR8 2AD	South
Family Surgery 107 Liverpool Road, Southport, PR8 4DB	South
Lincoln 33 Lincoln Road, Southport, PR8 4PR	South
Ainsdale Medical Centre 66 Station Road, Ainsdale, Southport, PR8 3HW	South
Ainsdale Village 2 Leamington Road, Ainsdale, Southport, PR8 3LB	South
Chapel Lane 13 Chapel Lane, Formby, L37 4DL	Formby
The Hollies Elbow Lane, Formby, L37 4AD	Formby
The Village Surgery Elbow Lane, Formby, L37 4AD	Formby
Freshfield 61 Gores Lane, Formby, L37 3NU	Formby

Member practices are responsible for nominating a General Practitioner lead who should aim to attend at least 75% of the Sub-Committee meetings. The lead GP is expected to encourage other partners and members of the primary care team to engage wherever possible and to disseminate information from the meetings with colleagues within their Practice.

4 Chairmanship

Practice Locality Group nominated GP Lead.

5 Quorum

A quorum shall consist of an number agreed by each locality to include Chair or Deputy. The Deputy could be the Lead Practice Nurse or Lead Practice Manager.

6 Frequency of Meetings and Reporting Arrangements

The Locality Group will usually meet monthly with dates agreed to accommodate members as far as possible. Notice of meeting dates will be given at least 3 weeks in advance.

The Locality Group is accountable to SFCCG Governing Body
Minutes of Locality Meetings will be supplied within SFCCG governing Body

7 Secretarial arrangements

The secretary role will be fulfilled by the CCG support team Practice Locality Group management lead.

8 Conduct of the Committee

- 8.1 The committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice, such as Nolan's seven principles of public life.
- 8.2 The Committee will review its own performance, membership and terms of reference on an annual basis and any resulting changes to the terms of reference will be approved by the Governing Body.
- 8.3 All members are required to maintain accurate statements of their register of interest with the Governing Body. Members of the committee should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting or at the beginning of each meeting. The Chair shall consider such notices in accordance with NHS Southport and Formby CCG procedure for the management of Conflicts of Interest as set out in the Constitution.

Date: 24 September 2012

Review date: 24 September 2013

MEETING OF THE GOVERNING BODY September 2013

Agenda Item: 13/126	Author of the Paper:						
Report date: September 2013	Tracy Jeffes Head of Delivery & Integration Tracy.jeffes@southseftonccg.nhs.uk Tel: 0151 247 7049						
Title: Risk Management Strategy							
Summary/Key Issues: This report presents a comprehensive risk strategy for the organisation.							
Recommendation The Quality Committee considered and approved the Risk Management Strategy on 17 July 2013 and now recommends the strategy for formal approval by the Governing Body in line with the CCG's Scheme of Reservation and Delegation.	<table style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Note</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">x</td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table>	Note		Approve	x	Ratify	
Note							
Approve	x						
Ratify							

Links to Corporate Objectives <i>(x those that apply)</i>	
x	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement		x		
Clinical Engagement	x			Through the quality committee
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered	x			
Locality Engagement		x		
Presented to other Committees	x			Approved by the Quality Committee on 17 July 2013.

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

Southport and Formby Clinical Commissioning Group

Title: Risk Management Strategy	
Scope: Southport & Formby	Classification: Strategy
Identification No:	Version No: 1
Replaces: Is a refresh of the Risk Management Strategy of June 2012	
Author/Originator: Tracy Jeffes , Head of Corporate Delivery	
In consultation with: CCG Governing Body and Cheshire and Merseyside Commissioning Support Unit	
Chief Officer: Fiona Clark, Chief Officer	
Authorised by: CCG Governing Body	Date: July 2013
To be read in conjunction with: Governance Policies	
Equality Impact Assessment carried out	Date: TBC
Issue Date: July 2013	Review Date: July 2014

In considering the application of this policy, procedure or function the CCG will ensure that members, staff or patients will not be discriminated against or treated differently on account of any subjective bias in relation to the pillars of equality and diversity: race, disability, gender, age, sexual orientation, religion/belief, transgender.

This document can only be considered valid when viewed via the CCG website or Department Policy Folder. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one online.

This document is available in other formats on request



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

Risk Management Strategy 2013/2014

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1. Introduction

By its very nature the commissioning of healthcare carries risks. The Governing Body accepts the importance of the principles of risk management and recognises the value of taking a strategic, proactive, and comprehensive approach to the assessment and control of risk. Significant benefits can be achieved from this approach, from improving patient care and the safety of the working environment, to reducing levels of financial risk and loss for the CCG as a whole.

The CCG also recognises that due to a high reliance upon human intervention in the commissioning and provision of care, mistakes and errors can happen. Therefore a strategy and framework is required to deal with the hazards and risks associated with its main functions of commissioning high quality healthcare and improving the health of the local population. The strategy defines the CCGs commitment to developing an open, honest, inclusive and educative 'fair blame' culture which encourages identification, reporting and avoidance of risk. It also brings clinical knowledge, understanding and perspectives to the heart of managing risk within the local health system.

The Risk Management Strategy therefore represents Southport & Formby CCG's corporate philosophy towards risk management and aims to provide assurance to the CCG Governing Body that risks are being consistently identified and managed.

2. Purpose, Philosophy & Principles

This strategy supersedes the 2012/13 version and is designed to provide a framework for the development of a robust risk management system across the CCG and thereby assisting the CCG in achieving its objectives following authorisation in 2013/14. Each senior manager or clinical lead is expected to systematically identify and assess the risks associated with their key areas of work and manage them to ensure they do not impede the delivery of team or organisational objectives, and to record this activity on the Corporate Risk Register. Major risks identified as part of the risk assessment process will be integrated into the Governing Body Assurance Framework which the CCG Governing Body recognises as a tool to ensure the delivery of organisational objectives.

The CCG is committed to ensuring robust systems are in place to ensure high standards of risk management. A proactive structured and systematic approach supports informed management decision making by providing a greater understanding of risks and their potential impact. Effective management of risks has the potential for reducing the frequency and severity of incidents, complaints and claims. The demarcation of risks into clinical, corporate and financial precludes a holistic view so it is proposed that CCG has a unified strategy for managing all risks. This approach should ultimately form an integral part of the business planning process.

2.1 Scope of the Strategy

This strategy relates to the management of risks faced by the CCG as a commissioner of services and applies during the first year of the CCG's operation as a statutory body in 2013/14.

2.2 Risk Management Objectives

The CCG's specific risk management objectives for 2013/14 are to:

- demonstrate the CCG Governing Body's support and commitment to the risk management agenda
- be a fundamental part of the CCG's approach to integrated governance
- continually develop the Risk Management Strategy and ensure communication throughout the CCG
- clearly define the stages within the risk management process
- ensure compliance with all the relevant statutory and non-statutory standards relating to the assessment and control of risk
- manage risks at a corporate and local level
- develop and maintain risk registers across the CCG by implementing a comprehensive risk assessment and grading system
- provide an effective system to identify and eliminate or mitigate risk by appropriate means
- develop and monitor risk management key performance indicators to assure and measure the effectiveness of risk management throughout the CCG
- ensure all Governing Body Members and staff attend risk management training/development events to ensure full understanding of their responsibilities
- develop a risk aware culture throughout the CCG which will embed the consideration and assessment of risk in all work activities
- encourage a culture of 'fair blame', being transparent when things go wrong
- ensure lessons are learned from good and deficient practice
- agree and firmly establish clearly defined roles and responsibilities for the management of risk within the CCG
- ensure all localities and teams accept their responsibility for managing risk at a local level.

3 Organisation Arrangements and Management of Risk

3.1 Annual Governance Statement Governance Arrangements

As a statutory body from 1st April 2013, Southport & Formby CCG is required to produce a Annual Governance Statement (or an equivalent statement of governance as may be specified by the Department of Health) which acts as a statement of assurance that appropriate strategies and policies and internal control systems are in place and functioning effectively, so that key risks which may threaten the achievement of strategic objectives are identified, recorded and minimised. Any significant issues identified in the Annual Governance Statement will be recorded on the Governing Body Assurance Framework and/or Corporate Risk Register.

3.2 Governing Body Assurance Framework (AF)

The AF is the process by which the CCG can demonstrate that it is doing its reasonable best to manage itself so as to meet its strategic objectives and protect patients, members, staff, visitors and other stakeholders against risk of all kinds.

The framework records the links between strategic objectives, key risks and key controls. It also indicates the sources of evidence or assurance, which support the controls, and identifies any gaps. The AF will be reviewed at business meetings of the Quality Committee on a quarterly basis, overseen by the Audit Committee and exceptions identified on the AF will be reviewed at public Governing Body meetings, and the full AF will be reviewed twice a year by the Governing Body.

Whilst there are elements of duplication with the Governing Body Assurance Framework and Corporate Risk Register in terms of language and content, the two documents serve different purposes. The AF is a summary document which brings together a significant amount of information relating to strategic objectives. Its purpose is to provide the CCG Governing Body with assurance that risks to the delivery of organisational objectives have been identified and are being managed. It provides a list of the key pieces of evidence that the CCG Governing Body should use to gain this assurance. There is also an assessment of the strength of evidence provided. The ideal AF will contain a list of significant assurance evidence with no gaps identified in control or assurance, and all assurances provided rated as 'significant'.

3.3 Corporate Risk Register (CRR)

The Corporate Risk Register contains high level (red) organisational and escalated (from Team Risks) operational risks that require active management or review at Governing Body Committee level. The risks contained in the CRR are more wide-ranging than those in the AF. The purpose of the CRR is to provide the Governing Body with a summary of the principal risks facing the organisation with a summary of actions needed and being taken to reduce the risks to an acceptable level. Where risks to achieving organisational objectives are identified within the CRR or directorate risk registers, they should be added to the AF. Likewise where gaps in control are identified in the AF these risks should be added to the CRR. The two documents therefore complement each other providing the Governing Body with assurance and action plans on risk management within the CCG.

The CRR is reviewed on a monthly basis by the CCG Senior Management Team, quarterly by the Quality Committee, overseen by the Audit Committee and every 6 months by the CCG Governing Body.

The process for populating and updating the Corporate Risk Register can be found in Appendix G.

3.4 Locality & Team Risk Management Process/Operational Risks

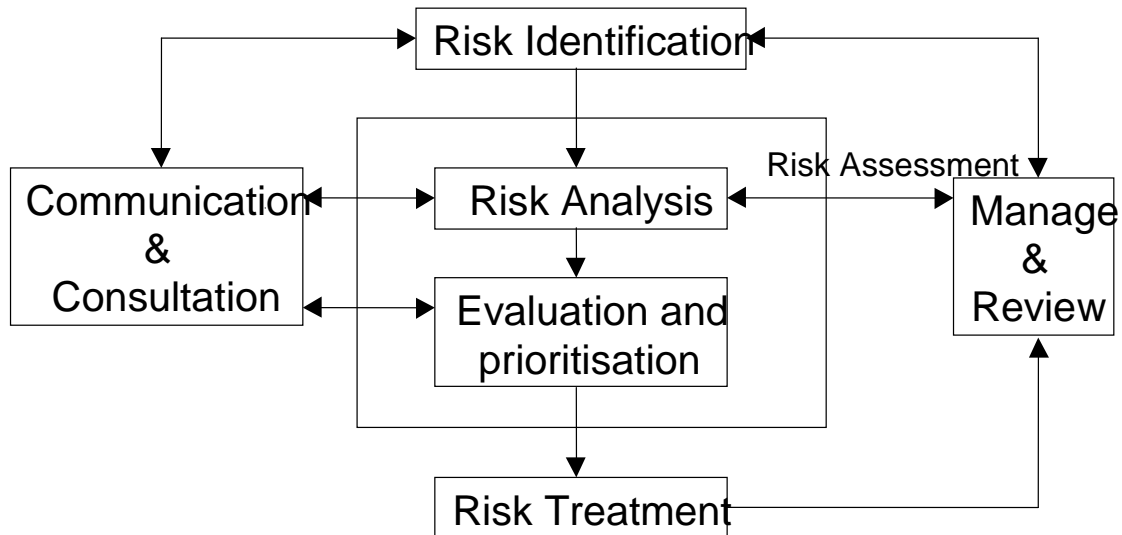
Operational risks that would prevent the Locality or team from meeting its (or another's) objectives will be recorded on the approved Risk Assessment Form and accompanied by an appropriate action plan. Risks that are well managed, do not require escalation and/or do not need further treatment shall be reviewed regularly until such a time as they can be closed. Major risks arising from local risk assessments will be escalated for inclusion in the CCG Corporate Risk Register for the attention of the Quality Committee and ultimately the CCG Governing Body.

The Quality Committee has powers to establish sub groups to review risk registers and other integrated governance matters as appropriate.

Each CCG team will have its own arrangements in place for the monthly review of their operational risks, agreed and overseen by the Senior Management Team.

3.5 The Risk Management Framework

The CCG has adopted the risk management framework described in the NHS Executives Controls Assurance risk management standard. This draws on the main components of risk strategy, that is risk identification, risk analysis, evaluation and prioritisation and risk treatment.



3.5.1 Risk Identification

3.5.1.1 Incident & Near Miss Reporting

The reporting of incidents and near misses by CCG members and staff is an efficient and effective system for identifying risk. This allows rapid alert to ascertain why and how incidents occurred, and facilitates a fast response in the case of adverse events, which may lead to a complaint or litigation. It enables lessons to be learnt and therefore prevent recurrence. This is best achieved in a supportive management environment where a 'fair blame' culture is advocated and makes explicit the circumstances in which disciplinary action may be considered.

All incidents and near misses will be reported and managed using the CCG's incident reporting system in line with the Policy and Procedure for the Reporting and Management of Incidents and Near Misses.

All incidents will be graded at source and as a result of a local investigation, local management (when appropriate) will ensure controls are put into place and advise Senior Management of the risk treatment and controls accordingly. Each incident will be assigned to an incident manager who will be responsible for reviewing the grading applied and ensuring that if necessary the Chief Officer is informed of the incident. Training will be provided to enable staff to grade incidents at source.

3.5.1.2 Risk Assessment

In order to anticipate, rather than react to risks identified, a formal mechanism for risk assessment will be adopted.

The aim of a risk assessment is to determine how to manage or control the risk and translate these findings into a safe system of work that is then communicated to the appropriate level of management.

A risk assessment is a careful examination of what could go wrong. Assessors need to weigh up whether there are sufficient controls in place, and if not they must establish the extent of control and ensure that action is proportionate to the level of risk.

Risk assessments are subjective; therefore, a team of no less than three people should undertake the risk assessment, including preferably the relevant senior manager or lead clinician to ensure ownership of the risks within their own area of responsibility.

All risks are graded using the risk grading matrix.

3.5.2 Risk Grading and Analysis (Acceptable Levels of Risk)

It is accepted that it is neither realistic nor possible to totally eliminate all risk. It is however, feasible to develop a systematic approach to the management of risk so that adverse consequences are minimised, or in some cases, eliminated.

The CCG utilises an accepted system for grading risk (see Appendix B), which takes into account parameters that include probability of occurrence and impact on the organisation. A grading system enables a method of quantification which can be used to prioritise risk treatment at all levels. Incidents and risks are graded according to the CCG's risk grading matrix which considers the actual consequence of the incident or potential consequence of the risk and the likelihood of occurrence or recurrence. The grading results in a level of risk to the organisation.

The risk grading system also covers the different grades of incidents. The level of authority required for managing the different grades of incidents will be described in detail in the incident reporting policy. The following table indicates the authority levels required to act in accordance with the quantification of risk.

	CCG Members / Staff	CCG Locality Leads /Manager	CCG Senior Management	CCG Governing Body Level Management
Insignificant	✓	✓	✓	X
Low	✓	✓	✓	X
Moderate	X	✓	✓	✓
Major	X	X	✓	✓

3.5.3 Risk Evaluation and Prioritisation

The criteria used to evaluate risk covers the following:

- Acceptance criteria within the organisation, i.e., operational standards
- Cost benefit analysis, i.e., balance of cost against the potential benefits
- Human issues, i.e., pain and suffering
- Legislative constraints, i.e., meeting statutory requirements.

3.5.4 Risk Treatment

During the process of risk assessment, analysis and evaluation it is possible to identify controls in place or required to reduce or eliminate risk. These control strategies cover a number of possible solutions, as described below:

- Risk avoidance – discontinuing a hazardous operation/activity
- Risk retention – retaining/accepting risks within financial operations
- Risk transfer – the conventional use of insurance premiums
- Risk reduction – prevention/control of any remaining residual risk.

Once controls, in place or required, have been identified the risk must be re-graded in order to establish whether the action proposed is adequate and will reduce the residual risk to an acceptable level. These controls and further treatments may be cost neutral or require action that requires investment. At this point it is imperative that action plans are submitted as part of the CCG's usual process for service planning.

Risks should continue to be monitored by the relevant Team to ensure that the controls remain effective, once the actions have been implemented and the risk has been eliminated the risk may be closed on the risk register and the reasons for the closure recorded in the narrative of the risk register to provide an auditable trail. The CCG recognises that in some cases high risks may be long standing which cannot be reduced to an acceptable level for a number of reasons, and even having been reviewed and accepted by the Governing Body, these risks shall remain upon the Corporate Risk Register and exception reported to Governing Body to serve as a reminder that the risks are still significant.

3.5.5 Risk Management and Review

Through a process of audit and monitoring the CCG will undertake a review of the risk control measures regularly. It is anticipated that risk control and monitoring measures will include some or all of the following:

- Aggregated statistical and trend reporting of incidents, complaints and claims to the CCG Governing Body and relevant committees
- Audit of implementation of the range of risk management policies, procedures and guidelines throughout the organisation.
- Ongoing review of Risk Register
- Annual review of the Risk Management Strategy
- Bi-annual review of the Risk Management Performance Indicators
- Monitoring of the Audit committee and other minutes
- Audits undertaken by Internal and External Auditors.

3.5.6 Communication and consultation

Advice is available internally through the Head of Corporate Delivery, Chief Nurse, and through the C&M CSU and externally from specialist advisers dependent upon the type of risk being considered. A list of internal specialist advice is available under Section 4 of this policy. For advice regarding external advice, this is available through the Head of Corporate Delivery or Chief Nurse. Consideration should be given as to who needs to be informed of the Risk. Internally this process should follow the process detailed within Appendix G. Consideration should also be given as to whether any external stakeholders should also be informed as the impact may affect the achievement of their objectives. i.e. Sefton Council.

3.6 Risk Prevention

It is proposed that the CCG adopts proactive and reactive approaches to risk. The population of risk registers with the further development of appropriate action plans will provide the CCG with greater knowledge of where our risks lie. As our systems and processes become further defined, the CCG will become more sophisticated in its approach to essential risk prevention.

3.7 Legal Liabilities and Property Losses

The CCG is a member of the Clinical Negligence Scheme for Trusts (CNST), Liabilities to Third Parties (LTPS) and Property Expenses Scheme (PES) that are administered by the NHS Litigation Authority (NHSLA). Funding is on a pay as you go basis and contributions are based on a range of criteria such as NHS income, numbers of staff and property values.

Commissioned services such as secondary care providers, independent contractors and their employees are not directly employed by the CCG and therefore are required to make their own indemnity arrangements. However, the CCG has a responsibility to ensure that governance principles and risk management systems are being developed and applied by all providers. It is therefore possible for negligence proven in the course of a claim to in part be attributed to CCG commissioning the care if the CCG has failed to take reasonable steps to assure itself of the quality of standards of its provider. In these circumstances it is important that the CCG is able to demonstrate that it has taken all reasonable steps, i.e., monitoring performance, to assure itself of the quality of care provided. To this end during 2013/14 the Chief Nurse and Head of Corporate Delivery will develop links between the risk and clinical quality agenda, in conjunction with colleagues in C&M CSU, to ensure that the CCG fulfils its obligations as a Commissioner and any areas of concern highlighted through contract performance monitoring inform the wider CCG through risk management framework.

4. Roles and responsibilities

All those working within the CCG have a responsibility to contribute, directly and indirectly to the achievement of the CCG's objectives through the efficient management of risk. It is also important to make explicit how the responsibility of the individual contributes to the lines of management accountability through to the CCG Governing Body.

There are four identifiable tiers within the CCG:

- Governing Body Level Management
- Senior Management
- Locality Leads/ Managers
- All Members and Staff.

4.1 Governing Body Level Management

4.1.1 Chief Officer

The Chief Officer has ultimate responsibility for risk management, for meeting all statutory requirements and adhering to guidance issued by the Department of Health / NHS England in respect of governance. As such, the Chief Officer must take assurance from the systems and processes for risk management. The CCG will ensure that reporting mechanisms clearly demonstrate that the Chief Officer is informed of significant risk issues. The reporting mechanism will include the presentation of minutes and reports to the CCG by the Audit Committee.

It is the responsibility of the Chief Officer and Senior Management Team to ensure that the standards of risk management are applied at all levels within the CCG and that assurance mechanisms are in place to assure the CCG Governing Body that risk is being managed effectively.

4.1.2 Chief Nurse

The Chief Nurse will sit on the CCG Governing Body and have clear responsibility for clinical governance and clinical risk management. In conjunction with the Head of Corporate Delivery they will ensure the development of a comprehensive system of integrated governance across the CCG and that risk management arrangements are controlled and monitored through robust audit processes. The Chief Nurse is a member of the Quality Committee and Audit Committee. They will be supported by the Cheshire and Merseyside Commissioning Support Services (CM CSU) Head of Governance and a team of specialist staff.

4.1.3 Chief Finance Officer

The Chief Finance Officer has overall fiscal responsibility in the CCG and is responsible for ensuring that the CCG carries out its business within sound financial governance and that risk management arrangements are controlled and monitored through robust accounting mechanisms that are open to public scrutiny on an annual basis. They will seek the Chief Internal Auditors opinion on the effectiveness of internal financial control. The Chief Finance Officer is a member of Audit Committee and Quality Committee. In addition they will be ultimately responsible for any financial implications of plans to minimise risk and the method for incorporating these into business planning.

4.1.4 Head of Corporate Delivery & Integration

The CCG Head of Corporate Delivery has managerial responsibility for corporate governance and risk management and the responsibility for ensure effective systems are in place. They are the key contact for the auditors in relation to risk management.

4.1.5 Early Warning System (Senior Management Team)

The CCG operates an 'Early Warning System', which enables any issue with the potential to post a significant risk to the CCG, to be brought immediately to the attention of the Senior Management Team (SMT) without using the formal committee route. The decision to use this route must be approved by a member of the SMT.

4.1.6 CCG Governing Body

The CCG Governing Body recognises that risk management is a fundamental part of good governance and to be effective it is essential that risk management processes are integral to the CCG's culture. The Governing Body is therefore committed to ensuring that risk management forms an integral part of the CCG's philosophy, practices and business plans. Risk management is not viewed or practised as a separate programme and responsibility for implementation is accepted at all levels of the CCG.

The CCG Governing Body will ultimately carry responsibility for monitoring and overseeing risk that is relevant to the nature of its duties and responsibilities; however, the CCG Governing Body has delegated responsibility to the Audit Committee to take an overview of all risk and report directly to the Governing Body. This approach was commended by the Audit Commission in their guidance 'Governing the NHS (June 2003)'. The CCG will ensure that all Governing Body members receive risk management training both as part of their induction training and refresher training.

4.1.7 Audit Committee

The Audit Committee has delegated authority from the CCG Governing Body to ensure that risk management is embedded throughout the CCG, including monitoring of all specialist groups with responsibility for risk. Under the chairmanship of a the Lay Advisor Governing Body Member with a lead for Governance, with lead clinician input and high level representation from the CCG management team, the Committee is charged with the responsibility for ensuring effective risk management systems are in place across the CCG. The Committee will have the option to establish specialist risk management groups to consider specific areas of risk in more detail on the Committee's behalf if it wishes to do so. The Audit Committee also reports to the Governing Body in terms of information the Audit Committee may wish to consider when deciding on audit forward plans.

The Audit Committee is also responsible for providing the Governing Body with assurance that an effective system of integrated governance, risk management and internal control, across the whole of organisation's activities which supports the achievement of the organisation's objectives is in place. In particular the Committee reviews the adequacy of all risk and control related disclosure statements, particularly the Statement of Internal Control, and the underlying assurance processes which indicate the degree of the effectiveness of the management of principle risks.

For further information regarding the role of the Audit Committee please refer to Appendix E.

4.2 Senior Management Support

The CCG Head of Corporate Delivery & Integration will, in conjunction with the Chief Nurse, commission effective management support for governance and risk from C&M CSU.

4.2.1 Cheshire & Merseyside Commissioning Support Unit (C&M CSU)

The Head of Corporate Delivery has overall operational responsibility for delivery and review of the risk management strategy, however the CMCSU team will be commissioned to support the delivery of risk management systems and policies within the CCG as part of the Core Offer. The Governance Team at CMCSU will also provide advice and support regarding the analysis and evaluation of risk, ensuring that all risk registers across the organisation are 'dynamic' reflecting the changing risk profile of the organisation. They will also be commissioned to ensure systems are in place to achieve and improve compliance with external assessments and for monitoring all internal audit activity on behalf of the Audit Committee, ensuring that gaps in assurance and associated action plans identified through risk based reviews are completed. They also have responsibility for the risk education programme across in the CCG.

CMCSU will support the Head of Corporate Delivery and Chief Nurse by preparing for all external inspections and accreditations. They will support the delivery of the Team/Locality risk management and assessment process and the maintenance of the Corporate Risk Register and Governing Body Assurance Framework.

The CMCSU will provide the Chief Nurse with regular information on Serious Untoward Incidents reported from commissioned services across Sefton. They will also support the Chief Nurse in identifying patient safety issues and health and safety & security. They will also manage the Incident Reporting System for both CCGs in Sefton and report regularly to the Governing Body via the Chief Nurse.

4.2.2 Other Specialist Expertise:

Expertise in specific areas of risk may be obtained from a number of sources, both internal and external, such as:

- Governance / Quality Lead at NHS England /CMCSU
- Health and Safety Lead from CMCSU
- Occupational Health Manager
- Local Counter Fraud Specialist (LCFS)
- NHS Litigation Authority (NHSLA)
- Health & Safety Executive (HSE).

4.2.3 NHS England

As the successor body to the National Patient Safety Agency (NPSA), NHS England co-ordinates the reporting and learning of adverse events occurring in the NHS. The CCG reports all notifiable Patient Safety incidents to NHS England via the National Reporting and Learning System (NRLS) and promotes and monitors compliance with Safety Alerts issued by NHS England. The Chief Nurse will therefore maintain effective liaison with the governance structures, committees and other groups within the Local Office of NHS England and CMCSU.

4.3 Locality Leads/ Managers

They will ensure that:

- The risk management strategy is implemented within their area of control and promotes risk management as a key management responsibility.
- Risk management responsibilities are properly assigned and accepted at all levels.
- All risks associated with their area of responsibility are risk assessed and the results of these assessments and resulting control mechanisms are recorded on the Corporate Risk Registers. Control procedures will be periodically reviewed for continued effectiveness.
- A periodic review of the effectiveness of risk management within their area of responsibility is undertaken and action taken to eliminate deficiencies.
- Information, instruction and training are delivered to members / staff appropriate to the findings of risk assessments.
- Safe systems of work are in place and that effectiveness is periodically monitored.
- Outcomes of risk assessments are used as part of the service planning process to assist with planning and resource allocation.
- Information captured by complaints, litigation and incident reporting is used as a means of continuous monitoring and review, leading to risk reduction in services within their area.
- Bringing any significant risks which have been identified, and where local controls are considered to be potentially inadequate to the attention of the Quality Committee or SMT via the inclusion on the Corporate Risk Register.
- All staff within attend mandatory risk management training in line with the CCG's mandatory training policy.

4.4 All CCG Members and staff

- Risk management will form part of their daily duties. All will be able to identify and assess risk; take action to reduce risks to an acceptable level and inform appropriate lead clinicians and managers of unacceptable risks.
- All will be required to participate in activities, which are commensurate with the CCG's risk management arrangements and statutory requirements.
- All have a responsibility to report incidents, which is a key source of information for clinicians and managers on the nature and level of adverse activity within their sphere of responsibility.
- Be aware of emergency procedures e.g., resuscitation, evacuation and fire precaution procedures.
- Will attend risk management training as relevant to their role set out in the CCG's Mandatory Training Policy/ C&M CSU training policy.

4.5 Commissioned services, Independent Contractors and their Employers

Whilst there is no obligation to adopt the CCG Risk Management Strategy, if they do commissioned services will be contributing to the reduction of risk across the area as a whole, and to the improvement of patient and staff safety. In addition, following these procedures will assist in complaint handling, reduce litigation and may assist in the defence of any claims should they arise.

4.6 Responsibilities of Contractors, agency and locum staff

Contractors and agency staff working for the CCG are bound by the contents of this Strategy and will be expected to comply with all relevant policies and procedures. Information and training will be provided as necessary to enable contractors and agency staff to fulfil this responsibility.

5. Definitions

Risk management:

Risk management is a framework for the systematic identification, assessment, treatment and monitoring of risks. Its purpose is to prevent or minimise the possibility of recurrence of risks and their associated consequences, which have potentially adverse effects on the quality of care, both directly provided and commissioned, and safety of patients, staff and visitors, and the financial management of the organisation. It encompasses culture, processes and structures that are directed towards the effective management of potential opportunities and adverse effects.

Risk:

The possibility of incurring misfortune or loss or failing to take advantage of potential opportunities.

Risk = consequences x likelihood

'Acceptable' risk

It is not feasible to eliminate or avoid all risks and there are some risks identified which require the CCG to go beyond reasonable action to reduce or eliminate. Where the 'cost' to the organisation to reduce the level of risk outweighs the adverse consequences of the risk occurring, the risk would be considered 'acceptable' to the CCG.

'Manageable' risk

Some risks identified can be realistically managed, or reduced, within a reasonable, acceptable timescale through cost-effective measures, these are considered 'manageable' risk.

'High' risk

These are risks which if they occur will have a serious impact on the CCG and threaten the achievement of its objectives. Risks identified as 'high' should always be reported on the Corporate Risk Register, if necessary they should also be highlighted to the SMT via the Early Warning System.

'Risk Appetite' –

The CCG's risk appetite is determined by the amount of risk that the CCG is prepared to accept, be exposed to or tolerate at any point in time. All staff will strive to reduce risks to the lowest possible level (where this is reasonably practical). Where risks cannot be avoided, every effort will

be made to mitigate the residual risk whilst enabling the CCG to support innovation and diversity in our commissioning intentions to ultimately improve the efficiency and value of local health services.

The CCG will not, under any circumstances accept any risk which would potentially/actually result in non-compliance with legislation or statutory responsibilities. Similarly, risks which threaten patient and/or staff safety will not be tolerated and the CCG will endeavour to minimise any risks of this type. The Governing Body will set boundaries in order to guide staff on the limits of risk they are able to in the pursuit of achieving its strategic objectives. The Governing Body will set these limits annually and review them as necessary”.

6. Consultation, approval and ratification process

The policy has been developed and based on good practice in the area of risk management and is reviewed by the Quality committee and recommended to the CCG Governing Body. The Audit Committee will also review the policy.

7. Review and revision arrangements

The strategy will be considered and reviewed by the Quality Committee and recommended to the CCG Governing Body annually and / or when there are changes in NHS requirements or best practice.

8. Dissemination and Implementation:

For the strategy to be effective the CCG will:

- review annually its Risk Management Strategy to ensure it meets the needs of the CCG and the changing environment
- ensure the risk management services provided meet the needs of the organisation and develops in line with changing requirements
- continue the development and delivery of an education and training programme which assists members and assist in identifying and managing risk and in complying with the CCG risk management policies. Attendance records will be kept for all risk management training and evaluation forms completed and held by the Workforce Department at CMCSU department
- ensure the CMCSU systems capture data effectively
- monitor risk management key performance indicators, such as those suggested listed in Appendix F, to measure the performance of the CCG’s risk management process. The efficacy and usefulness of these indicators will be reviewed by the Chief Nurse and the Quality Committee. Consequently they will continue to be refined and developed
- encourage the flow of information via risk registers, and disseminate good practice in this regard, within and across the CCG
- develop a risk aware culture amongst members and staff through CCG briefings, literature, induction programmes, mandatory training and use of the CCG intranet site.

The Head of Corporate Delivery & Integration will ensure that the Strategy is communicated throughout the CCG via the CCG website and intranet, bulletins, newsletters and in induction and mandatory training/ Core skills sessions. CCG Governing Body members and senior managers will

be responsible for confirming receipt of the Risk Management Strategy and for ensuring its content to their respective teams so that all staff are aware of their responsibilities.

8.1 Education and Training

The following training will be provided by Cheshire & Merseyside Commissioning Support Unit (CMCSU) on behalf of the CCG on an ongoing basis:

- Risk management mandatory training to promote ownership of the Risk Management Strategy, including providing guidance on incident reporting, root cause analysis, risk assessment and the risk registers, and based upon the training needs analysis of all staff.
- Risk management is included in induction training.
- On an ad hoc basis as identified in personal development plans.
- Providing support in response to information notices, i.e., CAS alerts.

The Quality Committee will review progress against the implementation of the strategy. The review will be based on information available from the Governing Body Assurance Framework, risk registers, Audit Commission's Use of Resources assessment and Internal Audit's risk based reviews. In addition the Audit Committee also reviews the efficiency of risk management systems across the CCG on behalf of the CCG Governing Body; this is primarily done by the work of internal and external audit.

9. Document Control

The Head of Corporate Delivery & Integration is responsible for storing current, and archiving, versions of the Risk Management Strategy.

10. Monitoring Compliance with and Effectiveness of the Policy

The success of risk control measures must be monitored in an appropriate manner to provide information to guide future developments. There are various ways in which the CCG assesses and monitors risk supported by systems managed by CMCSU. Reactive monitoring occurs through the incident and near miss reporting and monitoring of complaints and claims. Proactive monitoring of adherence to procedures occurs through audit, workplace inspections, staff surveys and performance indicators.

The CCG committee structure will provide a vehicle for monitoring risk management activity. The Quality Committee is responsible for managing areas of concern on the Corporate Risk Register and will receive information from the incident reporting system and consider policy changes as a result of information from incident reporting. It will also monitor the risk management performance indicators on a 6-monthly basis.

Senior Managers shall hold staff to account for ensuring compliance with the strategy within their locality / service area. An effective way of ensuring the strategy is adopted into the culture of the CCG is via the appraisal process when reviewing performance e.g. against the Knowledge and Skills Framework outline. A suggestion of evidence to be looked for is in KSF Dimension Health Safety and Security Levels 1-3.

11. Associated documentation

The Risk Management Strategy is to be followed within the context of the CCG's overarching strategy.

A range of documents from predecessor organisations have been or will be reviewed, amended and if appropriate adopted by the CCG Governing Body or appropriate Committee. Such policies will include:-

- Policy & Procedure for the Reporting and Management of Incidents & Near Misses
- Policy & Procedure for the Management of Claims
- Complaints Comments & Concerns Policy
- Policy & Procedure for the Root Cause Analysis of Incidents, Complaints and Claims
- Health and Safety Policy
- Moving and Handling Policy
- Lone Workers Policy
- Control of Substances Hazardous to Health (COSHH) Policy
- Management of Violence and Aggression Policy
- Infection Control Strategy
- StEIS reporting procedure
- Whistleblowing Policy
- And any other relevant document.

These policies will be published the CCG Intranet site once adopted.

Appendix A

Governance Framework September 2013



**Southport and Formby
Clinical Commissioning Group**

Wider Membership Constituent Practices

Southport & Formby CCG Governing Body

Role/Purpose <ul style="list-style-type: none"> Set vision/culture/strategic direction of the CCG Ensure delivery of strategy & critical priorities Effective and ethical stewardship Accountability/communication/reputation management Leadership role Formal decision-making 	Priorities <ul style="list-style-type: none"> Engagement/vision Strategy/commissioning Health/health inequalities Performance culture Quality and access Collaborative working
--	---

Chair: Dr Niall Leonard
Chief Officer: Fiona Clark
Chief Finance Officer: Martin McDowell
Governing Body



Locality Structures

- Support the role of the CCG in delivering its core functions
- Provide clinical leadership to the Governing Body
- Support clinical engagement
- Support planning & service transformation

Appendix B

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

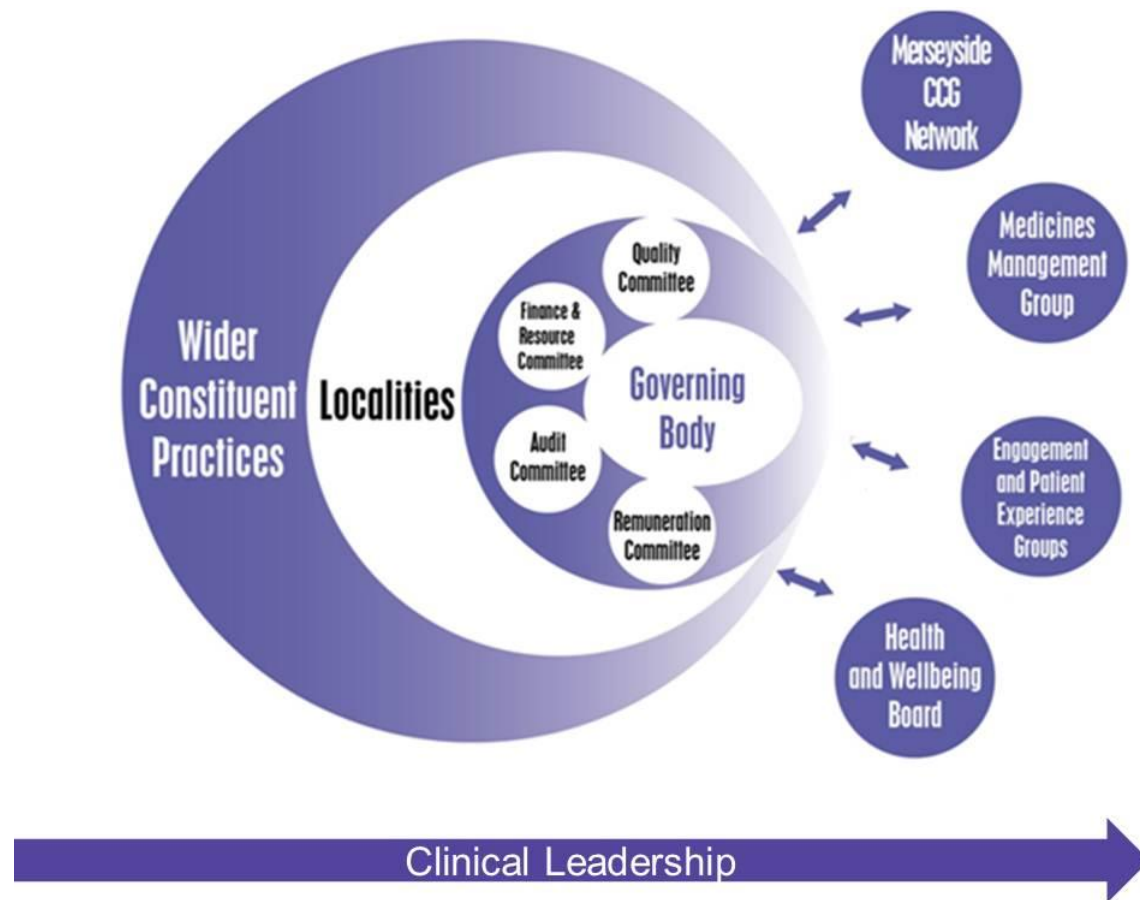
Risk	Score	Colour
Insignificant	1 - 3	Green
Low	4 - 6	Yellow
Moderate	8 - 12	Orange
High	15 - 25	Red

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 Team Risk Register.

Appendix C



Terms of Reference Quality Committee



1. Principal Functions

The Quality Committee shall be established as a committee of the Governing Body in accordance with the CCG's Scheme of Delegation and will have key responsibilities to:

- approve arrangements including supporting policies to minimise clinical risk, maximise patient safety and secure continuous improvement in quality and patient outcomes
- approve the arrangements for handling complaints
- approve the CCG's arrangements for engaging patients and their carers in decisions concerning their healthcare
- approve arrangements for supporting NHS England in discharging its responsibilities to secure continuous improvement in the quality of general medical services.

The approval of arrangements for safeguarding children and adults remains a matter reserved for the Governing Body. However, monitoring of safeguarding arrangements and activity is part of the Quality Committee's principal functions and duties.

In the event of overlap or conflict between the roles or responsibilities of the Audit Committee and the Quality Committee of the CCG, the role of the Audit Committee and any decisions made by the Audit Committee shall have precedence over those of the Quality Committee. The main functions of the Quality Committee are:

- to monitor standards and provide assurance on the quality of commissioned services, by the CCG to ensure that local and national standards are met
- to promote a culture of continuous improvement and innovation with respect to safety, clinical effectiveness and patient experience
- to provide an assurance to the Governing Body that there are robust structures, processes and accountabilities in place for identifying and managing significant risks facing the organisation (i.e. strategic, operational, clinical and organisational)
- to provide corporate focus, strategic direction and momentum for quality, and risk management within the CCG.

2. Principal Duties

The principal duties of the Committee are as follows:

- ensure effective management of governance areas (clinical governance, corporate governance, information governance, research governance, financial governance, risk

management and health & safety) and corporate performance in relation to all commissioned services

- to ensure the establishment and maintenance of an effective system of integrated governance, risk management and internal control in line with the Integrated Governance Handbook (DoH February 2006), across the organisation's activities (both clinical and non-clinical), that support the achievement of the organisation's objectives
- to provide assurance to the Audit Committee, and the Governing Body, that there are robust structures, processes and accountabilities in place for the identification and management of significant risks facing the organisation
- to ensure the CCG is able to submit risk and control related statements, in particular the Annual Governance Statement and declarations of compliance
- to ensure that the organisation has policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements, and to approve such policies
- to monitor the CCG's Quality Strategy and ensure improvement in standards across all commissioned services that reflect all elements of quality (patient experience, effectiveness and patient safety)
- to receive, scrutinise and monitor progress against reports from external agencies, including the Care Quality Commission, Monitor and Health and Safety Executive
- receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans
- to have oversight of the process and compliance issues concerning serious incidents requiring investigation (SIRIs); being informed of Never Events and informing the CCG Governing Body of any escalation or sensitive issues in good time
- to work collaboratively to identify and promote "best practice", the sharing of experience, expertise and success across the CCG and with key stakeholders
- to monitor the CCG Performance Dashboard and drive year-on-year improvement in performance. The Committee will agree what information, reports, notes or minutes from other committees or Cheshire and Merseyside CSU colleagues that it needs to see on a regular or ad hoc basis and ensure they are scrutinised
- to establish sub-groups or task and finish groups as and when appropriate to assist the Committee discharge its duties effectively. These groups will be required to report to the Quality Committee by submission of meeting notes and key issues reports as stipulated by the Quality Committee
- the Quality Committee shall monitor the effectiveness of meeting the above duties by:
 - reviewing progress against its own programme of business agreed by the Governing Body
 - producing an annual report for the CCG Governing Body
- support the Governing Body to meet its Public Sector Equality Duty
- promote research and the use of research across the organisation

- promote education and training across the organisation
- support the improvement of primary medical services and primary care quality
- to review and approve plans for Emergency Planning and Business Continuity
- to review and approve arrangements for the proper safekeeping of records.

3. Membership

The following will be members of the Committee:

- Clinical Governing Body Member (Chair)
- GP Governing Body Member
- Practice Manager Governing Body Member
- Governing Body Lay Member
- Chief Officer
- Chief Finance Officer or nominated deputy
- Chief Nurse
- CCG Clinical Lead for Quality (non- Governing Body member)
- CCG Head of Corporate Performance & Outcomes
- Locality Manager with a lead for Primary Care
- Locality Clinical Representatives (x 4)
- Patient Representative (HealthWatch)
- Head of CCG Development.

The following leads have an open invitation for each meeting of the Quality Committee:

- Designated Professional Safeguarding Children & Adults.

All Members are required to nominate a deputy to attend in their absence.

All members are expected to attend a minimum of 50% of meetings held.

Minutes and papers shall also be sent for information to CCG Chair who shall have a standing invitation to attend committee meetings.

4. Chair

A Clinical GP Governing Body member nominated by the CCG Governing Body shall chair the committee. The Committee shall select a Vice Chair from its membership.

5. Quorum

The quorum shall consist of the Chair of the Quality Committee or Vice Chair, one Member of the Governing Body that is also a member of the CCG Senior Management Team, a Governing Body Clinician and three other members from within the Quality Committee Membership.

The quorum shall exclude any member affected by a Conflict of Interest. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

6. Frequency of Meetings and Reporting Arrangements

The Committee will meet at least 8 times per year and submit the ratified minutes of its meeting to the next available Audit Committee and CCG Governing Body.

The Committee will submit an annual report to the CCG Governing Body.

7. Conduct

All members are required to maintain accurate statements of their register of interest with the Governing Body. Members should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting or at the beginning of each meeting. The Chair shall consider such notices in accordance with NHS Southport & Formby CCG procedure for the management of Conflicts of Interest as set out in the Constitution.

All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

8. Secretarial Arrangements

The PA to the Chief Nurse shall provide secretarial support to the Committee.

The agenda for the meetings will be drawn up with the Chair of the Committee.

The agenda and papers for meetings will be distributed one week in advance of the meeting.

The minutes of the meeting will be produced in 10 working days.

9. Review

Version Number:	3
Future Review dates	November 2013 March 2014 September 2014 March 2015

Terms of Reference Audit Committee



1. Authority

The Audit Committee shall be established as a committee of the Governing Body to perform the following functions on behalf of the CCG Governing Body.

The principal functions of the Committee are as follows:

- i) to support the establishment of an effective system of integrated governance, risk management and internal control, across the whole of the CCG's activities to support the delivery of the CCG's objectives; and
- ii) to review and approve the arrangements for discharging the CCG's statutory financial duties.

2. Membership

The following will be members of the Committee:

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

Other Officers required to be in attendance at the Committee are as follows:

- Internal Audit Representative
- External Audit Representative
- Counter Fraud Representative
- Chief Finance Officer
- Chief Nurse.

The Chair of the Governing Body will not be a member of the Committee although he/she will be invited to attend one meeting each year in order to form a view on and understanding of, the Committee's operations.

Other senior members of the CCG may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that Officer. Representatives from NHS Protect may be invited to attend meetings.

At least once a year the Committee should meet privately with the external and internal Auditors. Regardless of attendance, external audit, internal audit, local counter fraud and security management (NHS Protect) providers will have full and unrestricted rights of access to the Audit Committee.

Members are expected to personally attend a minimum of 75% of meetings held.

Relevant Officers from the CCG may be invited to attend dependent upon agenda items. Officers from other organisations including Mersey Commissioning Support Service (MCSS) and from the Local Authority Public Health team may also be invited to attend dependent upon agenda items.

3. Responsibilities of the Committee

The Audit Committee is responsible for;

- Reviewing the underlying assurance processes that indicate the degree of achievement of the CCG's objectives and its effectiveness in terms of the management of its principal risks.
- Ensuring that there is an effective internal audit function which meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, the Accountable Officer and the CCG.
- Reviewing the work and findings of the external auditors and consideration of the implications of management responses to their work.
- Reviewing policies and procedures for all work relating to fraud and corruption as set out by the Secretary of State Directions and as required by the NHS Counter Fraud and Security Management Service.
- Reviewing findings of other assurance functions (where appropriate) and consider the implications for governance arrangements of the CCG (e.g. NHS litigation authority, Care Quality Commission etc.).
- Monitoring the integrity of the financial statements of the CCG and to consider the implications of any formal announcements relating to the CCG's financial performance.
- Responding on behalf of the Governing Body, to any formal requirements of the CCG in relation to the audit process (e.g. the report from those charged with governance).
- Monitoring and review of the CCG Assurance Framework (AF) to support the CCG's integrated governance agenda.

4. Duties of the Committee

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

- To review and recommend approval of the detailed financial policies that are underpinned by the Prime Financial Policies within the CCG's Constitution to the CCG's Governing Body
- To review and approve the operation of a comprehensive system of internal control, including budgetary control, which underpin the effective, efficient and economic operation of the group.
- To review and approve the CCG's annual accounts on behalf of the Governing Body
- To review and approve the CCG's annual report on behalf of the Governing Body
- To review and approve the arrangements for the appointment of both internal and external audit and their annual audit plans.

- To review and approve the arrangements for discharging the CCG's statutory financial duties.
- To review and approve the CCG's Counter Fraud and Security Management arrangements.
- To review the circumstances relating to any suspensions to the CCG's Constitution (as set out in the Scheme of Delegation and Reservation) and to report to the Governing Body and Wider Constituent Group on the appropriateness of such actions
- To undertake annual review of its effectiveness and provide an annual report to the Governing Body to describe how it discharged its functions during the year.

5. Administration

The Committee will be supported by an appropriate Secretary that will be responsible for supporting the Chair in the management of the Committee's business.

The agenda for the meetings will be agreed by the Chair of the Committee and papers will be distributed one week in advance of the meeting.

The Secretary will take minutes and produce action plans as required to be circulated to the members within 10 working days of the meeting.

6. Quorum

The Audit Committee Chair (or Vice Chair) and one other members will be necessary for quorum purposes.

The quorum shall exclude any member affected by a Conflict of Interest. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

7. Frequency and Notice of Meetings

The Audit Committee shall meet on at least four occasions during the financial year. Internal Audit and External Audit may request an additional meeting if they consider that one is necessary.

8. Reporting

The ratified minutes of Audit Committee will be submitted to the Governing Body. Exception reports will also be submitted at the request of the Governing Body. The ratified minutes will also be sent to the Quality Committee to support its role in monitoring the Group's integrated governance arrangements.

9. Conduct

All members are required to maintain accurate statements of their register of interest with the Governing Body. Members should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting. The Chair shall consider such notices in accordance with NHS Southport & Formby CCG procedure for the management of Conflicts of Interest as set out in the Constitution.

All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

10. Review

Version Number: 2

Review dates
November 2013
March 2014
September 2014
March 2015

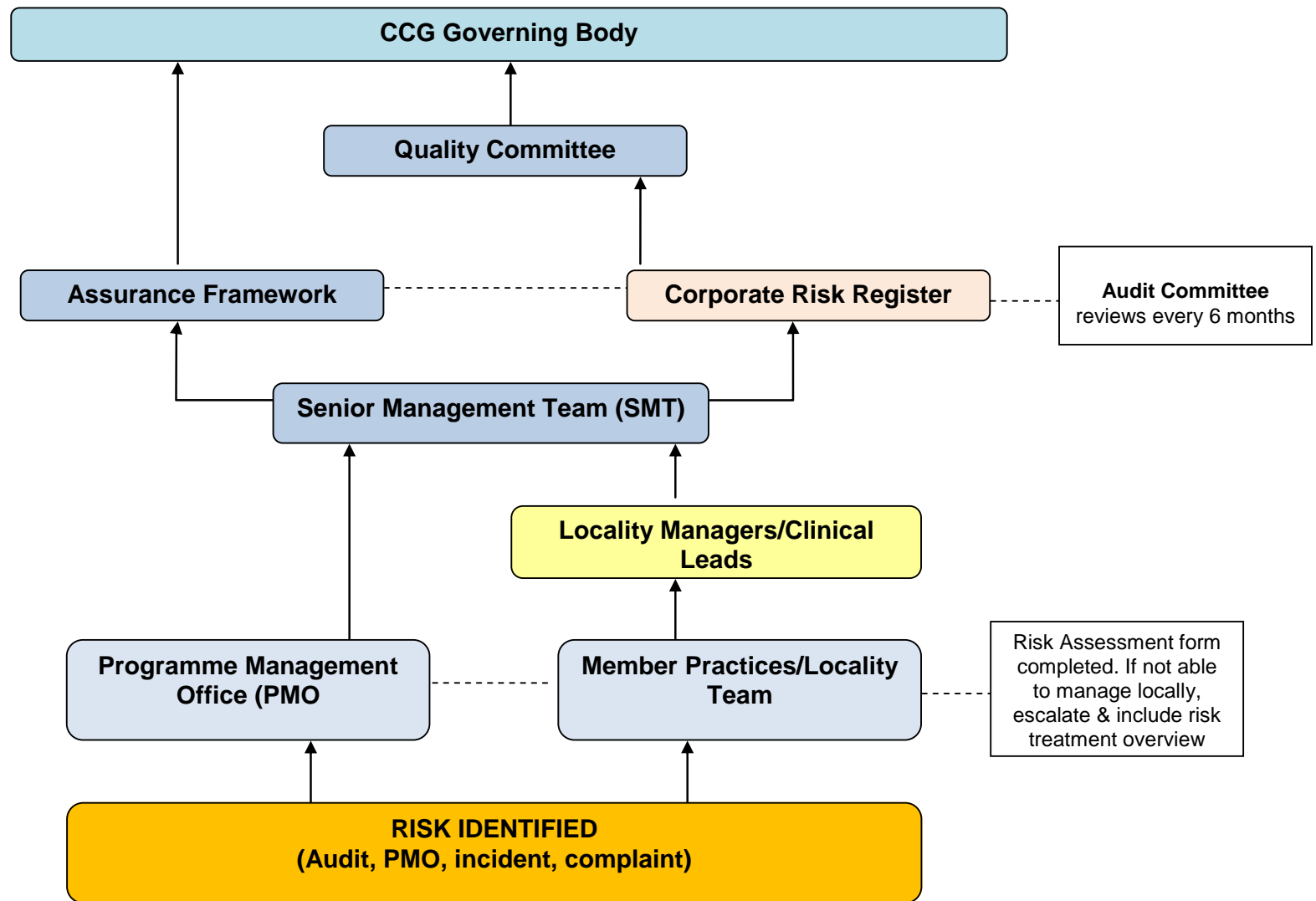
Appendix F

Risk Management Performance Indicators

Performance Indicator	Lead for compiling data
Incident Reporting	
No. of incidents & near misses reported this period compared to previous periods	C&M CSU
% of directorates reporting incidents & near misses	
No. (%) of incidents with actions recorded	
No. (%) of incidents closed with no action recorded	
No. (%) of incidents ongoing for more than 3 months	
Average severity rating of incidents and near misses	
No. (%) of patient safety incidents uploaded to the NPSA NRLS	
Risk Register	
No. of risks added to the Risk Registers	Chief Nurse
No. of risks closed on the Risk Registers	
No. (%) of red risks on the Risk Registers	
No. (%) of Team with 'live' Risk Registers (i.e., reviewed on a monthly basis)	
Risk Management Training	
% of Staff who are up to date with their mandatory risk management training	Workforce at C&M CSU
Complaints	
No. of formal complaints relating to Commissioned Services received (NOTE – as of 1 April 2009 any verbal complaints not resolved within 24 hours are now logged as a formal complaint)	C&M CSU
No. (%) of complaints acknowledged within 3 working days	
No. (%) of complaints answered within an agreed timescale	
No. (%) of complaints with an initial incident reporting form	
No. (%) of complaints referred to the Ombudsman	
Claims	
No. of claims	C&M CSU
No. (%) of claims in which an initial incident form was completed	
No. (%) of letters of claim acknowledged within 14 days	
Central Alert System (CAS)	
No. of alerts received within this period	C&M CSU
No. (%) of alerts responded to within the timescales	
StEIS (Serious Untoward Incidents)	
No. of StEIS incidents reported to the CCG	C&M CSU
No. (%) of StEIS incidents acknowledged within 3 days	
No. (%) of completed investigation reports received within agreed timescales	
No. (%) of investigation reports reviewed within 10 working days	

Appendix G

Risk Escalation Process



Appendix H

CCG Risk Assessment Form

Section 1 – Process Description

Member Practice/Locality Team:
Process/Activity:

Section 2 – Identifying Risks/Hazards

Risk/Hazard	Persons at Risk	Existing Control Measures	Likelihood	Consequence	Risk Level L x C	Risk Register
1						
2						
3						
4						

Is any employee health monitoring required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a more detailed assessment (e.g. COSHH, Manual Handling) required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is further information or investigation required to complete risk assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Assessors Name:	Job Title:
Date of Assessment:	Reassessment Date:
Assessor's Signature:	Manager's Signature:

Complete Action Plan and attach to Risk Assessment Form

Risk Action Plan

Risk Reference:

Risk/Hazard Nos	Risk Score ¹	Action Required to Control Risk	Lead Person	Action By	Comments	Residual Risk Score ²

¹ Risk score prior to completion of actions² Risk score following completion of actions

Completed By:

Date:

Manager's Signature

MEETING OF THE GOVERNING BODY September 2013

Agenda Item: 13/127	Author of the Paper:
Report date: 16 September 2013	Tracy Jeffes Head of Delivery and Integration tracy.jeffes@southportandformbyccg.nhs.uk Tel: 0151 247 7049
Title: Commissioning Support Service (CSU) Procurement	
Summary/Key Issues:	
<ol style="list-style-type: none"> 1. This paper highlights key messages from the recent NHS England Guidance "Towards Commissioning Excellence: A Strategy for commissioning support services". 2. It also highlights the key themes emerging from engagement with CCGs nationally about the approach to procuring CSU services and further support that will be made available to CCGs 3. The paper provides information on the current local situation in relation to CSU provision. 4. Outlines proposed next steps for the CCG. 	
Recommendation	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to approve the recommendations contained with this report.	

Links to Corporate Objectives <i>(x those that apply)</i>	
	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
	To maintain systems to ensure quality and safety of patient care.
	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
	To sustain engagement of CCG members and public partners and stakeholders.
	To drive clinical leadership development through Governing Body, locality and wider constituent development.

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Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement		x		
Clinical Engagement		x		
Equality Impact Assessment		x		
Legal Advice Sought		x		
Resource Implications Considered	x			The current review of CSU services will consider financial implications.
Locality Engagement		x		
Presented to other Committees		x		

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

Report to the Governing Body September 2013

1. Executive Summary

This paper provides the Governing Body with an overview of the latest NHS England guidance in relation to the procurement of Commissioning Support Unit (CSU) services, gives an update on the current local position and outlines a timetable for future action in order to enable the CCG to exercise an informed choice.

2. Introduction and Background

- 2.1. In June 2013, NHS England published 'Towards Commissioning Excellence: A Strategy for commissioning support services'. This strategy aims to; enable CCGs to exercise informed choice in how they source their commissioning support and from whom, build a strong cohort of excellent commissioning support providers and to strengthen collaboration between NHS CSUs and the voluntary sector.
- 2.2. The guidance highlights how NHS England wishes to ensure that CCGs and others can secure the commissioning support services that they need and aims to ensure that the providers available within the market are 'best in class'. The Mandate to NHS England sets out that 'CCGs will be in full control over where they source their commissioning support'.
- 2.3. There are three key elements to the strategy.
 1. Enabling CCGs to exercise informed choice in how they source their commissioning support and from whom.
 2. Building a strong cohort of excellent commissioning support providers. NHS Commissioning Support Units (CSUs) are currently the mainstay of commissioning support. NHS England is committed to investing in their development, encouraging and enabling partnership working and collaboration, and assuring their development with the aim of CSUs being autonomous by no later than 2016.
 3. Ensuring the establishment of simple, efficient procurement mechanisms which enable fair and open competition. Alongside the strategy, NHS England has also published a procurement guide which explains the process commissioners need to follow should they wish to choose an alternative commissioning support provider.
- 2.4. Key milestones in the NHS England strategy are highlighted in Appendix 1.
- 2.5. At the same time, NHS England also launched an engagement exercise with key stakeholders on proposed options to support CCGs and others to procure commissioning support simply and effectively. This engagement exercise now been completed and the key message were published in a letter published on the 22nd August 2013. These findings were as follows.
 - Overwhelmingly, CCGs wanted a sensible timetable for procurement which did not divert the focus away from the forthcoming contracting round and as such NHS England is now

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supporting CCGs who wish to have an opportunity to renegotiate their existing SLAs with CSUs, rather than proceed into a formal procurement process, as per the original timetable in the guidance.

- There were many examples of CCGs and CSUs working well together across the country, however it has been recognised that there have been some “teething problems” which need to be resolved and that priority should be given to forging even greater relationships so that CCG concerns are identified and responded to rapidly.
- Many CCGs wanted support in the development and future procurement of CSU services and as a result NHS England will be launching an “autumn package of support” which will include:-
 - A make/share/buy toolkit co-developed with CCGs
 - A defined set of standards, competences and criteria for excellent commissioning support
 - A “lead provider” framework agreement, where the good practice standards and competences could be applied to organisations in order to create a pre-accredited list of suppliers that CCGs could use to run mini-competitions, rather than undertaking a full OJEU process
 - Standard service specifications and a standard contract (which could be adapted to meet local needs)
 - Options for “non-conflicted” procurement support (as many CCGs obtain their procurement support through CSUs)
 - Peer mentors and networks to share approaches to CSUs across the country.
 - Advice and support regarding securing the best value for money from CSUs.
- The letter strongly encourages CCGs to work together to actively shape development of their local CSUs and also to have early discussions with CSUs, particularly if they wish to renegotiate arrangements so that both CCGs and CSUs are on a more sustainable footing ahead of working together in the contracting period

Current Local Situation

- 2.6. Southport and Formby CCG currently commission the Cheshire and Merseyside Commissioning Support Unit (CMCSU) to provide a range of services. Appendix 2 provides a summary of each service line.
- 2.7. Updated service specifications for each service area are now available and KPIs have been agreed or being refined for all areas.
- 2.8. Monthly CSU performance meetings are held jointly with South Sefton CCG and attended by a Governing Body member from both of the CCGs in Sefton, the Head of Delivery and Integration, (lead commissioner) the Head of Performance and Health Outcomes and the CCG Chief Accountant.
- 2.9. In addition, the CSU Head of Client Operations (HOCO) and the Head of CCG Delivery and Integration meet regularly to proactively highlight and resolve any issues and the HOCO is invited to attend all Senior Management Team meetings. The HOCO has introduced a CSU locality team model, which meets regularly at Merton House and includes lead CSU

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colleagues for each of the key service areas, some of whom are based with the CCG or frequently access hot-desks.

2.10. The current service level agreement (SLA) with the CSU ceases at the end of September 2014 and as a result of the recent engagement exercise, CCGs can now extend their SLAs until no later than April 2016, if they wish to do so.

2.11. Discussions have recently taken place at the CCG Network meeting regarding future procurement of CSU services.

3. Key Issues in relation to procurement of CSU services

Although CCGs now have the opportunity to renegotiate their SLAs until 2016, they still have freedom to choose their commissioning support supplier and can exercise this freedom now (although the NHS England autumn support pack is not yet available.) They are also free to provide their commissioning support services in-house either individually or through shared arrangements with other CCGs. If CCGs do wish to exercise their freedoms, certain requirements apply:

3.1. Value for money

- CCGs must be able to demonstrate that their commissioning support services – whether purchased or provided in house – give value for money; delivering the capability/quality they need to achieve their objectives at an affordable cost.

3.2. Service quality and standards

- Services (in-house or procured) must comply with agreed minimum national standards, for example on data security and quality.

3.3. Procurement law and best practice

- All public sector bodies – must comply with EU and UK procurement law and best practice in procuring commissioning support services
- A decision to provide commissioning support services in-house, whether shared or individually, is not subject to procurement law, but must enable the best patient outcomes and demonstrate better value for money than buying commissioning support services.

3.4. NHS Constitution

- All parties will be required to comply with the NHS Constitution.

3.5. Managing risk

- Commissioners will be expected to have regard to the impact of their actions on the wider NHS commissioning system, including collaborating with other commissioners and to enter into constructive dialogue to manage transitional risks
- Commissioners will be required to honour SLA/contractual notice periods
- Commissioners will have the option of using a model contract with suppliers of commissioning support services, which will look to set out a balanced risk approach.

4. Conclusions and Next steps

In order to make informed decisions on future procurement of CSU services, the following next steps are proposed:-

4.1. Assess current service

The CCG is currently undertaking an internal review of the value for money and quality of each of each service areas within the SLA. Neighbouring CCGs are also reviewing CSU provision. This initial assessment will be completed by the end of September 2013

4.2. Explore the way forward through discussion both locally and nationally

Based on the outcomes of the initial assessment, finalise discussions with neighbouring CCGs and identify any risks to CSU provision. Participate in the national working groups developing the products for the “autumn package” of support.

4.3. Develop and consider options

Consider options for action which may include:-

- Renegotiating changes to the current SLA from April 2014 for the remainder of its “life” until October 2014.
- Continue the current SLA in its current form whilst utilising the “autumn support pack” to further assesses the service offer and future make/share/buy options
- Following this work, commence negotiating for an extension/ renegotiation of the SLA beyond October 2014 into 2015 and no later than 2016.
- Consider moving to external procurement from October 2014 or at a future date, not beyond the end of 2015.

4.4. Recommendation Phase

Review proposals and make further updates or recommendations to the Governing Body in November 2013.

5. Recommendations

It is recommended that:-

5.1. The initial evaluation process identified above is actioned.

Southport and Formby Clinical Commissioning Group

- 5.2. The expenditure (by CCG function and CSU provision) is mapped out in more detail than currently available so that value for money can start to be reviewed. This will be supported by the CCG Programme Management Office.
- 5.3. The results of the initial review be acted upon where appropriate (and following broader discussion with neighbouring CCGs) to inform possible changes to the current SLA for April 2014. This will involve Governing Body lead members for the CSU contract and members of the Senior Leadership Team.
- 5.4. The Governing Body receive the content of this briefing paper to inform CCG decision making with regard to the future of commissioning support services.

Appendices

Appendix 1 Key Milestones from the NHS Guidance 'Towards Commissioning Excellence: A Strategy for commissioning support services.'

Appendix 2 Current Provision of Services for Southport and Formby CCG,

Tracy Jeffes
September 2013

Appendix 1

Key Milestones from the NHS Guidance 'Towards Commissioning Excellence: A Strategy for commissioning support services'.

Some of the key milestones identified by NHS England are provided below, but may now be subject to change as a result of the recent engagement exercise with CCGs and the outcomes of planned working groups.

- **12 June 2013** – Publication of strategy, launch of consultation on CCG procurement support options
- **June to August 2013** – Engagement with CCGs and providers on procurement options and assurance of CCG in-house provision
- **September 2013** – Publication of NHS England's approach to supporting procurement and timetable
- **October 2013** – CCGs publish initial procurement intentions and timetable to support discussion with other commissioners and commissioning support providers on how to realise their intentions
- **October 2013** - NHS England publishes its approach to evaluating value for money in commissioning support services and to ensuring continuity of service
- **October 2013** NHS England publishes update on progress, including progress on partnership working with voluntary organisations and local authorities
- **November 2013** – NHS England Publishes its strategy for autonomous Commissioning Support Units
- **December 2013** – Release of upgraded commissioning support choice app
- **April 2014** – Procurement framework goes live with supporting voluntary good practice specifications
- **October 2014** – Update on progress and any necessary fine tuning of implementation.

Southport and Formby Clinical Commissioning Group

Appendix 2

Current Provision of Services for Southport and Formby CCG as per the SLA with the CSU for the period of April 2013 to end September 2014.

External Service Line		S/port & For
1	Equality & Diversity	YES
90	Freedom of Information	YES
3	Information Governance Management	YES
4	Claims Management and escalation	YES
5	Corporate Governance Reviews	YES
250	Counter Fraud Service	YES
251	Internal Audit Independent Assurance	YES
88	Performance Planning	YES
7	Quality Governance	YES
S1	Governance: Support to ensure compliance	
8	Assurance Frameworks - development and monitoring	YES
9	Risk Management Systems - development and monitoring	YES
139	Compliance	YES
140	Accident and Incident Reporting Monitoring	YES
141	Local Security Management Specialists	YES
142	HS & FS	YES
143	CAS Alerts	YES
S2	Risk Management: Assurance	
15	Regulatory & Statutory Compliance	YES
16	Support to ensure CCGs comply with the principles of the NHS constitution	YES
17	Provide medicines management input into secondary care	YES
18	Pharmaceutical Public Health advice & support	YES
S4	Medicines Management: Expert Advice	
20	Facilitation of Contract Management arrangements	YES
25	Individual Funding Requests	YES
S5	Contract Management: Support to organisation	
27	Support for Healthcare & non-Healthcare Procurement	YES
28	AQP assessment facilitation service	YES
29	Market Analysis of Commercial Procurements	YES
30	Provision of specialist Procurement IM&T Systems	YES
S6	Procurement: Support for purchasing	
98	Choose and Book performance and exceptions	YES
S7	Commissioning Support: Advice and Guidance	
132	Complex commissioning and NHS Funded care	YES
35	Compliance with Mental Health Act and Mental Capacity Act	YES
S8	Complex Commissioning Support	
36	Children's Universal to Specialist Services	YES
S9	Children's Commissioning Support	

Southport and Formby Clinical Commissioning Group

External Service Line		S/port & For
67	Invoice to cash	YES
38	Order to payment	YES
39	Treasury Management and reporting	YES
40	Management of Ledgers	YES
S10	Finance: Delivery of essential audit	
42	Data Management Support	YES
45	CCG Specific Reporting Suites Inc. benchmarking	YES
70	Business Analysis Support	YES
S11	Business Intelligence Support Service	
51	Media Management	YES
52	Crisis Issues Management	YES
53	Internal/Membership Communications	YES
54	Patient and other Stakeholder Management and Engagement Support	YES
75	Corporate Communication	YES
76	Strategic Communications and Engagement	YES
77	Patient Communications - Services and Choice	YES
S12	Communication and Engagement	
55	HR Strategy and policy support	YES
57	OD needs analysis, programme design & delivery	YES
56	Training, Learning & Development programme design & delivery	YES
58	Transactional HR - Employment, Recruitment, Payroll	YES
59	Workforce Performance Management	YES
S13	Human Resources and Organisation Development	
60	ICT Services & Support	YES
61	ICT Training	YES
63	Programme and Project Management	YES
252	CCG IM&T Strategy and Development	YES
S14	Information Management & Technology	

In addition the CCG has purchased three additional services in year

CHC /Nurse Assessors

EPRR – Emergence Response support

UCAT – Urgent Care Action Team

MEETING OF THE GOVERNING BODY September 2013

Agenda Item: 13/128	Author of the Paper:
Report date: 12 September 2013	Melanie Wright Business Manager melanie.wright@southseftonccg.nhs.uk
Title: Disciplinary Policy	
Summary/Key Issues: This paper presents the Governing Body with the organisation's Disciplinary Policy, which was prepared by the Cheshire & Merseyside Commissioning Support Unit in collaboration with other local CCGs via the CCG's Partnership Forum, to facilitate uniformity in relation to HR policies and procedures and compliance with Agenda for Change Terms and Conditions. In accordance with the CCG's Constitution (Scheme of Reservation and Delegation), HR policies require approval by the Governing Body and the Governing Body is therefore asked to approve this policy.	
Recommendation	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to approve the Disciplinary Policy.	

Links to Corporate Objectives <i>(x those that apply)</i>	
x	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

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

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

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

Disciplinary Policy

Date Impact Assessed:	Version No: 1 No of pages: 20
Date of issue:	Date of next review:
Distribution: All employees	Published:

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1 INTRODUCTION

The overall aim of this policy is to help correct inappropriate behaviour or conduct in a fair and consistent manner.

The Clinical Commissioning Group (the CCG); expects all employees to meet high standards of behaviour. It is important, therefore, that employees understand their obligations and rights regarding this aspect of their employment.

This document sets out the general standards of conduct expected of all employees (see Section 5), identifies the circumstances in which disciplinary action may be taken and explains the sanctions available to Managers.

This policy will apply where an employee's conduct is considered to be unsatisfactory. Where health and performance capability issues are identified, please refer to the CCG Capability and Attendance Management Policies.

Breaches of discipline should be handled constructively and disciplinary decisions should be taken in a consistent, fair and reasonable manner. The aim should always be to encourage improvements in conduct and performance.

This policy will be applied equally to all staff covered by the policy and in accordance with the CCG Equal Opportunities Policy. The fair and equitable implementation of this policy will be monitored by Human Resources.

2. SCOPE

This policy will apply to all employees of the CCG, including Medical and Dental staff where a matter of personal conduct is concerned. Medical & Dental professional misconduct/competency issues will be investigated separately in line with Maintaining High Professional Standards.

3 POLICY STATEMENT

The employee will have the right of representation by a recognised Trade Union Representative or workplace colleague through all formal stages of the disciplinary procedure.

Employees will not normally be dismissed for a first offence except in cases of gross misconduct/negligence.

Employees will have the right of appeal against any disciplinary sanction applied.

The procedure may be implemented at any stage dependent upon the individual circumstances of each case. Sanctions need not be applied sequentially.

4 RESPONSIBILITIES

This policy and related procedures have been written and agreed through a partnership of managers, Trade Union representatives and Human Resources.

4.1 Responsibility of the CCG

The responsibility for the provision of an agreed Disciplinary Policy lies with the CCG Senior Management Team.

The CCG accepts that they will have responsibility for the smooth running of the organisation and to ensure that any such disputes are settled in a fair and consistent manner.

4.2 Responsibility of Human Resources

To provide advice and support to managers in relation to the application of this policy.

To ensure that the Disciplinary procedure is applied fairly, equitably and consistently throughout the CCG.

Human Resources will monitor all formal disciplinary activity across the CCG and organise relevant training sessions.

To provide advice and support at all stages of the formal disciplinary process.

4.3 Responsibility of Managers

It is the responsibility of all managers employed within the CCG to make sure they are aware of the Disciplinary Policy and how to handle disciplinary issues, both informally and through a formal procedure.

Managers should ensure that they follow the guidelines of this policy, paying specific attention to the timescales set out under each stage.

4.4 Responsibility of Employees

Employees should ensure that they are aware of the general standards of conduct as outlined in this policy.

4.5 Responsibilities of Accredited Trade Union Representatives

Trade Union representatives have a duty to advise and represent their members, when they are subject to disciplinary proceeding or required to provide information as part of a formal disciplinary investigation.

5 GENERAL STANDARDS OF CONDUCT

It is important that all employees are clear about the standards of conduct expected by the CCG. The following list, which is not intended to be exhaustive, outlines some specific examples of the standards required:

- Employees are representatives of the CCG and, as such, it is important to present patients, their relatives, friends and other visitors with a professional and caring image that is reinforced with attitudes and behaviours demonstrating courtesy, responsiveness, friendliness and appropriate work attire.
- Employees should attend work punctually and regularly.
- Reasonable requests/instructions from the employee's Manager should be carried out promptly and efficiently to the required standard.
- Employees must not absent themselves from duty without first gaining appropriate authorisation from their Manager.
- All types of leave must be approved in advance by the appropriate authority, usually the employee's Manager.
- Regarding the notification of sickness absence, employees must comply with the Attendance Management Policy and should follow the local arrangements. Breaches in sickness reporting may result in payments being stopped and could lead to disciplinary action being taken.
- Employees must comply with all CCG policies and procedures, the principles of the NHS Constitution and adhere to professional body guidelines and codes of conduct, as appropriate. Senior managers should abide by the Code of Conduct for NHS Managers (October 2002).
- Health and Safety policies and guidelines must be observed at all times.
- Use of telephones, mobile phones, email and internet must comply with the CCG policies regarding the use of such equipment.
- Employees must comply with the CCG Equal Opportunities Policy and must treat other workers, patients, their relatives, friends and other visitors with dignity and respect, free from intimidation and harassment.
- Employees must treat confidential information responsibly in line with the principles of the Data Protection Act 1998. This includes no misuse or inappropriate access of patient/confidential information systems (such as records held on Contact Point and other patient record keeping systems).
- Any work undertaken outside of the CCG employment must not adversely affect, hinder or conflict with the interests of the CCG.

6 RIGHT TO BE ACCOMPANIED

Employees have the right to be accompanied at any stage of the Formal Procedure by either an accredited Staff Representative(s) or full-time official(s) of a recognised staff organisation, or by a Fellow Worker who must be an employee of the CCG. Where reference is made in the procedure to an “accredited Staff Representative” this should also be taken to mean full-time official as appropriate.

However it would not normally be reasonable for employees to insist on being accompanied by a companion whose presence would prejudice the hearing nor would it be reasonable for an employee to ask to be accompanied by a companion from a remote geographical location if someone suitable and willing was available on site.

The companion should be allowed to address the hearing to present the employee’s case, respond on their behalf to any views expressed at the hearing and confer with them during the hearing. The companion does not however have the right to answer questions on the employee’s behalf, address the hearing if the employee does not wish it, or prevent the employee from explaining their case.

If an employee’s companion is unavailable, it is the responsibility of the employee, so long as it is deemed reasonable to suggest another date which is not more than 5 working days after the original date of the Hearing or Appeal Hearing.

Employees have no right under this procedure to be accompanied by anyone else (e.g. a spouse, partner, other family member, or legal representative) other than those persons previously referred to.

7 ACCREDITED STAFF REPRESENTATIVES

Disciplinary action against an accredited Staff Representative can lead to a serious dispute if it is seen as an attack on their functions. Whilst normal disciplinary standards apply to their conduct as employees, the relevant full-time official must be notified of any action (including suspension) which it is proposed to take. In any event, disciplinary action must not be taken against an accredited Staff Representative until the relevant full-time official can be present at any formal Disciplinary Hearing.

8 TIME LIMITS

It is acknowledged that all action outlined in this procedure should take place in a prompt and timely manner without unreasonable delay. The time limits set out in this procedure are based on working days and may only be varied by mutual agreement. Any investigation and subsequent hearing or appeal should be actioned as soon as is reasonably practicable to ensure the accurate recording of

events. Managers and employees should ensure that they take all reasonable steps to ensure that time delays do not occur.

9 CRIMINAL OFFENCES

An employee who is charged with a criminal offence (including a receipt of a summons) must inform their Manager as soon as possible. Notification about criminal proceedings, or a conviction (including bound over and cautions), will not be treated as automatic reasons for dismissal, or for any other form of disciplinary action being taken. Following disclosure the CCG will determine what action, if any, should be taken after the incident has been thoroughly investigated and facts of the case established.

The main consideration should be whether the charge/conviction is one that makes the employee unsuitable for their job and reference will be made to any reputational issues that may affect the CCG. Similarly, an employee should not be dismissed solely because they are absent from work as a result of being remanded in custody.

If during an investigation, it becomes apparent that an incident needs reporting to the police it is important to maintain confidentiality and ensure that any evidence is made available to the relevant authority.

In situations where the police or any other regulatory body e.g. Health and Safety Executive, Nursing and Midwifery Council, General Medical Council or General Dental Council is investigating an event, it is important that any internal investigation or disciplinary hearing should continue concurrently.

10 FRAUD

If a Manager suspects that fraudulent activity has taken place they should contact Human Resources in the first instance, who will be able to advise on the process for making contact with the Local Counter Fraud Team prior to any informal or formal disciplinary process taking place.

11 POLICY IN PRACTICE: PROCEDURE

11.1 Informal Approach (Outside of Formal Procedure)

Whenever possible, an informal approach should be the first step taken to help, guide or advise employees in improving their conduct or performance. Dealing with minor disciplinary breaches through the formal stages of the procedure should only be considered if misconduct continues.

When dealing with unauthorised absence from work, it is important to determine the reasons why the employee has not been at work. If there is no acceptable reason, the matter should be treated as a conduct issue and dealt with as a disciplinary matter.

If the absence is due to genuine (including medically certified) illness, the issue becomes one of incapacity and the Attendance Management Policy should be followed.

Where levels of performance are unsatisfactory for example poor quality of work, missed deadlines or low volume of work, this needs to be managed in a constructive and supportive framework and the Capability Policy should be followed.

Where managers are addressing minor conduct issues with employees, an informal meeting should take place between an employee and Manager to identify and examine the area(s) of concern, ensure future expectations are clearly understood and, where appropriate, develop an action plan leading to improvements.

Where conduct does not meet acceptable standards, the employee should be advised in writing that the matter will be referred to the formal stages of the disciplinary procedure.

11.2 Formal Stages of the Disciplinary Procedure

Investigation Process

The purpose of the investigation is to:

- Ascertain the facts as far as is reasonably practicable
- Give the employee an opportunity to offer an explanation
- Enquire into the circumstances surrounding the alleged misconduct
- Take a balanced view of the information that emerges
- To prepare an investigation report detailing the main findings

It is important and in the interests of both employer and employee to keep written records during the disciplinary process. These should include:

- The complaint against the employee
- The employee's defence
- Findings made and actions taken
- The reason for actions taken
- Whether an appeal was lodged

The manager leading an investigation will be referred to as the Investigating Manager for the purposes of this procedure. The CCG will appoint an appropriate Investigating Manager with suitable authority who may be from within or external to the CCG. The Investigating Manager should not be directly or personally connected with the issues involved. The Investigating Manager will not sit on the Disciplinary panel, but will be present at the Disciplinary Hearing to present the management case.

A record should be kept of either the date of receipt of a complaint/allegation, or the date when a complaint/allegation is identified as a potential breach of conduct, capability issue or poor performance in line with the Capability Policy.

An employee who has had a complaint/allegation made against them will, as part of the investigation, be invited to attend a fact-finding interview in order to clarify the circumstances and facts relating to the complaint/allegation. A letter detailing the complaint/allegation and the right to be accompanied should be sent to the employee giving her/him a minimum of five days notice of the meeting. Where known, this letter will be copied to the employee's representative. It is important to ensure that the employee understands the allegations made against them particularly if there is a difficulty with reading or English is not their first language.

Confidentiality for all those involved must be respected at all times. However, when conducting an investigation resulting in possible disciplinary action, information must be provided to those involved (which might include non - employees) and employees are obliged to co-operate with these procedures. The investigation should only involve those people necessary in gathering sufficient information to make a decision on the correct course of action, whilst making it clear to those interviewed that a breach of the CCG principles on confidentiality could be a disciplinary offence.

Copies of meeting records should be given to the employee including copies of any formal minutes that may have been taken. In certain circumstances, it may be permissible for the employer to withhold some information e.g. to protect a witness.

The identity of the individual who has raised a concern will be protected upon request and will not be disclosed without consent. However, the employee must be made aware that they may be asked to present evidence to substantiate any allegations made and/or to provide a written statement, without which investigations may not be able to proceed.

Victimisation of staff who raise concerns reasonably and responsibly is prohibited under the Public Interest Disclosure Act and the CCG will ensure that staff are protected from victimisation in these circumstances. Please refer to the Whistleblowing policy for further guidance.

Records should be kept no longer than is necessary in accordance with the Data Protection Act 1998.

Wherever possible, investigations should be completed, including the fact-finding interview with the employee, within a span of twenty working days, unless otherwise mutually agreed.

Statements from any witnesses and any other relevant documentary information should be obtained by the Investigating Manager without delay. Adequate time and notice, however, should be given to employees producing statements, which may include gaining any support/guidance from their accredited Staff Representative, as appropriate.

It is the Investigating Manager's responsibility to investigate and obtain all relevant information and take all reasonable steps to determine the validity and accuracy of the complaint/allegation made against the employee.

It is the Investigating Managers responsibility to advise if there is any case to answer and recommend if the employee should be invited to a disciplinary hearing. The Investigating Manager will clarify the allegations and present the case against the employee at any disciplinary hearing.

11.3 Suspension

The decision to suspend an employee from duty should not be taken lightly or without careful consideration of all the circumstances and the nature of the complaint/allegation made. Suspension is not a disciplinary measure; it is a means of carrying out further enquiries.

During suspension the employee will receive their normal pay in accordance with her/his planned working arrangement, providing they are otherwise available for work.

The following list, whilst not exhaustive, provides an indication of the types of situation when suspension may be appropriate:

- where Gross Misconduct is suspected or alleged;
- where it would not be possible to carry out a thorough investigation with the employee still present; or
- where there is a concern that further offences may occur
- where there is a risk to life or limb
- where a work permit has been suspended or expired

However, such actions should not be taken without advice from Human Resources or consideration of alternative actions which may include:

- assignment in a similar role in another service or location
- restricted duties in existing role or location
- assignment to a different role which is within the knowledge and skills of the employee
- supervision

The authority to suspend staff sits with any manager with line management responsibility. Whenever possible, a meeting should be held with the employee and her/his accredited Staff Representative to advise her/him of the decision to suspend her/him from duty.

The Manager making the decision to suspend an employee must ensure the following steps are taken:

- the employee must be informed of the reason(s) why they are being suspended from duty;
- the employee must be advised that her/his suspension from duty is not a form of disciplinary action;
- that s/he will receive a letter confirming and summarising the reason(s) for the decision to suspend.

The employee should also be advised that:

- they must remain contactable and available during normal daytime hours (i.e. 9.00 a.m. to 5.00 p.m.) in order that they can attend meetings as required and not work for any another employer during the working hours that they would normally work for the CCG;
- they must notify the CCG of any changes of address/telephone number;
- they must not under any circumstances have contact with, or seek to influence, anyone associated with the complaint/allegation, or enter any of the CCG premises without having gained authorisation from the Investigating Manager;
- the suspension will be reviewed every 10 working days by the Investigating Manager in conjunction with Human Resources and that the outcome of the review will be confirmed in writing;
- they can contact a nominated HR representative for support and status updates as appropriate;
- Counselling services via Occupational Health are available.

Suspension will cease in the following circumstances:

- where the Investigating Manager has decided that there is no case to answer and no requirement for the employee to attend a Disciplinary Hearing;
- where the investigation has been concluded and dismissal is not a possible outcome;
- where the Disciplinary procedure has been completed.

11.4 Arranging Disciplinary Hearings

In order to ensure that meetings do not have to be delayed or postponed at the last minute, the Manager hearing the case should agree a mutually convenient time and date for the Hearing with the employee(s) and their accredited Staff Representative or workplace colleague in accordance with the time limits set out in this procedure.

Where the accredited Staff Representative or workplace colleague cannot attend on the date proposed, the employee(s) can offer an alternative time and date so long as it is reasonable and falls before the end of a period of five days. In proposing an alternative date the employee(s) should have regard to the availability of the Manager. For instance it would not normally be reasonable to

ask for a new date for the meeting where it was known the Manager was going to be absent on business or on leave.

A letter containing details of the complaint/allegation, enclosing copies of all statements and/or written material gathered during the investigation, should be sent to the employee at least five working days in advance of the date set for the Disciplinary Hearing, unless otherwise mutually agreed. The letter should also disclose the name of the Manager(s) who will be hearing the case and details of any witnesses who will be present to give evidence at the Hearing. It should also inform the employee that they have the right to be accompanied at the meeting by an accredited Staff Representative or Workplace Colleague and that a possible outcome of the meeting, after due consideration of all the facts and circumstances, may be disciplinary action. The employee should also make available copies of any statements and/or written material which s/he intends to refer to, along with details of any witnesses who will be present to give evidence, no later than 3 working days prior to the Hearing.

Failure by either party to disclose written material in accordance with the above guidelines may result in this information being inadmissible at the Disciplinary Hearing. The Manager hearing the presentations will decide whether to admit information following discussion with the individuals present and having assessed the reason(s) for the late disclosure, including the possible significance of the information.

If the employee continually fails to attend a disciplinary hearing, the case will be heard in the employee's absence and the outcome of the hearing will be confirmed in writing to the employee.

11.5 Departure from CCG employment Mid-Proceedings

Should the employee being investigated leave the CCG's employment midway through the process (either during or pending a full investigation or hearing), depending on the nature of the allegations, the investigation or hearing may be conducted in their absence and the outcome confirmed to the individual in writing.

11.6 Grievances raised during the Disciplinary Process

Where an employee raises a Grievance during any stage of the formal Disciplinary Process, the disciplinary process may be temporarily suspended and the Grievance should be investigated in line with the CCG Grievance and Disputes Policy and Procedure. Where there is clear evidence to suggest that the Disciplinary and Grievance cases are related, it may be appropriate to deal with both issues concurrently.

12 DISCIPLINARY ACTION

Decisions relating to the level of disciplinary action to be taken, if any, will be a matter of judgement for the Manager(s) who has listened to the information

presented during the Disciplinary Hearing. Managers will, however, need to consider:

- the seriousness of the disciplinary breach in question;
- the relevance and context of facts/information presented;
- the employee's previous employment record;
- issues relating to fairness, consistency and the substantial merits of the information presented; and
- whether any relevant disciplinary warnings are currently in existence.

12.1 Scheme of Delegation

DISCIPLINARY SANCTION:	TYPE OF MEETING:	SANCTION ISSUED BY:	WHO TO APPEAL TO:
WRITTEN WARNING	Disciplinary hearing followed by warning	CCG Manager with appropriate authority to issue sanction	CCG Manager with appropriate authority to issue sanction who has not previously been involved in the case
FINAL WARNING	Disciplinary hearing followed by written warning	CCG Manager with appropriate authority to issue sanction	CCG Manager with appropriate authority to issue sanction who has not previously been involved in the case
DISMISSAL	Disciplinary hearing followed by written statement of dismissal	CCG Manager with delegated authority to dismiss	Governing Body Member

It may be necessary for other managers to be present at disciplinary interviews in addition to the above. Individual members of staff and their representatives will be informed of this in the "Notification of Disciplinary Hearing" letter as appropriate.

12.2 Written Warning

Where an informal approach has failed to have the desired affect, or if the infringement is of a more serious nature, the employee should be given a Written Warning. The employee should be advised, in writing within five working days of the hearing, of the reason for the warning, the improvement or change in behaviour required, the consequences of any repetition or failure to improve and of their right of appeal. A copy of the Written Warning should be kept on file but should be disregarded for disciplinary purposes after twelve months from the date of issue.

12.3 Final Written Warning

Where a Written Warning has failed to have the desired effect, or where the infringement is sufficiently serious, the employee should be given a Final Written Warning. The employee should be advised, in writing within five working days of the date of the hearing, of the reason for the warning, the improvement or change in behaviour required, that any repetition or failure to improve or modify their behaviour may lead to dismissal and of their right of appeal. A copy of the Final

Written Warning should be kept on file but should be disregarded for disciplinary purposes after two years from the date of issue.

12.4 Dismissal

The decision to dismiss will only be taken by a Manager with delegated authority to dismiss. Notification of dismissal will be confirmed within five working days of the Disciplinary Hearing. Dismissal on the grounds of lack of capability through ill health will be conducted as per the Attendance Management Policy.

Dismissal is the ultimate sanction against employees and will only be invoked where an employee's record does not improve after reasonable warnings, in accordance with the Disciplinary Policy. Where a single offence warrants dismissal (gross misconduct), this may be immediate with no entitlement to notice. Incorporated in this procedure at Appendix 1 is a list of offences which could, in certain circumstances, lead to dismissal. It is not a fully comprehensive or exhaustive list but is provided as a guide for staff and managers.

Following a Final Written Warning, no employee will be dismissed for disciplinary reasons unless:

- a full investigation into the latest alleged incident(s) has been carried out
- the employee has been given the opportunity of stating their case at a disciplinary hearing.

Where the Final Written Warning has failed to have the desired effect, or where the infringement constitutes a breach of the CCG Disciplinary Rules (see Appendix 1), then the employee should be dismissed with appropriate notice and advised whether or not they are required to work their notice.

Where an employee is accused of an act of Gross Misconduct s/he may be suspended while the alleged offence is investigated. If, on completion of the investigation and the full disciplinary procedure, Management is satisfied that Gross Misconduct has occurred, the result will normally be summary dismissal without notice or payment in lieu of notice. Previous stages need not necessarily have been followed.

12.5 Referral to Professional Bodies

Where appropriate the CCG may consider referring a registered practitioner to a relevant professional body, for example, the General Medical Council, General Dental Council, Nursing and Midwifery Council or other professional body. The employee will be notified in writing of the referral reason.

12.6 Alternative Sanctions to Dismissal

In exceptional circumstances and as an alternative to dismissal under this procedure, Managers may (depending on the offence) consider the following options:

- transfer to another available post within the CCG;
- demotion to another available post within the CCG; and/or
- downgrading

These sanctions would not attract any form of pay protection and each of these measures would be accompanied with a Final Written Warning. The demotion / downgrading will last for a period of 2 years, during which time the employee will not be eligible to apply for any post at the CCG above the pay banding of the post they are in. After this period the employee will be eligible to apply for any post they choose to.

The Final Written Warning should advise the employee of the reason for the warning, the improvement or change in behaviour required, that any repetition or failure to improve or modify their behaviour may lead to dismissal and of their right of appeal. A copy of the Final Written Warning should be kept on file but should be disregarded for disciplinary purposes after two years from the date of issue.

The proposal to transfer the employee to another available post within the CCG when demotion or downgrading is involved must be with the full agreement of the employee. Employees should be placed on the redeployment register by Human Resources for a period of 12 weeks and if no suitable alternative employment is found during this time period, the Employee will be dismissed from the CCG. The Manager cannot impose this decision on the employee. Where the employee does not wish to consider an alternative sanction to dismissal then the Manager hearing the case should confirm the dismissal decision.

13 RIGHT OF APPEAL

An employee may choose to appeal because:

- they think a finding is unfair
- new evidence comes to light
- they believe the process was not followed correctly

Appeals should be made to the relevant person as outlined in the scheme of delegation within ten working days of the date on the letter confirming the disciplinary action clearly stating the grounds for appeal.

13.1 Appeal Process

As far as is reasonably practicable, the appeal will be heard within twenty working days of receipt of the request for an appeal.

The employee will be given ten working days notice of the date of the hearing.

Details of any witnesses the employee may wish to call and any documentation relating to the allegations that they would like the panel to consider should be forwarded at least five working days before the date of the Appeal Hearing.

The CCG Appeal Hearing will follow the procedure set out in Appendix 2.

The decision of the CCG Appeal Hearing will be final. Any sanction or penalty applied as a result of the outcome of the disciplinary hearing can be reviewed by the Appeal Panel but the sanctions cannot be increased by the Appeal Panel.

14 Monitoring

Human Resources will:

- Have responsibility to monitor the effectiveness of this policy on an annual basis.
- Make recommendations to the Governing Body.

APPENDIX 1

DISCIPLINARY RULES

The purpose of this appendix is to give an indication of the standards of behaviour expected of all staff by the CCG. It is not possible to specify all standards and those listed here are intended as a guide and should not be seen as an exhaustive list.

1. Gross Misconduct

It is important that all staff understand that there are certain behaviours that are deemed so serious by the CCG that, if proven, the outcome may be dismissal from CCG. This dismissal may be summarily, that is without notice.

Theft or attempted theft – unauthorised removal with the intent to steal of property or money belonging to the CCG or belonging to other employees, patients or members of the public.

Fraud / Deception – any deliberate attempt to obtain money or goods belonging to the CCG, other employees, patients or members of the public, through the falsification of any records or documents.

Violence or assault – physical, verbal, sexual abuse or harm.

Serious bullying or harassment of others.

Indecency or sexual offences.

Malicious damage – deliberate destruction or damage to CCG property.

Corruption – including receipt of favours for contracts or information.

Failure to disclose a criminal conviction - either at appointment or during employment.

Giving false information and deliberate concealment at selection.

Inappropriate use of computers – the use of computers to access inappropriate websites or the excessive use of computers inappropriately during working hours including accessing pornographic materials.

Contravention of a statutory requirement - working while contravening an enactment, or breach of rules laid down by statutory bodies such as erasure from the General Medical Council register, or the United Kingdom Central Council register, or loss of driving licence where driving is an essential component of the duties of the post.

Unauthorised employment with another organisation whilst on sick leave

Wilful negligence – any action or failure to act that threatens the health and safety of any patient, member of staff or member of the public.

Being unfit for duty – either due to alcohol or substance abuse.

Deliberate disclosure of confidential information - this includes abuse/misuse of patient information systems.

Health and Safety – disregarding safety rules and regulations or serious negligence that endangers self or others.

Discrimination/harassment – actions or language of a discriminatory nature that infringes the CCG Equal Opportunities policy.

Abusive and insulting behaviour – the use of threatening and abusive language to other employees, patients and members of the public.

Criminal convictions outside work – convictions relating to activities outside work that have a direct bearing on an employee's employment with the CCG.

Bringing the CCG into disrepute.

Unauthorised use of CCG Property / Equipment

Any other act of gross negligence – a failure to exercise a duty of care which adversely affects the welfare of others.

2. Examples of Other Standards of Conduct

Poor timekeeping

Being rude to colleagues, patients or members of the public

Failure to follow reasonable management instruction.

Errors

Unauthorised absence

Minor breaches of health and safety

Refusal to work with a colleague for an unacceptable or discriminatory reason

Smoking in contravention of the CCG No Smoking Policy

Engaging in employment outside the normal working hours of the CCG that adversely affects, hinders or conflicts with their work with the CCG and/or the interests of the CCG

Failure to follow CCG policies and procedures

APPENDIX 2

Conduct of Disciplinary Hearings

The Manager(s) hearing the presentations at the Disciplinary Hearing should not have had any prior involvement in the investigation.

The Hearing should be conducted in accordance with the following procedure:

Introductions: The Manager hearing the case should introduce all present, explain the purpose of the meeting (i.e. to consider whether disciplinary action is necessary) and explain how the hearing will be conducted. If the employee is accompanied by a staff side representatives or workplace colleague it should be noted that they will be able to present and sum up the employees case but cannot answer direct questions made to the employee.

Statement Of Complaint/Allegation: The Manager hearing the case should establish precisely what the complaint/allegation is and invite the Investigating Manager to present her/his findings, including the tabling of all previously circulated statements and/or written material gathered during the investigation and the calling of any witnesses.

Employee's Reply: The employee should be given the opportunity to state their case and present evidence, including the tabling of all previously circulated statements and/or written material and the calling of any witnesses.

Civility: The Hearing should be conducted courteously and fairly, with the emphasis being to establish the facts. To this end, all parties should be free to ask questions politely and comment appropriately.

Summing Up: After general questioning and discussion, both parties should be given the opportunity to summarise their main points, with the employee having the right to go last.

Adjournment: The Manager(s) hearing the case should consider their decision in private. If it is necessary to recall one of the parties to clear any points of uncertainty on evidence already given, then both parties should be invited to return notwithstanding only one is concerned with the point giving rise to doubt.

The Decision: All appropriate parties should be recalled and the Manager(s) hearing the case inform them of their decision. This will be confirmed in writing within five working days of the hearing.

Should a decision not be made on the day, the panel will recall and inform all appropriate parties that a decision has not been made, but will confirm the outcome in writing within five working days of the hearing.

The employee should be given a written copy of the notes of the hearing for information purposes only.

CCG APPEAL HEARING

At the hearing of an appeal against dismissal the following procedure shall be observed:

All appeal hearings will be heard by a CCG Appeal Panel as detailed below.

Appellant's Case: The Appellant or the Appellant's Representative will put their case in the presence of the Management Representative and may call witnesses. The Management Representative will have the opportunity to ask questions of the Appellant and the Appellant's Representative and witnesses. The members of the Appeal Panel will have the opportunity to ask questions of the Appellant and the Appellant's Representative and witnesses. The Appellant or the Appellant's Representative will have the opportunity to re-examine witnesses on any matter referred to in their examination by members of the Appeal Panel or the Management Representative.

Management's Case: The Management Representative will state Management's case in the presence of the Appellant and the Appellant's Representative and may call witnesses. The Appellant or Appellant's Representative will have the opportunity to ask questions of the Management Representative and witnesses. The members of the Appeal Panel will have the opportunity to ask questions of the Management Representative and witnesses. The Management Representative will have the opportunity to re-examine witnesses on any matter referred to in their examination by members of the Appeal Panel, the Appellant or the Appellant's Representative.

Summing-Up: Both parties will have the opportunity to sum up their respective cases, with the Appellant having the right to go last. No new information may be introduced or referred to at this point in the appeal procedure.

General: Notwithstanding the above procedure, members of the Appeal Panel may at any time invite either party or a representative to elucidate or amplify any statement they may have made, or may ask questions to ascertain whether or not they propose to call any evidence in respect of any part of their statement. Alternatively, if the parties concerned are in fact claiming that the matters are within their own knowledge, they will be subject to examination as witnesses as described above.

The Panel may, at its discretion, adjourn the appeal in order that further evidence may be produced by either party to the grievance/dispute or for any other reason.

Adjournment: The Management Representative, the Appellant, the Appellant's Representative and witnesses will withdraw. The Appeal Panel will consider their decision in private only recalling both parties to clear points of uncertainty on evidence already given. If recall is necessary both parties shall return even if only one party is concerned with the point giving rise to doubt.

The Decision: When the Appeal Panel has reached its decision both parties will be recalled and the Chair of the Panel will inform them of their decision. The Chair to the Appeal Panel will write to both parties to confirm the Panel's decision within five working days of the Appeal Hearing including a copy of the notes of the meeting for information purposes.

MEETING OF THE GOVERNING BODY September 2013

Agenda Item: 13/129	Author of the Paper:
Report date: 12 September 2013	Melanie Wright Business Manager melanie.wright@southseftonccg.nhs.uk
Title: Annual Leave and Bank Holiday Policy	
Summary/Key Issues:	
<p>This paper presents the Governing Body with the organisation's Annual Leave and Bank Holiday Policy, which was prepared by the Cheshire & Merseyside Commissioning Support Unit in collaboration with other local CCGs via the CCG's Partnership Forum, to facilitate uniformity in relation to HR policies and procedures and compliance with Agenda for Change Terms and Conditions.</p> <p>In accordance with the CCG's Constitution (Scheme of Reservation and Delegation), HR policies require approval by the Governing Body and the Governing Body is therefore asked to approve this policy.</p>	
Recommendation	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to approve the Annual Leave and Bank Holiday Policy.	

Links to Corporate Objectives <i>(x those that apply)</i>	
x	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

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

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

Annual Leave and Bank Holiday Policy

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1. Introduction

All contracted staff are entitled to a period of paid annual leave inclusive of bank holidays each year. The individual entitlement is dependent upon the employee's length of service and working hours.

This policy will be applied equally to all staff covered by the policy and in accordance with the CCG Equal Opportunities Policy. The fair and equitable implementation of this policy will be monitored by Human Resources.

The purpose of this policy is to provide managers and employees with guidance on the application and management of all annual leave and bank holiday entitlements to ensure that all staff take adequate rest away from work whilst maintaining the needs of the service.

2. Scope

This policy will apply to all staff employed by the CCG with the exception of:

- Medical and Dental staff who should refer to the Terms and Conditions for Hospital, Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service.
- Staff employed on Very Senior Manager terms and conditions of employment, who should refer to the Pay Framework for Very Senior Managers

3. Policy Statement

Employees should take the full annual entitlement each year and managers should endeavour to ensure that the workloads of employees do not prevent any employee from taking their entitlement to annual leave.

It is the policy of the CCG to ensure that the application and management of annual leave and bank holiday entitlements, is applied fairly to all staff irrespective of their sex, race, belief, religion, disability, age or sexual orientation.

The CCG is committed to improving working lives and as such does not expect any staff to fulfil working commitments during periods of annual leave. Annual leave should enable a member of staff to take time away from work to relax and enjoy a break. If staff feel pressured into fulfilling work commitments during annual leave they should seek advice from their manager or from Human Resources.

4. Responsibilities

4.1 Responsibility of Human Resources

Provide advice, support and training to managers in the application of the Policy.

4.2 Responsibility of the Manager

Ensure that this policy is applied fairly to all, irrespective of their age, sex, religion, belief, disability, age or sexual orientation.

To calculate leave for all direct reports.

Ensure that employees are made aware of the procedure for requesting annual

leave within their own team and to ensure that each employee is aware of their own entitlement.

Keep accurate annual leave records for all employees in their team and to monitor the uptake of annual leave to ensure that employees are taking regular breaks away from work.

4.3 Responsibility of the Employee

Request annual leave in line with local team arrangements.

Manage their annual leave in a reasonable way, ensuring full entitlements are taken over the leave year and requests for leave are submitted in accordance with team procedures.

5. Policy in Practice

5.1 Leave Year

The leave year runs from 1 April - 31 March. Staff should ensure that they take their full entitlement of annual leave in consultation and agreement with their manager.

In exceptional circumstances, with prior agreement of their manager, an employee's leave may be carried into the next year subject to a maximum of 1 week, pro rata to the number of hours worked per week.

Employees who have been unable to take their annual leave as a result of long term sickness absence should refer to the CCG's Attendance Management Policy.

5.2 Entitlement

An employee's annual leave entitlement is determined by the length of aggregated NHS service, with leave entitlements increasing on the completion of 5 and 10 years aggregated NHS service as shown in Appendix 1.

An employee's continuous previous service with an NHS employer will count as reckonable service in respect of annual leave.

In addition, aggregated NHS service, i.e. any period of time that has been worked in the NHS, regardless of whether or not there has been a break in service, will count as reckonable service for annual leave.

For purposes of aggregated service, time spent employed in a **highly relevant** role in organisations other than the NHS, may be counted as aggregated service, i.e. GP Practices, General NHS Dental Practices, relevant overseas employment and local authorities. Locum agency service will not count. Agreement should be reached between the manager and Human Resources, on the application of highly relevant service, to ensure consistent application of this provision.

Any aggregated service should be agreed on appointment to an employee's first post within the CCG. There is no provision for retrospective application of the above.

All annual leave entitlements are calculated in hours for all part-time and full-time employees, rounded up to the nearest full hour, including bank/public holidays.

Employees who wish to take more than 2 weeks leave in any one block must discuss their request in writing to their line manager as early as possible to ensure that adequate cover is maintained.

If any employee falls ill during a period of annual leave, and wishes their annual leave to be recorded as sickness, they must comply with their local sickness absence reporting procedure and produce a medical certificate to cover the period of sickness. In the absence of a doctor's medical certificate the period of absence will continue to be recorded as annual leave. Employees will not be entitled to an additional day off if they are sick on a bank holiday that they would have otherwise have worked as part of their normal pattern of work.

For the purposes of new starters to the CCG, leavers from the CCG and any changes in employment, all annual leave will be calculated in accordance with completed months of service. New starters and employee changes will be calculated with effect from the first of the following month.

Employees who are on sick leave, adoption leave and maternity leave will continue to accrue annual leave in accordance with the relevant policies.

Pay during annual leave will include regularly paid supplements and payment for work outside normal hours. Pay is calculated on the basis of what the employee would have received had he/she been at work.

5.3 Procedure for Booking Annual Leave

Employees must ensure that their line manager has approved all annual leave before they take their leave. If any employee takes a period of annual leave without prior approval then the CCG may consider that the employee has taken unauthorised absence and this may be unpaid.

All requests for annual leave should be made on the appropriate annual leave request form.

Employees should not commit themselves to any holiday plans until they have received approval from their manager.

The employee and line manager should both ensure that they have an up to date copy of the annual leave record.

6. Term Time Staff

Employees on term-time contracts of employment will have their annual leave entitlement abated proportionate to the number of weeks they work per annum.

7. Bank/Public Holidays

The term bank holidays in this policy refer to the eight bank and public holidays that normally occur each annual leave year.

Full-time employees are entitled to all eight bank holidays in the leave year. Part-time employees are entitled to bank holidays pro-rata to the full-time allowance.

The number of bank holidays per year varies dependant when Easter falls. When this occurs, employees should still assume that there has been eight bank holidays in the year and plan their leave accordingly. This will ensure consistency across all leave years.

8. Unpaid Leave

Where a member of staff is given unpaid leave of a month or more in any given leave year (apart from unpaid maternity or adoption leave) this will have the effect of reducing the total entitlement for the year. The entitlement will need to be re-calculated and the number of months of unpaid leave deducted from the full year entitlement.

9. Monitoring

The fair application of this policy will be monitored by Human Resources. The policy will be reviewed every three years unless changes to employment legislation require a review to take place sooner.

Appendix 1

Annual Leave Entitlement

Where staff:

- are not normally required to work on a bank holiday;
- could be required to work on a bank holiday, but are not on that occasion, then they should record this as the appropriate hours annual leave taken and deduct it from the cumulative total. Staff who do work a bank holiday, (or it is their day off) will take their leave at an alternative date.

All annual leave entitlements are calculated in hours for all part-time and full-time employees, rounded up to the nearest full hour, including bank/public holidays.

Weekly Contracted Hours	On appointment 27 + 8 = 35 days	After 5 years service 29 + 8 = 37 days	After 10 years service 33 + 8 = 41 days
37.5	263	278	308
37	259	274	304
36.5	256	270	299
36	252	267	295
35.5	249	263	291
35	245	259	287
34.5	242	255	283
34	238	252	279
33.5	235	248	275
33	231	244	271
32.5	228	241	267
32	224	237	263
31.5	221	233	258
31	217	230	254
30.5	214	226	250
30	210	222	246
29.5	207	218	242
29	203	215	238
28.5	200	211	234
28	196	207	230
27.5	193	204	226
27	189	200	222
26.5	186	196	217
26	182	193	213
25.5	179	189	209
25	175	185	205
24.5	172	181	201
24	168	178	197
23.5	165	174	193
23	161	170	189
22.5	158	167	185
22	154	163	181
21.5	151	159	176
21	147	156	172
20.5	144	152	168
20	140	148	164

Weekly Contracted Hours	On appointment 27 + 8 = 35 days	After 5 years service 29 + 8 = 37 days	After 10 years service 33 + 8 = 41 days
19.5	137	144	160
19	133	141	156
18.5	130	137	152
18	126	133	148
17.5	123	130	144
17	119	126	140
16.5	116	122	135
16	112	119	131
15.5	109	115	127
15	105	111	123
14.5	102	107	119
14	98	104	115
13.5	95	100	111
13	91	96	107
12.5	88	93	103
12	84	89	99
11.5	81	85	94
11	77	82	90
10.5	74	78	86
10	70	74	82
9.5	67	70	78
9	63	67	74
8.5	60	63	79
8	56	59	66
7.5	53	56	62
7	49	52	58
6.5	46	48	53
6	42	45	49
5.5	39	41	45
5	35	37	41
4.5	32	33	37
4	28	30	33
3.5	25	26	29
3	21	22	25
2.5	18	19	21
2	14	15	17
1.5	11	11	12
1	7	8	8

Appendix 2

Example Annual Leave Calculations

The following examples are provided for illustrative purposes based on the Annual Leave Entitlement table (Appendix 1).

An Annual Leave Calculator is available on the CCG intranet site.

Example One

Employee A works 20 hours per week and is a new starter to the CCG. They have no previous NHS Service. Their annual leave entitlement (inclusive of bank holidays) is 140 hours per year.

Where a bank holiday falls on Employee A's normal working day then they must deduct the hours that they would have normally worked on that day (as if it had not been a bank holiday) from their annual leave entitlement.

Example Two

Employee B works full time and has 5 years NHS Service. Their annual leave entitlement (inclusive of bank holidays) is 278 hours per year. They must deduct 7.5 hours from their annual leave entitlement for each of the 8 bank holidays in the leave year.

Example Three

Employee C works 30 hours per week and has 10 years NHS Service. They join the CCG on 1st June. Their annual leave entitlement for the remainder of the leave year (inclusive of bank holidays) is:

$246 / 12 \times 10 = 205$ hours.

Where a bank holiday falls on Employee C's normal working day then they must deduct the hours that they would have normally worked on that day (as if it had not been a bank holiday) from their annual leave entitlement.

MEETING OF THE GOVERNING BODY September 2013

Agenda Item: 13/130	Author of the Paper:
Report date: 12 September 2013	Melanie Wright Business Manager melanie.wright@southseftonccg.nhs.uk
Title: Grievance and Dispute Resolution Policy	
Summary/Key Issues: This paper presents the Governing Body with the organisation's Grievance and Dispute Resolution Policy, which was prepared by the Cheshire & Merseyside Commissioning Support Unit in collaboration with other local CCGs via the CCG's Partnership Forum, to facilitate uniformity in relation to HR policies and procedures and compliance with Agenda for Change Terms and Conditions. In accordance with the CCG's Constitution (Scheme of Reservation and Delegation), HR policies require approval by the Governing Body and the Governing Body is therefore asked to approve this policy.	
Recommendation The Governing Body is asked to approve the Grievance and Dispute Resolution Policy.	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 consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

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

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

Grievance and Disputes Policy and Procedure

Date Impact Assessed:	Version No: 1 No of pages: 14
Date of issue:	Date of next review:
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1. INTRODUCTION

The Clinical Commissioning Group (the CCG); recognise that an agreed and practical procedure for the settling of grievances and disputes can contribute significantly to promoting and maintaining good employment relations.

The aim of this Policy and Procedure is to promote a working environment that is harmonious with the best possible relations between management and staff by providing an opportunity for the consistent, fair and efficient resolution of grievances as they affect members of staff. This policy will provide a framework which will allow employees, individually or collectively, to raise concerns in an open and fair way, ensuring they can be resolved as quickly as possible and at the lowest possible level.

2. SCOPE

This Policy applies to all members of staff, and can be used to raise grievances concerning terms and conditions of employment, health & safety; employee relations; bullying & harassment (although a separate process is followed in most cases); new working practices; working environment; organizational change and equal opportunities of an employee or a group of employees.

This policy will be applied equally to all staff and in accordance with the CCG Equal Opportunities Policy.

This procedure should be instigated at the lowest appropriate stage depending on the circumstances of the grievance, and resolved informally where possible.

Although formal grievances from staff should be lodged on the Grievance Report Form (Appendix 1), it is acknowledged that grievances can sometimes be raised via letter or exit interview form, as has been highlighted in case law. Therefore any comments made via these methods that could in any way be construed as a grievance should be discussed with Human Resources.

This policy excludes the resolution of the following issues:

- Disciplinary Issues for which a separate procedure exists
- Statutory and Governmental Policy Decisions, for which the CCG has no control
(e.g. Income Tax, National Insurance, Pension).

Other policies may need to be referred to in light of the grievance being raised:

- Disciplinary
- Whistleblowing
- Equal Opportunities / Dignity at Work
- Bullying and Harassment
- Work-Life Balance

3. POLICY STATEMENT

The objective of this policy is to provide a fair and equitable process for employees to raise their grievances and have them resolved in a timely manner without the fear of recrimination.

The policy applies to all staff employed by the CCG.

Principles:

- The CCG will listen to, and investigate grievance issues raised by its employees
- It is expected that most grievances will be resolved satisfactorily through informal discussions between the employee(s) and their manager
- In some circumstances it may not be appropriate for the line manager to be involved in dealing with the grievance, and another manager from within the CCG may be required in order to assist resolution
- All grievances will be dealt with as promptly as is reasonably possible and within agreed timescales
- Managers should be fully conversant with the Grievance and Disputes Policy and Procedure and the CCG will provide training as appropriate
- Where a grievance is against another member of staff, the CCG will support both the employee(s) raising the grievance and the employee(s) against which the grievance has been taken
- It is recognised that any action taken against an individual or group of staff because they have brought a complaint under the grievance procedure, may amount to victimisation. Any proven action of this nature will be considered a disciplinary matter
- Similarly, failure to take an individual or collective grievance seriously may in itself amount to discrimination and if proven will be considered a disciplinary matter
- It is recognised that in resolving grievances, it may be necessary for either management or staff side to seek expert advice and provision can be made for this where exceptional circumstances deem it is sensible and reasonable.

Definitions:

***Grievances* are concerns, problems or complaints that an employee may raise with the CCG.**

***Disputes* are concerns, problems or complaints where more than one employee within a CCG is aggrieved about the same matter.**

4. RESPONSIBILITIES

This policy and related procedures have been written and agreed through a partnership of managers, staff side representatives and Human Resources.

4.1 Responsibility of the CCG

The responsibility for the provision of an agreed Grievance and Disputes Policy lies with the Senior Management Team.

The CCG accepts that they will have responsibility for the smooth running of the organisation and to ensure that any such disputes are settled in a fair and consistent manner.

4.2 Responsibility of Human Resources

To provide advice and support to managers when an employee or group of employees raises a grievance.

To ensure that the Grievance Procedures is applied fairly, equitably and consistently throughout the CCG. Human Resources will organise relevant training sessions on the handling of grievance.

To provide advice and support at all stages of the formal grievance process, and encourage resolution of grievances via informal routes where possible.

4.3 Responsibility of Managers

It is the responsibility of all managers employed within the CCG to make sure they are aware of the Grievance and Disputes Policy and Procedure and how to begin to resolve employee's grievances, both informally and through a formal procedure.

Managers should ensure that they follow the guidelines of this policy, paying specific attention to the timescales set out under each stage.

Managers should ensure that a copy of the Grievance Report Form is sent to Human Resources, when the grievance is first raised and again when it has been resolved.

4.4 Responsibility of Employees

It is the responsibility of each employee to make their manager (or manager above their line manager) aware of their grievance as soon as possible. The CCG do not believe that it is in anyone's interest to delay when an individual believes that there is an issue that requires resolution.

Employees should outline the nature of the grievance and expected outcome.

Employees should seek to resolve grievances informally in the first instance.

4.5 Responsibilities of Accredited Trade Union Representatives

Trade Union representatives have a duty to advise and represent their members, both when they are instigating a grievance or dispute, or when they are the object of one. This might include guidance on procedure, advice on how or whether to proceed with a case.

5 RIGHT TO BE ACCOMPANIED BY A TRADE UNION REPRESENTATIVE OR WORK COLLEAGUE

Employees have the right to be accompanied at any stage of the Formal Procedure by either an accredited Staff Representative or full-time official of a recognised staff organisation, or by a Fellow Worker who must be an employee of the CCG. Where reference is made in the procedure to an “accredited Staff Representative” this should also be taken to mean full-time official as appropriate.

It would not normally be reasonable for an employee to insist on being accompanied by a companion whose presence would prejudice the hearing.

The companion should be allowed to address the hearing to present the employee’s case, respond on their behalf to any views expressed at the hearing and confer with them during the hearing. The companion does not however have the right to answer questions on the employee’s behalf, address the hearing if the employee does not wish it, or prevent the employee from explaining their case.

If an employee’s companion is unavailable, it is the responsibility of the employee, so long as it is deemed reasonable to suggest another date which is not more than 5 working days after the original date of the Hearing.

Employees have no right under this procedure to be accompanied by anyone else (e.g. a spouse, partner, other family member, or legal representative) other than those persons previously referred to.

6 POLICY IN PRACTICE: PROCEDURE

6.1 Informal Resolution of a Grievance (Complaints)

Most routine complaints and grievances are best resolved informally in discussion with the employee(s) concerned and the manager, or another appropriate manager. Dealing with grievances in this way can usually lead to a speedy resolution as it enables the manager to make decisions on those issues they manage. Both manager and employee(s) should keep an agreed written note of the informal meeting, including details of any action to be taken in resolving the grievance.

If the grievance is not resolved at the informal stage, the employee has the right to follow the formal procedure as outlined below.

6.2 Formal Procedure

It is expected that all grievances will be dealt with speedily, and that the timescales stated in this Policy will generally be held as maxima. However, it is recognised that circumstances may arise where both sides agree to extend the timescales as appropriate.

STAGE 1

All stages of the formal grievance procedure shall commence with the presentation of a completed Grievance Report Form, (Appendix 1) by the employee(s) to their Manager. Where the Manager is the subject of the grievance, the Grievance Report Form should be submitted to Human

Resources. The employee must ensure that they fully explain the nature of the grievance and the reasons they are dissatisfied as well as how they think the grievance can be resolved.

Receipt of this form should be acknowledged in writing within **2** working days by the Manager who should seek HR advice.

The Manager should arrange a meeting with the employee(s) to hear the grievance within **5** working days, supported by HR as appropriate. This should be confirmed in writing (Appendix 2) and should notify the employee of his/her right to be accompanied at the meeting.

Wherever possible it is expected that resolutions will be presented by the Manager at this meeting, however, where further investigation is required, this will be conducted as quickly as practicable, and another meeting arranged.

The hearing should begin with the employee(s) and/or their representative stating their reasons for lodging the grievance and how they think it can be resolved. The Manager will then respond verbally with their decision.

An accurate written record of the meeting will be kept and a copy given to the employee(s) within **3** working days of the meeting (Appendix 3). Human Resources will facilitate the taking of the notes of the meeting.

The timescale for resolution at this stage is **10** working days commencing with the receipt of the Grievance Report Form. If there are exceptional reasons why this cannot be achieved, then these should be presented to the employee(s) and a revised timescale agreed.

If the employee(s) finds the outcome of this meeting unacceptable, they have **10** working days from the receipt of the written record to refer the matter to STAGE 2/Appeal. If the appeal (at stage 2) is not lodged within **10** working days it will be assumed that the employee(s) does not wish to appeal against the STAGE 1 decision and that the matter is closed.

STAGE 2 – APPEAL

If an employee(s) remains dissatisfied by the action taken at STAGE 1, they should present a copy of their original grievance form, the record of the STAGE 1 meeting and their reasons, in writing, for considering the matter unresolved. Following which, a STAGE 2 hearing should take place within **5** working days.

The Grievance will be acknowledged receipt in writing within **2** working days. A meeting will be arranged with the employee(s) within **10** working days of receipt of the grievance, supported by HR as appropriate. This should be in writing and should notify the employee(s) of their right to be accompanied at the meeting.

The Manager who dealt with the grievance at STAGE 1 should be invited to attend to give his/her reasons for the outcome.

The hearing should begin with the employee(s) and/or their representative stating their reasons for lodging the grievance and how they think it can be resolved.

The Line Manager will respond with their views of the employee's grievance and why they made their original decision, ending with how they feel the matter can be best resolved.

The Chief / Accountable Officer will then respond verbally with his/her decision and confirm this in writing within **3** working days of the meeting. A written record of the meeting will be made and a copy will be given to the employee(s), within **5** working days of the meeting.

At this point the CCG internal processes have been exhausted. It is recognised that for certain matters where an employee remains dissatisfied, they may refer the matter to an Employment Tribunal. Their employment arrangements will not be changed, nor will they be disadvantaged if they wish to do so.

6.3 Scheme of Delegation

The Scheme of Delegation as outlined in the table below will be applied during the formal stages of the grievance procedure:

Grievance	Authorised Manager	Appeal
Stage One	Line Manager or other appropriate CCG Manager (if Grievance relates to Line Manager)	Chief Officer unless the Grievance relates to the Chief Officer when appeal should be directed to the CCG Chair
Stage Two	Chief Officer and Lay Member unless the Grievance relates to the Chief Officer then Grievance will be heard by the Chair and another Governing Body member	N/A

6.4 Disputes (or collective grievances)

At each formal stage of the procedure, the group of employees may nominate two of their group to represent them in the appropriate meeting (i.e. in addition to their accredited Staff Representative if appropriate).

Where several Trade Unions are involved in the same dispute within the CCG, they will be expected to co-ordinate their views, and nominate one representative per trade union plus one full time officer, in addition to two employees involved, to present the case. Other representatives may attend a hearing as witnesses, if desired.

The CCG will attempt to resolve disputes within a maximum of two months of the date when it was first brought to the attention of the immediate line manager.

6.5 Status Quo

For the purposes of the Grievance and Disputes Policy and Procedure, the term "status quo" shall mean the working arrangements or practices which applied immediately prior to the grievance first being raised under this procedure.

Under normal circumstances, no action shall be taken that will affect the status quo until the issue has either been resolved, or the formal stages of the procedure has been completed, however, there will be occasions when the status quo provisions will not apply. These occasions will include circumstances when the CCG may be in breach of its statutory, mandatory or regulatory obligations.

If the time limits for exhausting the procedure are exceeded, the status quo position will be jointly reviewed by the management and staff sides.

7 EMPLOYEES WHO HAVE LEFT THE CCG

Where ever possible a grievance should be dealt with before an employee leaves the CCG. However where an employee has left the CCG and if the grievance procedure has not commenced or been completed prior to the employee's departure, it must be agreed that the grievance be dealt with through following fast track procedure detailed below:

Step 1

The employee should write to Human Resources setting out the grievance as soon as possible after leaving employment.

Step 2

The Manager will formally respond to the employee's grievance setting out its response within 10 working days.

8 GENERAL CONDUCT OF MEETINGS

Meetings convened under the Formal Procedure should be conducted in accordance with the following guidelines:

Introductions

The Panel hearing the grievance/dispute should introduce all present, explain the purpose of the meeting (i.e. to consider whether the grievance/dispute can be resolved) and explain how the meeting will be conducted.

Statement Of The Grievance/Dispute

The Panel hearing the case should establish precisely what the grievance/dispute is and invite the employee(s) and/or their representative to present their case and any relevant supporting information.

Manager's Reply

Where the grievance/dispute has previously been heard by a Manager at an earlier stage in the procedure, then that Manager should be given the opportunity to present her/his case and any relevant supporting information.

Civility

The meeting should be conducted courteously and fairly, with the emphasis being to establish the facts. To this end, all parties should be free to ask questions politely and comment appropriately.

Summing Up

After general questioning and discussion, both parties should be given the opportunity to summarise their main points, with the employee having the right to go last.

Adjournment

The Panel hearing the case should consider their decision in private. If it is necessary to recall one of the parties to clear any points of uncertainty on evidence already given, then both parties should be invited to return notwithstanding only one is concerned with the point giving rise to doubt.

The Decision

All appropriate parties should be recalled and the Panel hearing the case should inform them of their decision.

9 MONITORING

This policy will be monitored by Human Resources using the receipt of the Grievance Report Form as the first trigger to commence the monitoring process.

Managers are informed that a copy of the form must be sent to Human Resources when the Grievance is first raised and again when it is resolved. This policy will be reviewed every 3 years by management and staff side representatives in the light of experience and changes in legislation

APPENDIX 1**GRIEVANCE REPORT FORM**

The individual raising the grievance should complete this page.

You may wish to seek assistance from your Trade Union Representative when completing this form. Once completed, the form should be passed to your Line Manager who will arrange to hear your grievance within 5 working days.

PERSONAL DETAILS

Name _____ Band

 Job Title _____ Location

 Contact Number _____
 Address _____ for _____ Correspondence

DESCRIPTION OF GRIEVANCE

I wish to raise a grievance for the following reasons: -

I seek the following solution to the grievance: -

My Trade Union Representative is _____ of
 _____ (union)

Signed _____

Date

GRIEVANCE REPORT FORM /continued

STAGE 1

Grievance Heard by _____ on _____.

I am _____'s Line Manager

Grievance Resolved? YES/NO

If no, please state Reason below and attach a copy of the correspondence:

Signature _____ Date _____

STAGE 2

Grievance Heard by _____ on _____.

Job Title _____

Grievance Resolved? YES/NO

If no, please state Reason below and attach a copy of the correspondence:

Signature _____ Date _____

APPENDIX 2**Date:**

«Title» «FirstName» «LastName»
 «Address1»
 «Address2»
 «City»
 «State»
 «PostalCode»

Dear «Title» «LastName»;

Grievance Hearing – dd Month Year

I am in receipt of your Grievance report form. As you are aware the Grievance policy states that your Grievance should be heard within 5/10* working days. I have therefore arranged for the hearing to take place as follows:

Date: dd Month Year
Time: Time a/pm
Venue: Venue address (include map if appropriate)

At this hearing, I would like you to state your grievance and explain why it remains unresolved. You should also indicate how you feel the issue can be resolved. I will consider what you have said and offer you my decision. I will confirm this decision in writing within 3 working days of the hearing.

You have the right to be accompanied by your Trade Union Representative or a workplace colleague at this hearing.

Would you please confirm that you are able to attend the meeting, by telephoning me on *number*.

Yours sincerely,

Name
Job Title

*Delete as appropriate

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APPENDIX 3

Contact:
Ref.:
Direct Dial:

Date:

«Title» «FirstName» «LastName»
«Address1»
«Address2»
«City»
«State»
«PostalCode»

Dear «Title» «LastName»;

Grievance Hearing – dd Month Year

Further to our meeting to discuss your grievance I am writing to confirm my decision.

I have read your Grievance Report Form and listened to your statements regarding your grievance and how you felt it should be resolved. It is my opinion that your grievance concerns *outline basis of grievance*.

At the close of the hearing I stated that my decision was *state decision*.

You have the right to appeal against my decision. If you intend to appeal, you should write to *Name, post, and contact address*. If you have not lodged your appeal within 10 working days, it will be assumed that you do not wish to take the Grievance any further and that the matter is closed.

Yours sincerely

Name
Job Title

MEETING OF THE GOVERNING BODY September 2013

Agenda Item: 13/131	Author of the Paper:
Report date: 12 September 2013	Melanie Wright Business Manager melanie.wright@southseftonccg.nhs.uk
Title: Attendance Management Policy	
Summary/Key Issues:	
<p>This paper presents the Governing Body with the organisation's Attendance Management Policy, which was prepared by the Cheshire & Merseyside Commissioning Support Unit in collaboration with other local CCGs via the CCG's Partnership Forum, to facilitate uniformity in relation to HR policies and procedures and compliance with Agenda for Change Terms and Conditions.</p> <p>In accordance with the CCG's Constitution (Scheme of Reservation and Delegation), HR policies require approval by the Governing Body and the Governing Body is therefore asked to approve this policy.</p>	
Recommendation	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to approve the Attendance Management Policy.	

Links to Corporate Objectives <i>(x those that apply)</i>	
x	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

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

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

Attendance Management Policy

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1 INTRODUCTION

The Clinical Commissioning Group (the CCG) as commissioners of Health Services is committed to developing a high quality and locally accessible service to the local population. In order to achieve this objective, the CCG recognise the importance of retaining a stable workforce and that regular attendance at work is vital in maintaining a quality service.

This policy will be applied equally to all staff covered by the policy and in accordance with the CCG Equal Opportunities Policy.

2 SCOPE

This Policy applies to all CCG Employees.

3 POLICY STATEMENT

The CCG recognise the importance of a positive approach to the management of sickness absence to enable it to operate effectively. The CCG is committed to providing the necessary support to employees for them to attend work regularly and to ensure that all employees are treated in a consistent, fair and sympathetic manner.

The CCG recognise that a level of absence due to sickness does occur and is inevitable but aims to minimise the level and promote a healthy workplace.

The CCG commitment to the welfare of employees includes the following initiatives: counselling, redeployment where appropriate and training for all new employees on health and safety issues. Employees are also encouraged to use the confidential services of the Occupational Health that can be accessed directly.

In cases where the employee is disabled within the meaning of the Equality Act 2010 or where employees become disabled and wish to remain in employment, every effort will be made to make reasonable adjustments or find an alternative post.

The employee may be referred to the Occupational Health to enable a report to be prepared for the CCG. The CCG may consider making reasonable adjustments to the particular job to accommodate the employee's short term or long term requirements and consider offering alternative employment or a shorter working week or other adjustments to the employee's job as may be reasonable.

All employees who suffer from ill health or have sustained an injury will be treated sympathetically and any employee who becomes aware that they have an illness is encouraged to inform their Manager at the earliest opportunity.

This policies should be read in conjunction with section 14 of the NHS Terms and Conditions Handbook.

4 RESPONSIBILITIES

4.1 Responsibility of the CCG

The responsibility for the monitoring and provision of this policy initially rests with the Governing Body of the CCG.

4.2 Responsibility of Human Resources

Human Resources will provide initial training and on-going support in the application of this Policy.

Human Resources will provide reports and analysis of employee's sickness absence in line with agreed reporting schedules.

A Human Resources Representative will be present at all formal stages of this procedure or at the specific request of the Manager.

4.3 Responsibility of Managers

Managers will ensure that this policy is applied fairly to all employees.

Managers will ensure that their employees have regular attendance at work and will monitor the attendance accurately and report weekly.

It is the responsibility of all Managers to ensure that information on all sickness absence for every employee is given to Human Resources and that back to work interviews are conducted after each episode of sickness absence and these interviews are conducted in a supportive environment.

Managers will ensure that an adequate risk assessment is undertaken where appropriate in conjunction with the Occupational Health to facilitate an employee's return to work in a safe environment.

4.4 Responsibility of Employees

All employees have the responsibility to follow the notification procedures in all cases.

All employees have a responsibility to inform their Manager of any condition or illness which may affect their ability to do their job safely.

All employees must maintain regular contact as mutually agreed with their Manager during any period of sickness absence. This may vary depending on individual circumstances.

Employees must inform their Manager of any illness or condition to which they are suffering from or have been exposed to which may present a risk to themselves or others.

4.5 Responsibility of Occupational Health

The CCG Occupational Health have a responsibility to provide a report to Managers when requested giving advice on the health of the employee and long term prognosis of the condition which is affecting the employee's ability to undertake current duties.

Occupational Health will advise Managers on possible or suitable alternative or modified work activities either temporarily or permanently.

Occupational Health will assist in an employee's application for early retirement due to ill health.

Occupational Health will follow all legislation concerning access to medical reports / records on behalf of the CCG.

5.0 NOTIFICATION PROCEDURE

Except in emergency circumstances, or unless previously agreed, all absence from work must be notified to the CCG, through to an employee's Manager by 10am, on the first day of absence, together with reason and likely date of return to work. Contact should be made at regular intervals throughout the period of absence. Anyone not able to telephone personally should ensure that a relative or friend does so on their behalf. Employees should contact their Manager with their date of return as soon as possible. Managers must ensure that all full days of absence, due to sickness, is recorded and reported to Human Resources via ESR Procedures.

6.0 CERTIFICATION OF SICK LEAVE

Self-certified sick leave is permitted for a maximum of seven consecutive days on any one occasion. On calculating length of sick leave intervening Saturdays, Sundays and public holidays count. For absences of between 3 – 7 days employees must complete a self-certification form (Appendix 1).

When returning to work employees are required to notify their Manager of fitness to return and attend a 'return to work' interview with their Manager to complete a 'Return to Work Form', (Appendix 2), agreeing the absence details and any action to be taken if appropriate. Any statement made and recorded on this Certification Form must be true and accurate. Any details given, which are subsequently found to have been false will be dealt with under the disciplinary procedure. The completed form will be kept on the employee's file and will be kept in accordance with Data Protection Principles.

It may be appropriate in certain circumstances for this interview to be conducted over the telephone.

Any sickness/injury absence that lasts beyond the seventh consecutive calendar day must be covered by a medical certificate issued by an appropriate medical practitioner. Thereafter consecutive medical certificates must be provided. Failure to provide consecutive medical certificates may result in loss of payment as any absences not covered by current self-certificates and/or medical certificates may be treated as unauthorised absence and will be unpaid.

An employee who fails to comply with notification or certification procedures or who otherwise abuses the CCG rules on sickness absence may be dealt with under the CCG Disciplinary Policy.

7.0 SICK PAY

7.1 Occupational Sick Pay

Provided employees comply with the notification and certification procedures above, the CCG will pay Occupational Sick Pay during periods of absence due to sickness according to length of service.

An Employee's entitlement to Occupational Sick Pay in accordance with NHS Terms and Conditions is based on completed months / years of service including continuous NHS Service with a break of less than 12 months.

The following table sets out the maximum entitlement to occupational sick pay.

Period of Service	Period of Full Pay	Period of Half Pay
0 – 12 months	1 month	2 months
1 – 2 years	2 months	2 months
2 – 3 years	4 months	4 months
3 – 5 years	5 months	5 months
Over 5 years	6 months	6 months

Entitlement to Occupational Sick Pay will be calculated on the first day of any absence due to sickness or injury. Any days of absence due to sickness or injury in the 12 months prior to the first day of absence shall be deducted from the relevant maximum entitlement above.

The CCG reserve the right to withhold payment of Occupational Sick Pay where, an employee has been found in breach of these procedures under the CCG disciplinary procedure where abuse of the scheme once proven.

7.2 Statutory Sick Pay

Provided employees comply with the notification and certification procedures above and subject to the current statutory provisions, after a period of three days illness they will be entitled to receive Statutory Sick Pay ("SSP"). However, any payment of Occupational Sick Pay will offset any entitlement to Statutory Sick Pay due for the same period.

8. POLICY IN PRACTICE: PROCEDURE

8.1 Persistent Short Term Absence

The aim of these procedures is to ensure fair and effective management of absence due to sickness or injury. Absence management is necessary to ensure that full support is provided by the CCG, together with monitoring where necessary.

An employee is entitled to have a Staff Side Representative or work colleague to accompany them to each of the stages of this procedure if they so wish. A Human Resources Representative will be present at each stage of this procedure.

Managers should exercise discretion to manage situations sensitively when there is an understandable reason for the absence or a defined end to the absence period. It is important for managers to ensure that employees do not feel compelled to attend work when they are unwell and must on no account allow employees to work who are obviously in an unfit state of health. This procedure will be used where an employee's attendance record is giving cause for concern.

Levels of absence become a cause for concern when:

- The total number of days or episodes of absence rise sharply
- There are regular and/or intermittent absences

Managers must ensure that they conduct a Return to Work interview following each period of sickness absence and consider what support (including Occupational Health advice) may be required to assist the employee to remain healthy and at work.

8.2 Stage 1

When an employee's absence meets or exceeds the trigger levels set out below then it is recommended that the manager should meet formally with the employee:

- 3 occasions of absence in a rolling 12 month period
- 12 days absence in the last 12 month rolling period (pro rata for part time staff).
- A regular/intermittent or unacceptable pattern of absence

At this meeting the Manager will discuss the employee's absence and their concerns and provide counselling and support where appropriate. The meeting will aim to identify the frequency and reason for the absences ensuring that the employee is aware that their absence record is giving cause for concern.

At this stage it may be appropriate to agree a 'timescale' for improvement (normally 6 months) and to inform the employee that their attendance is to be monitored. It is recommended the employee will be given an improvement plan. This plan should outline improvement targets. The employee should be made aware that if they meet or exceed this improvement targets then they would be moved onto the second stage of monitoring.

The recommended improvement targets are:

- No more than 2 occasions of absence and
- No more than 5 days absence

At this stage, a referral to Occupational Health may be considered to check whether there is a single underlying reason for the employee's absences.

Managers should complete the formal meeting pro-forma (Appendix 3). The employee should be provided with a signed copy for their records.

8.3 Stage 2

If the employee does not achieve the improvement targets set out at stage one, the Manager will hold a meeting with the employee to discuss the absences. At this meeting, a further improvement plan may be agreed and improvement targets set. The employee should be made aware that if they meet or exceed the improvement targets then they would be moved onto the third stage of monitoring.

At this stage, a referral to Occupational Health may be considered (if this has not already taken place at stage one) to check whether there is a single underlying reason for the employee's absences.

Managers should complete the formal meeting pro-forma (Appendix 3). The employee should be provided with a signed copy for their records.

8.4 Stage 3

If the employee fails to meet the improvement targets set out at stage two, and if the absence level continues or worsens, the employee will be subject to the third stage of this procedure. At this stage the Manager's next-in-line should formally review the case and chair the stage 3 meeting.

At this point any of the following solutions may be sought:

- ◆ Professional counselling
- ◆ Further medical advice to be arranged as appropriate
- ◆ Consideration for transfer to more suitable duties
- ◆ Any course of action deemed appropriate in the circumstances, where there is a clear prognosis that the individual will recover and absence levels improve

A meeting will be held with the employee to consider all the matters above. At this meeting, the employee may be given a final improvement plan and improvement targets set. Employees should be made aware that if they fail to meet or exceed the improvement targets set at stage 3, they may be dismissed.

Managers should complete the formal meeting pro-forma (Appendix 3). The employee should be provided with a signed copy for their records.

8.5 Stage 4

If the employee fails to meet the requirements of the Stage 3 Improvement Plan, the employee will be liable to dismissal.

Prior to dismissal, the CCG may obtain another detailed and updated report from Occupational Health.

At this stage the employee will be invited to attend a meeting in the presence of a Manager with the authority to dismiss. A decision will be taken at this meeting on the continued employment of the employee concerned, after hearing any representations from the employee. The meeting will be attended by a Human Resources Representative.

8.6 Attendance During Review Periods

The key outcome of the above procedure will be an improvement in attendance. Wherever possible Managers should facilitate flexible solutions to achieve regular attendance.

Managers may proceed to the next stage of the procedure before the review period is completed if it becomes apparent that the employees attendance has deteriorated further.

If at any stage in this procedure, the employee achieves a better attendance record than is required by the improvement plan, that employee shall return to the next lower level stage in which the manager will monitor the level or pattern of absence and take no action unless an employee's absence has become a matter for concern.

8.7 Long Term Ill Health

Long-term sickness absence is normally defined as a period in excess of 4 weeks and all absences in excess of 4 weeks will normally result in a referral to Occupational Health,

however Managers need to take an informed decision as to the value of Occupational Health referrals during the period of long-term sickness absence.

Following receipt of the Medical Report the employee and their Manager will meet to discuss its content. At this meeting and subsequent meetings, employees may if they wish to be accompanied by their staff-side representative or work colleague. A representative from Human Resources will also be present.

At this meeting the Manager and the employee should discuss the reasons for the absence and ultimately how the Manager can support the employee back to work. At this stage arrangements should be made for a further meeting to discuss the employee's progress and return to work. The Manager will continue to monitor the situation, and arrange further meetings as necessary with the employee and their representative as appropriate.

It may be necessary for the Manager to continue to refer the employee to Occupational Health in order to gain continuing Occupational Health advice for appropriate management of a particular case. In cases where employees are absent due to stress (irrespective of if the stress is work related or not) or mental illness, an Occupational Health Referral should be sought at the earliest available opportunity.

A meeting between the employee, Manager and Occupational Health may be arranged if thought helpful.

Throughout the period of long-term sickness Managers will ensure that they maintain regular contact with employees via telephone, letter or home visits by agreement. Employees on long term sick leave must be kept informed of any department or service developments and should continue to receive any newsletters or briefings as appropriate.

Employees who fail to attend sickness absence review meetings may be subject to the various sanctions within the Policy. Decisions will be taken in the absence of the employee on the basis of the medical evidence available at that time.

8.8 Long Term Sickness Absence Management Options

Throughout this procedure, it will be necessary for the Manager to consider appropriate options. Following appropriate advice from Occupational Health the employee together with their manager and staff-side representative may agree on one of the following options:

- **Phased Return to Work**

The CCG will support staff in a phased return to work following a prolonged period of ill-health, where the Occupational Health Team advise that a "phased" return is likely to aid rehabilitation and a return to full hours and duties.

To aid rehabilitation Managers have discretion to allow employees to return to work on reduced hours or to be encouraged to work from home without loss of pay to aid rehabilitation. Any such arrangements need to be consistent with statutory sick pay rules

The timescale and basis of a phased return without loss of pay will be determined, in partnership, between the manager and the employee, taking into account the circumstances of the individual case and Occupational Health advice. A phased return to work should not exceed 4 weeks although may be extended in exceptional circumstances, based on Occupational Health advice.

If, at the end of the period determined for phased return, the employee remains unfit to resume full contractual hours and duties, Managers may use their discretion, subject to the needs of the service to agree a further period of reduced hours, with the employee being paid for the hours they work. It is acceptable for employees to request paid annual leave within their entitlement to offset, or partially offset, the reduction in pay.

Where it becomes apparent that there are doubts about the employee's continuing to progress to full hours/duties within this further period, Occupational Health advice will be sought.

- **Redeployment**

Following appropriate Occupational Health advice, consideration may need to be given to redeploying the employee on a temporary/permanent basis to a suitable alternative post. The redeployment register is held by Human Resources.

- **Reasonable Adjustments**

Following Occupational Health advice, it may be possible for the employee to return to their original post with some temporary/permanent adjustments. Examples of these restrictions could include reduced hours, lighter duties or alternative shift patterns.

It may be necessary at this stage to consider the purchase of any specialised equipment that would help the employee to return to their work. In cases where the employee has become disabled during their employment help may be available through 'access to work'.

- **Dismissal**

Where all possible stages of this policy have been exhausted and there is no likelihood of the employee maintaining regular attendance at work it may be necessary for the Manager to consider dismissing the employee on grounds of incapacity/incapability due to ill health.

9. ILL HEALTH RETIREMENT APPLICATIONS

Employees who are members of the NHS Pension Scheme may decide to apply for ill health retirement benefits. Such applications will be facilitated by Occupational Health. Any application for ill health retirement will trigger a dismissal.

There are two tiers of Ill Health benefits:

Tier 1: is entitlement to the retirement to the retirement benefits you have earned to date paid without any actuarial reduction for early payment. This level of benefit is payable if you are:

- A scheme member accepted by our medical advisers as permanently incapable of doing your current NHS Job; or
- A former scheme member accepted by our medical advisers as permanently incapable of earning an income by doing regular work

Tier 2: is entitlement to the retirement benefits you have earned to date enhanced by two thirds of your prospective membership up to reaching your normal retirement age. This level of benefit is payable to you only if you are a scheme member accepted by our medical advisers as permanently incapable of both doing your current NHS job AND permanently incapable of regular employment of like duration to your NHS job, taking into account of your:

- Mental Capacity

- Physical Capacity
- Previous training, and
- Previous practical, professional and vocational experience

The application form once completed must then be sent directly to the Pensions Agency together with details of the employee's current job role by either the employee or their medical representative.

The Pensions Agency will contact the employee directly and will ask for permission to get further medical advice as to the employee's condition from their doctors or consultants where necessary.

The decision whether to permit the employee to retire on the grounds of ill-health rests entirely with the Pensions Agency Medical Advisors.

10. INJURY ALLOWANCE

Injury Allowance (IA) is paid by employers to staff on authorised absence with reduced pay or no pay because of an injury or disease wholly or mainly attributable to their employment. IA tops up the employee's income to 85% of the average they were getting before their pay was reduced as a result of the injury or disease. It is not payable if the employee's income is more than 85% of their average pay, and it stops when they return to work or leave employment. IA is subject to income tax and National Insurance deductions but not pension contribution deductions. IA is payable irrespective of whether or not an employee is a member of the NHS Pension Scheme.

To qualify for IA, an employee covered by the scheme must be on leave of absence and be suffering a reduction in their NHS pensionable pay as a result of an injury or disease that is wholly or mainly attributable to their actual NHS duties.

11. APPEAL PROCEDURE

If an employee is dissatisfied about the application of this policy, they may pursue a case under the CCG Grievance and Disputes Policy and Procedure.

Where the appeal is against dismissal employees should address their appeal to the Chief / Accountable Officer outlining the reasons for the appeal within 10 working days.

The appeal hearing will take place within 20 days of the lodged appeal. At the appeal hearing the employee has the right to be accompanied by a staff side representative or colleague not acting in a professional capacity

12. MONITORING

Human Resources in conjunction with the CCG will;

- Have responsibility to monitor the effectiveness of this policy on an annual basis.
- Make recommendations to the Governing Body.

APPENDIX 1

Self-Certified Sickness Notification

SVL.....

To certify up to 7 calendar days sickness absence

PERSONAL DETAILS

Surname:		Mr / Mrs / Miss / Ms									
First Names:											
Home Address:		National Insurance Number									

EMPLOYMENT DETAILS

Job Title:												
Team:												
Assignment Number:												

DATE OF ABSENCE

Date you became unfit for work	TIME am/pm	DAY	DATE	MONTH	YEAR
Night workers only Your last shift began	TIME am/pm	DAY	DATE	MONTH	YEAR
Date you expect to return to work (if known)	TIME am/pm	DAY	DATE	MONTH	YEAR

DETAILS OF SICKNESS/INJURY

Say briefly why you are unfit for work:	
Is absence as a result of an accident at work?	YES / NO
If yes, Date and time of accident? Whom did you notify? Has an Accident Report Form been completed?	
	YES / NO
Did you fall ill abroad?	YES / NO
If yes, which country were you in?	

I declare that during the period stated, I have been unfit for work and that information given is complete and correct. I claim any sick pay to which I may be entitled.

Signed..... Date.....

When completed and signed, this form should be sent to your Manager as soon as possible and not later than 7 calendar days from the first day off sick.

FOR COMPLETION BY MANAGER

To the best of my knowledge, the information given above is correct.

Additional Information

Manager Name Manager Signature

Appendix 2

RETURN TO WORK FOLLOWING A PERIOD OF SICKNESS ABSENCE FORM
 (THIS FORM SHOULD BE COMPLETED DURING A BACK TO WORK INTERVIEW FOLLOWING EVERY PERIOD OF SICKNESS ABSENCE)

Name	
Department:	Interviewing Manager
First Notified to Manager	First Day of Absence
Last Day of Absence	
Total number of days of sickness (including non-working days)	
Total number of days off work	
Total number of days absent in previous 12 months	
Number of occasions absent in previous 12 months	
Is absence due to an injury at work	YES / NO
Have you seen a doctor YES / NO?	
<input type="checkbox"/> Self-Certified <input type="checkbox"/> Medically Certified <input type="checkbox"/> Uncertified	
Reason for absence (Please give brief description of illness or other reason for absence.....)	
Action Taken (please give brief description of any action taken to date) Explain sickness absence procedure.....	
Proposed Course of Action – Managers Comments. Please comment on employee's state of health of return from absence and ability to resume full duties:-	
Occupational Health Referral Required	Yes / No
I understand that if I knowingly provide inaccurate or false information regarding my absence it may result in disciplinary action:- (Employees Signature).....	
Managers Signature:.....	

- **Ascertain if a return to work is likely and if so, when. Explain / agree phased return to work plan if appropriate**

- **If appropriate, discuss / explain the redeployment process and / or feasibility of accommodating restrictions or modifications**

- **Is ill health retirement an option? If so, do we have OH support?**

3. If no underlying health problem is identified stress the following points:

- **Advise that an Improvement target (normally 3 months) will be set, during which time their attendance will be monitored, and a marked improvement in attendance is required**

- **Advise that if during the review period their attendance remains a concern and/or unacceptably high, further and progressive sickness meetings will be conducted in line with the Attendance Policy**

- **Re-emphasise their obligations as per the Attendance Policy**

4. Confirm that the employee has understood the purpose of the meeting and that a way forward has been clarified.		
5. Is the employee about to exhaust full or half pay? Inform of sick pay position if appropriate.		
6. Have there been any issues with timely and accurate sickness reporting? Clarify their responsibility if required.		
7. Improvement Target Set? YES <input type="checkbox"/> NO <input type="checkbox"/>	Duration of Improvement Target:	<i>(Months)</i>
7.1 If no Improvement Target set, explain why not below:		
8. Any further comments / questions		
<p>Appeal <i>Outline the employees right to appeal as per the Attendance Management Policy giving timescales and who the employee should address the appeal to.</i></p>		

Employee Signature:

Line Manager Signature:

Distribution:
Original Copy : retained in employee's personal file
Photocopy : employee

MEETING OF THE GOVERNING BODY September 2013

Agenda Item: 13/132	Author of the Paper:						
Report date: 6 September 2013	Billie Dodd Head of CCG Development Billie.dodd@southportandformbyccg.nhs.uk Tel: 01704 387034						
Title: Summary and Recommendations of the Health Economy Emergency Care Intensive Support Team (ECIST) Whole System Review Visit July 2013							
Summary/Key Issues: <ol style="list-style-type: none"> 1. ECIST team have made a number of recommendations relating to the whole health economy. 2. Progress is already being made on a number of recommendations through the Care Closer to Home programme. 3. A review of access in primary care (as part of the primary care quality development programme) is an outstanding recommendation for which approval is sought from the Governing Body to proceed. 							
Recommendation The Governing Body is asked to:	<table style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 20px;">x</td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="border: 1px solid black; text-align: center;">x</td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	x	Approve	x	Ratify	
Receive	x						
Approve	x						
Ratify							
<ol style="list-style-type: none"> 1. formally receive the report 2. approve the recommendation to proceed with a review of access in primary care as part of the primary care quality development programme. 							

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

x	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.

	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement		x		
Clinical Engagement	x			
Equality Impact Assessment		x		
Legal Advice Sought		x		
Resource Implications Considered	x			
Locality Engagement	x			Central Locality 10 th Sept 2013
Presented to other Committees	x			Care Closer to Home Aug 2013

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

Report to the Governing Body September 2013

1. Introduction and Background

- 1.1. Southport and Ormskirk NHS Trust have consistently failed to meet the 4 hour Accident and Emergency Department (AED) target for Type 1 patients (Adult AED at Southport site). Their overall trust performance is improved by the addition of Type 2 (paediatric AED at Ormskirk) and Type 3 (Skelmersdale walk in centre).
- 1.2. In order to support improvement of the Adult AED wait times in Southport, the ECIST Team were invited to complete a whole system review of urgent care in the Southport and Formby and West Lancashire health economies. This was a second review, the first being completed in 2011.

2. Key Issues

- 2.1. The ECIST team made recommendations across the system;
- 2.2. Care Closer to home
 - Review Terms of reference against national guidance
 - Increase pace
 - Patient centred joint vision
 - Standardise approach to pathway work
 - Performance focus on whole system not just secondary care provider
 - Review local Winter and escalation plans
 - Challenge whole system.
- 2.3. Governance and Integration
 - Develop shared governance between Walk in Centre; UCC & ED
 - Extend Nursing training programs in primary care setting to avoid redirection and include catheterisation.
- 2.4. Ambulance
 - Prioritise implementation of pathways from ambulance crews (follow hand over good practice).
- 2.5. Undertake comprehensive review of Primary Care
 - Commissioners should assure themselves that good practice, observed in a number of local GP practices is applied across primary care
 - Review home visiting services and timeliness

- Assess all GP Practices against key recommendations of Primary Care Foundation Guidelines as a baseline for urgent care preparedness
- Review whether planned treatment room service is the right model of care as risk of duplication within primary care
- Review current wound dressing service and agree model that does not require direction to A&E
- Enable sharing of good practice across primary care to support improved patient access, primary care in nursing homes to enhance care plans and medical optimisation.

2.6. Other headlines include:

- introduce Ambulatory Emergency care process
- increase see and treat
- introduce a Frail elderly service
- review extended inpatient stays
- increase whole system focus on discharge
- prioritise early supported discharge and CHC process
- internal provider issues e.g., 95% patients have estimated date of discharge and review social services input
- address current gaps in community care service provision.

2.7. Next Steps

- Discussion at Care Closer to Home Board
- Development of system wide action plan encompassing:
 - CCG specific actions
 - Hospital
 - Local Area Team Assurance Checklist
 - Incorporating all recommendations from ECIST
- CCGs: Prioritise “best impact” work for allocating any non-recurrent funding
- A&E Task Group prioritise programme for winter planning
- Mags Barnaby (A&E specialist) joining team Sept-end Oct 2 days a week to support progression of recommendations
- Join ECIST Ambulatory Care Development Programme (£20K)
- Site visits/discussions being
- NHS IQ programme (aim to commence in Oct) – Frail Elderly suggested (Dr Campbell attending)
- Consider primary care review by Primary Care Foundation.

3. Conclusion

The ECIST review is thorough and marks a place in time. Much of the suggested work is already occurring but will benefit from the suggestions made. However, Primary Care in both Southport and Formby and West Lancashire stands out as the next critical area of work required to enable a whole system approach to urgent care in the health economy. A review of the urgent care system, as recommended below, will support practices in attaining their QOF section 5 requirement for QP 8 and 9.

4. Recommendations

It is recommended that the Governing Body approves a review of access to primary care to be undertaken by the Primary Care Foundation based on the proposal attached as Appendix 1, to

be undertaken in late September and through October 2013.

Appendices

Appendix 1 Primary Care Foundation Review Proposal

Billie Dodd
Head of CCG Development
6th September 2013



Proposal for Southport and Formby CCG

Managing Access and Urgent Care in General Practice

I promised to get back in touch with further thoughts on how we might potentially support your 20 practices and to outline the costs involved.

The proposal is in three parts:

1. The first part of this proposal outlines our approach, describing the web based tool in a bit more detail, the data we collect, how we report, the work involved for practices, potential benefits and what results show so far.
2. The second describes in practical terms the support we might offer and indicates the costs associated with the proposed plan.
3. Finally, the Appendix provides more information about the Primary Care Foundation and who we are.

1. Our approach

Developing the tool and what it does

We have been working with increasing numbers of sites and more than 900 practices across England to develop and refine a web based tool that can analyse practice data, compare key indicators, offer practical suggestions for improving care in the practice and a learning tool for reception teams. We have now reached the point where the tool is developed. A practice enters data covering a week in the practice and a largely automated report is produced. As more practices take part, practices will also be able to benchmark their own system and process against other local practices as well as those from further afield. The process is improved by a follow up session in the practice and the opportunity to access on-going advice and support.

What information do we collect?

There are basically three different types of information collected through the survey.

1. **How you work in your practice.** The first section of the survey has 14 multiple choice questions providing an important description of the practice that, combined with other data, helps us suggest areas that the practice may be able to address to improve the way they manage access and urgent care. The explore both how you manage your practice and your philosophy of care.

2. **Data for a sample week.** The second part covers 'Opening Hours', 'Telephony', 'Walk In Appointments', 'Consultations' and 'Additional Information'. These each require the practice to enter data about one week that they select as a reasonably normal week for the practice.
3. **The Reception Quiz.** This third part designed as a support tool for everyone who carries out reception duties in the practice, either taking calls or speaking to patients who walk in to the surgery. It looks at levels of confidence to manage urgent cases before asking how they would deal with 13 different scenarios of patients presenting with potentially urgent problems. This is not a clinical quiz but it does check on whether there is a consistent response. The quiz is intended to be the basis for a follow up session in the practice for reception staff, preferably with the practice manager and a GP.

We also import the most recent results from the General Practice Patient Survey so that we can at the how patient experience links to all the other information we collect.

How do we report results and make suggestions for improvement?

The tool allows us to prepare a report for practices analysing practice performance on a number of key factors for managing access and urgent care, including ease of access by phone, consultation rate, patient experience, balance of same day and book ahead appointments, use of telephone consultations, home visits, workload by staff group, and variation in response by reception team. Practices will also be able to compare themselves with others that are similar to them in terms of a number of possible explanatory factors both locally and nationally. Finally, we offer suggestions for how the practice might look to make improvements.

How much work is involved for the practice?

We have made the whole process of collecting data much simpler through designing an easy to use web based system. Most of the general information can be provided by the practice manager or one of their team. The data collected during the week you select requires the reception team to record all calls, or people walking in, requesting appointments, by hour, for Monday to Friday of the week. You also need to record all consultations but this can be done retrospectively by looking at the appointments system on the computer. The reception team also need to complete an on line quiz, that takes about 10 minutes per person. Finally, we need a quick audit of how long calls take, so we can have a figure for average call length in the practice.

Overall, this is likely to be 6 -8 hours for the practice manager plus some extra work, mainly for the reception team, during the week that you are collecting data. We send through simple instruction that make all of this clear, including examples of how you might want to collect data, although most people find that the website explains everything you need to know.

The benefits for General Practice

- **Patient safety.** There are obvious safety benefits if patients can get through to the practice by phone quickly, if receptionists are alert and trained to spot the signs of urgency and if the practice is able to respond quickly as necessary.
- **Opportunities to work in new ways.** We described in the 2009 report a number of examples including one where small and single-handed practices had jointly commissioned a home-visiting service that ensured that patients could be seen promptly when previously too many of these cases would have resulted in an emergency response.
- **Working smarter not harder.** We have found that many practices struggling to keep up are offering a higher than expected level of consultations – the solution is often to find ways of treating patients first time rather than offering repeat consultations.
- **Same number or less of appointments, scheduled in a better way.** Other practices are faced with increasing numbers of ‘extras’ at the end of the day. By rescheduling capacity and using it in different ways, patients can be seen when they want in a way that is planned and makes life easier for doctors, nurses and the reception team.

What do results show so far?

Results so far suggest that practices are far more likely to change if reports are based on their own data with practical suggestions for how to make improvements. There are potentially significant gains if practices in each area manage urgent care effectively as we have seen reductions in acute admissions in some cases that are estimated as between 20 and 40% as a result of good management of urgent care in general practice. Although this benefit will not be achievable in every case the aim of the work is to fill the gap in capability of practices to undertake regular and ongoing capacity planning to ensure their response to urgent care is as effective as possible. More recently, we have seen a 20% reduction in use of an Urgent Care Centre after working with a group of local practices.

There is also other recent research supporting our approach. A recent review by the Kings Fund (December 2010) identified continuity of care in general practice as a significant factor in reducing emergency admissions. A study published in June 2011 found a link between continuity of care with a particular GP and lower emergency admission rates, while a related study found that lower satisfaction with practice telephone access is associated with higher emergency department attendance rates. For more information on this please go to our website at <http://www.primarycarefoundation.co.uk/evidence-making-a-difference.html>

Finally, a recent independent review of our work appeared in the Health Service Journal on 24th November 2011, again it can be downloaded at <http://www.primarycarefoundation.co.uk/downloads.html>

2. How we could work with you

We are happy to adapt this proposal to reflect your local needs, but as a starting point, we propose eight stages in working with your practices:

1. **Initial workshop(s) for the practice managers across all practices involved** (other staff in the practice are also welcome) to discuss all aspects of access and the management of same day urgent care. We also explain exactly what information we need and how to enter data onto the website.
2. **Practices prepare information** and submit data on to the web based tool. During this process we will respond either by phone or email to any queries sent to the mailbox detailed in the full instructions that we have sent to the practices.
3. **Data is analysed and a report is prepared** based on information about the practices processes and hard data, all collected via the web site as well as recent results from the GP Patient Survey. The main focus is on the practice itself, whether there are sufficient telephone line and appointments to meet demand and suggestions for making improvements. There will also be comparisons with other practices across the area and with practices from other sites across the Country.
4. **Peer review workshops with practices** where required to discuss the report and what this means for the practice and explore any potential changes.
5. **Visits to 20 practices** to discuss the report and what this means for the practice and explore any potential changes in more detail with each practice. In our experience meeting with this sort of number of practices provides the best value for money as we can focus on those that have more scope to improve and deliver better access and patient care. We will agree a process of selection and volunteering with you that will allow practices to ask for feedback, but that also allows you to steer support to those practices that appear to be struggling more. Where practices that are perhaps a lower priority request it we would also be happy to provide feedback by phone.
6. **A review with the senior team across Southport and Formby** to look at the overall findings across practices, how they compare with others across the Country and how they might take this work further forward. Agree how to target further support from the Primary Care Foundation. This could include running workshops across the consortia to share learning and tackle problems that are facing a number of practices or might involve us working further with a small number of struggling practices. Should you require it any such additional support will be charged at a discounted day-rate of £1100 per day.
7. **Implement further support** as required.

Timescales

If you were to approve this soon we would propose to start the work in October, partly as it is more likely that practice managers could attend the introductory workshop, but also so that data will be collected during late October into November.

- Schedule the initial 2-hour introductory workshops for practices across Southport and Formby in early September.
- Practices encouraged to collect data for a suitable week, with 'normal' levels of staffing, from October choosing one representative week from a 6 week window taking us to mid November.
- Practices receive back a report based on the data they have submitted, including suggestions for improving the management of access and urgent care by late October
- Peer Review Workshops in Late November.
- Follow up meetings with selected practices in November – December.
- Review meeting with senior team in January.

Costs & other resource issues

We have assumed that you will provide support to brief and recruit practices, set up the workshop and venue and help organise any follow up events. At present we anticipate that the work would be led by Dr David Carson, but details for Henry Clay, Rick Stern and Simon Lawrence are also provided in the brief CVs in the Appendix.

We have also found it very helpful to have some local admin support when setting up the workshops and practice visits as the local knowledge is often very helpful.

- The cost for analysing the data and preparing reports for the 20 practices as well as supporting the before and after sets of workshops £6,000.
- Cost of peer review workshops and practice visits based on 3 visits per day for 30 practices. £7,200
- Total cost (excluding any additional support commissioned by the senior team) £13,200 plus VAT and expenses

Our usual terms are 50% of the cost at the beginning of the project, with the rest (including expenses) on completion. We charge for travelling and accommodation expenses but to provide certainty for budgeting purposes this is capped at 12 % of the total contract cost.

We are happy to discuss how we can further revise or adapt this proposal to meet your needs.

I look forward to hearing from you - best wishes

David Carson
Director, Primary Care Foundation

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Appendix - the Primary Care Foundation

The Primary Care Foundation was set up with the explicit aim of 'developing and spreading best practice in unscheduled, emergency and primary care in the UK'. We do this by:

- Using information to create understanding that drives improvements in care
- Seeking to reduce unnecessary variation, both across organisations and between individual clinicians
- Developing practical tools that can be widely applied across the urgent care system
- Applying our understanding of national policy in urgent care to support local changes

We are interested in all aspects of urgent and primary care, from general practice through to A&E and hospital care. This includes working with all partners of the urgent healthcare system, either separately or together, to make improvements in patient care. We specialise in carrying out reviews, based on analysing a range of data sources and examining local practice, that make local and national recommendations. We also look for opportunities to share learning, building resources that can solve problems more widely across the NHS. This includes benchmarking performance across urgent care as a key tool for driving service improvement. We are also interested in exploring and understanding international comparisons in urgent care.

Most of our work is carried out by the three directors about whom further detail is included below, but we do bring in associates with specific skills and experience when required.

Dr David Carson



frameworks.

David was a GP for 10 years before spending 6 years in an inner London Health Authority leading primary care policy and performance. Whilst there he led a service and strategy review of primary and acute services resulting in the delivery of £13M of savings, much of it through de-commissioning services and commissioning a rather different range of services. He also developed and implemented performance management systems for general practice in East London and led an educational project within which joint training and development structures for doctors and nurses were developed compliant with multi-professional regulatory

David spent 4 years developing GP Out of Hours services and emergency care policy and performance for the Department of Health. During this time he published – 'Raising Standards for Patients: New Partnerships in Out-of-Hours Care' (known as the 'Carson Report'). David was also the primary care lead on the development of 'Reforming Emergency Care'.

The 'Carson Report', for which David is probably best known, defined the way ahead and set the standard - embodying integrated services and co-operative staff working as core principles as well as introducing new thinking and new approaches to unscheduled care into the Healthcare community. He was also part of a performance team from the Department

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that looked at well over 50 NHS Trusts looking at how they operated within their local health economies.

More recently David has also acted as an adviser to the National Audit Office, the Healthcare Commission and the Care Quality Commission in a number of high profile reviews that these bodies have carried out. He has also looked at other health economies including those in Australia (primary care), Italy (accreditation) and Scandinavia and Holland (urgent primary care).

Rick Stern



Rick has split his time since April 2012 between the Primary Care Foundation and the role of Chief Executive at the NHS Alliance, where he is responsible for extending its role as the voice of primary care. This involves bringing together patients and front line staff, providers and commissioners, within the core values of the NHS, as outlined in 'Breaking Boundaries', its manifesto for primary care launched in March 2013. He is also responsible for developing a wide range of networks, with a fresh focus on three new campaigns; changing the culture and behaviour in healthcare, integrating primary care and tackling inequalities. He continues to be the Alliance's urgent care lead, working with others to produce a series of papers on NHS 111.

Rick was previously the Chief Executive of Bexhill & Rother PCT until the end of July 2005 where he led a national pilot to develop out-of-hours services and was the lead Chief Executive for the South East within NatPaCT, the national PCT development programme. It was the only PCT in the South East to receive a 3-star award when the new ratings were introduced in 2003 and it consistently featured in the top 10 PCTs in the annual staff survey.

Rick has worked across a range of sectors and in a variety of roles, including general management, internal consultancy, research and face-to-face with vulnerable clients. He led Access to Health, a Kings Fund initiative in the early 90's to improve health care for homeless people, was responsible for developing quality standards in a mental health and community trust in Inner London and for developing commissioning within a regional health authority. He is also a practicing psychodynamic counsellor.

Henry Clay



After a background in manufacturing organisations including roles as operational manager, accountant and general manager, Henry has spent some 20 years as a consultant to organisations in both the private and public sector. Much of this work has involved the specification and commissioning of a range of public sector services from benefits, through support services including (for the NAO) a review of the way in which IT services were outsourced by the Inland Revenue to primary and secondary healthcare services.

Henry has advised the Care Quality Commission and the Healthcare Commission not just on their investigations into specific cases (such as the investigation into Take Care Now) but also in their wider evaluations of value for money (such as the report 'Not just a matter of time' into GP out of hours services). A particular interest is in making sure that the data collected through systems is useable and used to support improvement of the service.

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Work within the acute healthcare sector has involved him in A&E, Urgent Care services of all types, Diagnostics and Pathology, IT systems, Imaging, Medical assessment as well as in Health Insurance. In Primary Care, Henry has worked with many Out of Hours providers, particularly in benchmarking their performance and looked at the operation of numerous general practices, Walk in Centres and Minor Injury Units. He has also worked with Practice Based Commissioning groups looking to specify services, groups of GPs forming provider service organisations and in looking at mutual and social enterprise models of provider.

Simon Lawrence



Simon has worked with primary care providers for the majority of his NHS career and was the Director of Primary Care at Bexhill and Rother PCT from 2003. He led many improvements and initiatives to support and strengthen service provision including performance management, service development, commissioning and contract management. He also worked with the Commission for Health Improvement (CHI) as part of a team that undertook clinical governance reviews of health providers including hospitals and primary care trusts.

Simon was appointed the Director of Business Development at South East Health Ltd in 2007 and contributed to their corporate governance arrangements for GP primary care out of hours services. He led a number of successful initiatives for new business including GP led health centres, pharmacy, urgent and GP out of hours care services. During 2009 he worked with the Primary Care Foundation to support their review of urgent care centres on behalf of the Department of Health.

Since July 2010, Simon has worked independently and has offered consultancy services to a number of organisations. These include the NHS Emergency Care Intensive Support Team, Brighton & Hove Integrated Care Service (leading urgent care improvements in general practice to help reduce non-elective admissions to hospital) and recently working with NHS Brighton & Hove, where he undertook a whole system review and service re-design for urgent mental health care, working with the clinical commissioning group, mental health trust, acute hospital and ambulance service.

Simon has been involved on the receiving end working with practices using the PCF tool for access and urgent care, in developing it further and more recently working for the Primary Care Foundation providing advice to client practices making use of the tool.

MEETING OF THE GOVERNING BODY September 2013	
Agenda Item: 13/133	Author of the Paper:
Report date: 12 September 2013	Melanie Wright Business Manager melanie.wright@southseftonccg.nhs.uk Tel: 0151 247 7069
Title: Remuneration Committee	
Summary/Key Issues: This paper presents the Governing Body with a solution to an issue around Conflicts of Interest which have rendered the Remuneration Committee inquorate in terms of decision-making in relation to GP remuneration.	
Recommendation	
The Governing Body is asked to approve the temporary appointment of:	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>
<ol style="list-style-type: none"> 1 Peter Morgan, Deputy Chief Executive, Sefton Council; and 2 Sam Tunney, Head of Performance and Intelligence, Sefton Council; to the Remuneration Committee and that during this temporary appointment that the meeting be deemed quorate on the basis of their attendance, together with that of the Lay Member.	

Links to Corporate Objectives <i>(x those that apply)</i>	
	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

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 September 2013

1. Introduction and Background

- 1.1. In 2012, the North West PCT Clusters agreed to commission a report from the Hay Group to provide guidance on the appropriate level of remuneration for GP Governing Body Members within CCGs.
- 1.2. This was in recognition of a lack of national guidance in this area and the acknowledgment of a wide range of existing practices within the shadow CCGs.
- 1.3. The Hay Group report, completed in December 2012 was circulated and recommended to all North West CCGs from the North West Clusters as a sound researched basis for consideration of payments to GP clinicians in the roles they undertake for CCGs.
- 1.4. As a result of the recommendations contained within the Hay Group Report, it has become necessary for a formal report considering payments to GP clinicians to be taken to the Remuneration Committee, within its delegated responsibility for remuneration under Section 5 of the Scheme of Reservation and Delegation (Appendix D of the Constitution).

2. Key Issues

- 2.1. Under clause 1.2 of the Terms of Reference, it states: *“The principal function of the Committee is to make recommendations to the Governing Body on determinations about pay and remuneration”*.
- 2.2. The Terms of Reference of the Remuneration Committee are attached at Appendix 1 and the Governing Body’s attention is specifically drawn to clause 3.1 which identifies the membership of that Committee.
- 2.3. The Governing Body’s attention is also drawn to the following:
 - (a) the nature of the report proposed to be taken to Remuneration Committee;
 - (b) clause 8 of the Constitution (Standards of Business and Managing Conflicts of Interest); and
 - (c) the CCG’s Policy on Managing Conflicts of Interest.

Conflicts of interest have been identified in relation to any discussions and the decision-making process thereon in relation to payments to GPs at both the Remuneration Committee and, in the event of any deferral, with the Governing Body.

- 2.4. In relation to quoracy, the Terms of Reference of the Remuneration Committee state:

“6.1 The quorum will be the Remuneration Committee Chair or Vice Chair plus 3 other members of the Remuneration Committee membership (all of which must be members of Governing Body as per Section 2 of these Terms of Reference).”

Southport and Formby Clinical Commissioning Group

- 6.2 *The quorum shall exclude any member affected by a Conflict of Interest. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.*
- 2.5. However, under clause 3.4, the Terms of Reference also state: *“Only members of the CCG Governing Body may be members of the remuneration committee.”*
- 2.6. The consequence of these matters referred to above renders any current Remuneration Committee inquorate and thereby unable to approve any recommendations made in relation to GP remuneration.
- 2.7. Similarly, conflicts of interest of a similar nature have also been identified in relation to the membership of Governing Body, which would also be rendered inquorate.

3. Conclusions

- 3.1. Under the terms of the CCG’s Constitution, together with the organisation’s Policy on Managing Conflicts of Interest, neither the Remuneration Committee nor the Governing Body can approve the recommendations of any report in relation to GP remuneration.
- 3.2. It will therefore be necessary to invoke the conditions contained within clauses 8.4.10 and 8.4.11 of the Constitution, which makes provision for:

“8.4.11 (c) an individual appointed by a member to act on its behalf in the dealings between it and the clinical commissioning group;

i) a member of a relevant Health and Wellbeing Board;

ii) a member of a Governing Body of another clinical commissioning group”.

4. Recommendation

The Governing Body is therefore asked to approve the temporary appointment of:

- 4.1. Peter Morgan, Deputy Chief Executive, Sefton Council; and
- 4.2. Sam Tunney, Head of Performance and Intelligence, Sefton Council;

to the Remuneration Committee and that during this temporary appointment that the meeting be deemed quorate on the basis of their attendance, together with that of the Lay Member.

Appendices

Appendix 1 Terms of Reference of the Remuneration Committee

Melanie Wright
Business Manager
September 2013

Terms of Reference Remuneration Committee

1. Authority

- 1.1. The Remuneration Committee shall be established as a committee of the CCG Governing Body to perform the following functions on behalf of the Governing Body.
- 1.2. The principal function of the Committee is to make recommendations to the Governing Body on determinations about pay and remuneration for employees of the CCG and people who provide services to the CCG and allowances under any pension scheme it might establish as an alternative to the NHS pensions scheme.

2. Principal Duties

The principal duties of the Committee are as follows:

- 2.1. Determining the remuneration and conditions of service of the senior team.
- 2.2. Reviewing the performance of the Chief Officer and other senior team and determining salary awards.
- 2.3. Approving the severance payments of the Chief Officer and other senior staff
- 2.4. Approve disciplinary arrangements for employees, including the Chief Officer (where he/she is an employee or member of the Group) and for other persons working on behalf of the Group.
- 2.5. Approve disciplinary arrangements where the Group has joint appointments with another Group and the individuals are employees of that Group.

3. Membership

- 3.1. The committee shall be appointed by the CCG from amongst its Governing Body members as follows:-
 - Lay Member (with a lead role in governance) as Chair
 - 2 GP Governing Body Members
 - 1 Nurse Governing Body Member
 - 1 Practice Manager Governing Body Member.
- 3.2. Only members of the CCG Governing Body may be members of the remuneration committee.
- 3.3. The Chair of the CCG's Governing Body shall not be a member of the Committee.

- 3.4. Only members of the committee have the right to attend the Committee meetings.
- 3.5. However, other individuals such as the Chief Officer, the HR lead and external advisers may be invited to attend for all or part of any meeting as and when appropriate. They should however not be in attendance for discussions about their own remuneration and terms of service.

4. Chair

The Lay Governing Body Member shall be nominated by the CCG Governing Body to act as Chair of the committee. The Committee shall nominate a Vice Chair from within its membership.

5. Quorum

- 5.1. The quorum will be the Remuneration Committee Chair or Vice Chair plus 3 other members of the Remuneration Committee membership (all of which must be members of Governing Body as per Section 2 of these Terms of Reference)
- 5.2. The quorum shall exclude any member affected by a Conflict of Interest. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

6. Frequency of Meetings and Reporting Arrangements

The Committee will meet at least once a year with clear arrangements for calling meetings at additional times, as and when required, with seven working days' notice. The Committee will submit its minutes to the next available CCG Governing Body. In addition the Committee will report annually to the Governing Body.

7. Secretarial arrangements

- 7.1. The Business Manager / PA to the Chief Officer shall provide secretarial support to the Committee and support the Chair in the management of remuneration business, drawing the Committee's attention to best practice, national guidance and other relevant documents as appropriate.
- 7.2. The agenda for the meetings will be drawn up with the Chair of the Committee.
- 7.3. The agenda and papers for meetings will be distributed one week in advance of the meeting.
- 7.4. The minutes of the meeting will be produced within 10 working days

8. Policy and Best Practice

- 8.1. The Committee will apply best practice in the decision making process. When considering individual remuneration, the committee will:-
 - comply with current disclosure requirements for remuneration
 - on occasion seek independent advice about remuneration for individuals
 - ensure that decisions are based on clear and transparent criteria.

- 8.2. The Committee will have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations.

9. Conduct of the Committee

- 9.1. The committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice, such as Nolan's seven principles of public life.
- 9.2. The Committee will review its own performance, membership and terms of reference on an annual basis and any resulting changes to the terms of reference will be approved by the Governing body.
- 9.3. All members are required to maintain accurate statements of their register of interest with the Governing Body. Members of the committee should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting or at the beginning of each meeting. The Chair shall consider such notices in accordance with NHS Southport and Formby CCG procedure for the management of Conflicts of Interest as set out in the Constitution.

10. Review

Version	2
Future Review:	November 2013 March 2014

MEETING OF THE GOVERNING BODY September 2013

Agenda Item: 13/	Author of the Paper: Martin McDowell Chief Finance Officer
Report date: September 2013	Martin.mcdowell@southportandformbyccg.nhs.uk Tel: 01704 387010

Title: NHS Allocations to CCG's and required baseline adjustments

Summary/Key Issues:

1. At the time that the PCT undertook the dis-aggregation exercise, the underlying information used to support the process was variable in terms of its quality. The process was technically difficult and required a significant degree of estimation. In terms of information quality, it ranged from being able to assign specific units of activity to a GP practice (e.g. most PbR activity) to having to apportion costs based on a crude population basis in which case a rough approximation of 60% to South Sefton CCG and 40% to Southport and Formby CCG was most commonly applied.

2. Since that point, the CCG has worked hard to improve the quality and understanding of information and has established that a number of anomalies are included in the CCG initial baseline exercise that require adjustments to reflect the commissioning responsibilities of each CCG.

3. The publication of the new "fair shares" formula has meant that all changes to recurrent allocations must be enacted by October 2013 in order to ensure that calculations of "distance from target" can be accurately measured. To comply with this target, the governing body will be asked to approve the proposed changes outlined in this paper, so that these changes can be actioned within the deadline set by NHS England.

Recommendation	Receive	X
The Governing Body is asked to	Approve	<input type="checkbox"/>
<ul style="list-style-type: none"> • note the details of the reviews that have taken place across expenditure headings identified in this report. On the basis of the findings of these reviews, the Governing Body is asked to approve a transfer of £6.400m (as identified in Appendix 2 of the report), in respect of the issues highlighted in this report. 	Ratify	<input type="checkbox"/>

- The Governing Body is asked to further note
- NHS England expect all key adjustments to have been agreed and actioned in early October so that future year allocations can be adjusted and accurate “distance from target” figures can be calculated

There remains a further sum of £2.7m which is currently allocated to South Sefton CCG which may require a further adjustment to baselines but this will not be confirmed until the CCG’s final specialised commissioning position has been agreed.

There are further areas within the CCG’s expenditure profile that remain subject to review and updates will be given to the next Governing Body meeting

- The Governing Body is asked to note the details of the proposed introduction of “formula based” allocation noting that the CCG’s original baseline position is 1.47% below target and its forecast position is expected to be 2.31% above target meaning that there is likelihood that the CCG will have to make savings over and above existing plans but this will be dependent upon the timescales associated with the movement to target (the “pace of change”).

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

x	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail <i>(x those that apply)</i>
Patient and Public Engagement			x	
Clinical Engagement			x	
Equality Impact Assessment			x	
Legal Advice Sought			x	

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Resource Implications Considered	x			
Locality Engagement			x	
Presented to other Committees		x		Require Governing Body approval in terms of Scheme of Reservation and Delegation

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

Report to the Governing Body

1. Introduction and Background

- 1.1 NHS England is responsible for allocating the total commissioning budget of the NHS to new service commissioners from April 2013.
- 1.2 The initial CCG allocations were reported in December 2012 having been part of the dis-aggregation exercise to re-assign PCT budgets. These allocations were broadly based upon Q1 planned expenditure for 2012/13 financial year. The two Sefton CCG's expenditure base changed significantly after this point primarily due to pressures in secondary care. A review has been undertaken in respect of comparing the baseline with more recent information and has established that a transfer of resources between the two CCG's is required to accurately reflect their commissioning responsibilities.
- 1.3 NHS England published the details of a potential revision to the basis of CCG allocations in August, through the proposed introduction of a "needs based fair shares formula" for CCG's, and this paper will outline the key issues involved and potential impact on the CCG.

2. Key Issues

- 2.1 At the time that the PCT undertook the dis-aggregation exercise, the underlying information used to support the process was variable in terms of its quality. The process was technically difficult and required a significant degree of estimation. In terms of information quality, it ranged from being able to assign specific units of activity to a GP practice (e.g. most PbR activity) to having to apportion costs based on a crude population basis in which case a rough approximation of 60% to South Sefton CCG and 40% to Southport and Formby CCG was most commonly applied.

- 2.2 Since that point, the CCG has worked hard to improve the quality and understanding of information and has established that a number of anomalies are included in the CCG initial baseline exercise that require adjustments to reflect the commissioning responsibilities of each CCG.
- 2.3 The publication of the new “fair shares” formula has meant that all changes to recurrent allocations must be enacted by October 2013 in order to ensure that calculations of “distance from target” can be accurately measured. To comply with this target, the governing body will be asked to approve the proposed changes outlined in this paper, so that these changes can be actioned within the deadline set by NHS England.

3. Conclusion

KEY FEATURES OF THE “FAIR SHARES” FORMULA

- 3.1 The “fair shares” formula introduces the concept of a “target allocation” which assesses the theoretical need of a population and then adjusts for key characteristics which are known to have an impact in terms of how individuals access healthcare (e.g. age, health status, proximity to services).
- 3.2 The “target allocation” is then compared to the existing allocation received by a CCG and measures how far over or under target the CCG is in terms of the allocation that it currently receives. CCG’s are measured as being
- i). Over Target – when its allocation is higher than the target allocation (i.e. it is been allocated more resource than it needs as evaluated by the “fair shares” model).
 - ii). Under Target – when its allocation is lower than the target allocation (i.e. it has been allocated less resource than it needs as evaluated by the “fair shares” model)
- 3.3 There is wide variation in terms of CCG’s positions across the country with one CCG being 37% over target compared with one CCG being 14% under target. This measure is known as “Distance from Target.”
- 3.4 It is highly unlikely that CCG’s will move to target allocations from 2014/15 Financial Year onwards. In order to ensure that healthcare systems remain stable, any proposed implementation of the new allocation is likely to be accompanied by a “pace of change” policy which will see the proposed changes implemented over a defined period of time, in order to help the system transition to the proposed target point. At this stage, no decision has been taken regarding how quickly the “pace of change” will be implemented.
- 3.5 There is a possibility that a differential “pace of change” policy will be applied

which moves “outliers” at a faster rate to those CCG’s which are closer to target. This will be reviewed as part of the on-going discussions between now and December 2013 when NHS England has signalled that it will publish 2014/15 allocations for CCG’s.

- 3.6 There are two main differences in terms of comparing CCG target allocations with the former PCT target allocations, notably,
- i).PCT formula was based on the size of the local population constrained by the Office of National Statistics adjustments whereas CCG allocations are based on members practice list size.
 - ii) PCT formula included an adjustment to support their requirement to support reductions in avoidable health inequalities. This was known as the Disability Free Life Expectancy (DFLE) element of the formula and had previously accounted for 10% of the formula base. This has been removed from the basis used to calculate CCG target allocations as CCG’s don’t have specific responsibility to address health inequalities as part of their remit.

PROJECTED IMPACT OF NEW FORMULA ON CCG

- 3.8 The details of the new formula and its impact on the 2 Sefton CCG’s has been identified in Appendix 1. Table 1 of the appendix highlights the CCG’s opening allocation and compares it to the Indicative allocations proposed by the new “fair shares” formula. The table indicates that Southport & Formby CCG’s opening allocation is £2.320m below its target allocation which equates to a distance from target calculation of 1.47% below target. The table also shows the comparison in terms of opening and indicative allocations on a per head basis.
- 3.9 The CCG’s opening baseline allocation from December 2012 has been used to calculate the published distance from target figure. Members will be aware that these figures are subject to a number of changes including proposed specialised commissioning baseline adjustments and continuous review of other adjustments to ensure that allocations accurately reflect the commissioning responsibilities of all bodies in the new NHS commissioning architecture. Table 2 estimates that these adjustments will result in a reduction of £0.432m to the CCG’s baseline.

REVISIONS TO ALLOCATIONS BETWEEN SEFTON CCG’s

- 3.10 As highlighted in section 2.1 of this paper, the joint finance team of the Sefton CCG’s have undertaken a review of the assumptions used in the PCT baseline disaggregation exercise and have found that they were inaccurately applied in a number of key service line areas. Appendix 2 provides details of the following issues and identifies where baselines have been reviewed in

terms of accuracy. The key at the far side of the appendix identifies whether the review had been completed (green) or is still subject to final agreement (red).

- 3.11 The over-arching principle applied to setting the budgets for the two CCG's was to base expenditure on out-turn position at the end of the 2012/13 financial year. The CCG's agreed contracts on broadly this basis, with all NHS and Independent Sector providers during the 2013/14 contracting process. As the CCG team worked through these contracts, it became apparent that South Sefton CCG had been over-funded in the baseline exercise when compared with the contractual values agreed with providers at the expense of Southport and Formby CCG primarily due to original assumptions being inaccurate and partly due to changes to expenditure bases in the latter part of the year not being reflected in the original exercise.

The extent of the over-allocation is outlined in the table below:

	South Sefton CCG	Southport and Formby CCG	Unused Budget / Notional Surplus
Resources	169,000	110,883	
Contractual responsibilities	162,363	114,820	
Difference	6,637	(3,937)	2,700

This table identifies 2 key issues:

- Southport and Formby require a transfer of c. £3.937m in funding from South Sefton CCG in order to meet contractual responsibilities. It should be noted that the current forecast out-turn position for each CCG assumes that this transfer will take place,
- The total allocation (from the brought forward budgets) for the two Sefton CCGs was £2.7m higher than was needed to meet initial contract values. This funding remains allocated to South Sefton CCG pending further review

The PCT brought forward contract budget would have included elements of expenditure that would have transferred to Specialised Commissioning and the £2.700m that has been identified as unused should be offset against the CCG's "top-slice" in relation to specialised commissioning. The discussions regarding specialised commissioning contributions are ongoing and at this stage, it is not possible to split the £2.700m across the CCG's as the joint finance team will need to understand the final specialised commissioning position in order to do this on

an accurate basis. With this in mind, the Governing Body is asked to note that there may be a further adjustment required later in the year, in respect of this unused budget.

- 3.12 The CSU have provided robust year to date figures (Month 5) in relation to Funded Nursing Care costs incurred by the 2 CCG's. The combined budget for the 2 CCG's for FNC is £5.5m and they are on target to record a small under-spend against this budget. The original apportionment of costs used the 60/40 method in favour of South Sefton. The accurate figures received from CSU suggest that the appropriate apportionment should be 63/37 in favour of Southport and Formby. On this basis, a resource transfer of £1.290m is required between the 2 CCG's, to accurately reflect the responsibilities of both CCG's. The forecast out-turn position of the 2 CCG's has assumed that this transfer will take place.
- 3.13 The baseline exercise originally applied the 60/40 methodology in favour of South Sefton in relation to High Cost Drugs. The combined budget for the 2 CCG's is £3.1m. A full review of this cost centre has indicated that drugs excluded from the Southport and Ormskirk NHS Trust contract are charged to this cost centre whereas drugs excluded from the Aintree contract are charged to the acute contracts line. This means that Southport and Formby CCG will have a disproportionately higher usage of this cost centre and as such a resource transfer of £0.608m is required to accurately reflect the commissioning responsibilities. The forecast out-turn position of the 2 CCG's has assumed that this transfer will take place.
- 3.14 The CCG's joint finance team is awaiting detailed CHC information for the year to date. The combined budget for the 2 CCG's for CHC is £5.5m and the original apportionment of costs used the 60/40 method in favour of South Sefton. Indicative modelling suggests that the costs relating to CHC are much closer to 50/50 and it is recommended that baselines are adjusted in order to reflect this position. It should be noted that this remains an estimated figure at this stage and is subject to final confirmation but a resource transfer of £0.455m is recommended to take place. This will be subject to confirmation later in the year.
- 3.15 A review of community services has identified that the initial estimate of 60/40 split was slightly inaccurate. The finance team has worked closely with providers to identify the correct split in terms of where services are delivered. The combined opening budget for the 2 CCG's was £36.7m and the accurate split has been assessed at 59.7 / 40.3 resulting in a proposed transfer of £0.110m from South Sefton to Southport and Formby.
- 3.16 After completing a partial review of the current responsibilities in terms of expenditure across both CCG's, the joint finance team is proposing that a provisional sum of £6.400m is transferred from the CCG's baseline to

Southport and Formby. The breakdown across each line is provided in Appendix 2. Members will note that there are still some areas which require further investigation and whilst it is proposed that these transfers will be enacted in October, there will be further opportunity to review and make changes between the 2 CCG's during the year as required. It is important that the bulk of these changes are enacted in October to enable NHS England to make an accurate assessment of the CCG's Distance from target position for 2014/15.

- 3.17 The CCG's joint finance team will continue to review the key outstanding areas with a view to making additional changes where required. The remaining key services to be reviewed are Mental Health Contracts, links to services provided in conjunction with the Council and Oxygen services.

PROJECTED IMPACT OF NEW FORMULA ON CCG (Continued)

Following on from the position outlined in section 4 of this paper, Appendix 1, table 3 outlines the proposed changes arising from section 5. The impact of the first 3 tables is then reflected in table 4 which provides a revised forecast of CCG recurrent allocations for 2013/14. This shows that the CCG's distance from target has moved from an under target position of 1.47% to an over target position of 2.31% after applying the proposed changes to baselines.

The footnote in appendix 1 provides additional information in terms of comparison of the CCG position against local and national measures, specifically,

- i). the revised CCG allocation reports the CCG planned expenditure for 2013/14 of £1,304 per head compared with the Merseyside average of £1,415. The indicative allocation per head for the CCG also remains lower than the Merseyside average (£1,275 compared with £1,326).
- ii). the revised CCG allocation reports the CCG planned expenditure for 2013/14 of £1,304 per head compared with the North of England average of £1,240. The indicative allocation per head for the CCG is higher than the North of England average (£1,275 compared with £1,194), equating to 6.9%.
- iii). the revised CCG allocation reports the CCG planned expenditure for 2013/14 of £1,304 per head compared with the England average of £1,137. The indicative allocation per head for the CCG is significantly higher than the England average (£1,275 compared with £1,137), equating to 12.1%.

Given that the CCG's funding levels are slightly above target, there is a likelihood that it will be subject to having to make additional savings over and

above existing plans but this will be dependent upon the timescales associated with the movement to target (the “pace of change”).

The last reported NHS Sefton (PCT) position identified that it was 4.0% above target. Initial work has been done to assess the removal of the DFLE weighting from the CCG formula across the North of England and this has been assessed at 3.4% on average. The combined Sefton CCG’s revised allocations position is 6.9% above target and it is highly likely that the main factor for the increase is the removal of the DFLE weighting from the CCG target formula.

The Pace of Change in terms of moving to “fair shares” allocations has yet to be determined. In reviewing the potential timescales, NHS England have indicated that following issues will be taken into consideration,

i). The health economies ability to invest and deliver efficiencies whilst ensuring that services remain safe

ii). The impact of transition costs in provider units

iii). The abilities of CCG’s to address the difficulties that they face

Separate reviews have been established to also look at resource allocations in other parts of the healthcare system, notably Primary Care and Specialised Commissioning and in discussions with NHS England, CCG’s have been keen to emphasise that similar reviews are required to ensure equity exists across the wider healthcare system.

4. Recommendations

the Governing Body is asked to note the details of the reviews that have taken place across expenditure headings identified in this report. On the basis of the findings of these reviews, the Governing Body is asked to approve a transfer of £6.400m from South Sefton CCG (as identified in Appendix 2 of the report), in respect of the issues highlighted in this report.

The Governing Body is asked to further note

- NHS England expect all key adjustments to have been agreed and actioned in early October so that future year allocations can be adjusted and accurate “distance from target” figures can be calculated
- There remains a further sum of £2.7m which is currently allocated to South Sefton CCG which may require a further adjustment to baselines but this will not be confirmed until the CCG’s final specialised

commissioning position has been agreed.

- There are further areas within the CCG's expenditure profile that remain subject to review and updates will be given to the next Governing Body meeting
- The Governing Body is asked to note the details of the proposed introduction of "formula based" allocation noting that the CCG's original baseline position is 1.47% below target and its forecast position is expected to be 2.31% above target meaning that there is likelihood that the CCG will have to make savings over and above existing plans but this will be dependent upon the timescales associated with the movement to target (the "pace of change").

Appendices

Appendix 1 – Anticipated baseline adjustments

Appendix 2 - Southport and Formby Budget Book Month 5 Revised Position

Martin McDowell
September 2013

Quality Committee Minutes

Wednesday 19 June 2013

3.30pm – 5.00pm

Family Life Centre, Ash Street, Southport PR8 6JH

Attended		
Helen Nichols	Chair and Lay Member	(HN)
Dr Rob Caudwell	GP Board Member	(RC)
Karen Leverett	Board Member	(KL)
Fiona Clark	Chief Officer	(FLC)
Martin McDowell	Chief Finance Officer	(MMD)
Debbie Fagan	Chief Nurse	(DF)
Dr Kati Scholz	GP	(KS)
Billie Dodd	Joint Head of CCG Development	(BD)
In attendance		
Anne Dunne	Designated Nurse for Safeguarding	(AD)
Denise Roberts	Deputy Designated Nurse for Safeguarding	(DR)
Gordon Jones	CMSU	(GJ)
Danielle Mooney	CMSU	(DM)
Apologies:		
Dr Doug Callow	GP Board Member	(DC)
Fiona Clark	Chief officer	(FLC)
For Minutes		
Tracey Cubbin	Administrator	(TC)

No	Item	Action
Q13/67	Welcome & Introductions HN welcomed the committee and introductions were given.	
Q13/68	Apologies for absence As above.	
Q13/69	Declarations of Interest Debbie Fagan Chief Nurse and Martin McDowell declared dual roles at both Southport and Formby and South Sefton CCG.	
Q13/70	Minutes of the last meeting – 22 May 2013 The minutes of the previous meeting were agreed as a true and accurate record of the meeting.	
Q13/71	Matters Arising / Action Tracker 13/40 Action complete. Meeting arranged between DF and Diane Blair from Health Watch. 13/55 – Action completed. MMD to supply documentation regarding nursing staffing levels data to DF. MMD to discuss with DF outside of	

No	Item	Action
	<p>the committee.</p> <p>13/55 Action complete. Meeting arranged between DF, Gaynor Hales and Liz Yates in Q1 to discuss nursing staffing levels and workforce issues as per the Quality Review Meeting action plan.</p> <p>13/55 Action completed. DF will confirm with Jackie Moran regarding joint resolution of issues relating to SUI management at Southport & Ormskirk Hospital. The proposal is that WLCCG will join Mersey model, to be confirmed on 8 July 13.</p> <p>13/55 Action completed. Practice nurse facilitator will be attending the QC in July.</p>	
Q13/72	<p>Chief Nurse Report</p> <p>- Matters arising</p> <p>Care Quality Commission Meeting: This meeting has been arranged for 5 July 2013.</p> <p>Quality Review Meeting Updates (University Hospital Aintree NHS FT): A Contract Query has been sent to the provider on 19 June 2013.</p> <p>Health Care Acquired Infections (HCAI): The Committee approved the proposal for the CCG involvement in a Merseyside Commissioner Network for HCAI.</p> <p>Public Health Outbreaks: DF to liaise with Public Health England regarding process for notifying General Practice of outbreaks in the local area. DF to explore with CSU Communications Team outbreak information being included in the CCG newsletter.</p> <p>Alder Hey – National Institute for Cardiovascular Outcomes Research (NICOR): DF to clarify if NICOR will be producing another report and to update the committee if the re-submitted data will remove the provider from being considered as within the 'alert zone'.</p> <p>The Quality Committee noted the contents of the Chief Nurse Report</p>	<p>DF</p> <p>DF</p>
Q13/73	<p>Quality Dashboard Report and Performance Report</p> <p>The Committee discussed the need to be able to analyse in more depth the data provided and also to focus on community quality issues going forward.</p> <p>The Committee noted the Quality Dashboard Report</p>	
Q13/74	<p>Safeguarding Hosted Service Monthly Assurance Report</p> <p>The committee noted the content of the report and supported the recommendation for an audit to be undertaken in relation to provider CRB checks due to the challenges currently in the system regarding legal requirements and best practice guidance. DF formally thanked the service for the presentation they gave at the last Sefton Local Safeguarding Children Board detailing the current commissioning landscape post April 2013 and the CCG internal and external assurance processes. DF to contact Sefton LA to ask for clarification around the plans for the likely safeguarding children inspection so that as health partners we can be prepared.</p>	DF

No	Item	Action
Q13/75	<p>Contract Update</p> <p>BD updated the committee as the last report submitted had changed slightly. BD talked to the committee regarding monies for 'hip fractures' and to reduce the number of indicators and focus more on the actual issue – work on SILO's</p> <p>The committee also discussed ways of making our providers deliver whilst the CCGs are paying for additional services.</p>	
Q13/76	<p>Francis Recommendations – Draft Action Plan</p> <p>The committee approved the action plan. DF to provide a further update at the September 2013 meeting which will be in-line with the timelines for reporting to the Audit Committee and Governing Body</p> <p>The Quality Committee noted the action notes from the quality review meeting.</p>	DF
Q13/77	<p>Locality Update</p> <p>No new updates were given for June.</p>	
Q13/78	<p>Any Other Business</p> <p>Protected Learning Time (PLT)</p> <p>Some PLT events will clash with the QC however the committee felt there was no need to change the dates as all who were required are still able to attend the QC.</p> <p>The Quality Committee noted the amendments to the Terms of Reference.</p>	
Q13/79	<p>Date and Time of Next Meeting</p> <p>Wednesday, 24 July 2013, 3:30 pm – 5:00 pm at the Family Life Centre, Southport PR8 6JH</p>	

NOTES OF THE MERSEYSIDE CCG NETWORK MEETING

Held on Wednesday 7 August 2013 from 1.00 – 4.00 pm

Boardroom 1, Regatta Place, Brunswick Business Park, Summers Road,
Liverpool L3 4BL

Present:

Dr Nadim Fazlani	NF	Chair GGC Network and Liverpool CCG
Katherine Sheerin	KS	Chief Officer, Liverpool CCG
Tom Jackson	TJ	Chief Finance Officer, Knowsley CCG
Dr Andrew Pryce	AP	Chair, Knowsley CCG
Diane Johnson	DJ	Chief Officer, Knowsley CCG
Dr Clifford Richards	CR	Chair, Halton CCG
Simon Banks	SB	Chief Officer, Halton CCG
Ian Davies	ID	Head of Operations & Corporate Performance, Liverpool CCG
Fiona Clark	FC	Chief Officer, South Sefton & Southport and Formby CCGs
Dr John Caine	JC	West Lancs CCG
Dr Fiona Lemmens	FL	GP/Governing Body Member, Liverpool CCG

In Attendance:

Roger Booth	RB	Senior Resilience Manager, CMCSU
Rob Forster	RF	Business Development Manager, CMSU
Liz Mear	LM	Managing Director North West Academic Health Science Network
Louise Ward	LW	Director of R & D, Department of Health

Action:

1	Welcome and Introductions	
	The Chaired welcomed everyone to the meeting and around the table introductions were made	
2	Apologies for Absence	
	Apologies were received from: Dr Stephen Cox (St Helens CCG) Mike Maguire (West Lancs CCG) Sarah Johnson (St Helens CCG) Dr Sarah Baker (Warrington CCG)	
3	Minutes of the Previous meeting	
	The minutes of the previous meeting held on the 3 July 2013 were agreed as a true and accurate record subject to the following amendments:	Changes to be made to the minutes by CH (completed)

	<p>Page 2:</p> <p>Item 3: Second bullet: NG to be amended to NL</p> <p>Item 4: Last bullet: To amend Hair to read Chair</p>	
4	<p style="text-align: center;">Matters Arising not on the agenda</p> <p>Rehabilitation Commissioning Board:</p> <p>Feedback re Commissioning Support Services: Feedback was given by each CCG relating to the services provided by CSU.</p> <p>The main issues highlighted related to data evaluation, particularly 2 significant lines: BI and CHC and value for money overall.</p> <p>TJ highlighted that a meeting had been held with DOFs and a process to review each line had been shared. This will be evidenced and shared with the CSU.</p> <p>CR noted that integration with the Local Authority has a significant impact on this. It was suggested that a decision should now be made to ensure there is a direction of travel linked into true integration with the Local Authority and this could result in commissioning support services being undertaken by the Local Authority.</p> <p>TJ highlighted the issues with data validation and Specialised Commissioning which presents significant risks to the CCGs.</p> <p>It was agreed that a meeting would be arranged with Chief Officers, DOFs, Tim Andrews, Moira Dumma and Russ by mid-September</p> <p>CCGs to share Commissioning Support Plans as they emerge.</p> <p>Merseycare FT Letter: KS noted that a request had been received for support for the Merseycare FT application.</p> <p>North West Specialised Commissioning Group: The lack of clinical representation was noted and it was agreed that NF would attend on behalf of the CCG Network.</p>	<p style="text-align: center;">Meeting to be arranged by mid September</p> <p style="text-align: center;">NF to attend on behalf of CCG Network</p>

5	COLLABORATIVE COMMISSIONING	
5a	<p>NHS 111 ID advised that following the withdrawal of NHS Direct, and direction from NHSE work is being done to negotiate an alternative partner, which is nationally being seen as the Ambulance Service.</p> <p>Negotiation is underway with NWS to step into 3 contracts which will be brought together in a single contract for that purpose.</p> <p>NWS will accept staff from NHS Direct under TUPE along with transfer of the asset base (Middlebrook Call Centre, Bolton)</p> <p>Areas of Risk Identified:</p> <ul style="list-style-type: none"> • Staffing numbers: View that NHS Direct is overstaffed with call handlers but under resourced with clinicians. • Payment: Likely to be increase in 30% being paid to NHS Direct, based on call volume which does not take into account fixed overhead costs • Contingency Calls: Likely that will have to take back 0845 contingency calls which are going into the national pooling arrangements and to be filled for second quarter costs of that nationally • Middlebrook Lease Arrangements: Element of due diligence to be done • NWS FT application deferred: Monitor is looking at a stability agreement and proposals are expected to CCGs before the end October. <p>Future Plans:</p> <ul style="list-style-type: none"> • Contracts to be taken over by NWS from 1 October as requested by NHSE. • This will allow gradual financial withdrawal from NHS Direct business. • Likelihood of redundancy costs associated with call handler move and central resources of NHS Direct, however it is unclear where redundancy costs will lie. • Confident that costs can be absorbed in the overall envelope of price agreement for NHS Direct. However it is still expected to be less than the full contract cost which would have been paid to NHS Direct if they were delivering the service. • Re procurement is likely to be late Autumn 2014, which means likely extension of OOH contingency arrangements until Summer 2014. • Problem with adequate reporting of clinical 	

	<p>governance data, reports and assurance from NHS Direct, sufficiently monthly reports and data unavailable to LCAGs. However they have been assured that there has been a significant reduction in the number of complaints</p> <p>FL advised that from feedback received there is no report of SUI and the vast majority of complaints are process related.</p> <p>Reduction in OOH and A & E reported at Warrington and Salford however it is unsure whether this is due to the negative reports received in relation to NHS 111 service.</p>	
5b	<p>Commissioning Policy Development</p> <p>A Commissioning Policy Development document was presented by RF.</p> <p>NF referred to policies which had been available for some time and which were in need of updating, and queried how this would be done with support from CSU. The PLCP Policy would be reviewed collectively.</p> <p>It was noted that a review of corporate policies was required to create a framework to ensure a level of congruency across Cheshire and Merseyside CCGs and to consider how this would be done.</p> <p>DJ noted that this should be done collectively to ensure there was no burden on CCGs for clinicians to do that work and how to make that as efficient as possible in terms of time spent from CCGs plus providers of that work.</p> <p>RF asked if it would be useful to look at scale and scope of policies and to explicitly set out roles and responsibilities. It was agreed that this would help.</p> <p>Following discussion it was agreed that there was a need to decide scope, policies required and dates to be reviewed whilst taking into account input from the different organisations and in terms of costing and breakdown.</p> <p>RF to look at this and bring a report back to a future meeting.</p>	<p>RF to bring report back to future meeting</p>

5c	<p>Agreeing a Merseyside Approach: KS noted that following the Co-Commissioning Forum held in July, where the top 10 tips from each CCG had been discussed for the following areas:</p> <ul style="list-style-type: none"> • Frail Elderly • Mental health • Children's Services • Cancer Care and Pathway of Care • Urgent Care <p>It was agreed that a local (CCG/LA) approach to implementing the top 10 tips should be applied for:</p> <ul style="list-style-type: none"> • Frail Elderly • Children's • Maternity. <p>It was agreed that we should work with the NHSE to collectively commission across Cheshire and Merseyside:</p> <ul style="list-style-type: none"> • Cancer Services/End of Life • Maternity Services <p>It was agreed that collaboration for Urgent Care would be dealt with by the Urgent Care Networks</p>	KS to confirm this with NHSE.
5d	<p>Healthy Liverpool Programme: Full discussion was deferred until the next meeting.</p>	KS and NF to present
6	OPERATIONAL ISSUES	
6a	<p>EPRR – Roger Booth: An update was given by RB who highlighted the following areas:</p> <p>Business Continuity: An evaluation exercise will be held in October, incident response plans linked to that will be circulated in the near future.</p> <p>Assurance Process from Providers: Written assurances to go out from Contracts Teams in respect of business continuity incident response, Pandemic Flu, evacuation etc., to be provided in October and plans will be reviewed against the DOH check list. It was noted that this this would cause significant difficulty for physical reviews at providers.</p>	

<p>ID requested that prioritisation should be agreed with RB as some trusts have bigger risks.</p> <p>Agreed that ID would speak to RB and provide advice</p> <p>Exercises:</p> <ul style="list-style-type: none"> • Strategic Leadership – 3 December • Surviving Public Enquiry – March 2014 • National Power Outage – April 2014 • National Pandemic Exercise – October 2014 • LHRP Team is planning mass casualty exercise <ul style="list-style-type: none"> • Proposed Fire Brigade strike: MFRS is currently completing contingency arrangements and staff training to provide cover during the expected strike(s). • • It was noted that two task and finish groups have been set up for CMS scoring and escalation/diversion policy, supported by Jane Keenan and Donna McLaughlin and these two policies would be brought back to the network meeting for future approval prior to the onset of this winter. • • ID highlighted an issue around the provision of mobile medical cover (MERIT) in the event of a trauma incident and/or major incident and the requirement for onsite medical capacity. Across the North West there is currently no comprehensive mobile medical team response. A proposal is being looked at through NWAS by ambulance commissioning leads via Blackpool with estimated recurrent costs of circa £260k per county area plus non recurrent setup and equipment costs. ID to write out to CCGs with full details seeking approval to fund this development. <p>It was agreed that it was useful for updates to be provided by RB.</p>	<p>ID to meet with RB</p>
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Action:

<p>6b</p>	<p>Urgent Care Network/Tripartite Meeting NF noted that it was previously agreed that the Tripartite forum would not be operational but a forum to promote shared learning would be time limited and would not cover work being done by Urgent Care Networks. However it was noted that learning was not being shared across networks.</p> <p>KS advised that 3 Urgent Care Networks were already in place and that the tri-partite meeting had been set up by NHSE (Merseyside) at local level and was not a national requirement</p> <p>Following discussion it was agreed that a draft of operational work being done by networks would be circulated to give assurance of bi-literal work being done through CCGs</p> <p>It was also agreed that a letter would be prepared by NF and sent to C Duggan to confirm that the Tripartite meeting should return to the agreed objectives and membership, as such providers would be stood down</p>	<p>NF to circulate draft of work being done by networks</p> <p>NF to send letter to C Duggan</p>
<p>7 CCG DEVELOPMENT</p>		
<p>7 7a</p>	<p>Co-Commissioning Meeting with Area Team and Local Authority:: KS confirmed arrangements for the September Co - Commissioning and CCG Network meetings: :</p> <p>Co-Commissioning Meeting: To be held on 4 September 2013, Local Area Team to be invited.</p> <p>CCG Network Meeting: To be held on 11 September</p> <p>With regard to the Co-Commissioning meeting, it was queried why Local Authorities were invited as it was felt that this was a duplication of the Health and Wellbeing Boards.</p> <p>Following discussion it was agreed that:</p> <ul style="list-style-type: none"> • CCG Chief Officers would contact the CEO of their Local Authority to ask whether they still wanted to attend the meeting. • Responses would be fed back to NF by 1 September. • NF to send a letter to Local Authority CEOs to invite them to the 4 September meeting 	<p>CCG COs to contact LA CEOs and feed response back to NF by 1 Sept.</p> <p>NF to write to LA CEOs to invite to Sept meeting</p>

7b	<p>Development Sessions with Area Team</p> <p>The following topics for discussion at the September meeting were agreed:</p> <ul style="list-style-type: none"> • Primary Care Commissioning • Quality • Sharing of CCG plans, to discuss how to take plans forward across Merseyside and to recognise some of the challenges. <p>NF to discuss with CD/JH</p>	<p>CCG plans to be presented to the September meeting</p> <p>NF to discuss with CD/JH</p>
7c	<p>Academic Health Science Network</p> <p>A PowerPoint presentation was given by Liz Mear on the role of the AHSN and its relationship to the work of CCGs .</p> <p>LM highlighted the 4 national areas of focus for system integration, clinical themes and priorities, clinical governance and delivery structure, forward planning, working groups and potential challenges.</p> <p>It was confirmed that NM and KS attended the AHSN Board meetings on behalf of the CCGs.</p> <p>KS noted that it would be useful to understand existing projects which support delivery of AHSN objectives. LM to map work which is being done.</p>	<p>LM to provide mapping of work which is being done</p>
8	ANY OTHER BUSINESS	
	It was requested that items from visitors/speakers should be presented at the beginning of the meeting.	
9	DATE AND TIME OF NEXT MEETING	
	<p>Wednesday 11 September 2013 1.00 – 4.00 pm (lunch provided from 12.30) Boardroom, Bluecoat School</p>	

HEALTH AND WELLBEING BOARD

MEETING HELD AT THE TOWN HALL, BOOTLE ON 24 JULY 2013

PRESENT: Councillor Moncur (in the Chair)

Dr. Janet Atherton, Fiona Clark, Robina Critchley,
Councillor Cummins, Councillor John Joseph Kelly,
Maureen Kelly, Colin Pettigrew and Dr. Shaw

15. APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr. Niall Leonard, Phil Wadeson and Margaret Carney.

16. MINUTES OF PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting of the Health and Wellbeing Board be agreed as a correct record.

17. DECLARATIONS OF INTEREST

There were no Declarations of Interest received.

18. PHARMACEUTICAL NEEDS ASSESSMENT

The Board considered a report of the Director of Public Health detailing a briefing on the Pharmaceutical Needs Assessment (PNA), which included associated risks and proposed local governance.

The report stated that the PNA was a statutory document that assessed the pharmacy needs of the local population. It highlighted that the PNA included dispensing services as well as public health and other services that pharmacies may provide. The report indicated that the PNA is used as the framework for commissioning pharmacy services.

It was reported that from 1 April 2013 the Health and Wellbeing Board has a statutory duty to publish and keep up-to-date the PNA. The Health and Wellbeing Board is also responsible for producing the Joint Strategic Needs Assessment (JSNA). It was further reported that by giving local authorities the responsibility for conducting both the PNA and JSNA, then the links between the two documents could be strengthened and that opportunities may arise for combined working on both documents.

It was highlighted that the responsibility for making decisions on pharmacy applications based on the PNA has passed from PCTs to NHS England.

Agenda Item 2

HEALTH AND WELLBEING BOARD- WEDNESDAY 24TH JULY, 2013

GB13/139

The key message to Members was that the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, effective from 1 April 2013, require each Health and Wellbeing Board to:-

- Make a revised assessment as soon as is reasonably practicable after identifying changes to the need for pharmaceutical services which are of a significant extent
- Publish its first PNA by 1 April 2015.

It was reported that each Local Authority should appoint a Board-level sponsor with responsibility for the PNA, but the management of the PNA could be passed to a steering group led by public health. It was further reported that the steering group would be a task and finish group reporting to the Strategic Integrated Commissioning Group. Governance arrangements would be through the Strategic Integrated Commissioning Group reporting back to the Health and Wellbeing Board for approval at strategic stages of the process, such as signing off the revised assessment and first new PNA.

The report also set out the risks associated with failure to comply with the regulatory duties.

The following next steps were reported to be:-

- Nomination of a Board level sponsor for the PNA.
- Agree a chairperson of the steering group from the Local Authority public health team (Consultant in Public Health).
- Agree governance arrangements for the steering group.
- Recruit the steering group which should develop a project plan.

A Member of the Board advised that a Pharmaceutical Needs Assessment had previously been drafted some time ago and would be in existence until 2015. Paragraph 8.2 to the report was referred to and it was requested that it be amended to read "Sefton will have a robust Pharmaceutical Needs Assessment in time for the deadline of 2015".

RESOLVED: That:

- (1) Fiona Clark, Chief Officer for Southport and Formby and South Sefton Clinical Commissioning Groups, be nominated as the Board level sponsor for the Pharmaceutical Needs Assessment;
- (2) the risks associated with the Pharmaceutical Needs Assessment be logged through Sefton Council's risk assessment and risk register process, subject to paragraph 8.2 of the Director of Public Health's report being amended to ".....The risk has been worded as "Sefton will have a robust Pharmaceutical Needs Assessment in time for the deadline of 2015 "....."; and
- (3) a local steering group be established to develop the Pharmaceutical Needs Assessment and oversee the statutory consultation.

19. LOCAL PLAN

The Board received a presentation from the Head of Planning Services in relation to Sefton's Local Plan. The Head of Planning Services identified how the Local Plan would specifically link into the Health and Wellbeing Strategy and highlighted the following headlines and key points:-

What is a Local Plan?

- Statutory Development Plan for the Borough
- Framed in Planning legislation and national policy
- Strategic document setting out priorities for regeneration, place shaping etc.
- Must plan for economic growth and development
- Must protect our environment and create opportunities for the residents and businesses of Sefton

What does that mean?

- A Plan for Sefton based on planning legislation – we can't do what we want
- Our Plan will be examined by the Government and has to be robust and withstand scrutiny
- We must set out our stall for regeneration and other priorities
- We must meet our housing, employment and other needs – it is not an opinion
- It is complementary to other corporate strategies
- It makes difficult choices about development at any cost and balances environmental and other issues too
- When adopted it will replace our current Development Plan approved in 2006

What does the Local Plan include?

- Profile, issues and challenges facing Sefton
- Vision for 2030 – what will Sefton be like when the Plan has been implemented
- Objectives
- Strategic Policies
- Detailed policies covering requirements for all new development
- Site allocations – new housing, business parks etc.
- Which options discounted and why

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What stage are we up to?

- | | |
|-------------------------|----------------------------------|
| • 2009 | Consultation on Issues |
| • 2011 | Consultation on Options |
| • Summer 2013 | Consultation on preferred Option |
| • August/September 2014 | Publication |
| • October/November 2014 | Submission |
| • January 2015 | Examination |
| • April/May 2015 | Adoption |

Objectives - 14 listed in the Plan including:-

- To support regeneration and investment priorities in Sefton
- To protect and enhance natural environments and the built environment with emphasis on quality of place
- To meet diverse needs for homes, jobs, services as far as possible close to where they arise
- To allow people to live a healthy life, with access to leisure and safe environments
- To make sure new developments include essential infrastructure services etc.
- To support town and local centres so they can adapt to wider needs and develop flexible roles

Some issues and challenges – How can we

- Make the best use of assets
- Improve access to facilities, employment, services
- Slow down trend of ageing population
- Meet all needs for new homes
- Provide for new jobs and infrastructure e.g. Port expansion, including more opportunities for local jobs

Strategic Policies

- Spatial Strategy for Sefton
- Sustainable Growth and Regeneration
- Protection and enhancement of Environmental assets
- Climate Change and Carbon Reduction
- People and Places

Spatial Strategy – New Development shall:-

- Meet needs (homes) in the areas where they arise as far as possible
- Make best use of resources – brownfield land
- Be on land with fewest environmental constraints
- In accessible locations – or those which can be made to be accessible

Sustainable Growth and Regeneration

- Plan will meet Sefton's needs for homes, jobs etc. and will identify enough land for this
- Will support Regeneration priorities – town centres, Port expansion, new employment sites, Southport coast/tourism etc.
- Will support town centres
- Will require infrastructure to be delivered
- Over 10,000 new homes and 7,000 new jobs

Environmental Assets

- Protection for natural, heritage and landscape to protect quality of place
- Will require mitigation and replacement of features of environmental interest
- Higher levels of development will result in significant adverse effects to environment (step too far)
- Plan will protect, enhance and possibly increase the amount of "green" infrastructure (coast, parks, paths, cycle ways)

Climate Change

- Reducing and managing flood risk
- Reducing transport emissions
- Improving accessibility and sustainability
- Reducing energy use through energy efficient development to reduce running costs
- Maximising potential of natural energy
- Making best use of development sites
- Increasing use of renewable, decentralised and low carbon energy.

People and Places

- Maximising beneficial impacts of new development including:-
 - Better connected communities (improved access to a choice of, for example, homes, services and jobs)
 - Safe neighbourhoods with reduced fear of crime
 - Minimise pollution and reduce health risk
 - Protecting amenity of residents, protecting community facilities
 - Prevention of take away food outlets near to schools.

How does the Local Plan link to Health & Wellbeing objectives?

1. Addressing Wider Social, Environmental and Economic issues

- Identifies land for 3 new business parks
- Sites for 10,000 new homes to meet range of needs – family, affordable, elderly
- Well designed development – safe, accessible, energy-efficient

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- Easily accessible services including leisure and sports
 - Flags up need for new health facilities so they can be provided in the right place at the right time.
2. Promotes Positive Mental Health and Wellbeing
(Sefton's Health and Wellbeing Strategy: "mental wellbeing strongly related to deprivation")
- Opportunities for local training and jobs – 7,000 in total
 - More choice of suitable accommodation
 - Easy access to facilities by range of means of transport
 - Protects and improves green spaces/coast/countryside
 - Better footpath and cycling links
3. Support Older People to remain Independent and in own homes
- Part of housing provision is specialist accommodation for the elderly
 - Flexible design of new dwellings to respond to changing needs
 - Design will take account of safety and security issues
4. Support people early to prevent avoidable illnesses and reduce inequalities
- Healthy lifestyles – access by cycling and walking
 - Easy access to parks, coast and countryside
 - Approach to pollution, hazards and contaminated land
 - New buildings: energy efficient and affordable warmth
 - Policy to limit hot food takeaways close to schools and parks – required to provide clear evidence such as obesity figures
5. Children to have a positive start in life
- Allocating land for businesses will attract more jobs for Sefton's young people
 - Access to opportunities for leisure, parks and greenspaces
 - More opportunities to access affordable housing
 - Development will be designed to promote safe neighbourhoods
6. Build capacity and resilience
(Outcomes of Health and Wellbeing Strategy similar to some of the outcomes of the Local Plan)
- Improved access to services and facilities including parks and open spaces
 - Health benefits of activities in parks, coast and countryside valued and promoted
 - Clean, safe and healthy environments, and quality of place
 - Increased physical and emotional health and wellbeing.

Risks

- Failure to prepare a “sound” plan – development would be piecemeal – lose many benefits
- Trend towards ageing population exacerbated – fewer people of working age
- Fewer homes – family, affordable and for elderly
- Lost opportunities to attract investment – fewer jobs and less training
- Lost opportunities to improve infrastructure, including green infrastructure

How can the Board help?

- Influencing role
- Help spread the wider messages of the Plan
- Tell us what you think
- Any more information required?
- Any further discussions?

Members of the Board welcomed the presentation and in particular the specific reference to the ways in which the Local Plan contributes to the Health and Wellbeing Strategy. The following points were highlighted:-

- The intention to provide of affordable housing was welcomed.
- That any development should consider links to the cycle network.
- An offer from Members of the Board to publicise the consultation on preferred options in relation to the Local Plan at future public events in order that greater involvement may be provoked.

RESOLVED: That:

- (1) the Head of Planning Services be thanked for her informative presentation; and
- (2) Members of the Board be advised to contact the Head of Planning Services should they wish to use the promotional materials available for any public events they may be hosting.

20. CLINICAL COMMISSIONING GROUP QUALITY ASSURANCE FRAMEWORK

The Board received a presentation from Fiona Clark, Chief Officer for Southport and Formby and South Sefton Clinical Commissioning Groups in relation to the Quality Assurance Framework.

The presentation highlighted the following points:-

- The Interim Clinical Commissioning Group Assurance Framework was published in May 2013.

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- The Framework sets out a nationally consistent approach to the formal interactions between Clinical Commissioning Groups and Area Teams on a quarterly and annual basis.
- The publication of the Interim Assurance Framework kicks off an engagement process with Clinical Commissioning Group staff, patient groups and other key stakeholders.
- A final framework will be published in the autumn.
- The Core Elements of Assurance in terms of delivery, capability and support.
- An overview of the balanced scorecard.
- The Clinical Commissioning Group Assurance Cycle and the “Balanced Scorecard”.
- Process within each Quarterly Checkpoint
- Summary of the process
- Red/Amber/Green based conversations.

RESOLVED:

That Fiona Clarke be thanked for her informative presentation.

21. SEFTON BOROUGH COUNCIL - HEALTH PROTECTION RESPONSIBILITIES

The Board considered the report of the Director of Public Health which set out:-

1. The new duty of the Local Authority in relation to protecting the health of the population under the Health and Social Care Act 2012; and
2. The proposal for establishing a Health Protection Forum to provide assurance to the Health and Wellbeing Board that there will be safe and effective plans in place to protect the health of the population, to improve integration and partnership working between health partners and to support the Director of Public Health to fulfil her duty of assurance of the health protection system.

It was reported that health protection sought to prevent or reduce the harm caused by communicable diseases and minimise the health impact from environmental hazards and contamination, such as chemicals and radiation. It was reported that as well as major programmes such as the national immunisation programmes and the provision of health services to diagnose and treat infectious diseases, health protection involved planning, surveillance and response to incidents and outbreaks and extreme weather events.

It was further reported that the Director of Public Health was responsible for the Local Authority's contribution to health protection matters, including the Local Authority's role in planning for and responding to, incidents that present a threat to the public's health. As part of the Local Authority's responsibilities the Director of Public Health (DPH) has a duty to prepare for and lead the Local Authority's response to incidents that present a

threat to the public's health. Local Authorities also have existing health protection functions and statutory powers in respect of environmental health.

A Member of the Board requested that in relation to any Committee/Board that the Clinical Commissioning Groups were appointed to serve on, the correct title of "Southport and Formby and South Sefton Clinical Commissioning Groups" be used.

RESOLVED: That:

- (1) the new duty of the Local Authority to protect the health of the population under the Health and Social Care Act 2012 be noted;
- (2) the establishment of a Health Protection Forum to improve integration and partnership working between health partners and to provide assurance to the Health and Wellbeing Board that there are safe and effective plans in place to protect the health of the population be approved; and
- (3) in relation to any Committee/Board that the Southport and Formby and South Sefton Clinical Commissioning Groups are appointed to serve on that the correct title of "Southport and Formby and South Sefton Clinical Commissioning Groups" be used.

22. SEFTON STRATEGIC NEEDS ASSESSMENT - GAP ANALYSIS

The Board considered the report of the Head of Business Intelligence and Performance which detailed the work undertaken in relation to assessing the potential gaps within the existing Sefton Strategic Needs Assessment, following a review against the most recent guidance, and to ensure that the gaps as identified are included in the next iteration of Sefton's Strategic Needs Assessment.

RESOLVED: That:

- (1) the fact that Sefton's Strategic Needs Assessment had been heralded as an exemplar in tone, content and style by the LGA Peer Challenge Team be noted;
- (2) the next iteration of the Strategic Needs Assessment should include the perceived gaps and areas for development, as identified at Annex 1 and 2 to the report; and
- (3) work on the production of the next iteration of the Strategic Needs Assessment be referred to the Strategic Integrated Commissioning Group, to assign to a task group to agree the timing of the production thereof.

23. RESPONSE OF SEFTON CCG'S AND SEFTON LOCAL AUTHORITY TO THE DEPARTMENT OF HEALTH REVIEW: TRANSFORMING CARE: A NATIONAL RESPONSE TO WINTERBOURNE VIEW HOSPITAL, FINAL REPORT. DECEMBER 2012

The Board considered the report of the Adult Social Care Director which presented an overview of the recommendations from the Department of Health Review: Transforming Care: A national response to Winterbourne View Hospital (Final Report); and the organisational responsibilities of Sefton Clinical Commissioning Groups and the Local Authority in relation to the NHS Commissioning Board (Merseyside Area Team) action plan.

It was reported that a BBC Panorama programme "Undercover Care – The Abuse Exposed" highlighted the failings of Winterbourne View arising from events occurring between 2008 and 2011. Winterbourne View was a private hospital for adults with learning disabilities and autism, who also had mental health conditions or behaviours which could be described as challenging; and which was owned and operated by Castlebeck Care Limited. It was designed to accommodate 24 patients and was registered as a hospital with the stated purpose of providing assessment and treatment and rehabilitation of people with learning disabilities. It was further reported that at Winterbourne View, the staff had committed criminal act, and six were imprisoned as a result, but the serious care review identified a wider catalogue of failings at all levels, both by the operating company and across the wider health and social care system.

The report detailed the response, in the form of a review, from the Department of Health and timetabled actions for health and local commissioners working together, to transform care and support for people with learning disabilities and autism who also have mental health conditions or behaviours which could be viewed as challenging.

The report detailed a number of Local Actions for Sefton that the Adult Social Care Director had taken on behalf of the Board.

RESOLVED: That:

- (1) the action of the Chair of the Board in signing off the stock take, on behalf of the Board, be noted and endorsed;
- (2) the action taken by the Chair on behalf of the Board as detailed in paragraph 3 to the report be endorsed;
- (3) the report be noted; and
- (4) the Adult Social Care Director be requested to submit a six monthly update report to the Board in relation to the Winterbourne View or sooner should that be necessary.

24. LOCAL SAFEGUARDING CHILDREN BOARD/HEALTH AND WELLBEING BOARD/CHILDREN'S TRUST ARRANGEMENTS/CORPORATE PARENTING BOARD - MEMORANDUM OF UNDERSTANDING

The Board considered the report of the Head of Business Intelligence and Performance which referred to a discussion in relation to ways in which the Board could ensure that it had the “right things” on its radar in progressing the delivery of the Health and Wellbeing Strategy and the relationships to other Boards such as the Local Children’s Safeguarding Board, Corporate Parenting Board and the Children’s Trust Board.

The report referred to the consultation being undertaken by Ofsted in relation to the proposed Single Inspection Framework for Children’s Social Care Services. It was reported that the consultation document set out the way in which Ofsted was proposing to inspect services for vulnerable children. It was further reported that under the proposal, a single inspection Framework for local authority children’s social care services for children in need of help and protection, children looked after and care leavers proposes a single framework for inspecting local authority child protection and services for looked after children, including those leaving or who have left care, to be introduced from November 2013.

The report also referred to the current inspection process which highlighted that should an unannounced inspection take place between now and November 2013 then the inspection would be based on the current framework and after November 2013 the inspection would be based on the single inspection framework.

It was reported that a memorandum of understanding between the Local Children Safeguarding Board, Children’s Trust Board, Corporate Parenting Board and the Health and Wellbeing Board had been drafted and was attached to the report for the Board to review. It was highlighted that the Local Children Safeguarding Board and the Children’s Trust Boards were two of the Boards that the Health and Wellbeing Board could directly influence in the delivery of the Health and Wellbeing Strategy.

It was reported that the Children’s Trust Board were holding a workshop on the 25 July 2013 to review the Children’s Trust arrangements. It was further reported that a report would be submitted to a future meeting of the Board in relation to the outcome of the workshop and the proposed arrangements for both a Children’s Trust and a Children and Young People’s Plan.

The report referred to the Early Help Strategy for Sefton. It was reported that the Strategy would be ready to commence public consultation during August and September. It was further reported that the implementation of the Early Help Strategy was the first step in working towards achieving “good or better services” as outlined in the grade descriptions within both the current and proposed inspection frameworks for children’s social care services.

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It was reported that, in consultation with the Independent Chair of the Local Safeguarding Children Board, agreement was reached to establish a safeguarding sub group to align the work of the various Boards and that of the Health and Wellbeing Board. It was reported that the purpose the group could be to take a view of across the landscape of Children, Young People and Families, in enhancing outcomes for children, particularly in relation to safeguarding. It was further reported that once the group had been established a similar one be established for Safeguarding Vulnerable Adults.

Paragraph 8 to the report detailed specific amendments to the Health and Wellbeing Strategy. It was reported that the Deputy Chief Executive, Sefton MBC, using his delegated powers would seek final approval by the Council of the amendments referred to in the report.

RESOLVED: That:-

- (1) the Memorandum of Understanding between the Local Safeguarding Children Board, Health and Wellbeing Board, Children's Trust Arrangements and Corporate Parenting Board be endorsed;
- (2) the arrangements in place in relation to safeguarding and children's outcomes, provide assurance to the Board that Children's outcomes, and particularly the safeguarding of children should be led at a strategic partnership level within Sefton be endorsed;
- (3) it be noted that the Children's Trust is reviewing its arrangements and exploring the development of new Children's Trust arrangements and a new Children's Plan, under the auspices of the Health and Wellbeing Strategy be noted;
- (4) it be noted that an Early Help Strategy had been developed and consultation and engagement would commence, including a presentation to the Board in August 2013; and
- (5) the consultation on the Single Inspection Framework for Children's Social Care Services, and the current arrangements be noted.

25. TALKING HEALTH AND WELLBEING EVENTS - UPDATE ON PLEDGES

The Board considered the report of the Head of Business Intelligence and Performance which detailed the actions taken so far on collating pledges from organisations and individuals showing their commitment to taking forward the work of the Health and Wellbeing Board.

It was reported that throughout each stage of the consultation process in the development of the Sefton Health and Wellbeing Strategy, participants at various events held during the summer and winter were asked to make a “pledge” on what they (as organisations or individuals) would commit to do to assist the Health and Wellbeing Board in achieving the strategic objectives within the Health and Wellbeing Strategy.

Annexes A and B to the report set out details of the pledges made by stakeholders, partners and the public.

It was reported that a recent workshop attended by the Board outlined some of the methodologies of influence through its agreed principle of using Viral Change. The workshop reinforced the use of the six universal principles of influence, prescribed by Robert Cialdini, Regents’ Professor Emeritus of Psychology. Correct use of those principles supports the Viral Change methodology and were categorised as:-

- Reciprocation – obligation to return favours
- Authority – expertise
- Commitment/Consistency – acting consistently against commitment and values (especially if it is written)
- Scarcity – availability of resources
- Liking - agreement based on what we like
- Social Proof – doing what others do.

It was highlighted that in looking at the principles above, the use of pledges seemed to fit neatly into the commitment/consistency strand.

It was further reported that the pledges were also heralded at a final workshop meeting in March 2013, at which it was promised that actions and updates for them would form part of the discussions at the planned half yearly workshop, scheduled for October 2013. The meeting forms part of the Communication Plan where it was further envisaged that the pledges would form part of the Health and Wellbeing Web Pages, highlighting the commitment of different partners/stakeholders and members of the public, to the Health and Wellbeing “Movement” in Sefton.

It was suggested that individuals who made a pledge should be asked to promote their actions and to encourage others to join an e-forum where residents could register to complete their own pledges.

It was reported that all stakeholder participants who attended the various events had received a reminder of the pledge they have made, along with a copy of the Health and Wellbeing Strategy. It was further reported that those members of the public who requested to be kept informed had been written to reminding them of pledges made by individuals from their area.

RESOLVED: That:

- (1) the pledges made by stakeholders, partners and members of the public, as detailed in Annexes A and B to the report, be published on the appropriate web pages;

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- (2) the planning of the half yearly event, scheduled for October, should commence and stakeholders, partners and members of the public be asked to highlight progress against their own pledge, and for those to be shared as part of the event; and
- (3) a small working group of individuals be established to support a press article on pledges the Board had made and to encourage people to join an e-forum to complete their own pledges.

26. FORWARD PLAN

The Head of Business Intelligence and Performance submitted the Forward Plan of the Health and Wellbeing Board.

Maureen Kelly, representative from Healthwatch, requested that a standard item be included on future agendas regarding a verbal update in relation to Healthwatch.

Fiona Clark, Chief Officer, Southport and Formby and South Sefton Clinical Commissioning Groups, referred to the scheduled report for August "Results of 2012/13 Prescribing Quality Scheme" and requested that this be removed from the Forward Plan.

Fiona Clark also requested that the timeline of dates be adjusted for the Clinical Commissioning Groups quarterly report to correspond with her update in July.

RESOLVED: That:

- (1) the Forward Plan for the Health and Wellbeing Board, as amended above, be noted; and
- (2) a request be submitted to the Head of Governance and Civic Services asking that meetings during August be avoided when drafting the timetable of meetings for 2014/15.

No	Item	Action
	<p>13.81 HM confirmed he had met Jim McCardle regarding software similar to Eclipse and we were not interested. Work is being undertaken at a practice level to assess how many under 19s have been in for their asthma checks, together with the number of frequent users. It was noted that Sefton were in the top 10 for the highest unplanned asthma admissions. Discussions took place as to the reasons this could be so high ie problems with coding and the procedure whereby patients are sent to the observation ward from A&E and whether this is classed as an admission or not. JA has sent information to Rob Caudwell on asthma management plans in readiness for a meeting he had with S&O acute trust. SL to scan asthma management plan provided by AHCH and email to committee.</p> <p>13/83 – It was noted the KW has yet to send out the SPUs.</p>	<p>SL</p> <p>KW</p>
<p>13/89</p>	<p>Matters arising from minutes</p> <p><u>NOACs</u> (All) The flowchart has been circulated. JA to email Dr Craig Gillespie and Dr Steve Fraser to inform them that she has gone through the pack with the practice pharmacists ready for them to discuss with their practices. Tom Roberts has completed a search on Emis web to revisit patients with AF not currently prescribed warfarin. It is hoped to have the work undertaken within practices by 1st October. If practices are not interested in engaging this needs to be reported back to line managers. Further work to be undertaken to packs and data before being circulated.</p> <p><u>MMOG visits outstanding</u> (JA) JA confirmed the Grange visit is due to take place on the 23rd July. A date has yet to be arranged for Roe Lane. HM and BP attending St Marks on 17th July 2013.</p> <p><u>Eclipse trial</u> (SL) SL has organised a free trial. It is hoped this will start within 4 weeks for a one month's trial. The north practices running the trial are Chapel Lane and the Hollies.</p> <p><u>Rapid response team and sip feeds</u> (JA) JA has emailed Bernie Connell and has yet to receive a response. JA to forward email to KW. Lucy Howarth has replied to JA regarding the</p>	<p>JA</p> <p>JA</p>

No	Item	Action
	<p>guidance and it is hoped this will be in use in due course.</p> <p><u>Jext</u> It has been suggested practice pharmacists should do a search for children who use Epipens. Patients will then need to contact their practice nurse to make an appointment regarding how to use Jext before their Epipens expire.</p> <p><u>Osteoporosis Guidelines</u> JA /JE to discuss with Niall Leonard before taking any further.</p>	<p>JA/JE</p>
<p>13/90</p>	<p>Practice Updates/feedback/Grey List (JA)</p> <p><u>MHRA alert diclofenac</u> JA to ask Sara Boyce to produce a document to raise awareness regarding the contra-indications. Discussions took place as to how we ensure our patients treated outside the area get the correct treatment. BP to add item on the Quality Committee. HS to ensure item added to the Safety Committee agenda for the Pan Mersey.</p>	<p>JA</p> <p>BP</p> <p>HS</p>
<p>13/91</p>	<p>Shared Care issues (BP)</p> <p><u>Denosumab</u> BP confirmed the shared care for Denosumab is close to being complete The potential cost was discussed together with savings for patients not having to be referred to secondary care. BP to complete a business case and forward to Martin McDowell and MC for comment.</p> <p>Liverpool CCG and Knowsley CCG will not be offering as shared care as the care will be undertaken within primary care. It is felt this was as a result of Liverpool getting a much higher baseline.</p> <p><u>Degarelix</u> BP has contacted Joe Chatten (JC) of the LMC but has yet to receive a response. He had previously stated it should be a level 2 shared care. It is felt other areas have just been inserted in level 1 and as such the basket is very large. HS to discuss with Graham Reader.</p>	<p>BP</p> <p>HS</p>

No	Item	Action
	<p><u>Dementia drugs</u> BP waiting for JC to send an email to say the LMC are in agreement. JA will contact the pharmacist in Merseycare to check all practices have received the fax asking for a summary of which patients are receiving their meds via shared care.</p> <p><u>Guidelines for gastro-dermatology shared care (JE)</u> Discussions took place around obtaining clear guidance and the principle is that prescribing and monitoring should be together. Practices may already claiming for monitoring under the shared care les so there shouldn't be any issues around funding. SL to send latest copy of the DMARD shared care to KW to then take to the Pan Mersey Shared Care Sub Group. Discussions took place regarding looking at the Shared Care LES.</p>	<p>JA</p> <p>SL/KW</p>
13/92	<p>QoF/PQS (BP)</p> <p><u>PQS points/payments</u> All payments should have gone out to all S&F practices. The majority of practices obtained maximum points.</p>	
13/93	<p>Budget Update</p> <p><u>Communication of fair share budgets to practices</u> A paper is going to F&R on the 24 July stating the budgets have been posted to the PPD. JE and BP sat down recently to discuss the process. It was noted there is less money than last year. High cost drugs have increased and 25% fare shares allocation has been included.</p> <p>Letters will be sent out informing practices as to what their budget will be once approved by Finance & Resource Committee.</p>	
13/94	<p>NS & WL Medicines Operational Forum (MOF) feedback (KW/JE)</p> <p>Wound management case – KW to check progress made with Dominic Williams.</p>	KW

No	Item	Action
13/95	<p>Pan Mersey APC feedback (JE/BP)</p> <p><u>Approval process for APC</u></p> <p>Discussions took place regarding the (draft) flowchart attached. Various changes to be made to the flowchart following recommendations made by Martin McDowell and the Committee. It was confirmed CSU to inform the providers when drugs have been approved.</p> <p>Discussions took place to review the high cost drugs budget to ensure we are getting value for money.</p> <p>BP confirmed there are 5 business cases going to F&R Committee, however, it was felt these should come to the Operational Groups first. BP to bring back to the next committee.</p> <p>The aim is to add the action points and update any changes to the APC website following the APC meeting. JA will obtain the action points from the minutes and add to the agenda. HS to ask that RM is included in the distribution list for APC minutes who will then save on the shared folder and send to JA. Updates from the APC meeting to be included in the Communications and Locality meetings to ensure practices are receiving up-to-date information.</p>	<p>BP</p> <p>RM/JA</p>
13/96	<p>Items from Pan Mersey subgroups (KW)</p> <p>KW to be covered under the JMOG.</p>	
13/97	<p>Implications of Tithebarn audit from South Sefton (JA)</p> <p>The findings of the audit following the Cdiff outbreak at the above nursing home are to be circulated to the MMOG. Key findings to also go on the locality updates.</p>	
13/98	<p>Community dressings clinics (JE)</p> <p>Nothing to report.</p>	

No	Item	Action
13/99	<p>AOB</p> <p>Trinity Practice – details were given regarding a Polish patient self-medicating with Polish antibiotics that were obtained from a Polish shop in Southport. BP rang the MHRA who have asked for further information. It was noted that various other issues have since come to light.</p> <p>KW – Care Closer to Home Board (Urgent Care) – email has been received requesting a Medicine Management and Community Pharmacy representative. KW to reply saying it will have to come from the LPC if they wish to have Community Pharmacy. KW to forward email to BP and JA.</p> <p>HM – gave details of patients being referred to their GP practices when Poulton Road had ran out of urology products. KW suggested using the GP response line to highlight the issue.</p> <p>HM – Consultant Plastic Surgeon rang Rob Cauldwell (RC) wanting urgent approval for a dressing whilst patient was on the table. RC has also received a funding request for this patient. Discussions took place regarding the incident. BP will refer this issue to Debbie Fagan.</p> <p>Discussions took place regarding IFRs and when they are appropriate.</p>	<p>KW</p> <p>BP</p>
	<p>Date, Time and Venue of Next MMOG – Friday 2nd August 10.30-12.30am Venue: Library, 1st Floor, Fylde Road Medical Centre, Southport</p>	

Signed Date
Chairman

Committee Member	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	July 2013	September 2013	October 2013	November 2013	December 2013
Jane Ayres, Senior Practice Pharmacist, SFCCG	✓	✓	✓	✓	✓	✓	✓				
Malcolm Cunningham, Head of Performance & Outcomes, SF CCG	Apols	✓	✓	✓	✓	Apols	✓				
Dr Janice Eldridge, GP, Governing Body Member, SFCCG	✓	✓	✓	Apols	✓	✓	✓				
Susanne Lynch, Senior Practice Pharmacist, SFCCG	✓	✓	Apols	✓	✓	✓	✓				
Dr Hilal Mulla, GP, Governing Body Member, SFCCG	Apols	✓	✓	✓	✓	✓	✓				
Brendan Prescott, Lead for Medicines Management, SFCCG	✓	✓	✓	✓	✓	✓	✓				
Kay Walsh, Interface Pharmacist, SFCCG	✓	✓	✓	✓	✓	✓	✓				
In attendance											
Lucy Howarth, Community Dietician (Item 2 only)	✓										
Helen Stubbs, Lead Pharmacist, NHS Sefton		✓	Apols			Apols					



Southport and Formby
Clinical Commissioning Group

Sefton Strategic Integrated Commissioning Group (SSICG)

Minutes of the meeting held on 22nd July 2013

Present :

Peter Morgan	Deputy Chief Executive, Sefton Council CHAIR	PSM
Fiona Clark	Chief Officer – Sefton CCGs	FLC
Robina Critchley	Director of Older People, Sefton Council	RC
Janet Atherton	Director of Public Health for NHS Sefton and Sefton Council	JA
Peter Moore	Head of Commissioning and Partnerships, Sefton Council	PM
Steve Astles	Head of CCG Development South Sefton CCG	SA
Tracy Jeffes	Head of CCG Corporate Delivery – Sefton CCGs	TJ
Malcolm Cunningham	Head of Performance and Health Outcomes – Sefton CCGs	MC
Martin McDowell	Chief Finance Officer	MMcD
Carole White - (Minutes)	Personal Assistant to Peter Morgan	CAW

In attendance for item 4 : Margaret Jones, Consultant in Public Health

In attendance for item 7 : Denise Roberts, Deputy Designated Nurse for Safeguarding

Apologies :

Sam Tunney	Head of Business Intelligence & Performance, Sefton Council	ST
Colin Pettigrew	Director of Young People & Families, Sefton Council	CP
Tina Wilkins	Head of Vulnerable People, Sefton Council	TW
Dr Niall Leonard	Chair of Southport & Formby CCG	NL
Dr Clive Shaw	Chair of South Sefton CCG	CS
Billie Dodd	Acting Head of CCG Development Southport & Formby CCG	BD
Geraldine O'Carroll	Integration Commissioning Lead Sefton Partnership MCSS	GO'C
Debbie Fagan	Chief Nurse for Sefton CCGs	DF

No.	Item	Minute	Action
1.	Minutes of the previous meeting	<ul style="list-style-type: none"> Noted 	
2.	Actions Arising / Update	<ul style="list-style-type: none"> Session on Strategic Estate – Health Asset / Community Planning - FLC stated that a presentation to CCGs took place last week and noted that work needs to be done in the CCG localities. Peer Challenge – Report expected w/c 29th July. Re-ablement – TW / GO'C / MMcD have since met to 	

No.	Item	Minute	Action
		<p>see how to take plans forward. Phase 4 discussed with Gerald Pilkington – to look at new specifications in order to maximise investments. FLC expressed concerns. £1.8m investment across Sefton for this year. Item on Re-ablement to come back to SSICG in September.</p> <ul style="list-style-type: none"> • SSICG Work Plan – to come back to SSICG with populated actions. Any comments on the Plan should be fed back directly to PM. • Winterbourne Review – Signed off by H&WBB. 22nd July RC submitted report to the Cabinet Member, Health & Social Care, subsequently approved. • Carers Centre Meeting in relation to support for carers of adults with autism or aspergers syndromes – Meeting taken place. £135k budget. Service specification for the Liverpool Health Aspergers Team to be shared. FLC to attend a further meeting – due to various issues being raised which need to be clarified – Ongoing. <p><u>Action</u></p> <p>MMcD and RC to meet to discuss re-ablement and issues. An update document to come back to SSICG. Update should include – list of financial resources, clarity, accountabilities and outline timetable.</p>	<p>ALL</p> <p>MMcD / RC</p>
3.	Health & Well-Being Board sub structure to incorporate SSICG – Operational Board / Task and Finish Groups	<ul style="list-style-type: none"> • PSM explained that the SSICG had originally focussed on the integrated commissioning of children, adults and Public Health services, as this was clearly a priority within the then emerging health and well-being approach. Now the Health and Well-Being Strategy has been approved and the Health and Well-Being Board was in place the functions undertaken by SSICG need to be incorporated within a coherent structure, which included other elements of the health and well-being strategic leadership and delivery. The proposal was that the Programme Group, which would replace SSICG, would comprise of a relatively tight group of individuals centred around the core Health and Well-Being Members assigned to the group. Under that a number of Sub Groups would operate and it was noted that these included:- <ul style="list-style-type: none"> – Adults / Wider Determinants / Early Life – Performance / Communication & Engagement / Intelligence <p>SSICG agreed this was a logical approach and noted that all SSICG Members, together with a range of other individuals from key partners, would populate the Membership of the Sub Groups of the Programme Group. It was noted that the Leads of the Sub Groups would be brought together on a regular basis (to be determined), then at least twice a year Members of all Groups would meet with the Programme Group to take stock of progress.</p> <ul style="list-style-type: none"> • Networking of existing groups to be looked at i.e. will all 	

No.	Item	Minute	Action
		<p>the existing groups still be required. Further clarification would also be needed as to what groups report into each Task Group</p> <p><u>Action</u></p> <ul style="list-style-type: none"> To note the Group to be changed to the Health and Well-Being Programme Group FLC / RC / CP / JA to look at nominations / suggestions for membership, and come back directly to PSM. SSICG stands down from the 2nd September and is replaced with the Health & Well-Being Programme Group. 	FLC / RC / CP / JA
4.	<p>Public Health Workstreams</p> <ul style="list-style-type: none"> Sefton School Nurse specification Health Weight Sexual Health 	<ul style="list-style-type: none"> MJ discussed report with SSICG and noted that:- Financial issues on school nursing are still to be clarified. Links with EPEG to be picked up with Consultation and Engagement Group. Sexual Health – Going to tender in October. <p><u>Action</u></p> <ul style="list-style-type: none"> JA to be the lead / contact for these areas. 	
5.	Disability Pathway	<ul style="list-style-type: none"> Report noted. 	
6.	Aintree Mortality and Infection	<ul style="list-style-type: none"> FLC briefed SSICG on the issues relating to mortality and infection concerns in Aintree Hospital Trust. <p><u>Action</u></p> <ul style="list-style-type: none"> SA to get notes of the meeting to RC. Agreed Strategic Partnership Board required, comprising of 3 LAs, 3 CCGs and others. 4 groups involved - CLF / CPUG / CRM / Urgent Care Network Board. FLC to send relevant documentation to CAW, in order that it can be cascaded to SSICG FLC and JA to meet to discuss further Public Health issues. The Pioneer Bid submitted which incorporates the two Hospitals will contribute going forward ESIS report due w/c 22nd July 	<p>SA</p> <p>FLC / CAW</p> <p>FLC / JA</p>
7.	MASH Health Safeguarding Service Specification	<ul style="list-style-type: none"> Approved by SSICG 	
8.	Unplanned Care	<ul style="list-style-type: none"> Aintree Hospital Trust Specification Plan required for Sefton. Two 'Big Chat' events to take place w/c 22nd July. Another one to be scheduled for October. 	

No.	Item	Minute	Action
		<ul style="list-style-type: none"> • The September meeting of the Southport Strategic Partnership Board will look at resilience for winter. • Graham Bayliss leading a Sefton group on community resilience theme – PM to feed into that meeting any CCG suggestions etc. PSM explained that the Council's Strategic Corporate Leadership Team has a priority for community resilience, and Mr Bayliss's group was an internal group looking at issues for developing this priority. This will be complementary to the new areas of the proposed Health & Well-Being Programme Board. 	
9.	Any other Business	<ul style="list-style-type: none"> • A CHAMPS document was tabled at a previous SSICG – FLC stated it should be looked at as a useful framework document – going forward. • FLC / PSM noted a motion on pressures relating to accident and emergency in Sefton that had been tabled by Councillor Dawson at a recent Council meeting, which had been subsequently agreed by full Council and FLC had been contacted by the DoH to comment on the issues in the motion / resolution. 	
	Items for the next meeting	<ul style="list-style-type: none"> • Re-ablement • SSICG Work Plan 	
		<p>Date and time of the next meeting – 2nd September 2013 at 3.30 p.m. – venue – Boardroom, 3rd Floor, Merton House, Stanley Road, Bootle, Merseyside, L20 3JA</p>	

South Locality Meeting Minutes

Date and Time Thursday, 25th July 2013, 12:30 – 13:30

Location Ainsdale Village Surgery

<p>Attendees</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Dr Robert Russell (Chair)</td> <td>Ainsdale Medical Centre</td> </tr> <tr> <td>Jane Uglow</td> <td>Locality Development Manager</td> </tr> <tr> <td>Dr Paul Smith</td> <td>Ainsdale Village Surgery</td> </tr> <tr> <td>Karen Ridehalgh</td> <td>Practice Manager, Ainsdale Village Surgery</td> </tr> <tr> <td>Carol Roberts</td> <td>Practice Manager, The Family Surgery</td> </tr> <tr> <td>Dr Ian Kilshaw</td> <td>The Grange Surgery</td> </tr> <tr> <td>Dr Gladys Gana</td> <td>Lincoln House Surgery</td> </tr> <tr> <td>Kay Walsh</td> <td>Medicines Management</td> </tr> <tr> <td>Janice Lloyd</td> <td>Practice Manager, Lincoln House Surgery</td> </tr> <tr> <td>Dr K Naidoo</td> <td>The Family Surgery</td> </tr> <tr> <td>Penny Bailey</td> <td>Community Matron, ICO</td> </tr> <tr> <td>Colette Page</td> <td>Sefton CCG Lead Nurse</td> </tr> </table> <p>Apologies</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Rachel Ogden</td> <td>Practice Nurse, Ainsdale Village Surgery</td> </tr> <tr> <td>Nina Price</td> <td>Practice Manager, Grange Surgery</td> </tr> <tr> <td>Paul Ashby</td> <td>Practice Manager, Ainsdale Medical Centre</td> </tr> </table> <p>Minutes</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Terry Stapley</td> <td>CCG Administrator for Southport & Formby</td> </tr> </table>			Dr Robert Russell (Chair)	Ainsdale Medical Centre	Jane Uglow	Locality Development Manager	Dr Paul Smith	Ainsdale Village Surgery	Karen Ridehalgh	Practice Manager, Ainsdale Village Surgery	Carol Roberts	Practice Manager, The Family Surgery	Dr Ian Kilshaw	The Grange Surgery	Dr Gladys Gana	Lincoln House Surgery	Kay Walsh	Medicines Management	Janice Lloyd	Practice Manager, Lincoln House Surgery	Dr K Naidoo	The Family Surgery	Penny Bailey	Community Matron, ICO	Colette Page	Sefton CCG Lead Nurse	Rachel Ogden	Practice Nurse, Ainsdale Village Surgery	Nina Price	Practice Manager, Grange Surgery	Paul Ashby	Practice Manager, Ainsdale Medical Centre	Terry Stapley	CCG Administrator for Southport & Formby
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No	Item	Action																																
13/53	<p>Apologies / Minutes</p> <p>Apologies received from Rachel Ogden, Nina Price and Paul Ashby.</p> <p>Minutes</p> <p>The minutes were agreed as an accurate record.</p>																																	
13/54	<p>Matters Arising</p> <p>Update on DN Service night service – Discussions are on-going with S&O who have indicated their aspiration to provide the DN night service, S&O have been requested to cost up the service with a follow up meeting planned for late August. CCG Commissioners have requested the existing provider of the night service ensure they are performing to contract. Any examples of poor quality of service please email JU.</p>																																	
13/55	<p>Chair's Update RR</p> <p>High Potassium levels coming back from the lab were discussed again as there seems to be on-going issues. Any problems to be brought to the attention of JU.</p>																																	
13/56	<p>Practice Budgets</p> <p>Budgets have been agreed and are currently being updated. It is anticipated information will be uploaded to the portal in August.</p> <p>Action – contact finance and ask for a member of the team to visit each practice to discuss their own practice budget.</p>	JU																																

13/57	<p>QOF QP Indicators</p> <p><i>QP 3 Outpatient referrals (suggested pathways)</i></p> <ul style="list-style-type: none"> • There was a suggestion to have all appointments for given specialities on Choose and Book to eliminate a two tier referral system and use capacity better. General Surgery and Cardiology were put forward. • Dyspepsia pathways. Practices would be asked to demonstrate compliance with the Mersey Dyspepsia pathway prior to referral for endoscopy. • Glaucoma Repeat Readings. This is a referral refinement service to be delivered by community optometrists which will include direct referral where indicated. <p>Action – To circulate a copy of the pathway and a list of commissioned Optometrists for this service</p> <p><i>QP6 Unplanned / Emergency Admissions (suggested pathways)</i></p> <ul style="list-style-type: none"> • Risk stratification – development of a care plan for high risk patients. • Care home visiting service. • Merseycare Community of Practice – to further develop collaborative working between primary care and CCG mental health with the implementation of primary mental health liaison worker. <p>In relation to the care home visiting scheme – it was agreed for three members of the team to explore an alternative service model – the group would like to consider the utilisation of Community Matron providing regular support into each of the care homes</p> <p>Action – Develop a care home visiting scheme – community matron</p> <p>Action – Implementation of the frail and elderly pathway</p>	<p>JU</p> <p>PB JU IK</p> <p>JU</p>
13/58	<p>Quality Premium (NHS Outcomes Framework) Asthma, Alcohol, Dehydration</p> <p>Patient data relating to Asthma admissions has been shared with practices The locality were asked to look at their data and check the following;</p> <ul style="list-style-type: none"> • Care Plans are in place. • Registers are up to date. • Check admissions of under 19s. <p>Alcohol and Dehydration data will be sent to practices when ready.</p>	<p>All</p>
13/59	<p>Medicines Management</p> <p>There has been a C-Diff outbreak in one care home in South Sefton, this is currently being investigated by Public Health.</p> <p>Practices were asked to look at their PPI registers, use antimicrobial guidelines and make sure all documentation is up to date and on the system to see if the prescribing is appropriate.</p>	

13/60	<p>Practice Service Feedback</p> <p>Nothing highlighted but the locality was asked to inform the Hospital of any issues using the GP response email which is contained in the link below</p> <p>http://www.southportandormskirk.nhs.uk/gp-form.asp</p> <p>Dr Callow has been requested for these issues to also be sent to him as his role as CCG Clinical Quality Lead</p> <p>Dressing clinics have improved with more clinics being added, thus there being no current issues in the locality.</p>	
13/61	<p>Any other business</p> <p>MMR Catch up sessions. School Nurses are providing extra sessions for those who haven't had their MMR.</p> <p>http://nww.southseftonccg.nhs.uk/News/News-2013/MMR-drop-ins-for-11-to-18-yr-olds.aspx</p>	
13/62	<p>Date and Venue for Next Meeting:</p> <p>Thursday, 22nd August 2013, 12.30-1.30pm Ainsdale Village Surgery</p>	



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

Formby SFCCG Locality Meeting, 11 July 2013
Formby Village Surgery
Minutes

<p>In Attendance</p> <p>Jane Uglow (Southport & Formby CCG Locality Lead – representing Moira McGuinness) Dr Doug Callow (Chair) Karen Leverett (Practice Manager) Dr David Mortimer Yvonne Sturdy (Nurse Practitioner) Dr Deborah Sumner Dr Janice Eldridge Colette Riley (Practice Manager) Suzanne Lynch (Meds Management – NHS Mersey) Pauline Needham (Practice Manager)</p> <p>Apologies</p> <p>Moira McGuinness Stuart Eden (Practice Manager) Dr Liam Grant</p> <p>Visitors</p> <p>Dympna Edwards (Churches Together) Sharon Johnson(IM&T) Anne Burns(IM&T)</p> <p>Minutes</p> <p>Colette Riley</p>
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No	Item	Action
13/50	<p>Apologies were received and noted</p> <p>DC extended thanks to The Village Surgery for their hospitality in hosting the meeting.</p> <p>Minutes of Previous Meeting</p> <p>Minutes of previous meeting were discussed and agreed</p> <p>It was suggested that flow of information to the Practices would improve if the meeting minutes, together with any agreed action points, could be disseminated within 2 weeks of the meeting, allowing Practices 2 weeks prior to the next meeting for any necessary action / discussion.</p>	MM to discuss

No	Item	Action
13/53	<p>Matters Arising</p> <p>Churches Together</p> <p>Dympna Edwards introduced Churches Together, outlining their ethos and aims. The group consists of 12 local churches and has been active in the local area for 40 years. They have a high profile within the community, organising regular events including an Annual Gala and supporting the Community Influenza Clinics. She outlined their strengths in providing support at function / community engagement events; community services such as playgroups / social activities for older persons, and that, via their members, the CCG can access / inform people via Church Leaflets etc.</p> <p>Currently the Local Authority is compiling a detailed schedule of community activities / social events provided by Churches Together as a resource.</p> <p>Churches Together have a 'Befriending' project in progress, aimed specifically at vulnerable elderly. Discussion is in progress regarding the possibility of a Food Bank voucher scheme, hosted in Formby. Current statistics indicate there are approximately 70 local families who would qualify for this service.</p> <p>Discussion around the impact of current economic changes on patients in receipt of welfare payments took place. It is not expected that these changes will affect pensioners as, under current Government guidance, they are exempt from the funding reviews.</p> <p>Chapel Lane expressed interest in working on a project with Churches Together aimed at their vulnerable elderly patients living at home, that was low cost / low technology.</p> <p>Dympna was directed to contact Lyn Cooke to discuss working with / developing projects with CCG. Options discussed included on-line CVS Directory, updated in real time.</p> <p>Dympna informed the group that Rehabilitation Team, based at Formby Pool, extended an invitation to local GPs to drop in and sample their services!</p>	


No	Item	Action
13/54	<p>Sharon Johnson and Anne Burns attended to discuss changes to the Information Facilitators role in Practices, currently under service review with CCG. They will continue to review projects, in line with Practice requirements, and will jointly develop Templates etc as required. The IF can assist practices with quarterly return searches, CVD LES and AF/COPD LES data. Currently, IF team are running reports in conjunction with Public Health to assess results from 3 years of CVD LES project. 18 Practices are now on Web. COIN still has potential to run slow, which has a negative impact; Sharon suggested practices inform EMIS of such issues, and use their votes for areas they wish EMIS to develop.</p> <p>IT Projects on horizon include assisting practices with SIP, encompassing Risk Stratification, and possibly SUS data assessment, Clinical Availability audits. The plan is to ensure uniform approach and data use across the patch whilst assisting practices with data queries and assisting in achievement of new Advancing IM&T Standards requirements.</p> <p>Issues around lack of real-time data were reviewed and IT team are assessing options regarding this, possibly via a Sefton gateway.</p> <p>GPES and CQRS were discussed briefly, with reminder to practices to complete staff details for smartcards to be updated for CQRS use.</p> <p>IF can also assist practices with regards to SMS / email communication with patients.</p>	
13/55	<p>Wider Group Meeting 10/7/13 - Feedback CR briefly fed back highlights from WC meeting to those unable to attend.</p> <p>Go To Doc (GTD), who take over OOH provision 01/10/2013 presented background to their group and took questions from the floor. Strategic Plan was discussed and Dr Bal Duper provided a presentation covering the primary care Challenge. Dr Rob Gillies, Medical Director for S&O NHS Trust, attended the WC, introducing himself and outlining his goals. Dr Massey (NICE) attended to outline a local project relating to decision making. Further information will be sent to practices directly.</p>	Any Issues from S&O to DC
13/56	<p>Budget Statements Deferred due to lack of time</p>	MM to re-agenda
13/57	<p>Update - Formby Project Initial plan has been submitted to relevant CCG group, and following review a Business Case will be produced. For further discussion when more GPs in attendance.</p>	MM to re-agenda




No	Item	Action
13/58	<p>Prescribing Update</p> <p>SL informed the group that prescribing budgets were awaiting agreement at the F&R committee but that figures would be available shortly. Following discussions at end of last financial year the budgets will be 25:75 fairshares: historic, moving through 50:50, 75:25 eventually becoming 100% fairshares. There has been 1% budget uplift this year.</p> <p>Care at the Chemist is being re-launched and GPs are asked to review current preparations to ensure they remain pertinent to needs of our population; any additional suggestions are welcome. Scheme improvements for patients include the facility to register with 1 pharmacy but attend any pharmacy within Sefton for items as needed.</p> <p>PQS for 2013/14 was discussed. Co-Amoxiclav will be peer reviewed and 3/12 audit will be performed against a reduction in inappropriate use.</p> <p>Issues regarding Merseycare Change of Medication sheets have been raised and Meds Management are developing a template for use by Merseycare.</p>	<p>Care at the Chemist Suggestions to SL</p>
13/59	<p>AOB</p> <p>Benefits Letter: DC will ask Dr Frost for copy of his letter for use when requests from patients are received.</p> <p>GP Response: Provider feedback as a regular item on Agenda, covering both good and bad elements of care/communication.</p> <p>Innovation Section: Suggestions/idea's etc - add to Agenda as regular item.</p> <p>GP Operational Forum / GP Senate: Ceased at new process in pipeline. All issues can be emailed to Query Line, but copy to DC</p> <p>Hospice at Home: Pre-Market event held to establish interest from service providers</p> <p>Telemedicine: Pilot in conjunction with community matron was discussed. Ideally audio visual and not for acute conditions. Issues around hardware / software will be investigated by DM and fed back to the group. An iPad or similar would be a necessity as would remote access to EMIS Web for visits to be uploads via secure 3G connectivity. Wide discussion over the benefits to patients able to receive secure message informing them that results etc were available from their practice, enabling appointments to be used more effectively etc.</p> <p>Apologies: DC and YS gave apologies for 8/8/13 meeting.</p>	<p>MM to Agenda both</p> <p>GPs to contribute</p> <p>DM to assess IT requirements etc</p> <p>MM to note</p>
	<p>Date, Time and Venue of Next Meeting</p> <p>Thursday 8 August 2013 12.30 – 2.30pm, The Village Surgery Formby</p>	

Central Locality Meeting Minutes

Date And Time 30th July 2013 13:00 – 14:00pm
Location Kew Surgery

Attendees	
Louise Campbell	GP, Trinity Practice (Chair)
Dawn Bradley-Jones	Practice Manager, Trinity
Billie Dodd	Head of CCG Development, S&F
Jane Ayres	Senior Pharmacist, Sefton CCG
Debbie Elliott	Practice Manager, Curzon Road
Rachel Dixon	Practice Manager, Cumberland House
Ian Hughes	GP, Cumberland House
Roy Boardman	Business Manager, St Marks
Kate Wood	Practice Manager, Kew Surgery
Halina Obuchowicz	GP, Kew
Apologies	
Mark Bond	GP, Curzon Road
Sandra Craggs	Senior Pharmacist, Sefton CCG
Sue Critchlow	
Dr Stubbens	GP, St Marks
Minutes	
Terry Stapley Administrator Southport & Formby	

No	Item	Action
13/36	Apologies / Minutes Sandra Craggs, Sue Critchlow, Dr Stubbens and Dr Mark Bond. The minutes from June were agreed as an accurate record.	
	Dr Jackie Reddington- End of Life care Dr Jackie Reddington discussed the key messages of the National End of Life Care Strategy. Its estimated 20% of the total NHS budget is thought to be spent on providing care in the last year of a patient's life, which equates to £20 billion in a year. It is also estimated that 1% of patients in the average practice die each year, Identification of these patients and putting them on the GSF register, improves the chance of an advance care plan being in place thus increases the likelihood of achieving death in the patient's preferred place. Ways in which we can increase the prevalence of GSF registrations are:- <ul style="list-style-type: none"> • Increased use of prediction tools such as SPICT.(attached) • Integration of other registers such as the Heart Failure, CKD and Dementia registers • Review frail and elderly patients living in care homes. The National End of Life Care Strategy has set a target to increase the	 SPICT_Sept2012 (watermarked).pdf

No	Item	Action
	<p>percentage of patients dying at home from the current 42% to 47% by 2015 on Merseyside. There is also a possibility that this will become part of a QOF target within the next year or two.</p> <p>Also a reminder for patients that are on the GSF register already – think about earlier anticipatory prescribing of end of life drugs.</p> <p>If practices have any end of life issues could they inform Moira McGuinness.</p> <p>Supportive and Palliative Care Indicators Tool attached. www.spict.org.uk</p>	
13/37	<p>Matters Arising</p> <p>None noted.</p>	
13/38	<p>Chair Update</p> <p><u>ECIST</u></p> <ul style="list-style-type: none"> - Why are A&E failing to meet demands? - Southport & Ormskirk are 2 consultants down. - Patient access – patients not being able to access appointments - Hand Out given to the group on questions that were asked in primary care. <p>An issue with secondary care referring patients back to their practice GP is becoming a problem (IH discussed an issue he has had with a patient needing a HIP operation that was referred back to the practice). Also issues with MerseyCare non prescribing (patients attending surgery looking for their GP to provide their prescription).</p>	 <p>primary care.docx</p>
13/39	<p>Medicine Management update (Jane Ayres)</p> <p>Co-amoxiclav prescribing – practices were asked to look at the 3rd Quarter of last year to see how much of their prescribing is appropriate.</p> <p>There has been a C-Diff outbreak in one care home in South Sefton, this is currently being investigated by Public Health.</p> <p>Practices were asked to look at their PPI registers, use antimicrobial guidelines and make sure all documentation is up to date and on the system to see if the prescribing is appropriate.</p>	
13/40	<p>Urgent Care (BD) – Hand-Out Attached</p> <p>Action – BD to chase up data from Moira.</p> <p>CVS hand-out given to the group</p>	 <p>[Untitled].pdf</p>  <p>urgent careSouthport[1].doc</p> <p>BD</p>
13/41	<p>Any other business</p> <p>The CCG Board is due for re-election in December, the CCG are currently looking for someone to run the election.</p> <p>Issues with the lab results on 5th July with Potassium levels coming back as high. The group were asked to send any examples to BD.</p> <p>BP Machines – practices who have them and don't use them are asked to hand them back as they would be distributed to practices who would use them.</p> <p>Gill Burke is leaving as the Community Matron.</p>	

No	Item	Action
	Remuneration to agree payments for attending meetings. Issues with lymphedema being a specialist service and the high medication costs were discussed. With Dr Wong in the Nephrology department sending letters to GPs asking to carry out blood tests. Examples of these are to be forwarded to BD.	
	Date and Venue for Next meeting; August 27th 2013	



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



North SFCCG Locality Meeting Minutes

Date: 11th July 2013

Time : 13:00 - 14:30

Location: Marshside / Corner Surgeries, Fylde Road

<p>Attendees Ann-Marie Woolley (AMW) Sarah McGrath(SMc) Lydia Hale (LH) Jane Ayres (JA) Dr Kati Scholtz (KS, Chair) Dr Rob Caudwell (RC) Dr Niall Leonard (NL) Jude Storer (JS) Greg Firth (GS) Sam Muir (SM) Stephanie Woodcock (SW) Dr Les Szczesniak (LS) Lyn Roberts (LR)</p> <p>Apologies</p> <p>Minutes Terry Stapley (TS)</p>

No	Item	Action
13/47	<p>Welcome & Apologies No Apologies were received.</p>	
13/48	<p>Updates from previous meeting</p> <p>Palliative Care Issues were raised at the last meeting surrounding palliative care nurses not admitting patients into hospices and asking the patients GP to do so. KS advised the group that the nurses should be admitting these patients and not asking the GP to do so. Also most palliative care nurses are qualified to prescribe appropriate medication and should not need GPs to prescribe. Any further issues should be emailed to KS.</p> <p>Health Visitors Issues surrounding the lack of health visitors in the locality were fed back by RC in that LCH have advised that any future changes will be discussed with the practices, but there are shortfalls in capacity right across Liverpool and Sefton which are being cross subsidized. There were no plans to centralise baby clinics as discussed in the previous meeting.</p> <p>Quality Premium Individual patient details for Asthma and Alcohol admissions were given to the group from the previous financial year. The low numbers were</p>	 Asthma Admissions North.xlsx  Copy of Job 646 - Emerg Admissions Ast

No	Item	Action
	<p>commented on and LR asked what the benchmark standard was that Southport and Formby were an outlier against. SMC to clarify.</p> <p>The group discussed that 0-4 years old are the group with most admissions in this locality.</p> <p>The Group were asked to look at their data and feedback their findings for the next meeting.</p>	
13/49	<p>QP Indicators 2013/14</p> <p>The QP Indicators were discussed at the Wider Group Meeting.</p> <p>The group were asked for feedback on ideas on how to reduce A&E attendances, emergency admissions and secondary care referrals.</p> <p>A&E attendees –</p> <p>Southport and Formby levels are not an outlier</p> <p>Practices had used various means last financial year to contact patients who had attended A&E when other services might have been better. It was difficult to know whether this intervention would affect future behaviour in this group.</p> <p>An idea of using GP TV that is currently being used in most A&E departments that could be run in practices giving the same information to patients around unnecessary attendances.</p> <p>There was also an issue within community treatment rooms where patients are being sent to A&E as the clinic does not have any available appointments, LR is to forward any details to Doug Callow to investigate.</p> <p>Secondary Care Referrals –</p> <ol style="list-style-type: none"> 1. There was a suggestion to have all appointments for given specialities on <i>Choose and Book</i> to eliminate a two tier referral system and use capacity better. General Surgery and Cardiology were put forward. Practices did feel the system is too slow to be viable when booking certain specialities. 2. <i>Dyspepsia pathways</i>. Practices would be asked to demonstrate compliance with the Mersey Dyspepsia pathway prior to referral for endoscopy (latest version to be circulated) and also to note where referrals for 'scopes were being internally generated within the hospital 3. <i>Glaucoma Repeat Readings</i>. This is a referral refinement service to be delivered by community optometrists which will include direct referral where indicated. Schemes elsewhere have demonstrated 75% reduction in referrals. <p>Unplanned admissions-</p> <ol style="list-style-type: none"> 1. Risk stratification with care plans documented, need clarity to ensure this doesn't duplicate the DES. Interesting for practices to compare what types of patients fall into the different layers of risk, likely to vary widely between practices 2. Care Home visiting service. Formby Locality have put forward a model for delivery which would pay for itself by saving 7 admissions 3. Merseycare Community of Practice plans to improve communications with practice teams. 	
13/50	<p>Medicines Management Update</p> <p>Work has been on-going with Merseycare to improve clarity of content when faxing medication updates</p>	

No	Item	Action
	Co-amoclav prescribing – practices were asked to look at the 3 rd Quarter of last year to see how much of their prescribing is appropriate.	
13/51	<p>Practice Managers Update</p> <p>Primary Care Strategy – Practice Managers were asked to consider the future role of primary care and what resources and workforce would be needed to deliver this.</p> <p>IT Telephony – advantages to changing system where practices were nearing end of current contracts</p> <p>Payments – issues around payment scheduling were discussed with practices having to wait 2 months to be paid after invoicing.</p> <p>The CQC inspection was discussed</p>	
13/52	<p>Locality Issues</p> <p>None noted</p>	
13/53	<p>Any Other Business</p> <p>NHS 111 – Issues with individuals calling numerous times a day resulting in alerts for practice appointments- is there any way to stop this?</p> <p>Blood results – high potassium levels are still coming back from the lab in certain practices- further issues to be brought to KS and SMC attention.</p> <p>DES – Billie Dodd to send out information surrounding the Risk Stratification and Remote Monitoring DES.</p> <p>Practices would prefer Wider Group Meeting to be on a PLT day to allow all practices to attend. NL will raise with Senior Management Team</p>	NL
	<p>Date and time of next meeting</p> <p>Thursday 15th August 2013</p> <p>1pm – 2.30pm</p> <p>Marshside/Corner Surgeries, Fylde Road.</p>	



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