

## Governing Body Meeting in Public Agenda

Date: Thursday, 26<sup>th</sup> November 2015 at 1300 – 1555 hrs  
 Venue: Boardroom, 3<sup>rd</sup> Floor, Merton House, Bootle, L20 3DL

1300 hrs Members of the public may highlight any particular areas of concern/interest and address questions to Board members. If you wish, you may present your question in writing beforehand to the Chair.

1315 hrs Formal meeting of the Governing Body in Public commences. Members of the public may stay and observe this part of the meeting.

### The Governing Body

Dr Craig Gillespie	Chair & GP Clinical Director	CG
Graham Morris	Vice Chair & Lay Member - Governance	GM
Dr Andrew Mimmagh	Clinical Vice Chair & Governing Body Member	AM
Dr Peter Chamberlain	GP Clinical Director & Governing Body Member	PC
Roger Driver	Lay Member, Patient & Public Involvement	RD
Debbie Fagan	Chief Nurse & Quality Officer	DF
Dwayne Johnson	Director of Social Services & Health, Sefton MBC <i>(co-opted member)</i>	DJ
Margaret Jones	Interim Director of Public Health <i>(co-opted member)</i>	MJ
Maureen Kelly	Chair, Health Watch <i>(co-opted Member)</i>	MK
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Sharon McGibbon	Practice Manager & Governing Body Member	SMcG
Tanya Mulvey	Practice Manager & Governing Body Member	TM
Dr Clive Shaw	GP Clinical Director & Governing Body Member	CS
Dr Ricky Sinha	GP Clinical Director & Governing Body Member	RS
Fiona Taylor	Chief Officer	FLT
Dr Paul Thomas	GP Clinical Director & Governing Body Member	PT
Dr John Wray	GP Clinical Director & Governing Body Member	JW

### In Attendance

Tom Jackson	Chief Finance Officer/Deputy Chief Officer, <i>Liverpool CCG (Presentation: Healthy Liverpool)</i>	TomJ
Tracy Jeffes	Chief Delivery & Integration Officer	TJ
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Katherine Sheerin	Chief Officer, <i>Liverpool CCG (Presentation: Healthy Liverpool)</i>	KS
Tina Wilkins	Head of Adult Social Care, <i>Sefton MBC (Presentation: Sefton Mental Health)</i>	TW
Judy Graves	Corporate Business Manager <i>(Minute Taker)</i>	JG

### Presentations

- “Sefton Mental Health: A Strategic Plan for Sefton 2015-2020 ” by Tina Wilkins
- “Healthy Liverpool” by Katherine Sheerin and Tom Jackson

No	Item	Lead	Report	Receive/Approve	Time
<b>Governance</b>					
GB15/196	Apologies for Absence	Chair	-	R	3 mins
GB15/197	Declarations of Interest	Chair	✓	R	2 mins

No	Item	Lead	Report	Receive/Approve	Time
GB15/198	Minutes of the Previous Meeting	Chair	✓	A	5 mins
GB15/199	Action Points from Previous Meeting	Chair	✓	A	5 mins
GB15/200	Business Update	Chair	Verbal	R	5 mins
GB15/201	Chief Officer Report	FLT	✓	R	10 mins
GB15/202	GP Pressures and Supporting Practices	All	Verbal	R	5 mins
GB15/203	Risk Management Strategy	TJ	✓	A	5 mins
GB15/204	Safeguarding Children & Vulnerable Adults Policy 2015: Review	DF	✓	A	5 mins
GB15/205	Communicating Health in South Sefton: Strategy	LC	✓	A	10 mins
GB15/206	Remuneration Committee Terms of Reference	TJ	✓	A	5 mins
GB15/207	Organisational Development Plan	TJ	✓	A	5 mins
<b>Service Improvement/Strategic Delivery</b>					
GB15/208	CCG Interim Strategic Estates Plan 2015-2020	MMcD	✓	A	10 mins
GB15/209	Co-Commissioning	JL	V	R	5 mins
GB15/210	Blueprint Summary Report	KMcC	✓	R	10 mins
<b>Finance and Quality Performance</b>					
GB15/211	Integrated Performance Report	KMcC/ MMcD/DF	✓	R	10 mins
GB15/212	Update on Cancer Access Performance following Tripartite Priority Setting	KMcC	✓	R	5 mins
<b>For Information</b>					
GB15/213	Key Issues reports from committees of Governing Body: a) Finance & Resource Committee:17/9/15 b) Quality Committee: 17/9/15 c) Audit Committee - None d) Healthy Liverpool Programme Committee in Common: 7/10/15, 4/11/15		✓ ✓ ✓ ✓	R R R R	5 mins
GB15/214	Finance & Resource Committee Minutes:17/9/15	-	✓	R	5 mins
GB15/215	Quality Committee Minutes: 17/9/15	-	✓	R	
GB15/216	Audit Committee Minutes - None	-	-	-	
GB15/217	Approvals Committee - None	-	-	-	
GB15/218	Locality Meetings: a) Seaforth & Litherland Locality: 2/9/15, 7/10/15 b) Bootle Locality: 29/7/15, 30/9/15 c) Crosby Locality: 5/8/15, 2/9/15 d) Maghull Locality: 20/8/15, 24/9/15	- - - -	✓ ✓ ✓ ✓	R R R R	

No	Item	Lead	Report	Receive/ Approve	Time
<b>Closing Business</b>					
GB15/219	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting.</i>				5 mins
GB15/220	Date, Time and Venue of Next Meeting Thursday 28 <sup>th</sup> January 2016 at 13.00, Boardroom, 3 <sup>rd</sup> Floor Merton House, Bootle  Future Meeting Dates Thursday 31 <sup>st</sup> March 2016 at 1300 hrs, Boardroom, 3 <sup>rd</sup> Floor Merton House, Bootle Thursday 26 <sup>th</sup> May 2016 at 1300 hrs, Boardroom, 3 <sup>rd</sup> Floor Merton House, Bootle Thursday 28 <sup>th</sup> July 2016 at 1300 hrs, Boardroom, 3 <sup>rd</sup> Floor Merton House, Bootle Thursday 29 <sup>th</sup> September 2016 at 1300 hrs, Boardroom, 3 <sup>rd</sup> Floor Merton House, Bootle				-
Estimated meeting close					15:55hrs

Motion to Exclude the Public:

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

## Governing Body Meeting in Public **DRAFT** Minutes

Date: Thursday, 24<sup>th</sup> September 2015 at 1300 – 1515 hrs  
Venue: Boardroom, 3<sup>rd</sup> Floor, Merton House, Bootle, L20 3DL

### The Governing Body

Dr Craig Gillespie	Chair & GP Clinical Director	CG
Graham Morris	Vice Chair & Lay Member - Governance	GM
Dr Andrew Mimmagh	Clinical Vice Chair & Governing Body Member	AM
Dr Peter Chamberlain	GP Clinical Director & Governing Body Member	PC
Fiona Clark	Chief Officer	FLC
Roger Driver	Lay Member, Patient & Public Involvement	RD
Debbie Fagan	Chief Nurse & Quality Officer	DF
Dwayne Johnson	Director of Social Services & Health, Sefton MBC <i>(co-opted member)</i>	DJ
Margaret Jones	Consultant in Public Health <i>(co-opted Member on behalf of Dr Janet Atherton)</i>	MJ
Maureen Kelly	Chair, Healthwatch <i>(co-opted Member)</i>	MK
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Sharon McGibbon	Practice Manager & Governing Body Member	SMcG
Tanya Mulvey	Practice Manager & Governing Body Member	TM
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Dr Ricky Sinha	GP Clinical Director & Governing Body Member	RS
Dr Paul Thomas	GP Clinical Director & Governing Body Member	PT
Dr John Wray	GP Clinical Director & Governing Body Member	JW

### In Attendance

Tracy Jeffes	Chief Delivery & Integration Officer	TJ
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
David Smith	Deputy Chief Finance Officer <i>on behalf of Martin McDowell</i>	DS
Liz Williams	Sefton Carer Centre, Chief Executive <i>(presentation on 'Carers in Sefton')</i>	LW
Judy Graves	Corporate Business Manager <i>(minute taker)</i>	

### Presentation on "Carers in Sefton" by Liz Williams

The presentation provided an overview of the organisation, the support it provides to carers.

The Centre, based in Southport, focuses on those with long term conditions, including Disability and Mental Health. The Centre provides an opportunity for co-ordinated and integrated working by enabling support services to work from one locality. Discussions are taking place with both the Centre ('Hub') services and other potential services, to further promote integrated working across organisations.

Members were briefed on a pilot project with GPs that helps to identify carers on their practice lists and enables direct referral. A discussion was held on how to encourage more carers to use the service.

Suggestions were made:

- a service member attend practices 1 day per week to assist GPs in the identification of carers
- call it signposting rather than referral
- advertising through GPs

No	Item	Action
GB15/157	<b>Apologies for Absence</b> Apologies had been received from Dwayne Johnson, Martin McDowell and Maureen Kelly. David Smith attended on behalf of Martin McDowell.	
GB15/158	<b>Declarations of Interest</b> All members holding dual roles across both South Sefton CCG and Southport & Formby CCG declared their interest.  Fiona Clark declared an interest as Chair of the IMerseyside Partnership Board. There were no other declarations made in respect of items of business on the agenda.	
GB15/159	<b>Minutes of Meeting</b> were presented to members.  <b>Outcome</b> Agreed as a true record subject to the following changes: GB15/129: 'Improvement' to be changed to 'Innovation'	
GB15/160	<b>Ratification of Recommendations from July 2015 Governing Body</b>  The paper listed items that had been recommended for approval as a result of July 2015 Governing Body meeting not being quorate.  Members were asked to note that all the items listed had been extracted from the full set of meeting minutes (item GB15/159).  <b>Outcome</b> All members supported the discussions and decisions presented. All decisions approved.	
GB15/161	<b>Action Points from Previous Meeting</b>  <i>GB15/51 – Safeguarding Strategy:</i> Item relates to information sharing and accountability. Information delayed. Awaiting response. Further update at November Governing Body. <i>GB15/124 – Constitution Update:</i> In the process of being updated. Carrying out a full review of all practices listed within to ensure up to date. <i>GB15/125 – Shaping Sefton Governing Arrangements:</i> Chief Officer report. <i>GB15/125 – LPF:</i> Chief Officer report. <i>GB15/129 – QIPP/SIR Terms of Reference:</i> Change had been made subject to ratification at the September Governing Body. Following ratification (GB15/160) item will be presented to the next meeting. <i>GB15/130 – ILinks – Engagement &amp; Communication Plan:</i> Following ratification (GB15/160) plans to involve local residents and stakeholders will be developed. <i>GB15/131 – Review of Case for Change:</i> Following ratification (GB15/160) a new case for change document will be developed	<b>DF</b>     <b>KMcC</b>  <b>FLC</b>  <b>KMcC</b>

No	Item	Action
	<p><i>GB15/132 – Hosted Safeguarding Service Governing Body Update:</i></p> <p><i>Part 1 – HM Coroner (Merseyside) and Deprivation of Liberty Safeguards authorisations:</i></p> <ul style="list-style-type: none"> <li>- Title amended on agenda</li> <li>- Awaiting confirmation from Mersey Care as and when training is available</li> <li>- Concerns regarding the Deprivation of Liberty Safeguards and impact on GPs raised with Liz Cooper, Deputy Director of Nursing at NHSE England. Governing Body to be updated as and when response received.</li> <li>- FLC will be raising the concerns with the LMC in October</li> </ul> <p><i>Part 2 – Counter Terrorism &amp; Security Act (2015)</i></p> <ul style="list-style-type: none"> <li>- Confirmation on where 'training responsibility' sits for the Channel Programme/Prevent Duty will be clear once the guidance is published.</li> <li>- Guidance will be circulated as and when published.</li> </ul>	<p><b>FLC</b></p>
<p><b>GB15/162</b></p>	<p><b>Business Update</b></p> <p>Dr Craig Gillespie gave an update:</p> <p><u>BBC News</u> BBC News had recently reported on an item regarding Stroke performance which highlighted opportunities for improvements. It did however also highlight improvements in performance in relation to cancer. CG thanked all involved for liaising with the media.</p> <p><u>Media Training</u> News item had highlighted the importance of Media training for Clinical GB Members and Clinical Leads. TJ to consider further training for members</p> <p><u>Strand by Me Shop, Bootle Strand</u> The shop provides a venue for a number of organisations from across the community, voluntary and faith sector, working together to improve the health and wellbeing of residents. Due to be opened on 2<sup>nd</sup> October by Jamie Carragher. Project had been led by Jenny Kristiansen and commissioned for CVS.</p>	<p><b>TJ</b></p>
<p><b>GB15/163</b></p>	<p><b>Chief Officer Report</b></p> <p>FLC updated as per report presented.</p> <p><b>Outcome</b> The Governing Body received the report:</p> <ul style="list-style-type: none"> <li>• Shaping Sefton Governance arrangements to be presented at a future Governing Body</li> <li>• Conflicts of Interest: members to inform JG of any changes.</li> <li>• Expo Manchester 2015 Keynote Speech: DF thanked FLC and the Governing Body for their support.</li> </ul>	

No	Item	Action
	<ul style="list-style-type: none"> <li>• Sefton Health and Social Care Integration: Next step is to look at the framework, stages and achievable timescales.</li> <li>• Committee in Common Minutes: AM considered it would be useful for the Governing Body to see the minutes of the meeting. Was confirmed that Dr Dan McDowell attended the meetings.</li> </ul> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Conflicts of Interest: review of who completes the forms</li> <li>• Shaping Sefton Governance arrangements to be presented at a future Governing Body meeting</li> <li>• Organisational Development Plan to be presented to the November Governing Body</li> <li>• Sefton Consultation &amp; Engagement Panel: Jan Leonard to remind NHS England of the existence of the panel in relation to their engagement work.</li> <li>• NHSE/CCG Committee in Common Notes to be shared with the Governing Body.</li> </ul>	<p><b>JG</b> <b>JG</b> <b>TJ</b> <b>JL</b> <b>JG</b></p>
GB15/164	<p><b>GP Pressures and Supporting Practices</b></p> <p>A discussion was held in relation to continued pressures, specifically in some areas; members were mindful of impact of the current re-procurement of SSP practices led by NHS England and the need to get the right outcome for patients.</p> <p>A workforce assessment was suggested as a way to help clarify pressures. FLC informed members that the LMC had agreed that this would be useful. FLC highlighted that Primary Care workforce issues would form part of the Shaping Sefton event on 14<sup>th</sup> October 2015. Members discussed areas for consideration:</p> <ul style="list-style-type: none"> <li>- Involve Practice Managers to support through the workforce assessment.</li> <li>- Review numbers of GPs and understand when due for retirement</li> <li>- Number of practice staff</li> <li>- Number of nursing staff</li> </ul> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• GP Workforce Assessment to be carried out. Angela Parkinson to discuss with Tanya Mulvey to agree an approach</li> <li>• To be taken to the next Practice Managers meeting</li> </ul>	<p><b>AP</b> <b>TM &amp; SMCg</b></p>
GB15/165	<p><b>Emergency Preparedness, Resilience and Response Assurance</b></p> <p>Members were presented with the report which provided an update on the organisation's position in relation to Emergency Preparedness, Resilience and Responses (EPRR) assurance.</p> <p>Members were informed that the document did not apply to GP practices. It was understood that NHS England would need to declare for practices.</p> <p><b>Outcome</b></p> <p>It was considered that the organisation was fully compliant. The Governing Body approved the report.</p>	

No	Item	Action
GB15/166	<p><b>MIAA Safeguarding Children &amp; Vulnerable Adults Review Assignment Report 2015/16</b></p> <p>Debbie Fagan presented members with a report which updated on the previous MIAA review of the CCG's safeguarding children and adult arrangements carried out in Q4 2014/15, the resulting MIAA recommendations and the remedial actions carried out by the CCG.</p> <p>Members were updated on the timelines involved. DF confirmed all actions were complete.</p> <p><b>Outcome</b> The Governing Body received the report.</p>	
GB15/167	<p><b>Management Allegations of Abuse Policy</b></p> <p>DF presented the Governing Body with the CCG's Management of Allegations Policy which had been reviewed and updated by the CCG's Hosted Safeguarding Service, in line with the Care Act (2014). The draft revised policy and procedures have been submitted to the Quality Committee for comment and were approved prior to submission to the Governing Body.</p> <p>Members were informed that 'South Sefton CCG' had been mentioned within Southport and Formby CCG's document due to the majority employees being employed on a South Sefton CCG contract.</p> <p>Discussion was had on the 'Equality Impact Assessment' and clarification on when an assessment should be carried out.</p> <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li>• The Governing Body ratified the updated policy.</li> <li>• Clarification to be obtained on 'Equality Impact Assessments'</li> </ul>	JG
GB15/168	<p><b>Developing Personal Health Budgets</b></p> <p>DF presented the report which provided a brief overview on progress to date on the implementation of personal health budgets (PHBs) and direct payments.</p> <p>The report provided information following a review of current practices, and made key recommendations to implement a more robust PHB model including direct payments (this includes the PHB requirements for Special Education Needs and Disabilities) which will ensure compliance with regulations, ensure clinical safety, robust financial operation and included a 10% efficiency saving.</p> <p>The model would also enable PHBs to be introduced more widely, for example where the legal right does not exist but in line with the NHS Five Year Forward Plan to include people who use mental health services and adults with learning difficulties.</p> <p>Reference was made to table 4 (page 79) which illustrated the additional activity for each deployment. Members discussed in-depth including the different options available to the patient, the providers available, their clinical safety and registration requirements, the PHB process and the nationally set target set against local circumstances. The need to ensure clinical safety and that care plans meet the needs of the patient was highlighted.</p>	



No	Item	Action
	<p><b>Outcome</b> As per the recommendations outlined within the report:</p> <p>5.1 The Governing Body approved recommendations 5.2, 5.3 and 5.4 and 5.5; as detailed below:</p> <p>5.2 Solo Support Services, Your Life Your Way and Salvere will work alongside operational staff and all PHB families</p> <p>5.3 Budget setting for every personal health budget (including direct payments) will be based on the costs currently spent on the package of care or the cost to commission an appropriate package of care. The notional budget will be set at 90% of this cost.</p> <p>5.4 The template PHB care and support plans will ensure delegation of clinical tasks is achieved safely and a consistent approach to PHBs as there will be a standardised method of producing care and support plans, risk assessments, training plans and budget information.</p> <p>5.5 Following the approval by the Governing Body, a CCG PHB Policy and Practice Guidance is to be produced, with accompanying templates and documentation, including a PHB agreement for legal review by CCG solicitors</p> <p>Furthermore:</p> <p>5.5 Reference to appendices 1 and 2 should be removed; not public documents.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Appendix 1 and 2 to be circulated to the Governing Body members</li> <li>• 5.5 to be updated to reflect discussion at Governing Body; removal of reference to documents.</li> <li>• CCG PHB Policy and Practice Guidance to be produced, with accompanying templates and documentation, including a PHB agreement for legal review by CCG solicitors</li> <li>• Review of progress to be presented to the Governing Body in March 2016 (6 months)</li> </ul>	<p><b>JG</b> <b>BP</b></p> <p><b>TF</b></p> <p><b>TF/DF</b></p>
GB15/169	<p><b>Collaborative Commissioning in Specialised Services</b></p> <p>The Governing Body were presented with a report which informed them of the developments in collaborative commissioning in specialised services and recommended further engagement with the emerging structures to support collaborative commissioning with NHS England.</p> <p>Members considered it added value, with the programmes of care underpinning Specialist Commissioning but agreed that there were big decisions regarding configuration, viability and complexities.</p>	

No	Item	Action
	<p>Further discussions were had in relation to:</p> <ul style="list-style-type: none"> <li>• specialist interventions, subsequent scrutiny regarding spend and the need to ensure money flows through the system the way it should.</li> <li>• Risk Assurance and the transfer of work without the resource following</li> <li>• The complexities of changing pathways of care</li> <li>• Pathways and Specialist Commissioning priority areas historically led by Secondary Care Consultants.</li> </ul> <p><b>Outcome</b></p> <p>As per the report:</p> <p>5.2 Recommended that the Governing Body:</p> <ul style="list-style-type: none"> <li>• Members received the report</li> <li>• Members discussed and answered the questions posed (4.2, page 91) and responded: <ul style="list-style-type: none"> <li>(a) Members recognised and supported the aims of collaborative commissioning in specialised services with NHS England</li> <li>(b) Members recognised and supported the potential benefits and opportunities. However stated that often a lot of specialisms were involved and highlighted the need for a strong community voice; <ul style="list-style-type: none"> <li>(i) An understanding was needed on the implications for specific pathways, including costs and spending</li> <li>(ii) Further consideration to be given on the Mental Health information contained in the appendices.</li> <li>(iii) Wider Group to look at current pathway</li> </ul> </li> <li>(c) Members recognised and agreed with the principle of working across pathways of care. Members recognised the possibility that it might not be possible to deliver everything however any reduction in cost would benefit</li> <li>(d) Members agreed with the proposed collaborative approach and that the CCG Chief Finance Officer (CFO) was a lead role on the collaborative. <ul style="list-style-type: none"> <li>(iv) Members recommended the Chair of the Collaborative should be appointed from a Primary Care perspective</li> <li>(v) Members supported continued engagement with emerging governance structures to facilitate collaborative commissioning.</li> </ul> </li> </ul> </li> </ul> <p>Furthermore:</p> <ul style="list-style-type: none"> <li>• AM considered a strategic risk in relation to the transfer of work without the resource.</li> <li>• Difficult, lengthy and complex to change a pathway</li> <li>• Clinical interest/involvement from a Primary Care perspective regarding the pathways and specialist commissioning was important</li> </ul> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Comments to be fed back to the CCG Network</li> <li>• Margaret Jones to feedback to the Director of Public Health who might be interested to have some input; FLC will pick up in monthly meeting.</li> <li>• The offer of scrutiny and comment from a clinical primary care perspective and consideration of the Wider Group</li> </ul>	<p><b>MMcD</b> <b>MJ &amp;</b> <b>FLC</b></p> <p><b>KMcC</b></p>

No	Item	Action
GB15/170	<p><b>Integrated Performance Report</b></p> <p>Karl McCluskey presented members with the key highlights of the performance report.</p> <p><i>A&amp;E 4 Hour Waits</i> – Green however some system issues. Members discussed in relation to the admissions increase and the effect on the target.</p> <p><i>Referral to Treatment</i> – achieved across all categories.</p> <p><i>Daycase (page 143)</i> – needs further analysis</p> <p><i>Stroke</i> – need to continue work with the collaborative. Case for Change to be developed.</p> <p><i>IAPT</i> – subject to further scrutiny and potential escalation to SLT</p> <p><i>Primary Care (page 140/141)</i> – need to understand why some practices are showing above the line.</p> <p>DF updated on the Quality elements of the report. Members were informed that the CCG were still awaiting a report from the Royal College. FLC informed members that the Mersey Care CQC report was expected imminently.</p> <p>DS updated on Finance elements of the report.</p> <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li>• The Governing Body received the report</li> </ul> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Report content to be looked at: <ul style="list-style-type: none"> <li>○ Type 1 to be identified separately in future reports</li> <li>○ Day cases (page 143) needs further analysis</li> <li>○ Primary Care – need to understand why some practices are above the line</li> </ul> </li> </ul>	KMCC
GB15/171	<p><b>CCG Safeguarding Annual Report 2014/15</b></p> <p>DF updated the Governing Body as per the report presented which provided assurance that the Clinical Commissioning Group is fulfilling its statutory duties in relation to safeguarding children and adults. It takes into account national changes and influences and local developments and activity.</p> <p>The report also provides an insight into local developments and initiatives, performance and governance arrangements and challenge to business continuity.</p> <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li>• Reporting arrangements to change for 2015/16; Designated Nurse for Looked After Children will author an overview report incorporating all health provider data for this group of children</li> <li>• Safeguarding mandatory training levels appear to be below the target. Data cleanse exercise being carried out in order to confirm figures. Will also take into account training that is undertaken by CCG clinical members that is relevant to CCG targets.</li> <li>• The Governing Body approved the annual report.</li> </ul>	

No	Item	Action
	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>Report to be presented to the Quality Committee on the updated Safeguarding Mandatory Training figures following data cleanse. Also to be presented to the Safeguarding Children and Adult Board.</li> <li>Training Needs Analysis being carried out in order to ensure accessible to all; e-mail reminder to be sent to all staff on the need to complete mandatory training; need clarity on where the gaps are and the acceptability of safeguarding training undertaken in other roles.</li> </ul>	<p>DF</p> <p>DF</p>
GB15/172	<p><b>Key Issues reports from committees of Governing Body:</b></p> <p>a) Finance &amp; Resource Committees b) Audit Committee c) Quality Committee</p> <p><b>Outcome</b> The Governing Body received the key issues reports as presented.</p>	
GB15/173	<p><b>Finance &amp; Resource Committee Minutes</b> (23/7/15) were received by the Governing Body.</p>	
GB15/174	<p><b>Audit Committee Minutes</b> (9/7/15) were received by the Governing Body.</p>	
GB15/175	<p><b>Quality Committee Minutes</b> (21/5/15) were received by the Governing Body.</p>	
GB15/176	<p><b>Locality Meeting Minutes:</b></p> <p>a) Seaforth &amp; Litherland Locality: 1/7/15, 5/8/15 b) Bootle Locality: 24/6/15 c) Crosby Locality: 3/6/15, 1/7/15 d) Maghull Locality: 18/6/15, 23/7/15</p> <p>Discussion was had on the consistency of grassroots information in relation to escalating to the Governing Body and sharing of information across localities.</p> <p><b>Outcome</b> The approved minutes were received by the Governing Body.</p> <p><b>Action</b> System to be devised for the sharing of key locality information across localities. i.e. Summary Information item added onto other locality agenda's.</p>	<p>JL</p>
GB15/177	<p><b>Any Other Business</b></p> <p>1. <u>Approvals Panel</u></p> <ul style="list-style-type: none"> <li>Will be added to the agenda as a regular item. Verbal update to be provided as and when a meeting is held.</li> <li>Panel is responsible for ensuring that the CCG applies conflict of interest principles and policies rigorously and provides the CCG with independent advice and judgment where there is any doubt about how to apply them to individual or group cases involving commissioning clinical services.</li> </ul>	

No	Item	Action
	<p><u>Meeting Held 22/9/15:</u>            The Chair of the panel, Graham Morris, updated members:</p> <ul style="list-style-type: none"> <li>- Terms of Reference                Were reviewed and approved in line with section 9 of the Terms of Reference and following minor formatting and version control updates</li> <li>- Primary Care Local Quality Contract – Year/Phase 2                Paper presented to the committee which described the clinical schemes and the financial resource allocation aligned to the Quality Schemes within the contract from October 2015 to March 2017. Following clarification and consideration of the benefits, the panel were satisfied that the paper was in line with the strategy and provided value for money. Members agreed role out across South Sefton CCG from 1<sup>st</sup> October 2015.</li> </ul>	
GB15/178	<p><b>Date, Time and Venue of Next Meeting</b>            Thursday 26<sup>th</sup> November 2015 at 13.00 hrs in the Boardroom, Merton House, Bootle</p>	
	<p><b>Motion to exclude the Public:</b>            Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960).</p> <p style="text-align: right;"><b>Meeting concluded</b></p>	15:15 hrs

## Governing Body Meeting in Public

### Actions from meeting held 24<sup>th</sup> September 2015

No	Item	Action
<b>GB15/161</b>	<p><b>Action Points from Previous Meeting</b></p> <p><i>GB15/51 – Safeguarding Strategy:</i> Item relates to information sharing and accountability. Information delayed. Awaiting response. Further update at November Governing Body.</p> <p><i>GB15/129 – QIPP/SIR Terms of Reference:</i> Change had been made subject to ratification at the September Governing Body. Following ratification (GB15/160) item will be presented to the next meeting.</p> <p><i>GB15/130 – ILinks – Engagement &amp; Communication Plan:</i> Following ratification (GB15/160) plans to involve local residents and stakeholders will be developed.</p> <p><i>GB15/131 – Review of Case for Change:</i> Following ratification (GB15/160) a new case for change document will be developed</p> <p><i>GB15/132 – Hosted Safeguarding Service Governing Body Update:</i>  <i>Part 1 – HM Coroner (Merseyside) and Deprivation of Liberty Safeguards authorisations:</i>                      - Concerns regarding the Deprivation of Liberty Safeguards and impact on GPs raised with Liz Cooper, Deputy Director of Nursing at NHSE England. Governing Body to be updated as and when response received. FLC will be raising the concerns with the LMC in October</p>	<p><b>DF</b></p> <p><b>KMcC</b></p> <p><b>FLC</b></p> <p><b>KMcC</b></p> <p><b>FLC</b></p>
<b>GB15/162</b>	<p><b>Business Update</b></p> <p><u>Media Training</u>                      BBC News item had highlighted the importance of Media training for Clinical GB Members and Clinical Leads. TJ to consider further training for members</p>	<b>TJ</b>
<b>GB15/163</b>	<p><b>Chief Officer Report</b></p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Conflicts of Interest: review of who completes the forms</li> <li>• Shaping Sefton Governance arrangements to be presented at a future Governing Body meeting</li> <li>• Organisational Development Plan to be presented to the November Governing Body</li> <li>• Sefton Consultation &amp; Engagement Panel: Jan Leonard to remind NHS England of the existence of the panel in relation to their engagement work.</li> <li>• NHSE/CCG Committee in Common Notes to be shared with the Governing Body.</li> </ul>	<p><b>JG</b></p> <p><b>JG</b></p> <p><b>TJ</b></p> <p><b>JL</b></p> <p><b>JG</b></p>
<b>GB15/164</b>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• GP Workforce Assessment to be carried out. Angela Parkinson to discuss with Tanya Mulvey to agree an approach</li> <li>• GP Workforce Assessment to be discussed at the next Practice Managers meeting</li> </ul>	<p><b>AP</b></p> <p><b>TM &amp; SMcG</b></p>

No	Item	Action
GB15/167	<b>Management Allegations of Abuse Policy</b> <ul style="list-style-type: none"> <li>Clarification to be obtained on when Equality Impact Assessments should be carried out</li> </ul>	JG
GB15/168	<b>Developing Personal Health Budgets</b> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>Appendix 1 and 2 to be circulated to the Governing Body members</li> <li>5.5 to be updated to reflect discussion at Governing Body; removal of reference to documents.</li> <li>CCG PHB Policy and Practice Guidance to be produced, with accompanying templates and documentation, including a PHB agreement for legal review by CCG solicitors</li> <li>Review of progress to be presented to the Governing Body in March 2016 (6 months)</li> </ul>	JG BP TF TF/DF
GB15/169	<b>Collaborative Commissioning in Specialised Services</b> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>Governing Body comments to be fed back to the CCG Network</li> <li>Margaret Jones to feedback to the Director of Public Health who might be interested to have some input; FLC will pick up in monthly meeting.</li> <li>The offer of scrutiny and comment from a clinical primary care perspective and consideration of the Wider Group</li> </ul>	MMcD MJ & FLC KMcC
GB15/170	<b>Integrated Performance Report</b> <ul style="list-style-type: none"> <li>Report content to be looked at: <ul style="list-style-type: none"> <li>Type 1 to be identified separately in future reports</li> <li>Day cases (page 143) needs further analysis</li> <li>Primary Care – need to understand why some practices are above the line</li> </ul> </li> </ul>	KMcC
GB15/171	<b>CCG Safeguarding Annual Report 2014/5</b> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>Report to be presented to the Quality Committee on the updated Safeguarding Mandatory Training figures once the data cleansing exercise has been undertaken and additional training has been taken into consideration. Also to be presented to the Safeguarding Children and Adult Board.</li> <li>Training Needs Analysis being carried out in order to ensure accessible to all; e-mail reminder to be sent to all staff on the need to complete mandatory training; need clarity on where the gaps are and the acceptability of safeguarding training undertaken in other roles.</li> </ul>	DF DF
GB15/176	<b>Locality Meeting Minutes:</b> <p><b>Action</b></p> <p>System to be devised for the sharing of key locality information across localities i.e. Summary Information item added onto other locality agenda's.</p>	JL

MEETING OF THE GOVERNING BODY November 2015	
<b>Agenda Item:</b> 15/201	<b>Author of the Paper:</b> Fiona Taylor Chief Officer
<b>Report date:</b> November 2015	Email: <a href="mailto:fiona.taylor@southseftonccg.nhs.uk">fiona.taylor@southseftonccg.nhs.uk</a> Tel: 0151 247 7061
<b>Title:</b> Chief Officer Report	
<b>Summary/Key Issues:</b>  This paper presents the Governing Body with the Chief Officer's monthly update.	
<b>Recommendation</b>  The Governing Body is asked to receive this report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

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



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

## 1. Shaping Sefton

The third & fourth sessions of Shaping Sefton with the Kings Fund took place on the 14<sup>th</sup> October and 12<sup>th</sup> November respectively. The first event focused on Primary Care and the second on Unplanned Care. Both events were well attended and generated lots of thinking from the attendees, including providers, CCGs, CVS & Faith sector, Housing, Local Authority and GPs. It was also used as an opportunity to challenge and critique the 5 year strategy and blue prints. Both events were again captured beautifully by the artistic team.

Margaret Carney-CEO at Sefton MBC and I have been thinking through and have now finalised our governance arrangements for the Shaping Sefton transformational programme and the interrelationship with the Health & Wellbeing Board. Each of the work streams below, has now or is in the process of establishing themselves and the recommended Governance was presented at the Health & Wellbeing Board:

- Primary Care
- Mental Health
- Community Services and Support
- Intermediate Care
- Urgent Care

We have now secured an event on 25<sup>th</sup> November with Chris Lawrence-Petroni and the Senior System leaders to challenge our ambitions and understand what our individual leadership and organisations' contributions are, given the challenges facing our health and social care system locally in Sefton. Following this event the aim is to launch the Shaping Sefton Transformation Board from January 2016 and move our strategic thinking into further operational delivery across the system.

## 2. CCG Assurance

The Chief Officer received a letter from Clare Duggan Director of Commissioning Operations, NHS England (Cheshire & Merseyside) on 9<sup>th</sup> October 2015 to inform the CCG of the outcome of the Annual Assurance meeting which was held on 24<sup>th</sup> June 2015.

The final review was undertaken using the 6 domains contained within 2014/15 CCG Assurance Process. In the letter Clare congratulated South Sefton CCG on the progress that had been made over the last year, particularly in relation to integration and public engagement. NHS England recognised the economic challenges that the CCG is facing. The headline assessment for Quarter 4 is: **Assured with support.**

A summary of the Quarter 4 Domain Assessments in the table below:

Domain		Provisional Assurance Assessment
1	Are patients receiving clinically commissioned, high quality services?	Assured
2	Are patients and the public actively engaged and involved?	Assured
3	Are CCG plans delivering better outcomes for patients?	Assured with Support
4	Does the CCG have robust governance arrangements?	Assured
5	Is the CCG working in partnership with others?	Assured
6	Does the CCG have strong and robust leadership?	Assured

### 3. Primary Care Transformation Fund

NHS England has recently announced that from 2016/17 CCGs will lead proposals for how funding from the Primary Care Transformation Fund will be invested. Proposals for funding can now span more than one year meaning that ambitious longer term plans to improve out-of-hospital health services can be supported.

The fund – previously named the Primary Care Infrastructure Fund - was first announced in December last year. It made £1bn available over four years to improve access and the range of services available in primary care, through investment in premises, technology, the workforce and support for working at scale across practices.

### 4. SSP

NHS England has been leading the process to find interim providers from March 2016. The CCG understands that the process has reached the stage where potential new providers have been informed and negotiations are underway. The CCG Governing Body will receive further updates.

### 5. Re-procurement of Commissioning Support Services

In line with previously delegated authority from the Governing Body, the Senior Leadership Team approved the outcome of the procurement process for Commissioning Support Services at its meeting on the 20th October 2015. Midlands and Lancashire Commissioning Support Unit (CSU) has been selected as the preferred provider, through a process which has been run collaboratively across the twelve CCGs in Cheshire and Merseyside. We are now entering into final discussions to enable contract award for a range of services which include business intelligence, governance, human resources management, procurement, continuing healthcare and medicines management. We will continue to work collaboratively with our neighbouring CCGs to develop good relationships with our new CSU provider, support mobilisation of the new service and future contract management.

## 6. Local Digital Roadmaps

At the end of October 2015 the CCG submitted with NHS Liverpool CCG and other CCGs across Merseyside a return in line with recent NHS England guidance. This guidance for CCGs, local authority partners and the Providers enabled the CCG to produce their footprint, contributing membership and governance arrangements for the local digital roadmap.

This work is in line with the ambition of the Five Year Forward View to be paper-free at the Point of Care.

## 7. Community Services Procurement

The Trust Development Authority (TDA) will continue to oversee the project within South Sefton as part of its accountabilities in respect of the acquisition of Liverpool Community Healthcare Trust. However, the CCGs Community Services Procurement Programme Steering Group will continue to support the procurement element of that process and will feed into the TDA governance arrangements as appropriate.

Good progress is being made with the development of transformational service specifications with positive contributions from CCG officers, clinicians and public engagement activity. To ensure that the programme, which is of course a key strategic priority for the CCG, is delivered within the challenging procurement timetable the CCG has now appointed a Programme Director and PMO lead. This additional capacity and support will be key to the effective running of the programme.

## 8. New National Plan to Help People with Learning Disabilities

A new national plan published today by NHS England, the Local Government Association and Association of Directors of Adult Social Services aims to support people with a learning disability and/or autism to lead more independent lives and have greater say about the support they receive.

Central to the progress set out by the plan 'Building the right supports' over the next three years will be new, high-quality, community-based services. This aims to benefit hundreds of people by giving new, better care options in the community instead of hospitals. The plan predicts that, as these services are put in place, there will be a reduction of up to 50 per cent in the number of inpatient beds, meaning that some units will close altogether. The CCG clinical lead Dr Susan Gough will continue to work with Geraldine O'Carroll to ensure all CCG requirements are undertaken.

## 9. IM Partnership Board

The Informatics Merseyside (IM) Partnership met on Monday 2<sup>nd</sup> November 2015 and considered the following items

- Partnership Agreement
- Partnership Board Operational Committee minutes
- Virgin Media Assurance Plan
- IM Business Update
- Performance Report
- Business Model
- SLA review plan
- Draft Business Strategy
- Development of new business opportunities

## 10. CCG Network

The Merseyside CCG network hosted by NHS Halton CCG has over the past two months focused its discussions on:

- Devolution
- Establishing the Urgent & Emergency Care Network
- Cheshire & Merseyside Women's & Children's Partnership
- Future CCG Network arrangements
- CAMHs Assurance
- Feedback from NHS Clinical Commissioners
- Specialised Commissioning
- Workplan

This has resulted in:

- A paper previously agreed at CCG Network now being reviewed by each CCG to determine future governance arrangements for the Network (by December 2015);
- A new work plan being developed to contain areas the Network will drive forward;
- Specialised Services – Liverpool City Region (LCR) footprint to be footprint for co-commissioning. To be confirmed with NHSE.

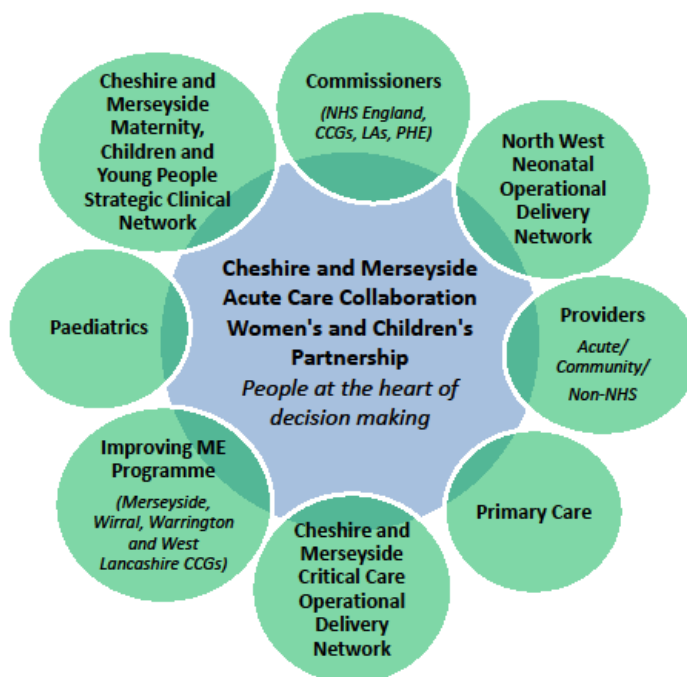
### **11. Women's & Children's Services Partnership – update and next steps**

The Women's and Children's Services Partnership has been established to cover the population of Cheshire and Merseyside. The Women's and Children's Services Partnership will develop a high quality, clinically and financially sustainable whole system model of care for women's and children's services. Led by Simon Banks - Chief Officer at NHS Halton CCG, the Partnership will initially focus on gynaecology, maternity, neonatal and paediatric services.

The drivers for change that bring the Partnership together are:

- increased demand on services and the presentation of women, babies, children and young people with more complex needs;
- variation in the experience of people who use these services and also in clinical outcomes, safety and quality;
- organisational boundaries fettering change;
- workforce challenges in regard to recruitment, retention, retirement, skills mix and deployment of staff;
- ability of services to meet regulatory and other clinical standards;
- financial sustainability. The Partnership will bring together people who use these services with clinicians (from the relevant clinical networks), providers and commissioners (NHS England, Clinical Commissioning Groups and local authorities) to work in partnership to develop new models of care and provision of services across organisations in Cheshire and Merseyside, designed for the population with a focus on the needs of the individual.

The Partnership will coordinate, integrate and oversee provision and set shared objectives across women's and children's services. The Partnership will ensure that new models of care are designed and implemented. Peter Wong reporting to Dr Rob Caudwell will represent the CCG on this group.



The consultation process for the Maternity Services Review led by Baroness Cumberlege is beginning to be drawn to a close. At a recent event a member of the Review Team (Mel Pickup, Chief Exec Warrington and Halton Hospitals) said that the Review Team is aiming to provide a report after Christmas or early in the New Year.

The bid for a Cheshire and Merseyside Women's and Children's Services Vanguard, of which NHS South Sefton CCG and NHS Southport and Formby CCG are members, was successful. The Cheshire and Merseyside Women's and Children's Services Partnership held its first meeting with the national vanguard team on 13<sup>th</sup> October and is now looking to establish a project team to take the work forwards. An event will take place on Friday 20<sup>th</sup> November to enable clinicians and wider staff from each organisation, together with relevant clinical networks and colleges, to get involved in shaping the next steps. By 30<sup>th</sup> November 2015 the Partnership has to submit a value proposition, a plan, to the New Care Models Team setting out what it wants to achieve in 2015/16. By 30<sup>th</sup> December 2015 a second value proposition setting out the plans for 2016/17 will be submitted.

## 12. Southport & Ormskirk Hospitals NHS Trust Quality Review Meeting

A follow-up Quality Review Meeting regarding Southport & Ormskirk Hospitals NHS Trust (S&O) was held on 27<sup>th</sup> October 2015 chaired by NHSE. The CCG and commissioning partners are waiting to receive an overarching action plan which reflects the quality concerns at the Trust, progress against which will be monitored via the S&O Collaborative Commissioning Forum and the regular contract meetings.

### 13. Student Nurse Placements

The CCG has a further student nurse commencing on 16th November 2015. This is a 'hub' placement and the student nurse will be with us until February 2016 mentored by the Quality Team. The Quality Team is also facilitating a 'spoke' placement for another student on behalf of the North West Placement Development Network. This means that for the calendar year 2015, the CCG Quality Team will have provided learning experiences for 5 student nurses. The CCG has also been contacted by another CCG to discuss the work we have undertaken to become a hub and spoke placement for student nurses.

### 14. Quality team support for Peer Style CQC Inspection

The CCG Quality team has received an invite to form part of a peer CQC style inspection team that will visit a Trust outside of the Merseyside area. The visit will take place at the end of November 2015.

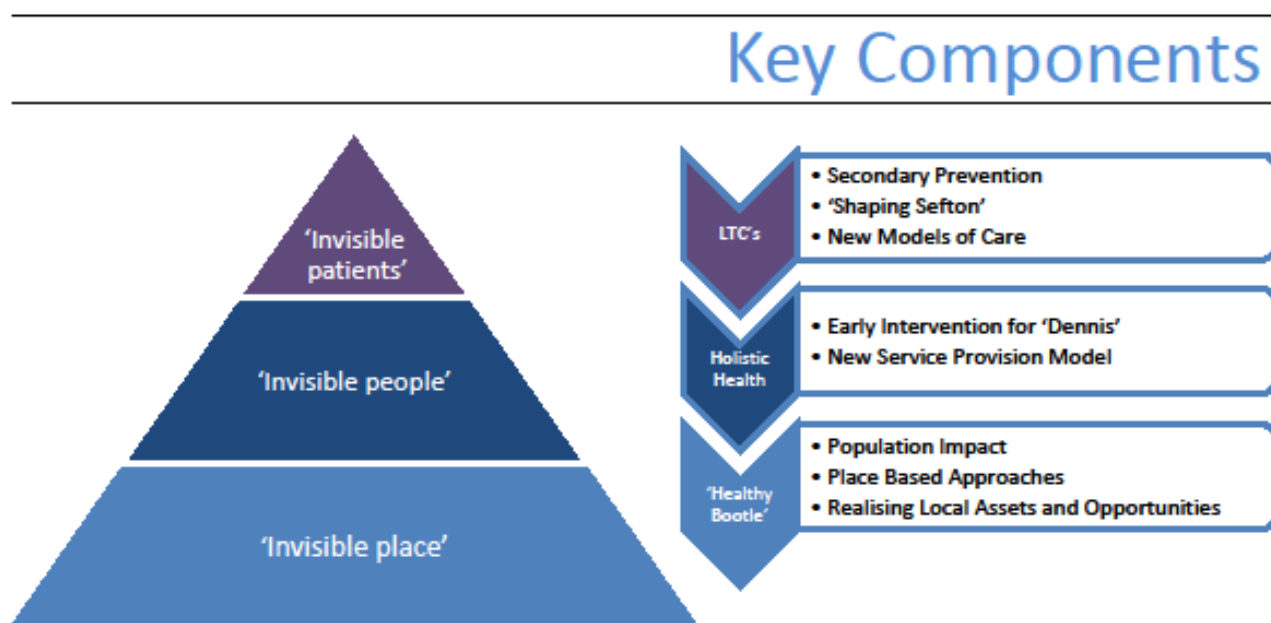
### 15. Continuing Healthcare Retrospective Cases (PUPoC)

The management of PUPoC continues. Further revision of CCG demand has been undertaken by the Commissioning Support Unit (CSU) as it has become apparent that there has been a shift in the responsible commissioner for some cases. South Sefton CCG has seen a transfer in of 4 additional cases. The recent CCG performance report from CSU indicates that the CCG continues to meet the expected monthly trajectory and are on track to complete this programme of work by the deadline set by NHSE.

### 16. Well Sefton

Work continues with Well North to refine the Well Sefton proposition. This work is being led by the Public Health team in Sefton MBC and its current focus is the Bootle locality.

There are now three key components to the Well Sefton work:



With five key aims:

- People & place are central to our proposition;
- Enhancing our vision and direction of travel through experimentation;
- Redesigning traditional roles and relationships;

- Outcomes focus and designed by individuals and communities;
- Retaining the principles of Well North rooted in Sefton's challenge and opportunities.

Karl McCluskey, with Steve Astles, Dr Gina Halstead and Dr Pete Chamberlain are working to ensure that this work clearly aligns with the CCG strategy and can be built upon for much of our work on self-care, self-management and community coproduction.

### **17. Balliol Lodge Nursing Home**

On 12th November 2015 Balliol Lodge Nursing Home was issued with a Notice of Decision from the Care Quality Commission (CQC) to vary the conditions of registration in accordance with Section 31 of the Health & Social Care Act 2008. The CCG, working in partnership with the Local Authority, had recently suspended new admissions to the provider due to quality concerns and whilst awaiting an outcome from the CQC. A formal mobilisation plan was put into action and residents were safely moved to other establishments that could meet their health and social care needs once the plan was enacted. There has been some media interest in these developments which has been managed via the CQC. The provider has 28 days in its right to appeal against the issuing of the Notice of Decision.

### **18. Recommendation**

The Governing Body is asked to formally receive this report.

**Fiona Taylor**  
**Chief Officer**  
**November 2015**



## MEETING OF THE GOVERNING BODY November 2015

<b>Agenda Item:</b> 15/203	<b>Author of the Paper:</b> Tracy Jeffes Chief Delivery and Integration Officer E mail: <a href="mailto:tracy.jeffes@southseftonccg.nhs.uk">tracy.jeffes@southseftonccg.nhs.uk</a> 0151 247 7049
<b>Report date:</b> November 2015	
<b>Title:</b> Risk Management Strategy 2015-2017	
<p><b>Summary/Key Issues:</b>          The Governing Body is presented with a revised Risk Management Strategy to replace the version approved by the Governing Body in November 2014. Most amendments have been very minor updates. However the Governing Body is asked to note two more substantive changes:-</p> <ol style="list-style-type: none"> <li>I. That the Audit Committee receive the full Governing Body Assurance Framework (GBAF) and Corporate Risk Register (CRR) on an annual basis, rather than every six months as this is deemed sufficient for the committee to fulfil its function in relation to overall assurance of the processes.</li> <li>ii. That the Senior Management Team reviews the CRR on a six weekly rather than monthly basis. This is due to the level of scrutiny already provided through other committees (Quality Committee and Corporate Governance Group) and that it is a “live document” updated on going as necessary by Senior Managers. Mersey Internal Audit Agency (MIAA) has supported this recommendation.</li> </ol>	
<p><b>Recommendation</b></p> <p>The Governing Body is asked to approve the Risk Management Strategy for 2015-2017.</p>	
	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>

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

Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement		X		
Clinical Engagement	X			
Equality Impact Assessment	X			
Legal Advice Sought			X	
Resource Implications Considered			X	
Locality Engagement				
Presented to other Committees	x			An update will be provided to the Quality and Audit Committees

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

**NHS South Sefton Clinical  
Commissioning Group**

**Risk Management Strategy 2015-2017**

<b>Title:</b> Risk Management Strategy	
<b>Scope:</b> NHS South Sefton CCG	<b>Classification:</b> Strategy
<b>Replaces:</b> Risk Management Strategy of July 2014	
<b>Authors/Originators:</b> Tracy Jeffes, Chief Delivery and Integration Officer	
<b>Chief Officer:</b> Fiona Clark, Chief Officer	
<b>Authorised by:</b> CCG Governing Body	<b>Date:</b> November 2015
<b>To be read in conjunction with:</b> Governance Policies	
<b>Issue Date:</b> November 2015	<b>Review Date:</b> November 2017

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**Report to the Governing Body  
November 2015**
**1. Introduction**

- 1.1 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.
- 1.2 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 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.
- 1.3 The Risk Management Strategy therefore represents the 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**

- 2.1 This strategy supersedes the 2015 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. 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 (GBAF) which the CCG Governing Body recognises as a tool to ensure the delivery of organisational objectives.
- 2.2 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 quality, 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.

### 3. Scope of the Strategy

This strategy relates to the management of risks faced by the CCG as a commissioner of services and applies from November 2015 to 2017.

### 4. Risk Management Objectives

The CCG's specific risk management objectives 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; (see Appendix A)
- 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 the on going implementing of a comprehensive risk assessment and grading system;
- provide an effective system to identify and eliminate or mitigate risk by appropriate means;
- 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 teams accept their responsibility for managing risk at a local level.

### 5. Organisation Arrangements and Management of Risk

#### *Annual Governance Statement Governance Arrangements*

As a statutory body the CCG is required to produce an 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.

### 6. Governing Body Assurance Framework (GBAF)

- 6.1 The GBAF 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.
- 6.2 The framework records the links between strategic objectives, key risks and key controls. It also indicates the sources of evidence or assurance, which support the controls, and identifies any gaps. The GBAF will be reviewed at internal business meetings of the

Quality Committee following review by the Corporate Governance Support Group. The Audit Committee will consider the arrangements in place on an annual basis to provide assurances to the Governing Body that the systems and processes for review and scrutiny are robust. Exceptions identified on the GBAF will be reviewed at public Governing Body meetings and with a full review of GBAF on a six monthly basis.

- 6.3 The Senior Management Team is responsible for regularly reviewing and updating the GBAF.
- 6.4 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 GBAF 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 GBAF will contain a list of significant assurance evidence with no gaps identified in control or assurance, and all assurances provided rated as 'significant'.

## **7. Corporate Risk Register (CRR)**

- 7.1 The Corporate Risk Register contains high level (red) organisational risks and any risks that have been escalated from the Team Risk Registers where they exist. The CRR also contains operational risks that require active management or review at Governing Body or Quality Committee level. The risks contained in the CRR are more wide-ranging than those in the GBAF. 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 team risk registers where they exist, they should be added to the GBAF. Likewise where gaps in control are identified in the GBAF 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.
- 7.2 The CRR is reviewed on a six weekly basis by the CCG Senior Management Team and at the internal business meeting of the Quality Committee, following review and recommendation by the Corporate Governance Support Group. The Audit Committee will review the arrangements in place on an annual basis to provide assurances to the Governing Body that the systems and processes for review and scrutiny are robust. A full review of the CCR will be presented to the CCG Governing Body, along side the GBAF twice a year at a public meeting. The process for populating and updating the Corporate Risk Register can be found in Appendix B.

## **8. Team and Locality, Operational Risk Management Process**

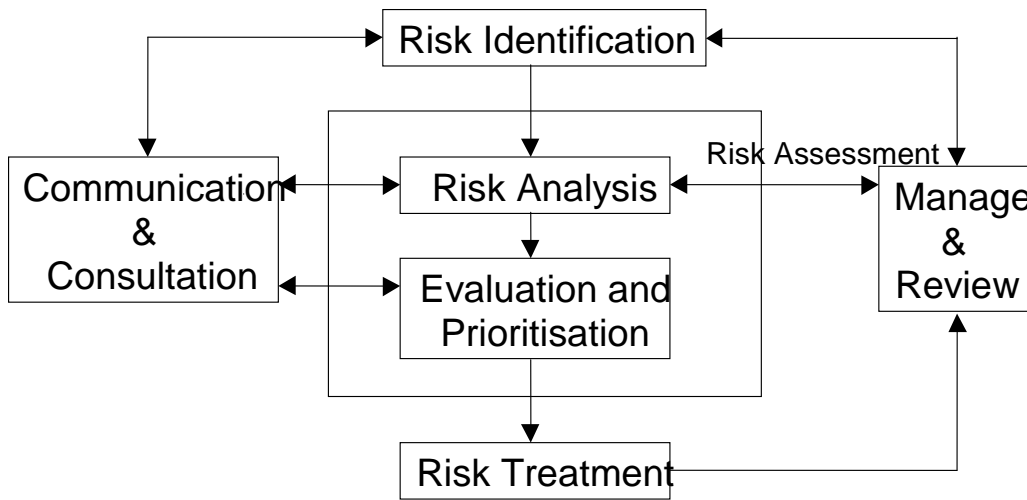
- 8.1 Operational risks that would prevent the CCG Teams or Localities from meeting their objectives will be recorded on the approved Risk Assessment Form and accompanied by an appropriate action plan (see Appendix C). Risks that are well managed, do not require escalation and/or do not need further 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.



- 8.2 The Quality Committee has powers to establish sub groups to review risk registers and other integrated governance matters as appropriate and has established the Corporate Governance Support Group to support the risk management processes.
- 8.3 Each CCG team will have its own arrangements in place for the active review of their operational risks, agreed and overseen by the Senior Management Team.

**9. 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.



**10. Risk Identification**

*Incident & Near Miss Reporting*

- 10.1 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.
- 10.2 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.
- 10.3 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.

## 11. Risk Assessment

- 11.1 In order to anticipate, rather than react to risks identified, a formal mechanism for risk assessment will be adopted.
- 11.2 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.
- 11.3 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.
- 11.4 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.
- 11.5 All risks are graded using the risk grading matrix. A copy of the Risk Grading Matrix can be found in Appendix D.

## 12. Risk Grading and Analysis (Acceptable Levels of Risk)

- 12.1 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.
- 12.2 The CCG utilises an accepted system for grading risk (see Appendix D), 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.
- 12.3 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.

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

### 13. 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.

### 14. Risk Treatment

14.1 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.

14.2 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.

14.3 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.

### 15. 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, including the corporate governance support group;
- audit of implementation of the range of risk management policies, procedures and guidelines throughout the organisation;
- ongoing review of locality / team risk registers;
- annual review of the risk management strategy;
- monitoring of the audit committee and other minutes;
- audits undertaken by internal and external auditors;

## 16. Communication and Consultation

Expert advice is available internally through the Chief Delivery and Integration Officer, through Commissioning Support Services and externally from specialist advisers dependent upon the type of risk being considered. For advice regarding external advice, this is available through the Chief Delivery and Integration Officer. Consideration should be given as to who needs to be informed of the Risk. Internally this process should following the process detailed within Appendix B. 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 e.g. Sefton Council.

## 17. Risk Prevention

The CCG has adopted a proactive and reactive approach to risk. The population of risk registers with the further development of appropriate action plans will provide the CCG with greater knowledge of where risks lie. As systems and processes become further defined, the CCG will become more sophisticated in its approach to essential risk prevention.

## 18. Legal Liabilities and Property Losses

- 18.1 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.
- 18.2 Commissioned services such as those provided by 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. The CCG has 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.
- 18.3 The CCG has established Quality and Performance Review Groups that monitor the quality of contracted provider services and the Quality Committee and Governing Bodies receive reports on performance across all areas.

## 19. Roles and responsibilities:

- 19.1 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.
- 19.2 There are four identifiable tiers within the CCG:
- Governing Body Level Management
  - Senior Management
  - Locality Leads/ Managers
  - All Members and Staff

## 20. Governing Body Level Management

### 20.1 Chief Officer

20.1.1 The Chief Officer has ultimate responsibility for risk management, for meeting all statutory requirements and adhering to guidance issued by NHS England. 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 Governing Body by the Audit Committee.

20.1.2 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.

### 20.2 Chief Delivery and Integration Officer

20.2.1 The Chief Delivery and Integration Officer Governing Body and has clear responsibility for governance and risk management. They will ensure that risk management arrangements are controlled and monitored through robust audit processes. They are the key contact for the auditors. The Chief Delivery and Integration Officer is invited to attend the Quality Committee and Audit Committee on a regular basis.

### 20.3 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 Auditor's opinion on the effectiveness of internal financial control. The Chief Finance Officer is in attendance/an ex-officio member of the Audit Committee and a member of the 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.

### 20.4 Escalation (Senior Management Team)

The CCG operates an 'escalation 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.

### 20.5 CCG Governing Body

20.5.1 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.

20.5.2 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 Quality Committee to take an overview of all risk and report directly to the Governing Body. The Audit Committee has responsibility for ensuring the arrangements in place are effective. The CCG will ensure that all Governing Body members receive Risk Management Training as part of their induction or refresher training.

## 20.6 *Quality Committee*

20.6.1 The Quality 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. The Committee is under the chairmanship of a Clinical Chair, supported by a Lay Member, with additional 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 Quality Committee reports to the Governing Body. For further information on the role of the Quality Committee please see Appendix E.

20.6.2 The CCGs Internal Serious Untoward Incident Review Group meets on a frequent basis and forms a sub group of the Quality Committee, reporting into it on a bi-monthly basis. For further Information regarding the Role of the Internal Serious Untoward Incident Review Group please see Appendix F.

## 20.7 *Audit Committee*

The Audit Committee is 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 support the achievement of the organisation's objectives is in place. In particular the Committee reviews the adequacy and effectiveness of the Quality Committee's arrangements, all risk and control related disclosure statements, particularly the Annual Governance Statement, 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 G.

## 20.8 *Senior Management Support*

The CCG Chief Integration and Delivery Office will, in conjunction with the Chief Finance Officer, ensure effective management support for governance and risk either internally or from Commissioning Support Services.

## 20.9 *Corporate Support Team and Quality Team*

20.9.1 The Chief Delivery and Integration Officer has overall operational responsibility for delivery and review of the risk management strategy, however is supported by the Corporate Governance Manager and Corporate Business Manager to operationally co-ordinate the delivery of risk management systems and policies within the CCG. They also have responsibility for the risk education programme across in the CCG.

20.9.2 The Corporate team, in conjunction with the Quality team will provide the Chief Nurse with regular information on Serious 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 CCG and ensure regular reporting to the Governing Body via the Chief Nurse.

#### 20.10 *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 Leads at NHS England and Commissioning Support Services
- Health and Safety Lead from Commissioning Support Services
- Occupational Health Manager from locally commissioned service.
- Local Counter Fraud Specialist (LCFS)
- NHS Litigation Authority (NHSLA)
- Health & Safety Executive (HSE)

#### 20.11 *NHS England and CCG Chief Nurse*

As the successor body to the National Patient Safety Agency (NPSA), NHS England coordinates 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 maintain effective liaison with the governance structures, committees and other groups within the Local Office of NHS England in relation to quality and patient safety.

#### 20.12 *CCG Managers and Locality Leads*

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 Team Risk Registers as relevant. 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 Senior Management Team via the inclusion on the Team / Locality Risk Register and or escalation to the CRR.
- All staff within the CCG will access mandatory risk management training in line with the CCG's mandatory training policy.

#### 20.13 *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.

#### 20.14 *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.

#### 20.15 *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.

## 21. Definitions

### *Risk management:*

- 21.1 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.

- 21.2 Risk: the possibility of incurring misfortune or loss or failing to take advantage of potential opportunities. Risk = consequences x likelihood
- 21.3 '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.
- 21.4 '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.
- 21.5 '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 be reported on the Team Risk Register and / or if necessary they should also be escalated to the Senior Management Team via the Early Warning System.

## 22. Consultation, approval and ratification process

The policy has been developed and based on good practice in the area of risk management and is presented to the CCG Governing Body for approval.

## 23. Review and revision arrangements

The strategy will be considered and reviewed by the CCG Governing Body every two years or sooner in response to changes in NHS requirements or best practice.

## 24. Dissemination and Implementation:

- 24.1 For the strategy to be effective the CCG will:
- review every two years 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.
  - ensure that systems capture data effectively;
  - monitor risk management key performance indicators, such as those suggested listed in Appendix H, to measure the performance of the CCG's risk management process. The efficacy and usefulness of these indicators will be reviewed by the Chief Delivery and Integration Officer 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.
- 24.2 The Chief Delivery and Integration Officer will ensure that the Strategy is communicated throughout the CCG via the CCG website and intranet, relevant bulletins, and in induction

and mandatory training. CCG Governing Body members and senior managers will be responsible for ensuring their respective teams aware of their responsibilities in relation to this strategy.

## **25. Education and Training**

25.1 The following training will be available 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.

## **26. Document Control**

The Chief Delivery and Integration Officer is responsible for storing current, and archiving, versions of the Risk Management Strategy.

## **27. Monitoring compliance with and effectiveness of the policy**

- 27.1 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. 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.
- 27.2 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.
- 27.3 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.

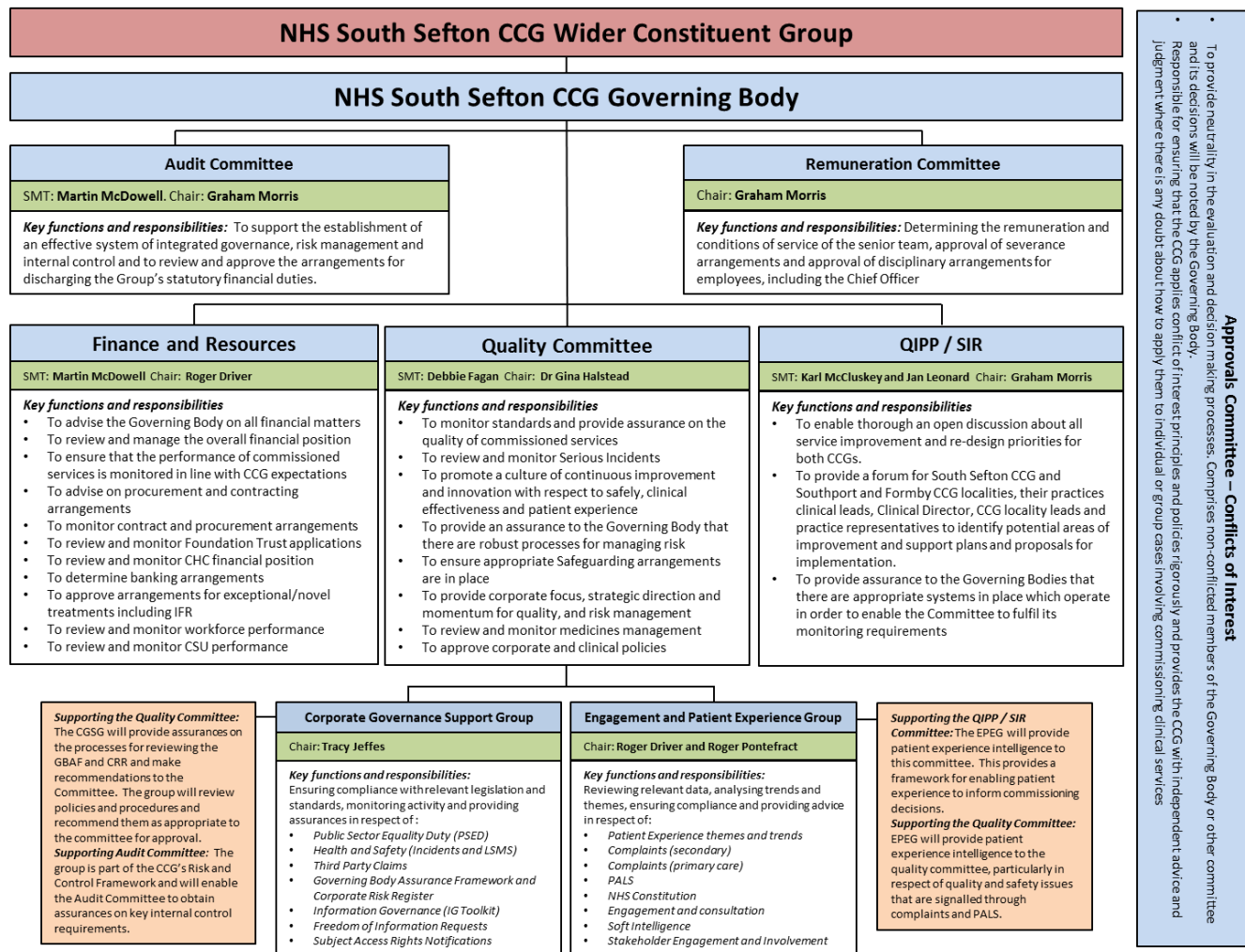
## **28. Associated documentation**

- 28.1 The Risk Management Strategy is to be followed within the context of the CCG's overarching strategy.
- 28.2 A range of documents other policies will be regularly reviewed, amended and if appropriate approved adopted by the CCG Governing Body or relevant CCG Committee. Such policies 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.

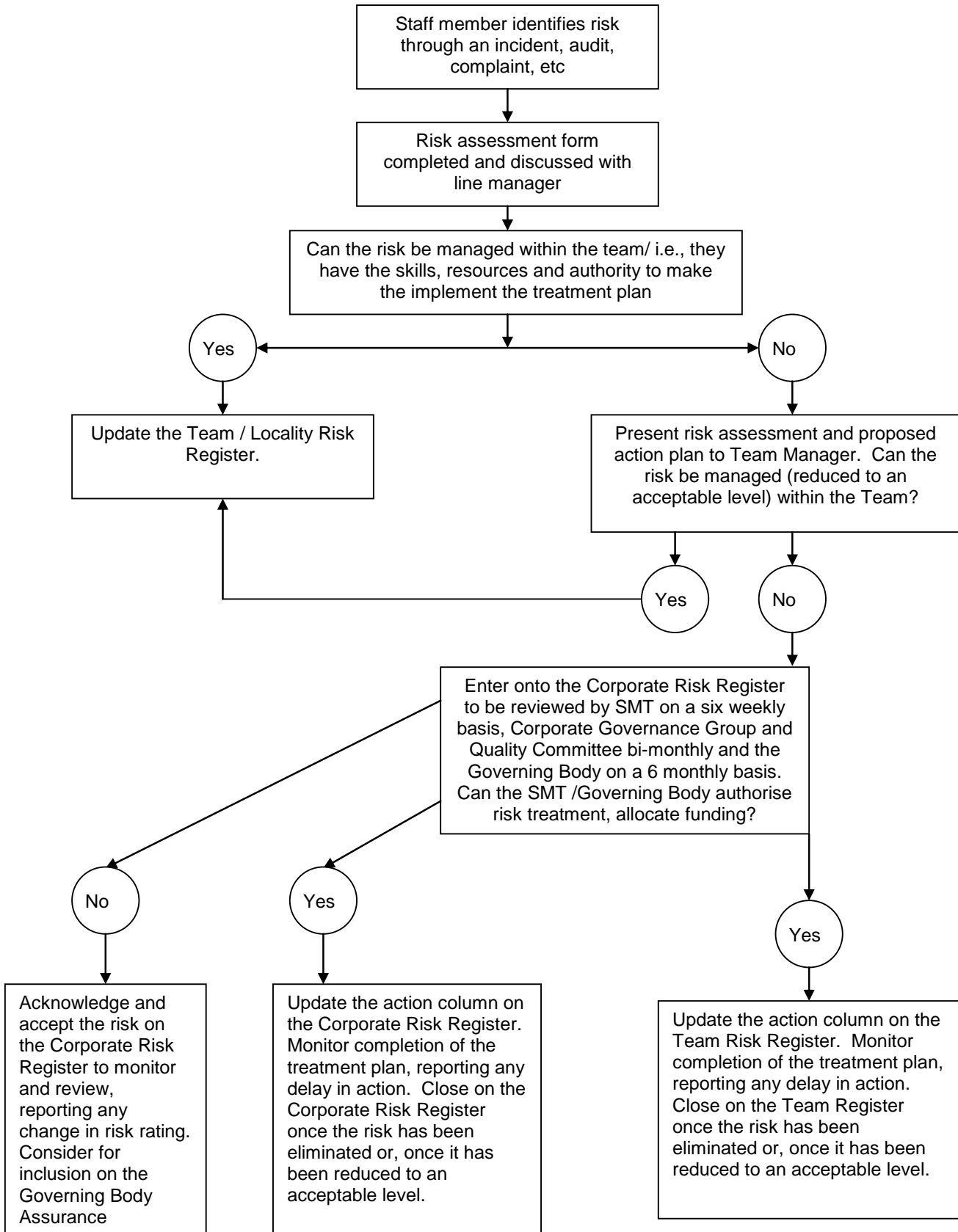
28.3 These policies will be published the CCG Intranet site once adopted.

## Appendix A – South Sefton CCG Governance Structure



**Appendix B**

**Populating the Corporate Risk Register**



## CCG Risk Assessment Log

### Section 1 – Process/Project/Activity Description

CCG Work Area: (e.g. Finance, Quality, Meds Mgmt, P/Care, Commissioning)	Linked to organisational goal number:
CCG Lead	

### Section 2 – Risk Identification

Risk description / Rationale for Inclusion	Existing control measures	Likelihood	Consequence	Risk Level LxC
1.				
2.				
3.				
4.				

Assessor's Name:	Date of assessment:
Job title/role:	Date of re-assessment:
Assessor's signature:	Date added to Corporate Risk Register (if applicable):

## Part 2 – Risk Action Plan

(To be completed and attached to Risk Assessment Form)

Risk no.	Link to CCG Goal/Objective (if applicable)	Recommended actions (including any additional resources identified)	Lead Officer	Action by when?	Date completed	Residual Risk Score (LxC)
1.						
2.						
3.						
4.						

### Current Risks (update)

Risk no. from register	Revised/updated actions	Lead Officer	Action by when?	Date completed	Residual Risk Score (LxC)

Risk no. from register	Revised/updated actions	Lead Officer	Action by when?	Date completed	Residual Risk Score (LxC)



Appendix D

Risk Grading Matrix

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

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

Significant risk

Significant Risk

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

## Appendix E

### Terms of Reference for 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 and 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 that the organisation has policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements, and to approve such policies
- 2.5. to work in conjunction with the Service Improvement and Re-Design Committee in ensuring that quality and safety are an integral feature of the strategic planning process
- 2.6. to receive, scrutinise and monitor progress against reports from external agencies, including, but not limited to, the Care Quality Commission, Monitor and Health and Safety Executive
- 2.7. receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans
- 2.8. to ensure that patient experience and patient informs the business of the committee through the establishment of appropriate sub groups and associated reporting arrangements
- 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 Quality 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 Member (Chair)
- Clinical Governing Body Member
- Practice Manager Governing Body Member
- Chief Finance Officer or nominated deputy
- Chief Nurse or nominated deputy
- Clinical Director Lead for Quality
- CCG Head of Primary Care and Corporate Performance
- A clinical locality representative
- Head of CCG Development

The Chief Officer shall be an ex-officio member

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

- Designated Professional Safeguarding Children and Head of Adult Safeguarding.
- Programme Lead for Quality and Safety
- Commissioning Support Unit Quality Leads
- Locality Managers

3.2. All Members are required to nominate a deputy to attend in their absence. Deputies will count towards the quorum but shall be of sufficient seniority to enable decision making.

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 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 South Sefton 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 South Sefton 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.

## Appendix F

### Terms of Reference for Internal Serious Untoward Incident Group

The following Terms of Reference were approved as part of the 'Performance Management of Serious Incidents/Never Events' policy presented to the Quality Committee in April 2014.

#### South Sefton CCG Serious Incidents/Never Events Review Group

The CCG's internal Serious Incident/Never Event Review Group acts under delegated authority of the Quality Committee as a line of assurance and specialist advice in supporting the CCG in the discharge of its responsibilities for the performance management of SIs. The Group will meet on a monthly basis to:

- Review Root Cause Analysis reports from all Never Events, Grade 1 and Grade 2 Serious Incidents and recommend closure where the criterion for closure is met;
- Review all SIs which potentially meet the criteria for a Never Event and to scrutinise such incidents to determine classification;
- Challenge the content, structure and compliance of RCA investigation reports as necessary;
- Where appropriate, determine further assurances required from the provider in order for a decision to be made to close the SI;
- Determine appropriate remedial actions where trends highlight risks (e.g. aggregated reviews of Serious Incidents) and the timescales for reporting, and;
- Act as a decision making forum when the grading of a SI cannot be agreed

The Serious Incident/Never Event Review Group will make recommendations for the closure of SIs/Never Events only once it is satisfied that the SI has been investigated thoroughly and that there are no further risks posed to patient/staff safety.

Additional expertise, knowledge and experience will be utilised depending upon the type of service reporting the incident/event and the type of event reported. The CCG will ensure that the Group has sufficient knowledge and experience of the subject matter to enable an objective assessment of the adequacy of the scope of the review and subsequent review report, together with any recommendations made.

Should any aspect of service quality/safety raise concerns as a result of the review of a RCA investigation report, the CCG's Serious Incident/Never Event Review Group will be responsible for agreeing the actions required to rectify the issue (i.e. referral to the Quality Committee if there are wider performance concerns). This may include appropriate assurances from the provider in relation to action plans, and in particular where Coroner's Rule 43/Prevention of Future Deaths reports have been issued.

Where there is disagreement between the CCG and the relevant provider regarding the outcome of a decision, the provider will be invited to attend a meeting with the Group members to review available evidence and agree a final determination.

## Appendix G

### Terms of Reference for the 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 and Engagement)
  - Secondary Care Doctor
  - Practice Manager Governing Body 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 approve 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 South Sefton 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 South Sefton 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.

## Appendix H

### Risk Management Performance Indicators

Performance Indicator	Lead for compiling data
<b>Incident Reporting</b>	
No. of incidents & near misses reported this period compared to previous periods	Chief Nurse
% 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	
<b>Risk Register</b>	
No. of risks added to the Risk Registers	Chief Delivery and Integration Officer
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)	
<b>Risk Management Training</b>	
% of Staff who are up to date with their mandatory risk management training	HR Team at Commissioning Support Unit
<b>Complaints</b>	
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)	Chief Delivery and Integration Officer
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	
<b>Claims</b>	
No. of claims	Commissioning Support Unit
No. (%) of claims in which an initial incident form was completed	
No. (%) of letters of claim acknowledged within 14 days	
<b>StEIS (Serious Incidents)</b>	
No. of StEIS incidents reported to the CCG	Chief Nurse
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	

## MEETING OF THE GOVERNING BODY

### November 2015

<b>Agenda Item:</b> 15/204	<b>Author of the Paper:</b>
<b>Report date:</b> 18 <sup>th</sup> November 2015	Karen Garside (Designated Nurse for Safeguarding Children) Susan Norbury (Designated Nurse for Safeguarding Adults) Carmel Farmer (Designated Nurse for LAC) QA: Ann Dunne Head of Safeguarding Children QA: Helen Smith Head of Safeguarding Adults  0151 495 5469
<b>Title:</b> Safeguarding Children & Vulnerable Adults Policy 2015 (Incorporating Safeguarding and Mental Capacity Act Standards for Commissioned Services)	
<p><b>Summary/Key Issues:</b> This paper presents to the Governing Body the revised Safeguarding Children &amp; Vulnerable Adults Policy 2015 (Incorporating Safeguarding and Mental Capacity Act Standards for Commissioned Services).</p> <p>The key changes that have been made following publication of latest statutory and national guidance have been incorporated and are highlighted within this paper.</p>	
<p><b>Recommendation</b>                  The Governing Body is asked to approve the updated policy</p>	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>

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

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			Quality Committee

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

## **Report to the Governing Body November 2015**

### **1. Executive Summary**

- 1.1 The Safeguarding Children & Vulnerable Adults Policy 2015 (Incorporating Safeguarding and Mental Capacity Act Standards for Commissioned Services) has been reviewed and updated in line with the CCG's schedule for policy review.
- 1.2 The revised document and incorporated changes are highlighted within this report.

### **2. Introduction and Background**

- 2.1 Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.
- 2.2 This duty includes the need to have an up to date Safeguarding Children and Adults Policy which is also a requirement of the CCG Authorisation Process.
- 2.3 The current policy was scheduled for review in November 2015 and has been revised and updated in line with the latest statutory and non-statutory guidance include Working Together 2015 and Care Act 2014.

### **3. Key Issues**

- 3.1 The Safeguarding Service has reviewed and updated the current CCG Safeguarding Children & Adults Policy (appendix 1)
- 3.2 A number of changes have been made in order that the policy reflects latest statutory and non-statutory guidance. These changes and updates are highlighted in appendix 2.

### **4. Conclusions**

The review of the CCG Safeguarding Children & Adults Policy and subsequent changes made ensures that the CCG is meeting its statutory responsibilities in respect of safeguarding children and adults.

### **5. Recommendations**

The Governing Body are asked to approve the policy.

### **Appendices**

Appendix 1: Safeguarding Children & Vulnerable Adults Policy 2015 (Incorporating Safeguarding and Mental Capacity Act Standards for Commissioned Services)

Appendix 2: Table highlighting changes made from previous document

Karen Garside (Designated Nurse for Safeguarding Children)  
Susan Norbury (Designated Nurse for Safeguarding Adults)  
Carmel Farmer (Designated Nurse for LAC)  
30.10.15

**South Sefton Clinical Commissioning Group**  
**Safeguarding Children & Adults at risk Policy**  
**2015 (Incorporating Safeguarding and Mental Capacity**  
**Act Standards for Commissioned Services)**

Title:	<b>Safeguarding Children &amp; Adults at risk Policy</b>
Version:	V8
Ratified by:	South Sefton CCG Governing Body
Date ratified:	
Name of originator/author:	CCG Safeguarding Service
Name of Lead:	Chief Nurse
Date issued:	November 2015
Review date:	November 2017
Target audience:	CCG

In the event of any changes to relevant legislation or statutory procedures this policy will be automatically updated to ensure compliancy without consultation. Such changes will be communicated.

Version Number	Type of Change	Date	Description of change
V3	Process	Sept 2015	Approved policy updated with Policy/version control sheet
V4 -8	Review	November 2015	Amended to reflect the Care Act 2014, Harmful Practices and the requirements of Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework



## 1.0 Introduction

- 1.1 South Sefton Clinical Commissioning Group (CCG) has a statutory duty to ensure it makes arrangements to safeguard and promote the welfare of children and young people and to protect adults at risk from abuse or the risk of abuse. The arrangements should reflect the needs of the vulnerable population they commission or provide services for. South Sefton CCG is also required to contribute to multi-agency arrangements to protect adults and children at risk from radicalisation. This strategy is known as Prevent.
- 1.2 As a commissioning organisation South Sefton CCG is required to ensure that all health providers from whom it commissions services have comprehensive single and multi-agency policies and procedures in place that are compliant with current legislation to safeguard and promote the welfare of children and to protect adults at risk of abuse (ie Care Act 2014 and Working Together 2015 compliant). South Sefton CCG should also ensure that health providers are linked into the local safeguarding children and safeguarding adult boards and that health workers contribute to multi-agency working.
- 1.3 This policy has two functions:
- a) It details the roles and responsibilities of South Sefton CCG as a commissioning organisation, of its employees and GP practice members;
  - b) It provides clear service standards against which healthcare providers will be monitored to ensure that all service users are protected from abuse and the risk of abuse.
- 1.4 This policy should be used in conjunction with the Sefton Safeguarding Children Board (LSCB) and Sefton Safeguarding Adult Board (SAB) Framework for Action 2015.

## 2.0 Scope

- 2.1 This policy aims to ensure that no act or omission by South Sefton CCG as a commissioning organisation, or via the services it commissions, puts a service user at risk; and that robust systems are in place to safeguard and promote the welfare of children, and to protect adults at risk of harm.
- 2.2 Where South Sefton CCG is identified as the co-ordinating commissioner it will notify collaborating commissioners of a provider's non-compliance with the

standards contained in this policy or of any serious untoward incident that is considered to be a safeguarding issue.

### 3.0 Principles

3.1 South Sefton CCG recognises that safeguarding children and vulnerable adults is a shared responsibility and there is a need for effective joint working between agencies and professionals that have differing roles and expertise if vulnerable groups are to be protected from harm. To achieve effective joint working, there must be constructive relationships at all levels which need to be promoted and supported by:

- a) A commitment of senior managers and board members to seek continuous improvement with regard to safeguarding both within the work of South Sefton CCG and within those services commissioned.
- b) Clear lines of accountability within South Sefton CCG for safeguarding.
- c) Service developments that take account of the need to safeguard all service users, and is informed where appropriate, by the views of service users or advocates.
- d) Staff learning and development including a mandatory induction which includes familiarisation with responsibilities and procedures to be followed if there are concerns about a child or adult's welfare.
- e) Staff training and continuing professional development so that staff have an understanding of their roles and responsibilities in regards to safeguarding children, adults at risk, looked after children and the Mental Capacity Act (2005).
- f) Appropriate supervision and support for the workforce.
- g) Safe working practices including recruitment and vetting procedures.
- h) Effective interagency working, including effective information sharing.

The above principles reflect the expectations of the NHS safeguarding assurance and accountability framework (2015) and statutory guidance as referenced within this policy.

### 4.0 Equality and Diversity

4.1 The population of South Sefton is diverse and includes areas of high deprivation. Children and adults from all cultures are subject to abuse and neglect. All children and adults have a right to grow up and live safe from harm. In order to make sensitive and informed professional judgments about the needs of children (including their parents' capacity to respond to those needs) and the needs of adults at risk, it is important that professionals are sensitive to differing family patterns and lifestyles that vary across different racial, ethnic and cultural groups.

4.2 Professionals need to be aware of the broader social factors that serve to discriminate against black and minority ethnic populations. Working in a multi-cultural society requires professionals and organisations to be committed to equality in meeting the needs of all children and adults at risk and to understand

the effects of harassment, discrimination or institutional racism, cultural misunderstandings or misinterpretation.

- 4.3** The assessment process should maintain a focus on the needs of the individual child or adult at risk. It should always include consideration of how the religious beliefs and cultural traditions influence values, attitudes and behaviours and the way in which family and community life is structured and organised. Cultural factors neither explain nor condone acts of omission or commission that place a child or adult at risk of significant harm. Professionals should be aware of and work with the strengths and support systems available within families, ethnic groups and communities, which can be built upon to help safeguard and promote their welfare.

## 5.0 Definitions

### 5.1 Children

- 5.1.1** In accordance with the Children Act 1989 and 2004, within this policy, a 'child' is anyone who has not yet reached their 18<sup>th</sup> birthday. 'Children' will mean children and young people throughout.

- 5.1.2** 'Safeguarding and promoting the welfare of children is defined in *Working Together to Safeguard Children (2015)* as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best life chances.

- 5.1.3** Children in Need / Early Help

Under Section 17 (10) of the Children Act 1989, a child is a Child in Need if:

- He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority;
- His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
- He/she is a Disabled Child.

Professionals should, in particular, be alert to the potential need for early help for a child who:

- has specific additional needs;
- has special educational needs;
- is a young carer;
- is showing signs of engaging in anti-social or criminal behaviour;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems and domestic violence;
- Has Particular spiritual or religious beliefs
- Is a migrant/ unaccompanied asylum seeker
- Child victim of trafficking
- Victim of CSE
- has returned home to their family from care; and/or
- is showing early signs of abuse and/or neglect.

**5.1.4 Looked After Children** are those children and young people who are looked after by the state under one of the following sections of the Children Act 1989 including:

- Section 31 - Care Order
- Section 38 - Interim Care Order
- Section 20 -Voluntary accommodation at the request of or by agreement with their parents or carers
- Section 44 - Emergency Protection Order

Following the implementation of the Legal Aid, Sentencing and Punishment of Offenders Act 2012 all children who are remanded into custody in England automatically also become looked after. A period of remand should only last for a short time and the automatic looked after status ends upon conviction, acquittal or grant of bail.

**5.1.5 Private Fostering** – this is a private arrangement made between a child's parents and someone who is not a close relative to care for a child for 28 days or more: where the child lives with the carer. Close relatives include aunt, uncle, brother, sister or grandparents but not a great aunt or uncle. South Sefton CCG staff have a responsibility to notify Children's Social Care of any private fostering arrangements that they become aware of.

## 5.2 Adults at risk

**5.2.1** The Care Act 2014 identifies that safeguarding duties apply to an adult aged 18 or over and who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and

- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

**5.2.2** Whilst there is no formal definition of vulnerability within health care, some people receiving health care may be at greater risk from harm than others, sometimes as a complication of their presenting condition and their individual circumstances. The risks that increase a person's vulnerability should be appropriately assessed and identified by the health care professional/ care provider at the first contact and continue throughout the care pathway (DH 2010).

### **5.2.3 Making Safeguarding Personal (MSP)**

Making Safeguarding Personal is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how a response in a safeguarding situation enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them.

- 5.2.4** The six principles for adult safeguarding ensure safeguarding is person centred and outcome focused, giving people choice and control over their lives.
- Empowerment** – Presumption of person led decisions and informed consent.
  - Protection** – Support and representation for those in greatest need.
  - Prevention** – It is better to take action before harm occurs.
  - Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.
  - Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
  - Accountability** – Accountability and transparency in delivering safeguarding.

**5.2.5** Definitions of abuse are contained within the glossary section of the policy.

## **5.3 Specific safeguarding categories**

### **5.3.1 Domestic Abuse**

The cross-government definition of domestic violence and abuse is:-

“Any incident or pattern of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial or emotional”. (Home Office circular 003/2013)

This is regardless of race, culture, religion, gender, age and disability. It is also important to note that domestic abuse can also occur in lesbian, gay, bisexual and transgender relationships. Heterosexual females can also abuse heterosexual males and children also abuse adults. Domestic abuse also features highly in cases of child abuse and in an analysis of serious case reviews, both past and present, it is present in over half (53%) of cases. (HM Government 2010) Approximately 200,000 children in England live in households where there is a known risk of domestic violence (Brandon et al, 2009)

The term “domestic abuse” includes issues such as female genital mutilation (FGM), so called honour based crimes, forced marriage and other acts of gender based violence, as well as elder abuse, when committed within the family or by an intimate partner. Family members are defined as mother, father, son, daughter, brother, sister, and grandparents whether directly related or stepfamily.

NB: Whilst an adult is defined as any person aged 18 or over, the new definition for domestic violence has been altered to include 16 and 17 year olds. Despite this change in definition, domestic abuse involving any young person under 18 years, even if they are parents, should be treated as child abuse and the Sefton Safeguarding Children Board procedures apply.

### **5.3.2 Forced Marriage**

“marriage shall be entered into only with the free and full consent of the intending spouses” (Universal Declaration of human Rights, Article 16 (2))

A forced marriage is where one or both people do not (or in the case of some people with learning or physical disabilities, cannot as they do not have mental capacity to make the decision) consent to the marriage and pressure or abuse is used. The pressure put on women and men to marry against their will can be physical, (including threats, actual physical violence and sexual violence), emotional or psychological (for example when a person is made to feel like they are bringing shame on their family) and financial abuse (taking money from a person or not providing money).

### **5.3.3 Female Genital Mutilation (FGM)**

Female genital mutilation is a collective term used for procedures which include the partial or total removal of the external female genital organs for

cultural or other non-therapeutic reasons. FGM is typically performed on girls between the ages of 4 and 13 years, although it may also be performed on infants, and prior to marriage or pregnancy. The Prohibition of Female Circumcision Act 1985 made this practice illegal in this country and the Female Genital Mutilation Act 2003 which replaced it has now made it illegal for girls to be taken abroad for the purpose of performing this procedure.

From 1st October 2015 there is a mandatory reporting duty, provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015) requiring health care professionals to report where, in the course of their professional duties, they either:

- Are informed by a girl under 18 that an act of FGM has been carried out on her; or
- Observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and have no reason to believe that the act was necessary for the girl's physical or mental health or for the purposes connected with labour or birth

#### 5.3.4 Radicalisation/PREVENT

Prevent (Radicalisation of vulnerable people): Prevent is one of the 4 key principles of the CONTEST strategy, which aims to stop people becoming terrorists or supporting terrorism. The Prevent Strategy addresses all forms of terrorism including extreme right wing but continues to prioritise according to the threat posed to our national security. The aim of Prevent is to stop people from becoming terrorists or supporting terrorism and operates in the pre-criminal space before any criminal activity has taken place.

Terrorist groups often draw on extremist ideology, developed by extremist organisations. Some people who join terrorist groups have previously been members of extremist organisations and have been radicalised by them. The Government has defined extremism in the Prevent strategy as: “vocal or active opposition to fundamental British values (including calls for death of members of British armed forces), including democracy, the rule of law, individual liberty, mutual respect and tolerance of different faiths and beliefs.

Section 26 of the Counter-Terrorism and Security Act 2015 (the Act) places a duty on “health” bodies, in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”.

All relevant health staff should be able to recognise vulnerable individuals who appear to be being drawn into terrorism, including extremist ideas which can be used to legitimise terrorism and are shared by terrorist

groups. Staff should be aware of what action to take in response, including local processes and policies that will enable them to make referrals to the Channel programme and how to receive additional advice and support.

The government counter terrorism strategy is called **CONTEST** and is divided into four priority objectives:-

**Pursue** – stop terrorist attacks.

**Prepare** – where we cannot stop an attack, mitigate its impact.

**Protect** – strengthen overall protection against terrorist attacks.

**Prevent** – stop people becoming terrorists and supporting violent extremism.

The Prevent Strategy addresses all forms of terrorism including extreme right wing but continues to prioritise according to the threat posed to our national security. The aim of Prevent is to stop people from becoming terrorists or supporting terrorism and operates in the pre-criminal space before any criminal activity has taken place. Prevent aims to protect those who are vulnerable to exploitation from those who seek to encourage people to support or commit acts of violence.

In the event of a concern being raised staff are required to follow the Sefton SAB Framework for Action 2015 / LSCB Safeguarding Children Procedures.

### 5.3.5 Child Sexual Exploitation

**Child sexual exploitation** is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation does not always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point (HM Government, 2015)

## 6.0 Roles and Responsibilities

- a) Ultimate accountability for safeguarding sits with the Chief Officer for South Sefton CCG. Any failure to have systems and processes in place to protect children and adults at risk in the commissioning process, or by providers of health care that South Sefton CCG commissions would result in failure to meet statutory and non-statutory constitutional and governance requirements.



- b) South Sefton CCG must demonstrate robust arrangements are in place to demonstrate compliance with safeguarding responsibilities.
- c) South Sefton CCG must establish and maintain good constitutional and governance arrangements with capacity and capability to deliver safeguarding duties and responsibilities, as well as effectively commission services ensuring that all service users are protected from abuse and neglect.
- d) Establish clear lines of accountability for safeguarding, reflected in governance arrangements.
- e) To co-operate with the local authority in the operation of the local safeguarding children and safeguarding adults board, be a member of the Boards.
- f) To participate in serious case reviews, serious adult reviews and domestic homicide reviews.
- g) Secure the expertise of a designated doctor and nurse for safeguarding children; a designated doctor and nurse for looked after children (LAC); a designated paediatrician for child deaths; a safeguarding adult lead and a mental capacity act lead.
- h) Ensure that all providers with whom there are commissioning arrangements have in place comprehensive and effective policies and procedures to safeguard children and adults at risk in line with those of the Sefton LSCB / SAB.
- i) Ensure that all staff in contact with children, adults who are parents/carers and adults at risk in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect for children and adults at risk, know how to act on those concerns in line with local guidance.
- j) Ensure that appropriate systems and processes are in place to fulfil specific duties of cooperation and partnership and the ability to demonstrate that South Sefton CCG meets the best practice in respect of safeguarding children and adults at risk and looked after children.
- k) Ensure that safeguarding is at the forefront of service planning and a regular agenda item of South Sefton CCG governing body business.
- l) Ensure that all decisions in respect of adult care placements are based on knowledge of standards of care and safeguarding concerns.
- m) Commission services that are compliant with the Mental Capacity Act 2005
- n) Ensure provision of independent Mental Capacity Act Advocates (IMCA) to represent people who lack capacity where there is no one independent of services, such as family member or friend, who is able to represent the person to support decisions around serious medical treatment or where to live.
- o) Ensure that there are robust recruitment and vetting procedures in place to prevent unsuitable people from working with children and adults at risk. These procedures must be in line with national and Sefton LSCB/ SAB guidance and will be applied to all staff (including agency staff, students and volunteers) who work with or who handle information about children and adults at risk.

### 6.1 Chief Officer for South Sefton CCG

- a) Ensures that the health contribution to safeguarding and promoting the welfare of children and adults at risk is discharged effectively across the whole local health economy through the organisation's commissioning arrangements.
- b) Ensures that the organisation not only commissions specific clinical services but exercises a public health responsibility in ensuring that all service users are safeguarded from abuse or the risk of abuse.
- c) Ensures that safeguarding is identified as a key priority area in all strategic planning processes.
- d) Ensures that safeguarding is integral to clinical governance and audit arrangements.
- e) Ensures that all health providers from whom services are commissioned have comprehensive single and multi-agency policies and procedures for safeguarding which are in line with the local safeguarding children and adult board procedures and are easily accessible for staff at all levels.
- f) Ensures that all contracts for the delivery of health care include clear standards for safeguarding - these standards are monitored in order to provide assurance that service users are effectively safeguarded.
- g) Ensures that South Sefton CCG staff, and those in services contracted by South Sefton CCG, are trained and competent to be alert to potential indicators of abuse or neglect in children and know how to act on their concerns and fulfil their responsibilities in line with the Sefton LSCB and LSAB policies and procedures.
- h) Ensures South Sefton CCG cooperates with the local authority in the operation of LSCB and LSAB.
- i) Ensures that all health organisations with whom South Sefton CCG has commissioning arrangements have links with Sefton LSCB and LSAB; that there is appropriate representation at an appropriate level of seniority; and that health workers contribute to multi-agency working.
- j) Ensures that any system and processes that include decision-making about an individual patient (e.g. funding panels) takes account of the requirements of the Mental Capacity Act 2005 – this includes ensuring that actions and decisions are documented in a way that demonstrates compliance with the Act.
- k) Is required to sign off the CCG's contributions to the Safeguarding Children and Adult annual report and annual plan, which are a statutory requirement.

### 6.2 South Sefton CCG Governing Body Lead with responsibility for safeguarding

- a) Ensures that South Sefton CCG has management and accountability structures that deliver safe and effective services in accordance with statutory, national and local guidance for safeguarding children and looked after children (LAC)

- b) Ensures that service plans / specifications / contracts / invitations to tender etc. include reference to the standards expected for safeguarding children and adults at risk.
- c) Ensures that safe recruitment practices are adhered to in line with national and local guidance and that safeguarding responsibilities are reflected in all job descriptions.
- d) Ensure that staff in contact with children and or adults in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect and know how to act on those concerns in line with local guidance.

### **6.3 South Sefton CCG Individual staff members**

- a) To be alert to the potential indicators of abuse or neglect for children and adults and know how to act on those concerns in line with local guidance.
- b) To undertake training in accordance with their roles and responsibilities as outlined by the training frameworks of Sefton LSCB and LSAB so that they maintain their skills and are familiar with procedures aimed at safeguarding children and adults at risk.
- c) Understand the principles of confidentiality and information sharing in line with local and government guidance.
- d) All staff contribute, when requested to do so, to the multi-agency meetings established to safeguard children and adults at risk.
- e) All staff will cooperate with Local Authority solicitors and Merseyside Police as required in order to safeguard and protect children and adults at risk.

**6.3.1** See appendices for guidance as to what action needs to be taken where there are concerns that a child or an adult at risk is being abused; and information sharing guidance:

- a) Appendix 2 – What to do if you are worried a child is being abused
- b) Appendix 3 – Possible signs and indicators of child abuse and neglect
- c) Appendix 4 – Flowchart of key questions for information sharing
- d) Appendix 5 - What to do if an adult is at risk of abuse

### **6.4 South Sefton CCG GP member practices**

**6.4.1** The CCG will ensure that safeguarding standards are included and monitored in all contracts issued by the CCG. Commissioners have a responsibility to assure themselves of the quality and safety of the organisations they place contracts with and ensure that those contracts have explicit clauses that hold the providers to account for preventing and dealing promptly and appropriately with any examples of abuse or neglect. South Sefton CCG GP member practices will take account of the safeguarding standards. Compliance with the standards will be subject to audit and scrutiny.

## 6.5 Designated professionals

- 6.5.1** South Sefton CCG is required to have in place arrangements to secure the advice of Designated Professionals for Safeguarding Children, Adults and Looked After Children (LAC). Access to and support from such professionals will be through the shared Merseyside CCGs hosted team employed by Halton CCG. The Designated Professionals will:
- a) Provide strategic guidance on all aspects of the health service contribution to protecting children and adults at risk within South Sefton CCG and Sefton LSCB and SAB area.
  - b) Work closely in the discharge of their responsibilities – this may include the convening of professional advisory and support groups.
  - c) Have enhanced Disclosure and Barring Scheme (DBS) clearance renewed every 3 years.
  - d) Provide professional advice on safeguarding issues to the multi-agency network.
  - e) Be a member of Sefton LSCB, Corporate Parenting Board, SAB and relevant sub-groups as required, delegating to other health professionals as appropriate.
  - f) Be involved in the appointment of Named Professionals, providing support as appropriate.
  - g) Provide professional safeguarding supervision and leadership to Named Professionals within the provider organisations.
  - h) Take the strategic overview of safeguarding and looked after children arrangements across South Sefton CCG and Local Authority area and assist in the development of systems, monitoring, evaluating and reviewing the health service contribution to the protection of children and adults at risk.
  - i) Collaborate with the Director of Public Health, LSCB, SAB, South Sefton CCG Chief Nurse and Named Professionals in Provider Trusts in reviewing the involvement of health services in serious incidents which meet the criteria for serious case reviews.
  - j) Advise on appropriate training for health personnel and participate where appropriate in its provision.
  - k) Advise on practice policy and guidance ensuring health components are updated.
  - l) Ensure expert advice is available in relation to safeguarding policies, procedures and the day to day management of safeguarding, looked after children and adults at risk issues.
  - m) Liaise with other designated and lead professionals for safeguarding children, looked after children and adults at risk across the Merseyside area and beyond as required to do so
  - n) Attend relevant local, regional and national forums.
  - o) Take part in an annual appraisal process via the Chief Nurse from the employing CCG.

## 7.0 Management of Allegations Against a South Sefton CCG Employee

- 7.1** *Working Together to Safeguard Children* (2015) details the responsibility of all organisations to have a process for managing allegations against professionals who work with children. This requires South Sefton CCG to inform the Designated Officer (previously referred to as Local Authority Designated Officer) of any allegations it becomes aware of within one working day. A parallel process will be followed regarding adults at risk.
- In the event of identification of a concern the Named Senior Manager / Officer should initially be directed to the Local Authority Safeguarding Co-ordinator who will notify and access advice and guidance from the Designated Adult Safeguarding Manager (DASM) promptly as per Sefton SAB Framework for Action (2015). This role will be undertaken by the CCG by the Designated Safeguarding Adult Nurse.

## 8.0 Governance Arrangements

To ensure that safeguarding is integral to the governance arrangements of the CCG quarterly reporting into the CCG Quality Committee has been established.

The purpose is:

To provide assurance on the effectiveness of the safeguarding arrangements in place within commissioned services and the CCG; ensuring that safeguarding is integral to quality and audit arrangements within the CCG.

The CCG is kept informed of national and local initiatives for safeguarding and informed and updated on the learning from reviews and audits that are aimed at driving improvements to safeguard children and adults at risk.

In addition to the reporting arrangements above an annual safeguarding report will be submitted to the governing body with exception reporting on issues of significance e.g. serious case review reports, inspections' findings

## 9.0 Implementation

### 9.1 Method of monitoring compliance

- 9.1.1** Comprehensive service specifications for services for children and adults, of which child & adult protection / safeguarding is a key component, will be evident in all contracts with provider organisations. Service specifications will include clear service standards and KPI's (key performance indicators) for safeguarding Children & Adults and promoting their welfare, consistent with Sefton LSCB/ SAB procedures.
- 9.1.2** The standards expected of all healthcare providers are included in the Safeguarding Quality Schedule. Compliance will be measured by annual audit – an audit tool will be made available to all providers to facilitate the

recording of information. The audit tool should be completed using the RAG definitions outlined in the procedures for monitoring safeguarding children and adults at risk via provider contracts. This procedure was developed in order to standardise the monitoring and escalation approach across the North West.

**9.1.3** Additionally a number of specific quality KPI's will be set for all providers which compliment a number of the existing standards in the afore mentioned audit tool, these will require a detailed response with data and achievements clearly evidenced in the returns. The quality and effectiveness of which will be monitored on a quarterly/ annual basis (dependent on the indicator).

**9.2 Breaches of policy**

**9.2.1** This policy is mandatory. Where it is not possible to comply with the policy, or a decision is taken to depart from it, this must be notified to South Sefton CCG so that the level of risk can be assessed and an action plan can be formulated (see section 9 for contact details).

**9.2.2** South Sefton CCG, as a co-ordinating commissioner, will notify collaborating commissioners of a providers' non-compliance with the standards contained in this policy, including action taken where there has been a significant breach.

**10.0 Contact details**

<b>Designation</b>	<b>Contact Number</b>
Chief Officer	01704 387028/0151 247 7009
Chief Nurse	01704 387028/0151 247 7252
Designated Nurse Safeguarding Children	0151 495 5469 or 5295
Designated Doctor Safeguarding Children	0151 228 4811 Ext 2287
Designated Nurse Looked After Children	0151 495 5286
Designated Doctor Looked After Children	0151 228 4811 Ext 2287
Community Paediatrician - CDOP	0151 228 4811 Ext 2287
Designated Nurse Safeguarding Adults	0151 495 5469 or 5295

Lead for the Mental Capacity Act	0151 495 5469 or 5295
Prevent Lead	0151 495 5469 or 5295
Safeguarding Administrator	0151 495 5469 or 5295

**NB:** The Shared Merseyside Safeguarding Service and South Sefton CCG work in conjunction with Sefton Borough Council to safeguard and promote the welfare of children, young people and adults from abuse or risk of abuse, i.e. through adherence to multi-agency policy, collaboration, information sharing and learning and representation at Sefton Safeguarding Children Board and Sefton Executive Board (Safeguarding Adult Board.)

## 11.0 References

The following statutory, non-statutory, best practice guidance and the policies and procedures of the Sefton LSCB and SAB have been taken into account:

### 11.1 Statutory Guidance:

- a) Department for Constitutional Affairs (2007) *Mental Capacity Act 2005: Code of Practice*. London: TSO
- b) Department of Health (2000) *Framework for the Assessment of Children in Need and their Families*. London: HMSO
- c) Department of Health (2014) Care Act. Care and Support Statutory Guidance
- d) DfE/DH (2015) Promoting the health and welfare of looked-after children. Statutory guidance for local authorities, clinical commissioning groups and NHS England.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/378482/Promoting\\_the\\_health\\_of\\_looked-after\\_children\\_statutory\\_guidance\\_consult...pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/378482/Promoting_the_health_of_looked-after_children_statutory_guidance_consult...pdf)
- e) HM Government (2007) *Statutory guidance on making arrangements to safeguard and promote the welfare of children under Section 11 of the Children Act 2004*. DCSF Publications
- f) HM Government (2008) *Safeguarding children in whom illness is fabricated or induced*. DCSF Publications
- g) HM Government (2009) *The Right to Choose: multi-agency statutory guidance for dealing with forced marriage*. Forced Marriage Unit: London
- h) HM Government (2015) *Working Together to Safeguard Children*. Nottingham: DCSF Publications
- i) HM Government (2015) *What to do if you're worried a child is being abused*.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419604/What\\_to\\_do\\_if\\_you\\_re\\_worried\\_a\\_child\\_is\\_being\\_abused.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf)

- j) Ministry of Justice (2008) *Deprivation of Liberty Safeguards Code of Practice to supplement Mental Capacity Act 2005*. London: TSO
- k) Home Office (2015) Counter Terrorism and Security Act
- l) HM Gov (2015) Revised Prevent Duty Guidance: for England and Wales  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/445977/3799\\_Revised\\_Prevent\\_Duty\\_Guidance\\_England\\_Wales\\_V2-Interactive.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance_England_Wales_V2-Interactive.pdf)
- m) Home Office (2015) Mandatory Reporting of female Genital Mutilation – procedural information

### 11.2 Non-Statutory Guidance:

- a) Children's Workforce Development Council (March 2010) *Early identification, assessment of needs and intervention. The Common Assessment Framework for Children and Young People: A practitioner's guide*. CWDC
- b) Department of Health (June 2012) *The Functions of Clinical Commissioning Groups* (updated to reflect the final Health and Social Care Act 2012)
- c) Department of Health (March 2011) *Adult Safeguarding: The Role of Health Services*
- d) Department of Health (May 2011) *Statement of Government Policy on Adult Safeguarding*
- e) HM Government (2015) *What to do if you're worried a child is being abused*.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419604/What\\_to\\_do\\_if\\_you\\_re\\_worried\\_a\\_child\\_is\\_being\\_abused.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf)
- f) HM Government (2015) Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419628/Information\\_sharing\\_advice\\_safeguarding\\_practitioners.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf)
- g) Law Commission (May 2011) *Adult Social Care Report*
- h) [www.justice.gov.uk/lawcommission/publications/1460.htm](http://www.justice.gov.uk/lawcommission/publications/1460.htm)
- i) Royal College of Paediatrics and Child Health et al (2014) *Safeguarding Children and Young People: Roles and Competences for Health Care Staff. Intercollegiate Document*
- j) NICE (2013) The health and wellbeing of looked-after children and young people <http://www.nice.org.uk/guidance/gs31>
- k) NICE (2015) Looked-after children and young people  
<http://www.nice.org.uk/guidance/ph28>
- l) NICE (2014) Domestic violence and abuse: multi-agency working  
<http://www.nice.org.uk/guidance/ph50>  
RCPCH (2015) Looked after children: knowledge, skills and competence of health care staff <http://www.rcpch.ac.uk/improving-child-health/child-protection/looked-after-children-lac/looked-after-children-lac>



### 11.3 Best Practice Guidance:

- a) Department of Health (2004) *National Service Framework for Children, Young People and Maternity Services Standard 5* (plus including relevant elements that aren't contained in Core Standard 5)
- b) Department of Health (2009) *Responding to domestic abuse: a handbook for health professionals*
- c) Ending violence against women and girls. March 2014.  
[www.gov.uk/government/policies/ending-violence-against-women-and-girls-in-the-uk](http://www.gov.uk/government/policies/ending-violence-against-women-and-girls-in-the-uk)
- d) Department of Health (2010) *Clinical governance and adult safeguarding: an integrated approach*. Department of Health
- e) HM Government (2009) *Multi-agency practice guidelines: Handling cases of Forced Marriage*. Forced Marriage Unit: London
- f) National Institute for Health and Clinical Excellence (2009) *When to suspect child maltreatment*. NICE Clinical Guideline 89
- g) Department of Health (2006) *Mental Capacity Act Best Practice Tool*. Gateway reference: 6703
- h) HM Government (2011) [Multi-agency practice guidelines: Female Genital Mutilation](#)

### 11.4 Sefton Local Safeguarding Children Board:

Sefton safeguarding children board policies, procedures and practice guidance are accessible at:

[Sefton Local Safeguarding Children Board](#)

### 11.5 Sefton Local Safeguarding Adult Board:

Sefton safeguarding adult board, policies, procedures and practice guidance are accessible at:

[Sefton Safeguarding Adults Board](#)

### 11.6 Disclosure and barring

The DBS was formed in 2012 by merging the functions of the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) under the Protection of Freedoms Act 2012. DBS started operating on 1 December 2012.

Further guidance is available at: [www.gov.uk/government/disclosure-and-barring-service](http://www.gov.uk/government/disclosure-and-barring-service)

## 12. Glossary

CAF	Common Assessment Framework
CCGs	Clinical Commissioning Groups
DCSF	Department for Children, Schools and Families
DH	Department of Health
LAC	Looked After Children
LSAB	Local Safeguarding Adult Board
LSCB	Local Safeguarding Children Board
MCA	Mental Capacity Act
NCB	National Commissioning Board
SI	Serious Incident

### 12.1 Categories of child abuse as per *Working Together to Safeguard Children* (HM Government 2015).

**Abuse:** A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or an institutional or community setting, by those known to them or, more rarely, by a stranger (eg via the internet). They may be abused by an adult or adults, or another child or children.

**Physical abuse:** A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

**Emotional abuse:** The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

**Sexual abuse:** Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-

penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Neglect:** The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care givers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

**12.2 Abuse of adults at risk:** For safeguarding adults, the definitions of abuse have been taken from The Care and Support Act 2014.

**Abuse:** Abuse is a violation of an individual's human and civil rights by another person or persons. Abuse may consist of single or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm, or exploitation of, the person subjected to it. Of particular relevance are the following descriptions of the forms that abuse may take:

**Physical abuse:** Including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

**Sexual abuse:** Including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, could not consent, or was pressured into consenting.

**Psychological abuse:** Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

**Financial or material abuse:** Including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Neglect and acts of omission:** Including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating. Neglect also results in bodily harm and/or mental distress. It can involve failure to intervene in behaviour which is likely to cause harm to a person or to others. Neglect can occur because of lack of knowledge by the carer.

**NB:** Self neglect by an adult will not usually result in the instigation of the adult protection procedures unless the situation involves a significant act of omission or commission by someone else with responsibility for the care of the adult. Possible indicators of neglect include:

- a) Malnutrition
- b) Untreated medical problems
- c) Pressure ulcers (Bed Sores)
- d) Confusion
- e) Over-sedation

**Discriminatory abuse:** Including racist, sexist, that based on a person's disability; and other forms of harassment, slurs or similar treatment.

Neglect and **poor professional practice** also need to be taken into account. This may take the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems and this is sometimes referred to as **institutional abuse**.

**APPENDIX 1: What to do if you are worried a child is being abused.**

**For advice and support from the Designated Nurse for South Sefton CCG within the Shared Merseyside Safeguarding Service please ring the main contact numbers: 0151 495 5469 or 5295**

**Any member of staff who believes or suspects that a child may be suffering or is likely to suffer significant harm should always refer their concerns to Children's Social Care. Never delay emergency action to protect a child whilst waiting for an opportunity to discuss your concerns first.**

**Are you concerned a child is suffering or likely to suffer harm ? eg**

- You may observe an injury or signs of neglect
- You may be given information or observe emotional abuse
- A child may disclose abuse
- You may be concerned for the safety of a child or unborn baby

**Step 1****Inform parents/ carers that you will refer to Children's social care  
UNLESS**

The child may be put at increased risk of further harm (eg suspected sexual abuse, suspected fabricated or induced illness, female genital mutilation, increased risk to child, forced marriage or there is a risk to your own personal safety)

**Step 2**

**Make a telephone referral to Sefton's Children's Services on 0845 140 0845 ( 8 a.m. – 6 p.m.) or for out of hours 0151 920 8234 (Mon – Thurs 5.30 p.m, Friday after 4 p.m and weekends)**

- Follow up in writing within 48 hours
- Document all discussions held, actions taken, decisions made, including who was spoken to and who is responsible for undertaking actions agreed.
- For physical abuse document injuries observed

**Step 3**

Children's Social Care acknowledges receipt of referral and decides on next course of action. If the referrer has not received an acknowledgement within 3 working days contact Children's Social Care again for an update.

**Step 4**

You may be requested to provide further reports / information or attend multi-agency meetings

**Other important numbers**  
**Police - emergency 999**

**Police - non-emergency 101**

APPENDIX 2: Possible signs and indicators of child abuse and neglect

## Possible signs and indicators of child abuse and neglect

<h3 style="text-align: center;">Physical Abuse</h3> <p><b>Actions and behaviour of adult/ carer</b></p> <ul style="list-style-type: none"> <li>Minor injuries</li> <li>Various types of injuries eg. those resulting in fractures of head injuries</li> <li>Premeditated sadistic injuries</li> <li>Burns and scalds</li> <li>Bites</li> <li>Repeated abuse resulting from lack of control</li> <li>Injury resulting from physical chastisement</li> <li>Shaking</li> <li>Belting</li> <li>Physical assaults regarded as bullying</li> <li>Suffocating</li> <li>Fabricated or induced illness</li> <li>Female circumcision</li> <li>Death/murder</li> </ul> <p><b>Physical signs on child/ young person</b></p> <ul style="list-style-type: none"> <li>Discolouration</li> <li>Unexplained bruising/ marks or injuries</li> <li>Injuries of different ages</li> <li>Adult bite marks</li> <li>Outline bruising eg. belt, hand print</li> <li>Bruises to eyes, ears, finger tips</li> <li>Burns and scalds on hands, feet, buttocks, groin, cigarette burn</li> <li>Difficulty in standing/ limbs</li> <li>Blood in white of eyes, small bruises on head, bruise on rib cage—may be associated with shaking injuries</li> <li>Injuries and/or fractures in babies and children who are not mobile</li> <li>Drowsiness eg. from head injury or poisoning</li> <li>Femoral genital mutilation</li> <li>Genital/anal area injuries</li> </ul> <p><b>Behaviour and emotional state of child/ young person</b></p> <ul style="list-style-type: none"> <li>Aggressive</li> <li>Withdrawn or watchful</li> <li>Low self-esteem</li> <li>Poor concentration</li> <li>Fear self image</li> <li>Flinching when approached or touched</li> </ul>	<h3 style="text-align: center;">Emotional Abuse</h3> <p><b>Actions and behaviour of adult/ carer</b></p> <ul style="list-style-type: none"> <li>Rejection</li> <li>Lack of praise and encouragement</li> <li>Lack of comfort and love</li> <li>Lack of secure attachment</li> <li>Lack of continuity of care eg. frequent moves</li> <li>Serious over protectiveness</li> <li>Inappropriate non-physical punishment eg. locking in bedroom, cold water in bath, frequent shouting at a child</li> <li>Humiliating and degrading behaviour, including bullying and racial abuse</li> <li>Exposure to repeated incidents of domestic violence</li> <li>Age or developmentally inappropriate expectations being imposed on the child</li> <li>Making the children feel frightened or in danger</li> </ul> <p><b>Physical signs on child/ young person</b></p> <ul style="list-style-type: none"> <li>Self harm behaviour, eg. scratching, self-harm, suicide attempt</li> <li>Developmental delay</li> <li>Eating disorder</li> </ul> <p><b>Behaviour and emotional state of child/ young person</b></p> <ul style="list-style-type: none"> <li>Aggressive</li> <li>Withdrawn and self-worth</li> <li>Repetitive comfort behaviour eg. rocking or hair twisting</li> <li>Swearing/ obscene language</li> <li>No sense of achievement</li> <li>Lack of confidence, lack of positive identity</li> <li>Inability to play</li> <li>Failure to thrive</li> <li>Severe behaviour problems</li> </ul>
<h3 style="text-align: center;">Sexual Abuse</h3> <p><b>Actions and behaviour of adult/ carer</b></p> <ul style="list-style-type: none"> <li>Inappropriate fondling</li> <li>Moral masturbation</li> <li>Digital penetration</li> <li>Oral/genital contact</li> <li>Anal or vaginal intercourse</li> <li>Sexual exploitation</li> <li>Exposure to pornography</li> <li>Encouraging children/young people to become prostitutes</li> <li>Encouraging children to witness inter-racial or pornographic acts</li> <li>Leaving a child in the care of a known sex offender</li> <li>Internet child pornography</li> </ul> <p><b>Physical signs on child/ young person</b></p> <ul style="list-style-type: none"> <li>Injuries to the genital/anal area</li> <li>Sexually transmitted diseases</li> <li>Pregnancy</li> <li>Bruises, scratches, burns or bite marks</li> <li>Eating disorders</li> <li>Self harm eg. suicide, self-mutilation, substance misuse</li> <li>Pain in passing urine or faeces</li> <li>Persistent discharge</li> <li>Warts in genital or anal area</li> </ul> <p><b>Behaviour and emotional state of child/ young person</b></p> <ul style="list-style-type: none"> <li>Hypnotised and disturbed sleeping patterns</li> <li>Persistent offending, non-school attendance, running away</li> <li>Wetting, soiling, smearing excreta</li> <li>Significant changes in child's behaviour</li> <li>Depression</li> <li>Sexual awareness which is inappropriate to child's age and developmental stage</li> <li>Sexually aggressive towards other children</li> <li>Low self-esteem</li> <li>Limited attention span</li> <li>Unexplained aggression or withdrawn behaviour.</li> </ul>	<h3 style="text-align: center;">Neglect</h3> <p><b>Actions and behaviour of adult/ carer</b></p> <ul style="list-style-type: none"> <li>Abandonment or desertion</li> <li>Leaving alone</li> <li>Malnourishment, lack of food, inappropriate food or erratic feeding</li> <li>Lack of warmth</li> <li>Lack of adequate clothing</li> <li>Lack of protection or lack of supervision appropriate to child's age and developmental stage</li> <li>Persistent failure to attend school</li> <li>Leaving child alone to care for younger siblings</li> <li>Lack of appropriate stimulation</li> <li>Lack of protection from dangerous substances eg. fire, drugs, chemicals</li> <li>Lack of appropriate medical care</li> <li>Lack of secure attachment</li> </ul> <p><b>Physical signs on child/ young person</b></p> <ul style="list-style-type: none"> <li>Delayed physical development: underweight and small of stature</li> <li>Hands and feet which are cold and purple</li> <li>Chronic nappy rash</li> <li>Slow growth in both weight and height</li> <li>Frequently soiled</li> <li>Persistently dirty, unkempt appearance</li> <li>Permanently hungry</li> <li>Non-organic failure to thrive</li> <li>Impairment of health</li> <li>Death</li> </ul> <p><b>Behaviour and emotional state of child/ young person</b></p> <ul style="list-style-type: none"> <li>Low self-esteem</li> <li>Destructive tendencies</li> <li>Neurotic behaviour</li> <li>Running away</li> <li>Stealing or hiding food</li> <li>Inappropriately seeking affection from unfamiliar adults</li> <li>Impairment of intellectual behaviour</li> <li>Long-term difficulties with social functioning</li> </ul>

#### Common sites for accidental injury

#### Common sites for non-accidental injury

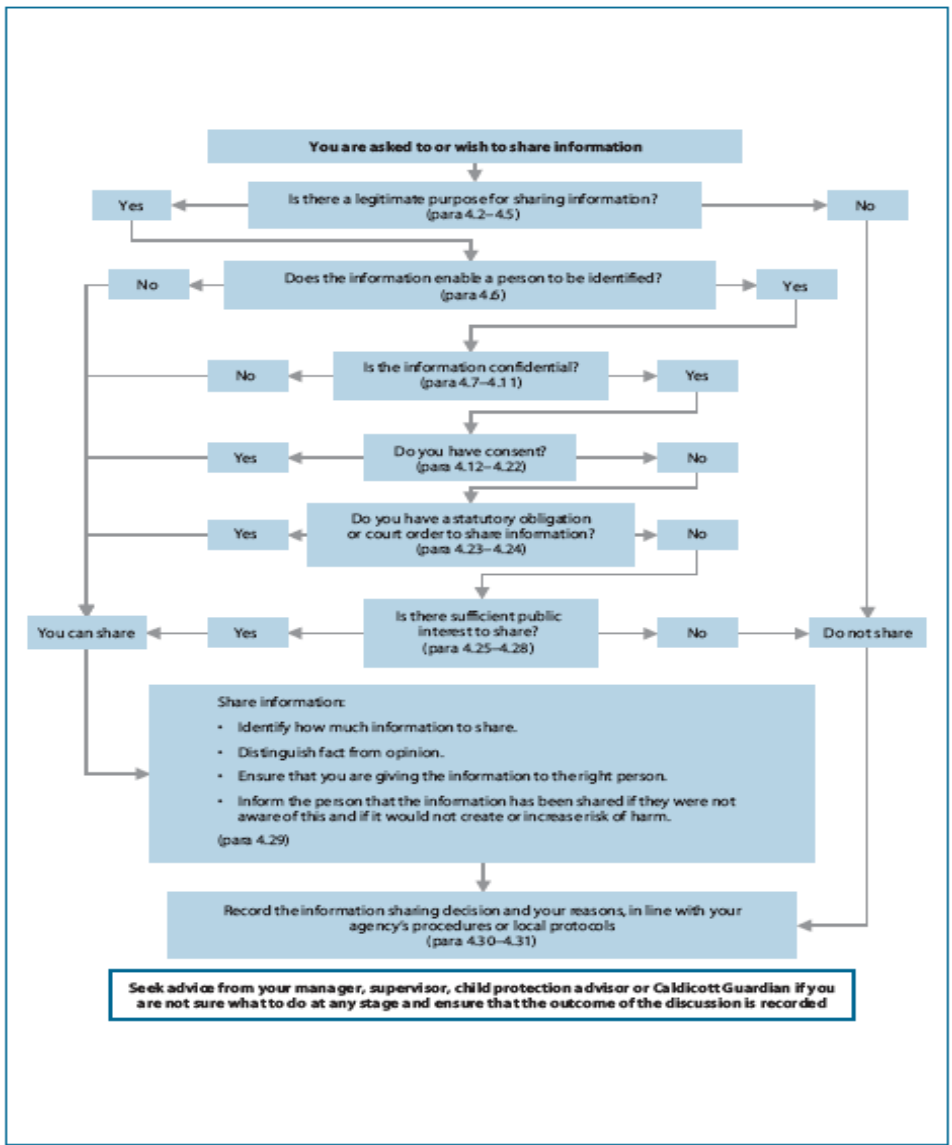
#### Be alert to the possibility of child abuse

1. What is the injury? Does it appear accidental?
2. Where is the injury? Is it in an unusual site?
3. Does the explanation of the injury fit with the presentation?
4. When was it caused? Is the age of the injury right?
5. How was it caused? (Both stated and suspected)
6. Who caused it? (Both stated and suspected)
7. Witnesses? Do stories tally?
8. What action was taken afterwards by the family?

Implications for practice - signs and symptoms of abuse should never be interpreted in isolation and must always be assessed in the context of the child's medical and social history, developmental stage and explanation given

APPENDIX 3: Information Sharing Guidance

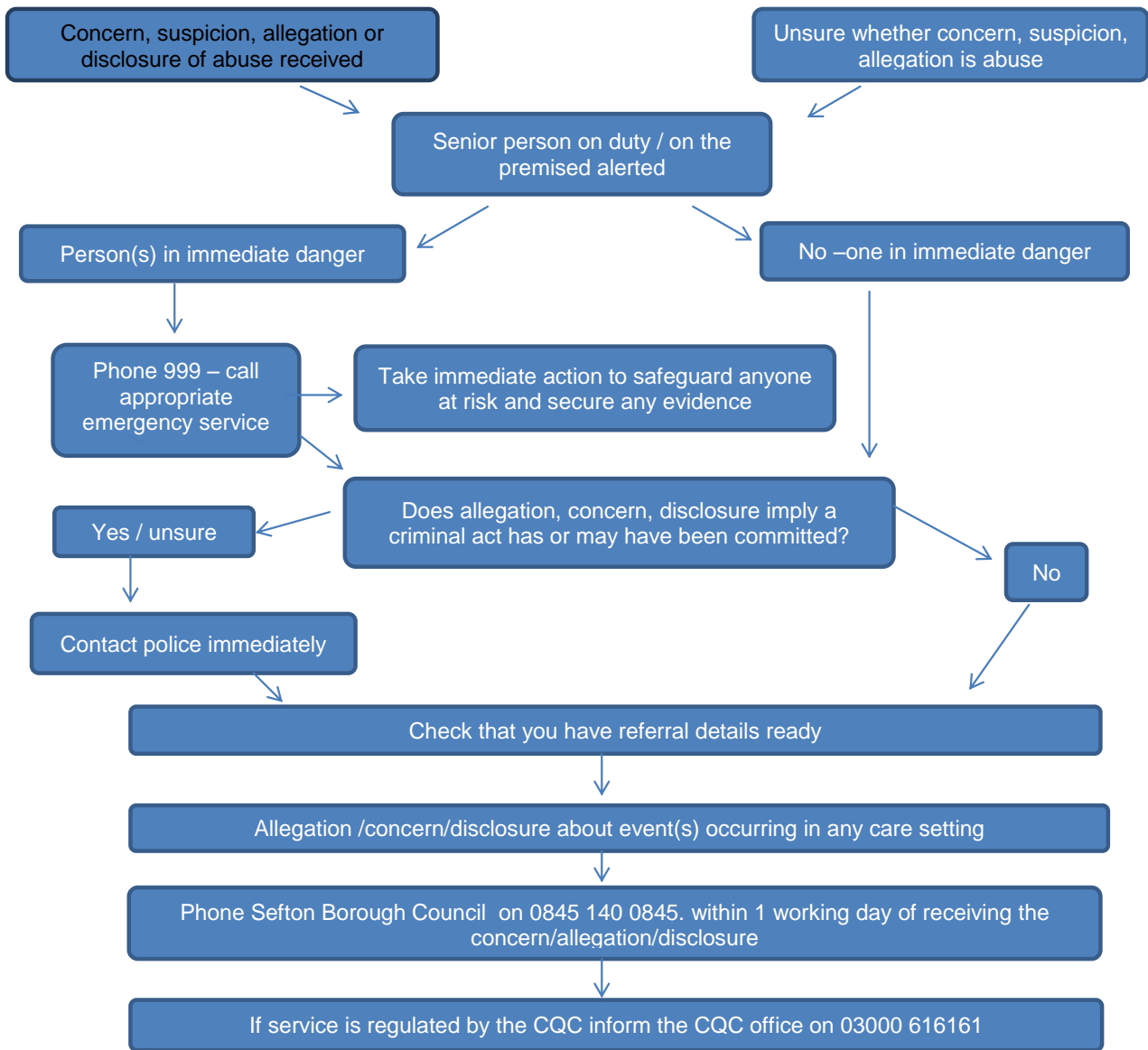
Sefton LSCB – Information Sharing Flowchart



For advice and support from the Designated Nurse for South Sefton CCG within the Shared Merseyside Safeguarding Service please ring the main contact numbers: 0151 495 5469 or 5295

**APPENDIX 4: What to do if an adult is at risk of abuse**

**Sefton SAB – How to Report Abuse in South Sefton**






**To discuss your concerns with the safeguarding adult lead for South Sefton CCG ring 0151 495 5469 or 5295**



Appendix 5

Audit Tool to monitor Safeguarding Arrangements for CCG Commissioned Services (held within quality schedule)	
<b>Organisation:</b>	
<b>Person completing the audit tool (include designation, contact details)</b>	
<b>Dated audit tool completed</b>	
<b>Useful links :</b>	
<b>Local Safeguarding Children Board</b>	
<b>Local Safeguarding Adult Board policies/</b>	

**Rag rating key:**

- Green  Fully compliant (remains subject to continuous quality improvement)
- Amber  Partially Compliant – plans in place to ensure full compliance and progress is being made within timescales
- Red  Non-compliant (standards not met / actions have not been completed within agreed timescales)

Standard	Components of standard	Evidence (embed or attach evidence including audits)	RAG
<b>1. Governance / Accountability</b>			
1.1(S11 It should be clear who has overall responsibility for the agency's contribution to safeguarding and what the lines of accountability are from each staff member up through the organisation through to the person with ultimate responsibility	<ul style="list-style-type: none"> <li>Board lead demonstrating specific safeguarding competence in line with National &amp; Local Guidance</li> <li>Job descriptions clearly identify safeguarding responsibilities</li> <li>All staff know both how and who to report concerns about a child/adult at risk of harm</li> </ul>		
1.2 The organisation is linked into the Local Safeguarding	<ul style="list-style-type: none"> <li>The organisation is able to evidence how it is</li> </ul>		

Children Board (LSCB) and Local Safeguarding Adult Board (LSAB)	implementing the strategic aims of the LSCB/LSAB safeguarding strategy.		
1.3 The organisation regularly reviews the arrangements in place for safeguarding and MCA	<ul style="list-style-type: none"> <li>The governing body should receive regular report on their arrangements for safeguarding and MCA implementation</li> </ul>		
1.4 An adverse incident reporting system is in place which identifies circumstances and . or incidents which have compromised the safety and welfare of patients	<ul style="list-style-type: none"> <li>All STEIS reporting in relation to patient safety and welfare are to be reported to the CCG Lead</li> <li>Commissioners provided with a regular report (interval to be agreed between the provider and the commissioner but must be at least annually) of key themes/learning from STEIS that involve safeguarding</li> <li>Complaints are considered in the context of safeguarding</li> </ul>		
1.5 A programme of internal audit and review is in place that enables the organisation to continuously improve the protection of all service users from abuse or the risk of abuse	<p>Audits to include:</p> <ul style="list-style-type: none"> <li>Progress on action to implement recommendations from Serious Case Reviews (SCRs); Internal management reviews; recommendations from inspections;</li> <li>Referral, Contribution to multi-agency safeguarding/protection meetings; early help and LAC</li> </ul>		
1.6 There is an annual safeguarding plan for	<ul style="list-style-type: none"> <li></li> </ul>		

safeguarding children and adults which includes quality indicators to evidence best practice in safeguarding			
<b>2. Leadership</b>			
2.1 (S11) Senior managers will need to demonstrate leadership; be informed about and take responsibility for the actions of their staff who are providing services to the children and their families	<ul style="list-style-type: none"> <li>Designated senior officers for safeguarding are in place and visible across the organisation</li> <li>Senior managers can evidence effective monitoring of service delivery</li> </ul>		
2.2 There is a named lead for safeguarding children and a named lead for vulnerable adults. The focus for the named professionals is safeguarding within their own organisation	<ul style="list-style-type: none"> <li>Safeguarding leads will have sufficient time, support and flexibility to carry out their responsibilities – this should be detailed in their job plans</li> <li>The Commissioner is kept informed at all times of the identity of the Safeguarding Lead</li> </ul>		
2.3 There is a named lead for MCA – the focus for named professionals is MCA implementation within their own organisation (ref MCA Best Practice Tool (DH2006)).	<ul style="list-style-type: none"> <li>MCA Leads must have in-depth, applied knowledge of MCA/DoLs, including awareness of relevant case law, and must have protected study time to ensure they keep their knowledge up to date</li> </ul>		
<b>3. Service Development Review</b>			
3.1 (S11) In developing local services those responsible should consider how these services will take account of the need to safeguard and promote the welfare of children, children	<ul style="list-style-type: none"> <li>The view of children, families and vulnerable adults are sought and acted upon when developing services and feedback provided</li> </ul>		

looked after and vulnerable adults (at case management and strategic level)			
<b>4. Safeguarding policies, procedures and guidance (see supporting sheet to identify those that are relevant to your organisation)</b>			
4.1 (S11) The agencies responsibilities toward children and adults at risk is clearly stated in policies and procedures that are available for all staff	<ul style="list-style-type: none"> <li>• A statement of responsibilities is visible in policies and procedures</li> <li>• Policies and guidance refer to the LSCB / LSAB multi-agency procedures</li> <li>• These procedures are accessible and understood by all staff</li> <li>• Policies and procedures are updated regularly to reflect any structural, departmental and legal changes</li> <li>• All policies and procedure must be audited and reviewed at a minimum 2 yearly to evaluate their effectiveness and to ensure they are working practice.</li> </ul>		
<b>5. Domestic violence including Forced Marriage and Honour Based Violence, Female Genital Mutilation</b>			
5.1 The organisation takes account of national and local guidance to safeguard those Children and adults subjected to harmful practices.	<ul style="list-style-type: none"> <li>•</li> </ul>		
<b>6. Information sharing</b>			
6.1 (S11) Effective information sharing by professionals is central to safeguarding and promoting the welfare of children and adults at risk of harm	<ul style="list-style-type: none"> <li>• There are robust single/multi agency protocols and agreements for information sharing in line with national and local guidance</li> <li>• Evidence that practitioners</li> </ul>		

	understand their responsibilities and know when to share information		
<b>7. Prevent</b>			
7.1 The Provider includes in its policies and procedure, and complies with, the principles contained in Prevent and the Prevent Guidance and Toolkit. There is a proportionate response in relation to the delivery of WRAP for staff and volunteers	<ul style="list-style-type: none"> <li>The Provider must nominate a Prevent Lead and must ensure that the Commissioner is kept informed at all times of the identity of the Prevent Lead.</li> </ul>		
<b>8. Inter-agency working</b>			
8.1 (S11) Agencies and staff work together to safeguard and promote the welfare of children and vulnerable adults	<ul style="list-style-type: none"> <li>Evidence of leadership to enable joint working</li> <li>Evidence of practitioner's working together effectively</li> <li>Evidence that Early Help/Support is being used appropriately and effectively</li> <li>Evidence of engagement in, and contribution to, safeguarding processes/enquiries e.g. attendance at child protection/adult safeguarding meetings, audit schedule to demonstrate commitment to multi-agency work and staff that contribute to agreed assessment processes (CAF and single assessments)</li> </ul>		
<b>9. Safer recruitment practices</b>			
9.1 (S11) Robust recruitment and vetting procedures should	<ul style="list-style-type: none"> <li>All recruitment staff are appropriately trained in safe</li> </ul>		

<p>be put in place to prevent unsuitable people from working with children and vulnerable adults</p>	<p>recruitment</p> <ul style="list-style-type: none"> <li>• All appropriate staff receive a DBS check in line with national/local guidance</li> <li>• Legal requirements are understood and in place</li> <li>• Role of LADO understood and procedures in place</li> <li>• Staff has access to policy detailing who the named senior officer is in relation to managing allegations.</li> </ul>		
<p><b>10. Supervision and support</b></p>			
<p>10.1 (S11) Safeguarding supervision should be effective and available to all</p>	<ul style="list-style-type: none"> <li>• All staff working with children and vulnerable adults receive appropriate regular supervision (including review of practice)</li> </ul>		
<p><b>11. Staff training and continuing professional development</b></p>			
<p>11.1 (S11) Staff should have an understanding of both their roles and responsibilities for safeguarding children, looked after children and adults and those of other professionals and organisations.</p>	<ul style="list-style-type: none"> <li>• There is a learning and development framework for safeguarding and MCA implementation which is informed by national and local guidance and includes a training needs analysis</li> <li>• All staff have received level 1 safeguarding children at induction or within 6 weeks of taking up the post (include %)</li> <li>• All staff have received level 1 safeguarding adults at induction or within 6 weeks of taking up the post (include %)</li> <li>• All staff who have contact with children and young</li> </ul>		

	<p>people have undertaken CSE e-learning</p> <ul style="list-style-type: none"> <li>• Evidence of compliance with national guidance including percentage of workforce trained relevant to roles and responsibilities: all appropriate staff have received safeguarding children level 2 and above (include %)</li> <li>• MCA awareness should be included in staff induction programme and mandatory training</li> <li>• All appropriate staff have received MCA training (include %)</li> <li>• Training to be audited to ensure its quality and effectiveness</li> </ul>		
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**NB: The shaded sections highlight standards that are included in the LSCB section 11 audit**

**Appendix 5b**

**Organisations will need to ensure that they have appropriate governance arrangements, policies and procedures in place to reflect the services they provide.**

**Section 1: details the policies that need to be in place for all providers of NHS care.**

**Section 2: details the governance arrangements, policies, procedures and guidance that should be in place within the larger providers of acute care & community health services.**

**Section 3: details the additional procedures that need to be in place within emergency care settings.**

**The list is not exhaustive and organisations need to always be mindful of changes to legislation and statutory/national/local guidance.**

Section 1: ALL PROVIDER ORGANISATIONS	RAG
<ul style="list-style-type: none"> <li>• Safeguarding children policy</li> </ul>	
<ul style="list-style-type: none"> <li>• Safeguarding adult policy</li> </ul>	
<ul style="list-style-type: none"> <li>• Complaints and whistle blowing policies promoting staff being able to raise concerns about organisational effectiveness in respect to safeguarding</li> </ul>	
<ul style="list-style-type: none"> <li>• Safe recruitment practices in line with LSCB/SAB and NHS Employers guidance and the recommendations of the Lampard report (post Savile)</li> <li>• Arrangements for dealing with allegations against people who work with children and vulnerable people as appropriate</li> </ul>	
<ul style="list-style-type: none"> <li>• Information sharing &amp; confidentiality policy</li> </ul>	
<ul style="list-style-type: none"> <li>• MCA/DoLS implementation policy – this can be incorporated into the safeguarding policy for smaller providers. The MCA policy must be in line with the Mental Capacity Act Code of Practice 2007</li> </ul>	
<ul style="list-style-type: none"> <li>• Prevent – as applicable to the service being provided and as agreed by the coordinating commissioner in consultation with the Regional Prevent Co-ordinator                             <ul style="list-style-type: none"> <li>○ Include in its policies and procedures, and comply with, the principles contained in the Government Prevent Strategy and the Prevent Guidance and Toolkit</li> <li>○ Include in its policies and procedures a programme to raise awareness of the Governments Prevent Strategy among staff and volunteers in line with the NHS England Prevent Training and Competencies Framework; a WRAP delivery plan that is sufficiently resourced with WRAP facilitators</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• To nominate a safeguarding lead, MCA lead and Prevent lead – to ensure the co-ordinating commissioner is kept informed at all times of the identity of the persons holding those positions</li> </ul>	
<ul style="list-style-type: none"> <li>• To be registered with the Care Quality Commission (CQC).</li> </ul>	
<ul style="list-style-type: none"> <li>• To implement comprehensive programme for safeguarding and MCA training for all relevant staff with due regard to the intercollegiate and LSCB/SAB guidance; and to undertake an annual audit in respect of the completion of those training programmes</li> </ul>	



<ul style="list-style-type: none"> <li>To undertake an annual audit of its conduct in relation to compliance with required safeguarding standards</li> </ul>	
<b>Section 2: LARGE PROVIDERS OF ACUTE AND COMMUNITY HEALTH SERVICES</b>	RAG
<ul style="list-style-type: none"> <li>The organisation is able to evidence how it is implementing the strategic aims of the LSCB/LSAB safeguarding strategies</li> </ul>	
<ul style="list-style-type: none"> <li>At a minimum an annual report should be presented at board level with the expectation that this will be made public, there is an expectation that there will be also regular reporting on safeguarding to governance/quality committees</li> </ul>	
<ul style="list-style-type: none"> <li>Named professionals have a key role in promoting good professional practice and in supporting the safeguarding system. They should work collaboratively with the organisations designated professionals and the LSCB/SAB.</li> </ul>	
<ul style="list-style-type: none"> <li>All providers are required to have an MCA lead that is responsible for providing support and advice to clinicians in individual cases and in supervision of staff where there are complex cases. The MCA lead will highlight the extent of any areas to which their own organisation is compliant and will work closely with the CCG designated professional.</li> </ul>	
<ul style="list-style-type: none"> <li>All NHS Trusts providing services for children must identify a named doctor and named nurse for safeguarding children; (where maternity services are provided, a named midwife for safeguarding children will be identified) Where organisations may have integrated specific services focused on children for example under Transforming Community Services children's community services may have integrated with Mental Health Trust – in this instance there must be named professionals for children's community services and also named professionals for the mental health trust. REF: Intercollegiate document</li> </ul>	
<ul style="list-style-type: none"> <li>The Provider must comply with the Prevent requirements detailed in section 1</li> </ul>	
<ul style="list-style-type: none"> <li>There is an operational framework/policy detailing the levels of supervision required for staff specific to their roles and responsibilities including a gap analysis. This framework meets LSCB/LSAB guidance for supervision</li> </ul>	
<ul style="list-style-type: none"> <li>Named Safeguarding / MCA leads, seek advice and access regular formal supervision from designated professionals for complex issues or where concerns may have to be escalated</li> </ul>	
<ul style="list-style-type: none"> <li>Procedures on recording and reporting concerns, suspicions and allegations of abuse to children and to vulnerable adults in line with national and local guidance</li> </ul>	
<b>GUIDELINES IN LINE WITH NATIONAL, LOCAL AND NICE GUIDANCE:</b>	
<ul style="list-style-type: none"> <li>Sudden unexpected deaths in childhood</li> </ul>	
<ul style="list-style-type: none"> <li>Child Sexual Exploitation</li> </ul>	
<ul style="list-style-type: none"> <li>Private fostering</li> </ul>	
<ul style="list-style-type: none"> <li>Fabricated Induced Illness (FII)</li> </ul>	
<ul style="list-style-type: none"> <li>Children missing education</li> </ul>	
<ul style="list-style-type: none"> <li>Missing from Home</li> </ul>	
<ul style="list-style-type: none"> <li>Domestic violence and abuse</li> </ul>	

<ul style="list-style-type: none"> <li>Forced Marriage and Honour Based Violence</li> </ul>	
<ul style="list-style-type: none"> <li>Female Genital Mutilation (including national reporting)</li> </ul>	
<ul style="list-style-type: none"> <li>Working with Children who self- harm or who have potential for suicide</li> </ul>	
<ul style="list-style-type: none"> <li>Historical Sexual Abuse</li> </ul>	
<ul style="list-style-type: none"> <li>Common Assessment Framework / Early Help Assessment Tool and local continuum of need</li> </ul>	
<ul style="list-style-type: none"> <li>Practitioners working with sexually active children under 18 years</li> </ul>	
<ul style="list-style-type: none"> <li>E safety – to incorporate the Lampard recommendations post Savile:</li> <li>To have a robust trust wide policy setting out how access by patients and visitors to the internet, social media networks and other social media activities such as blogs and Twitter is managed and where necessary restricted.</li> <li>The policy to be widely publicised to staff, patients and visitors and to be regularly reviewed and updated as necessary</li> </ul>	
<ul style="list-style-type: none"> <li>Clear way of identifying those children who are subject to a child protection plan and are looked after</li> </ul>	
<ul style="list-style-type: none"> <li>Conflict Resolution/Escalation Policies</li> </ul>	
<ul style="list-style-type: none"> <li>Managing allegations against staff working with children and adults in line with LSCB/AB guidance</li> </ul>	
<ul style="list-style-type: none"> <li>Policy for agreeing to and managing visits by celebrities, VIPs and other officials.</li> </ul>	
<b>2.1 This section is relevant to healthcare providers offering in-patient facilities to children under 18 years only</b>	RAG
<ul style="list-style-type: none"> <li>Clear guidance as to the discharge of children for whom there are child protection concerns</li> </ul>	
<ul style="list-style-type: none"> <li>The CCG and the Local Authority shall be notified of any child (normally resident in CCG area) likely to be accommodated for a consecutive period of at least 3 months; or with the intention of accommodating him/her for such a period (ref s.85 &amp; s.86 CA1989)</li> </ul>	
<b>2.2 This section is relevant to providers of in-patient facilities and community services for adults</b>	RAG
<ul style="list-style-type: none"> <li>Guidance on the use of restraint in line with Mental Capacity Act 2005 &amp; DoLs</li> </ul>	
<ul style="list-style-type: none"> <li>All inpatient mental health services have policies and procedures relating to children visiting inpatients as set out in the <i>Guidance on the Visiting of Psychiatric Patients by Children</i> (HS 1999/222:LAC (99)32), to NHS Trusts</li> </ul>	
<b>2.3 This section is relevant to community providers and acute trusts where they are commissioned to undertake statutory health assessments for children looked after</b>	RAG
<ul style="list-style-type: none"> <li>Clear protocols and procedures in relation to completion of statutory health assessments</li> </ul>	
<ul style="list-style-type: none"> <li>Provision of services appropriate for children looked after in accordance with statutory guidance</li> </ul>	

<b>Section 3: THIS SECTION IS RELEVANT TO EMERGENCY CARE SETTINGS</b>	RAG
<ul style="list-style-type: none"> <li>Local procedures for making enquiries to find out whether a child is subject to a child protection plan /child looked after; this will be CP-IS once implemented</li> </ul>	
<ul style="list-style-type: none"> <li>All attendances for children under 18 years to A&amp;E, ambulatory care units, walk in centres and minor injury units should be notified to the child's GP</li> </ul>	
<ul style="list-style-type: none"> <li>Guidance on parents/carers who may seek medical care from a number of sources in order to conceal the repeated nature of a child's injuries</li> </ul>	
<ul style="list-style-type: none"> <li>Guidance on the use of restraint in line with Mental Capacity Act 2005 &amp; DoLS</li> </ul>	
<b>Section 4: THIS SECTION IS RELEVANT TO AMBULANCE SERVICES, URGENT CARE/WALK IN CENTRES/MINOR INJURY UNITS, ACUTE SERVICES, A&amp;E</b>	RAG
<ul style="list-style-type: none"> <li>The provider must co-operate fully and liaise appropriately with 3<sup>rd</sup> party providers of social care services in relation to, and must take reasonable steps towards, the implementation of the Child Protection Information Sharing Project</li> </ul>	

Appendix 6

Audit Tool to measure CCG compliance with the NHS Assurance and Accountability Framework for Safeguarding (Safeguarding Vulnerable People in the NHS 2015) and Section 11 Children Act 2004.	
<b>CCG:</b>	
<b>Person completing the audit tool (include designation, contact details including email)</b>	
<b>Dated audit tool completed</b>	
<b>Useful links :</b>	
<b>Local Safeguarding Children Board policies/procedures</b>	
<b>Local Safeguarding Adult Board policies/ procedures</b>	
<p><b>Green:</b> Fully compliant (remains subject to continuous quality improvement t)</p> <p><b>Amber :</b> Partially compliant - plans in place to ensure full compliance and progress is being made within agree timescales</p> <p><b>Red:</b> Non-compliant (standards not met / actions have not been completed within agreed timescales)</p>	

Standard	Components	Evidence	RAG
<b>1. Accountability</b>			
1.1 There is a clear line of accountability for safeguarding, reflected in CCG governance arrangements (SVP p.21)	A named executive to take overall leadership responsibility for the organisations safeguarding arrangements (SVP p.21)		
1.2 (s.11) It should be clear who has overall responsibility for the agency’s contribution to safeguarding and what the lines of accountability are	<ul style="list-style-type: none"> <li>All staff know who to report concerns about a child/adult at risk to</li> <li>Staff at all levels know and understand their responsibilities</li> </ul>		

Standard	Components	Evidence	RAG
1.3 There are effective systems for responding to abuse and neglect (SVP p.21).			
1.4 NHS England in conjunction with CCGs to consider where there are risks and gaps in services to develop an action plan to mitigate against the risk (SVP p.30)			
<b>2. Leadership / Designated Professionals</b>			
2.1 S11) Senior managers will need to demonstrate leadership; be informed about and take responsibility for the actions of their staff who are providing services to the children and their families	Designated senior officers for safeguarding are in place and visible across the organisation  Senior managers can evidence effective monitoring of service delivery		
2.2 To employ or secure the expertise of Designated Doctors and Nurses for Safeguarding Children and for Looked After Children; and a Designated Paediatrician for unexpected deaths in childhood. The role	Designated clinical experts embedded into the clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice (SVP p.22).		

Standard	Components	Evidence	RAG
<p>of the designated professional to be explicitly defined in the job description for sufficient time, funding. (SVP p22)</p>	<p>Clear accountability and performance management arrangements are essential; key elements include:</p> <p>As single subject experts, peer-to- peer supervision is vital to ensuring designated professionals continue to develop in practice in line with agreed best practice.</p> <p>Designated leads must have direct access to the Executive Board lead for safeguarding to ensure that there is the right level of influence of safeguarding in commissioning process</p> <p>The CCG Accountable Officer (or other executive level nominee) should meet regularly with the designated professional to review safeguarding</p> <p>Where designated doctors are continuing to undertake clinical duties in addition to their clinical advice role in safeguarding, it is important</p>		

Standard	Components	Evidence	RAG
	<p>that there is clarity about the two roles – the CCG will need to input into the job planning, appraisal and revalidation process. (SVP p.23)</p> <p>Where a designated professional (most likely designated doctor for safeguarding children or a designated professional for Looked after Children) is employed within a provider organisation, the CCG will need to have a service level agreement, with the organisation that sets out the practitioner’s responsibilities and the support they should expect in fulfilling their designated role.</p> <p>To employ, or have arrangements in place to secure the expertise of a consultant paediatrician whose designated responsibilities are to provide advice on the commissioning of: paediatric services from paediatricians with expertise in undertaking enquiries into unexpected</p>		

Standard	Components	Evidence	RAG
	<p>deaths in childhood; from medical investigative services; and the organisation of such services (WT p.90)</p>		
<p>2.3 To have a Designated Adult Safeguarding Manager (DASM) which should include an Adult Safeguarding lead role and to have a Designated Mental Capacity Act (MCA) Lead; supported by relevant policies and training. (SVP p. 21) N.B. The DASM can include both roles of Safeguarding Adult and MCA Leads</p>	<p>Designated clinical experts embedded into the clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice (SVP p.22).</p> <p>Clear accountability and performance management arrangements are essential; key elements include: As single subject experts, peer-to- peer supervision is vital to ensuring designated professionals continue to develop in practice in line with agreed best practice. Designated leads must have direct access to the Executive Board lead for safeguarding to ensure that there is the right level of influence of safeguarding in commissioning process</p>		



Standard	Components	Evidence	RAG
	<p>The CCG Accountable Officer (or other executive level nominee) should meet regularly with the designated professional to review safeguarding</p> <p>NB: An intercollegiate document for safeguarding adults incorporating MCA is currently being devised nationally. Until this is published there is no guidance as to the WTE required.</p>		
<p>2.4 Supporting the development of a positive learning culture across partners for safeguarding to ensure that organisations are not unduly risk adverse (SVP p.21)</p>			
<p><b>3.Commitment/Safeguarding Policies, Procedures and Guidance</b></p>			
<p>3.1 (S11) The agency's responsibilities towards children / adults at risk is clearly stated in policies and procedures that are available for all staff.</p>	<p>Statement of responsibilities (as per section 11) is visible in policies &amp; guidance Policies and guidance refer to the LSCB/LSAB multi-agency procedures This is accessible and understood by all staff Policies and procedures are</p>		

Standard	Components	Evidence	RAG
	<p>updated regularly to reflect any structural, departmental and legal changes</p> <p>All policies and procedures must be audited and reviewed at a minimum 2 yearly to evaluate their effectiveness and to ensure they are working in practice (s.11)</p>		
<b>4 Service development review</b>			
<p>4.1 S11) In developing local services, those responsible should consider how the delivery of these services will take account of the need to safeguard and promote the welfare of children (at case management and strategic level).</p>	<p>The views of children, families are sought and acted upon when developing services and feedback provided</p> <p>The need to safeguard children has informed decision making about any developments</p>		
<b>5. Commissioning / Assurance.</b>			
<p>5.1 CCGs as commissioners of local health services are assured that the organisations from which they commission have effective safeguarding arrangements in place (SVP p.20).</p>	<p>Gain assurance from all commissioned services, both NHS and independent healthcare providers, throughout the year to ensure continuous improvement. (SVP p.21)</p> <p>Safeguarding, including Prevent and MCA forms part of</p>		

Standard	Components	Evidence	RAG
	the NHS standard contract (service condition 32) (SVP p. 21)		
<b>6. Primary Care ( co-commissioning and safeguarding )</b>			
<p>6.1 Primary care commissioners are required to ensure there is named GP/named professional capacity to support primary care services in discharging their safeguarding duties (SVP append 1)</p> <p>The capacity is funded through the primary care budget but it is for local determination exactly how this is done and what employment arrangements are adopted (SVP p.28)</p>	<p>Capacity commissioned locally needs to reflect local needs as set out in the JSNA - strongly recommended that two named GP sessions per 220,000 population is secured as a minimum. (SVP p.28)</p> <p>The named GP roles covers safeguarding of children – it is recommended that NHS England /primary care commissioner and local CCG clinical leaders consider commissioning a cluster model of named safeguarding clinicians with a range of experience. This could include child safeguarding, safeguarding people of all ages with mental health issues, safeguarding CLA and care leavers, adult safeguarding including domestic abuse safeguarding in elderly care and dementia and safeguarding in institutions</p>		

Standard	Components	Evidence	RAG
	including care homes (SVP p.29) Arrangements are in place for training primary care professionals (SVP app 6		
<b>7. effective information Sharing</b>			
7.1 S11) Effective information sharing by professionals is central to safeguarding and promoting the welfare of children and adults at risk of harm (SVP p.21)	There are robust single / multi agency protocols and agreements for information sharing in line with national and local guidance (s.11)		
<b>8. Interagency working</b>			
8.1 (S11) Agencies and staff work together to safeguard and promote the welfare of children	Evidence of leadership to enable joint working  Evidence of practitioner's working together effectively  Early Help/Support is being used appropriately and effectively (s.11)		
8.2 Effective interagency working is in place with the local authority, police and 3rd sector organisations (svp p.21)	To co-operate with the local authority in the operation of the Local Safeguarding Children Board (LSCB), Local Safeguarding Adult Board (LSAB), and Health and Wellbeing Board (SVP p.21) CCG representatives at the LSCB/LSAB must be		

Standard	Components	Evidence	RAG
	<p>accompanied by their designated professional to ensure their professional expertise is effectively linked into the local safeguarding arrangements (SVP p.23).</p> <p>When asked by the local authority for help in enabling the LA to discharge its safeguarding duties, the CCG must help, as long as it is compatible with the CCGs own duties and does not hamper the discharge of the CCGs own functions. (SVP p13)</p> <p>To co-operate with the local authority in order to promote the wellbeing of children in general and to protect them from harm and neglect in particular (SVP p13)</p> <p>Work with the local authority to enable access to community resources that can reduce social and physical isolation for adults (SVP p22</p>		
8.3 To participate, when asked to do so, in a statutory			

Standard	Components	Evidence	RAG
review by providing a panel member. (SVP p.18)			
<b>9. safer recruitment practices</b>			
9.1 (S11) Robust recruitment and vetting procedures should be put in place to prevent unsuitable people from working with children and vulnerable adults	<p>All recruitment staff are appropriately . trained in safe recruitment</p> <p>All appropriate staff receive a DBS check in line with national/local guidance</p> <p>Legal requirements are understood and in place</p> <p>Role of LADO understood and procedures in place</p> <p>All staff know who the Named Senior Officer for their agency is</p>		
9.2 Clear policies setting out the commitment, and approach, to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate (SVP p.21)			
<b>10. Supervision and Support</b>			

Standard	Components	Evidence	RAG
10.1 (S.11) Safeguarding supervision should be effective and available to all	<p>All staff working with children and vulnerable adults receive appropriate regular supervision (including reviews of practice)</p> <p>Evidence that staff feel able to raise concerns about organisational effectiveness/concerns</p>		
<b>11. staff training and continuing professional development</b>			
11.1 (S11) Staff should have an understanding of both their roles and responsibilities for safeguarding children, children looked after and those of other professionals and organisations.	<p>All staff have received level 1 safeguarding training for children. For new starters, training to be undertaken within 6 weeks/during induction period, with refresher training every 3 years</p> <p>All staff who have contact with children and young people have undertaken CSE training</p> <p>All appropriate staff have received level 2 and above single agency training and or multi-agency training as appropriate</p>		
11.2 Training of staff in recognising and reporting	<ul style="list-style-type: none"> <li>• Training in line with the intercollegiate</li> </ul>		

Standard	Components	Evidence	RAG
safeguarding issues, appropriate supervision and ensuring staff are competent to carry out their roles and responsibilities (SVP p.21).	documents and local and national guidance		

NB: The shaded sections highlight standards that are included in the **LSCB section 11 audit**  
**SVP**: Safeguarding Vulnerable People in the NHS 2015



## Safeguarding Children & Adult Policy changes

### Changes within Document

Reference	Change from	New Doc. reference	Replaced/ Added
Front sheet	Date from November 2012 updated July 2014		Updated October 2015
1.2			Reference to Care Act included
1.4	SAB guidance		SAB Framework for Action 2015
3.1			Reference to NHS safeguarding assurance and accountability framework (2015)
5.1.2	Joint Inspectors report 2002		Working Together to Safeguard Children (2015)
5.1.3	Section removed related to vulnerable child		Replaced with Child in Need and need for early help
5.1.4	Looked After Children removed 6 bullet points		Replaced with the Legal Aid, Sentencing and Punishment of Offenders Act
5.2.1	Definition of adults at risk		Care Act definition added
5.2.3		5.2.2	Addition of examples of adult vulnerability included to support definitions
5.2.4	Section removed in view of Care Act and earlier changes made in 5.2.3	5.2.3	New section ' Making safeguarding Personal ' included
5.3.2	PREVENT moved to 5.3.4	5.3.4	Radicalisation added PREVENT included in this section Counter-Terrorism and Security Act 2015 referenced
5.4	Safeguarding 'issues'	5.3	Safeguarding 'categories'
5.4.2	Forced Marriage now 5.32	5.3.2	Forced Marriage and Reference included to Mental Capacity Act and Learning Disability
5.4.3	FGM now 5.3.3	5.3.3	FGM updated with reference to Home Office (2015) and requirement for mandatory reporting

Reference	Change from	New Doc. reference	Replaced/ Added
		5.3.5	New section on CSE
6.e			Additional bullet point to include Board membership
6.f			Inclusion of serious adult reviews
		6.m & n	Additional bullet points in respect of Mental Capacity Act and IMCA
		6.1k	Additional bullet point requiring sign off of Safeguarding Adults Annual Report and Annual Plan
6.4			Section references Safeguarding Standards as part of Safeguarding Quality Schedule
6.5.1.e			Corporate parenting board added
6.5.1 h			Looked after children added
6.5.1 l			Looked after children added
7.1	Working Together 2013  LADO  Safeguarding adult coordinator		Working Together 2015  Designated Officer  Designated Adult Safeguarding Manager (DASM)
		8.0	Governance Arrangements
8.1.2		9.1.2	Inclusion of reference to Safeguarding Quality Schedule
9		10.0	Designated Nurse for Looked After Children Designated Nurse Safeguarding Adults
10.1	Promoting the health and welfare of looked after children 2009		Promoting the health and welfare of looked after children 2015
10.1 j			Working together to safeguard children 2015 HM Gov Information Sharing Guidnace 2015 HM Gov PREVENT duty

Reference	Change from	New Doc. reference	Replaced/ Added
			guidance 2015 NICE 2013 Health and Wellbeing of Looked After Children NICE 2015 Looked After Children and Young People Rcpch 2015 Looked After Children Knowledge Skills and Competencies of health care staff
10.4 10.5	Liverpool LSCB link		Sefton LSCB link
10.6			Revised links for Vetting and Barring
	LSAB		SAB
11.	SUI		SI (Serious Incident)
11.2	Adult risk of abuse		Adult risk of abuse updated from Care and Support ACT 2014
References			Updated
		Appendix 1	What to do Children flow chart
		Appendix 2	Signs And Indicators
Appendix 4		Appendix 3	Information sharing flowchart updated
		Appendix 4	What to do Adults flowchart
Appendix 6, 7, 8		5,6	Revised Standards inclusive S11, SVP compliance

MEETING OF THE GOVERNING BODY November 2015	
<b>Agenda Item:</b> 15/205	<b>Author of the Paper:</b> Lyn Cooke Head of Communications and Engagement Email: <a href="mailto:lyn.cooke@southseftonccg.nhs.uk">lyn.cooke@southseftonccg.nhs.uk</a> Tel: 0151 247 7051
<b>Report date:</b> November 2015	
<b>Title:</b> Communicating Health in South Sefton	
<b>Summary/Key Issues:</b>  This refreshed communications and engagement strategy takes account of national and local developments and sets out our CCG approach to involving our publics and partners in our work.	
<b>Recommendation</b>  The Governing Body is asked to approve this strategy.	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>

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

Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement	X			Insight from organisational involvement activities and other partner information have informed the revision of this document
Clinical Engagement	X			Governing Body involvement in reviewing content
Equality Impact Assessment			x	Strategy sets out our duties with respect to Equality Act and details approach
Legal Advice Sought			x	
Resource Implications Considered	X			
Locality Engagement			x	
Presented to other Committees	X		x	EPEG - during its review and refresh (to return following Governing Body consideration)

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

# Communicating health in south Sefton...

A communications and engagement strategy for NHS South  
Sefton Clinical Commissioning Group (2015 - 2017)

Staying **local**  
& **together**



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## Executive summary

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NHS South Sefton Clinical Commissioning Group (NHS SSCCG) sets out its approach to communicating, engaging and consulting – or ‘involving’ with everyone it works with and for in this document.

This refreshed version of ‘*Communicating health in south Sefton*’ reflects our statutory duties to involve our residents and partners in our work, as the body responsible for planning and buying, or ‘commissioning’ the majority of local health services.

A great deal has changed since we first developed ‘*Communicating health in south Sefton*’ in 2012 prior to us becoming a statutory body. In addition, there have been a number of important recent developments in the NHS landscape that we must adapt and respond to.

Most recently, NHS England’s Five Year Forward View<sup>1</sup> outlines a vision for a more ‘integrated’ or joined up health and social care system. Our local Shaping Sefton programme will be central to delivering the future models of care it describes, and we will need to work closely with our all our publics and partners to deliver effective communications and engagement activities to support its delivery.

In addition, our work has been guided since 2013 by the recommendations of two reports into patient safety and the subsequent government responses to those reports – The Francis Inquiry into the failings at Mid Staffordshire Hospital<sup>2</sup> and the review of Winterbourne View Hospital<sup>3</sup>.

These have brought into sharp focus the importance of robust and rigorous monitoring and managing of the performance and quality of our services and the experience of patients and their families accessing these services.

*Communicating health in south Sefton 2015-2017* responds to all these challenges and shows our commitment to involve and inform all our publics and partners in the decisions we make. It also details some of the systems we are putting in place to monitor patient experience, which is important in helping us to spot early any issues that may arise in the services we commission, so they are the best they can be.

*Communicating health in south Sefton* was first revised in 2013 and this document supersedes that version.

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<sup>1</sup> <https://www.england.nhs.uk/ourwork/futurenhs/nhs-five-year-forward-view-web-version/5yfv-exec-sum/>

<sup>2</sup> Patients First and Foremost: <https://www.gov.uk/government/publications/government-initial-response-to-the-mid-staffs-report>

<sup>3</sup> Transforming Care: A national response to Winterbourne View Hospital  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213215/final-report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf)



# Introduction

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## Why we communicate and engage

Communications and engagement is central to delivering our vision, values and aims. An effective, well devised strategy will support the delivery of and contribute to the success of our strategic plans and priorities.

We also recognise that our communications and engagement activities are intrinsically linked, and therefore need to be fully integrated with each other to ensure they are as effective as possible in helping us to achieve our objectives.

We need to communicate and engage effectively with people so we can:

- Talk directly with people about their health, treatments and care
- Share information about our services and performance
- Work with partners to transform health services and promote healthy living to better meet the health and care needs of our residents
- Ask people for their views and attitudes about current services and involve them in shaping them for the future
- Celebrate success
- Manage difficult situations

## What we need to consider

For communications and engagement to be effective, they need to be relevant, appropriate, timely and well informed by local knowledge and evidence. So, it is important that any planned activity considers the following questions:

- What do we want our communications and engagement to achieve?
- Who are we communicating and engaging with?
- What will successful communications and engagement deliver?

Taking a coordinated and inclusive approach also supports the management of risks which may impact on our reputation. Embedding communications and engagement in projects and service developments will help us to identify any issues, providing early support and good understanding of the challenges involved.

## Knowing who we need to talk to

Understanding who we need to communicate and engage with is crucial. It will help us to design the best methods for different partners and where to focus and prioritise our efforts.

We have carried out a 'mapping' exercise (Appendix 1) to ensure we continue to engage and communicate with our priority partners.

## How communications and engagement can support us

We understand the benefits of effective, well resourced communications and engagement in helping us to:

- Produce better health and care outcomes for local people
- Give a better understanding of the needs and priorities of communities
- Help us to make better commissioning decisions
- Help us to design services that better reflect the needs of local people
- Provide services that are efficient, effective and more accessible
- Give better understanding of why and how local services need to change or be improved
- Give greater choice for patients
- Reduce health inequalities
- Give greater local ownership of health services
- Increase trust and confidence in the NHS
- Create increased satisfaction, resulting in less conflict and adverse media attention

## Managing and reducing risk

We cannot know all the risks and issues that may affect our work all of the time. We can, however anticipate many and plan for those we do know about. We will consider and respond to any communications and engagement risks we identify. An analysis can be found in Appendix 2.

## Our vision and objectives

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Our organisational vision and values<sup>4</sup> shape and define our communications and engagement activities and the key messages we need to communicate to our publics and partners.

Our **communications and engagement vision** provides greater focus:

*“We want to be recognised as a people focused organisation, buying the best health services, working with our publics and our partners to do this to improve the quality of our residents lives”*

...as do our **communications and engagement objectives** in:

- Engaging and communicating effectively with member practices and our staff, to enable a shared understanding of our work and their role within it
- Supporting the successful delivery of our priority programmes to transform health services and improve people’s health
- Increasing recognition of our work and raise our profile amongst all patients, members of the public and other partners
- Working together with our NHS partners, Sefton Council, Healthwatch Sefton and the voluntary, community and faith sector to improve local health services, and increase awareness of those services amongst people in south Sefton
- Encouraging participation of south Sefton residents in shaping and reviewing health services, so they are the best they can be
- Manage and plan for difficult situations

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<sup>4</sup> Our organisational vision, values and aims can be found on our website [www.southseftonccg.nhs.uk](http://www.southseftonccg.nhs.uk)

# Our duty to involve

Engaging our public and statutory partners in an open and honest manner and consulting them at the right time, in a meaningful way is important to us. Our approach reflects the many legal and policy duties that demand us to effectively engaging and involving our patients, carers, members of the public and our other partners.

The laws and regulations governing our work can be summarised in three main categories – **NHS**, **equality duties** and **local government**. These are reinforced by other associated legislation and this section gives an overview of some of the most important.

## 1. NHS legislation and guidance

### NHS Constitution

The Constitution<sup>5</sup> sets out the principles and values of the NHS in England. It brings together in one place the rights of patients, public and staff, as well as pledging what the NHS is committed to achieve. It also gives responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. All NHS bodies, private and third sector providers supplying NHS services are required by law to take account of this constitution in their decisions and actions. First published in 2012, the Constitution is updated to reflect any changes to the NHS landscape.

### Health and Social Care Act 2012

This legislation signalled a number of reforms to the NHS including the formation of clinical commissioning groups. The Act strengthens NHS bodies' duties to involve. For CCGs these can be summarised as follows:

1. **Individual involvement** – requiring us to promote the involvement of patients, carers and members of the public in planning, managing and making decisions about their own care, including '*shared decision making*' and supporting them to '*self-care*', and when choosing treatments or services, known as '*Patient Choice*'
2. **Collective involvement** – requiring us to involve patients, carers and members of the public in the planning of commissioning arrangements, the development of proposals for change and the decisions made

<sup>5</sup> NHS Constitution: <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

## NHS Act 2006

This legislation was amended to take account of the Health and Social Care Act 2012. It sets clear requirements for CCGs to meet when focusing their communications and engagement activities, which can be summarised as follows:

1. **Duty to involve** – requiring us to involve patients whether directly or through representatives in the planning of services, the development of proposals for changing the way services are provided and the decisions made affecting the operation of services. This includes consulting Sefton Council's Overview and Scrutiny Committee for Adult Social Care (OSC) where we are planning a substantial change or variation in services, and you will read more about this on page 10
2. **Duty to reduce inequalities** – that may exist in patients' access to services and in the outcomes they can expect from those services

## Guidance

### Transforming participation in health and care

This 2013 guidance<sup>6</sup> from NHS England supports us in improving individual and public participation and how we can better understand and respond to the needs of the people and communities we serve. It provides a framework for involving people based on good practice that is helping us in planning and shaping services at all stages of our commissioning cycle, in line with the statutory and legal duties described in this section.

### Planning, assuring and delivering service change for patients

In 2010 the Secretary of State for Health set out four key tests for commissioners<sup>7</sup>, which are designed to build confidence with staff, patients and communities. These tests have been incorporated into guidance for major service change and reconfiguration proposals<sup>8</sup>, which must demonstrate:

- Strong public and patient engagement
- Appropriate availability of choice
- Clear, clinical evidence base
- Clinical support

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<sup>6</sup> <https://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf>

<sup>7</sup> Government mandate to NHS England

<sup>8</sup> Planning, assuring and delivering service change for patients 2015 <https://www.england.nhs.uk/wp-content/uploads/2015/10/plan-ass-deliv-serv-chge.pdf>

## Everyone Counts – planning for patients

As well as ensuring that the rights set out in the NHS Constitution are delivered, the ‘citizen participation and empowerment’ section of this guidance<sup>9</sup> compels CCGs to ensure they:

- Listen and respond to patients views
- Use new technologies to deliver patient care
- Use data to help transform services

## 2. Equality Act 2010

The Equality Act 2010 provides a cross cutting legislative framework to:

- Protect the rights of individuals and advance equality of opportunity for all
- Update, simplify and strengthen the previous legislation, and deliver a simple, modern and accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society

### Public Sector Equality Duty

The Act describes the following protected groups defined by – age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, lack of belief, sexual orientation, marriage and civil partnership. We have a Public Sector Equality Duty (PSED), requiring us to take into account the equality and human rights set out in the Act in all our business including commissioning services, employing people, developing policies and communicating, consulting or involving people about our work.

The Equality Delivery System (EDS) helps us to deliver our PSED. It describes how we should: “Improve accessibility and information, and deliver the right services that are targeted, useful and used in order to improve patient experience”. We are working towards EDS 2, looking at how we can further strengthen our systems and processes. Alongside this we are working closely with the organisations that provide our services to improve their equality performance around access and outcomes for protected groups, and we do this through robust contract monitoring.

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<sup>9</sup> Everyone Counts: Planning for Patients 2014-2015 – 2018-2019 <https://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf>

In summary, this means that in planning and delivering services we must ensure that:

- Measures are in place to identify and tackle any barriers to using services
- People have the necessary support and information they need to access services in a way that meets and takes account of their individual needs
- People are supported to make informed choices about their care and treatment and understand their rights
- Robust systems are in place to gather feedback and capture experiences from the people who use services and use this intelligence to improve services

### 3. Local government

We are both accountable to, and partners with, Sefton Council around different aspects of public engagement and involvement.

#### Sefton Health and Wellbeing Board

As members of the board we are required to continuously involve patients, their representatives and our local community to ensure they have a genuine voice and influence over the planning of services<sup>10</sup>. So we involve all these partners when we update our joint strategic needs assessment (JSNA), which brings together all the information we have about health and health services now and how we expect them to change in the future. Together, we have developed the Sefton Health and Wellbeing Strategy, which is based on the JSNA and which informs all our CCG plans and strategies.

#### Overview and scrutiny

We are required to consult Sefton Council's Overview and Scrutiny Committee for Adult Social Care (OSC) where we are planning a substantial change or variation in services<sup>11</sup>. A number of local councillors make up the committee and its purpose is to represent the views and safeguard the interests of local people by:

- Scrutinising NHS policy, service planning and operations
- Being consulted on all proposals for major changes to health services
- Calling commissioners to give information about services and decisions
- Reporting their findings and recommendations

<sup>10</sup> Local Government and Public Involvement in Health Act 2007 amended to reflect Health and Social Care Act 2012

<sup>11</sup> Local Authority Regulations 2013 strengthen duties set out in the NHS Act 2006

- Referring matters to the Secretary of State where they have not been adequately consulted, or believe that the proposals are not in the best interests of the local health service

## **4. Other important legislation**

Here are some of other important laws that help shape our work and ensure we involve as many of our residents as possible.

### **Mental Capacity Act 2005**

This Act sets out five core principles to ensure that individuals are empowered to make decisions where possible, and where this is not possible, that any decision made or action taken is made in their best interests.

### **Human Rights Act 1998**

The Act outlines the fundamental rights and freedoms that individuals in the UK have access to and all public bodies must ensure they comply with these.

### **United Nations Convention on the Rights of the Child**

This is a human rights treaty setting out the civil, political, economic, social, health and cultural rights of children. Article 12 states 'parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child'.



## 5. What this means for our residents

Here are some examples of how these laws and regulations shape our day to day work with patients, carers and other communities.

### 1. Individual involvement

**Friends and Family Test** – we monitor the results of this national patient experience survey to ensure the services we commission meet expected quality standards

**Information for patients** – we look at ways to offer targeted support so that patients can be more in control of their health

**Personalised care planning** – we will support those eligible to have the option of a personal health budget

**Shared decision making** – we will empower patients to have greater involvement in decisions about their care

**Self-care and self-management** – we look at ways we can provide support to patients to better manage their health and prevent illness

### 2. Collective involvement

**Involving people in the development of our plans** – we will ask people for their views about our commissioning plans and how we propose to spend our money. When we are reviewing the health needs of the area we will ask people what they think should be our priorities. When we are developing new services we will invite views to help shape them.

**Involving people in plans to change services** – sometimes we will need to make major changes to the services we commission. We will involve people, particularly those who may be affected by change, as early as possible in this process to ensure as many as possible have the chance to give their views.

**Involving the right people** – we carry out equality assessments to identify if any specific groups of people may be affected by our current work, when developing our plans and when proposing any changes to services, so no group is unfairly discriminated against.

# Our approach

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## Our commitment

We recognise the value of meaningful involvement and its integral role in helping us to provide the best possible services for the people we serve. Communicating effectively – at the right time and in the right way - will be central in helping us to do this.

## Our principles

Our overall approach to engaging and communicating with our key partners reflects the good practice set out in the Sefton wide Public Engagement and Consultation Framework<sup>12</sup>. We will ensure our activities are:

- 1. Relevant, planned and timely** – we will firstly establish the need to engage or consult, so we are clear about what we are asking. We will plan our approach, ensure that activities begin early and are timely throughout the process and we will put adequate resources into doing this
- 2. Proportionate and appropriate** – the scale of the activities we plan will be proportionate to the need to engage, consult or communicate with the different communities we need to reach
- 3. Accessible and inclusive** – we will ensure our engagement and communications are appropriate and accessible by all
- 4. Integrated and coordinated** – our engagement and communications activities will be integrated to get the best possible results, and we will work with our partners to organise and coordinate our activities whenever we can to reduce duplicating effort, resources and in streamlining processes whenever we can
- 5. Open and two way** – we want people to be clear about how their views and experiences are being, or plan to be, used. So feeding back what we're doing and why is important to us. Whenever possible our communications will be clinically led and the messages we communicate will be consistent with our vision, values and objectives.
- 6. Used to inform how we do things in the future** – we will manage the outcomes we gain from our activities to ensure this knowledge is used effectively in our decision making, and we will review our systems for engagement and consultation so we can learn from experience when we are devising subsequent activities
- 7. Cost effective** – always demonstrating value for money

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<sup>12</sup> The framework was developed jointly and adopted by the local NHS, Sefton Council, and Sefton CVS in 2009 to set standards of good practice. Visit [www.sefton.gov.uk](http://www.sefton.gov.uk)

## Our structures

Our organisational structures illustrate how we are striving to embed systems to achieve good, two way engagement with key partners – patients, publics and CCG members - into our daily business:

- We have named **Governing Body lay member** for engagement and involvement
- Our organisation works across four, well established, **localities** - Bootle, Crosby, Maghull and Seaforth & Litherland. Each is chaired by a GP and has dedicated support from our Operational Team. These forums are where our **members** participate in and influence our work
- All member GP practices are invited to **wider group meetings** every quarter. These provide a further forum for practices to get involved in CCG business
- We have an **Engagement and Patient Experience Group (EPEG)** which reports to our Governing Body via our **Quality Committee**. It is a Sefton wide group and is jointly chaired by our lay member and their counterpart from NHS Southport and Formby CCG. It includes representation from the patient's champion Healthwatch Sefton, Sefton Council and Sefton CVS, which represents the voluntary, community and faith sector. This group helps us to maximise the opportunities we have to engage across the different sectors in Sefton by working together in a coordinated way. EPEG gives expert advice about how and where to go to engage. It assesses a range of patient experience data and information from our engagement and consultation activities to inform our work. This also helps us to spot early any emerging trends and issues, so we can take quicker action
- Whenever appropriate, we invite **patient representatives** to be directly involved in our day to day work, such as procurements or working groups
- GP practices are now required to have a **patient group**<sup>13</sup>. Working with our members and Healthwatch Sefton we are looking at ways to strengthen these groups to enable greater patient participation in their local NHS
- We hold regular public **Big Chat** events where we bring people together to discuss our work and to ask for their views about our plans. Our **Mini Chats** are often smaller and more focused events around specific issues. We have also worked with Healthwatch Sefton to deliver **Community Chats**, enabling us to reach people who would not normally attend our Chat events

<sup>13</sup> These are often known as Patient Participation Groups or Patient Reference Groups

## Going further to involve people and partners

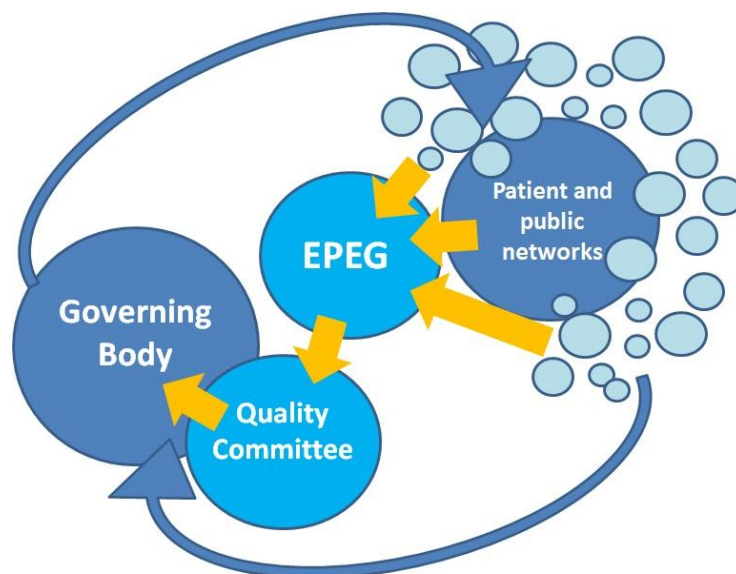
Whilst our organisational structure and systems provide a firm foundation for involving and engaging people, we recognise that we need to do more to make sure as many people as possible have the chance to get involved in our work.

So, we will constantly look for new opportunities to reach out to more people, particularly those who find it difficult to have their say about their health services.

Here are some examples:

- Working with Healthwatch Sefton's **Community Champions** to reach a much wider range of local residents, encouraging them to get involved in their NHS and to gain their experiences of using health services
- Working with Sefton CVS to the gain involvement of and gather feedback and experiences from **voluntary, community and faith groups**, as well as the networks it coordinates such as Ability and Every Child Matters
- Speaking directly to the **people who use services** we commission, so we can better gauge how effective those services are and how they can be improved
- Participating in Sefton Council's **Consultation and Engagement Standards Panel** to ensure we are working in line with best practice

The following diagram shows how our organisational structures and external systems work together:



# How we engage and involve

Whilst this section gives an overview of how we seek to involve people in our work, the following list is not exhaustive. We know that we must constantly look for different approaches to ensure we involve as many people as possible - particularly those who may otherwise struggle to have their voice heard.

## 1. How we plan and shape our services

In order to commission the best services, we regularly analyse and assess the effectiveness of what currently exists, identify any gaps, look at ways we can respond to all this information, deliver the results – through new services or changes to existing ones – and monitor and assess how well they work. Then we start the process again. We carry out this ‘**commissioning cycle**’ over the course of each year, and public and partner involvement is central to the process, taking place at every stage. The diagram below explains how this works.



## **Our 5 year strategy**

We finalised our first 5 year strategy for improving health and health services in the summer of 2014. It describes a Sefton wide vision with NHS Southport and Formby CCG, so we can work across a wider area when we need to but also concentrate on our very local priorities. This also makes it easier for us to work with partners like Sefton Council and better join up or 'integrate' our plans and services whenever we can. Importantly, it means we have the potential to achieve more for local residents than we could do individually, as there is greater strength in working together.

Our strategy focuses on three overarching aspects of healthcare that will make the most difference to the health and wellbeing of our local residents – primary care, urgent care and care for our older and more vulnerable residents - shaped by the JSNA, Sefton Strategy for Health and Wellbeing and from discussions with local residents to gain their input throughout.

## **Shaping Sefton – our blueprint for change**

This is the name of our transformational programme spanning health and social care, which will help us deliver the vision of our 5 year strategy and which takes account of the Five Year Forward View. We have designed a number of blueprint programmes within Shaping Sefton towards creating more joined up services focused around people's individual needs, so their care is more effective and their experience improved. We believe our approach will also help us to work more efficiently in tackling increased demand on services due to the changing needs of our residents, who are getting older and have more complex health issues, amidst challenging times for health and social care.

We are leading this work through Sefton Health and Wellbeing Board with support from the independent and influential King's Fund. Our eight blueprint programmes are community services, primary care, mental health, respiratory, cardiovascular, intermediate care, urgent care and care for older and more vulnerable people.

In 2015 we held a number of different events for our members and partners across health and social care. We also combined our public annual review with a Big Chat style event, where residents were invited to give their views about the future of community services. In the year ahead we will continue our conversations with member practices, residents and partners to further progress this work.

## 2. Managing and acting on information

Having a systematic approach to collecting all the views and experience we receive from the public and our other partners is vital, if we are to truly commission responsive services that reflect the needs of local people.

### **EPEG, our Engagement and Patient Experience Group**

A wide range of data and insight about patient experience, public involvement and equality analysis is collected, assessed and coordinated by EPEG. The group links to all areas of our work so that we act on this intelligence throughout the commissioning cycle. EPEG members from Healthwatch Sefton and Sefton CVS give us a much wider understanding of local services by sharing their insight and experience reports. Representation from Sefton Council provides a link to the Consultation and Engagement Standards Panel and best practice approaches. The group also helps members to coordinate activities and to collaborate whenever we can. Intelligence from EPEG is reported to our Quality Committee, to give assurance directly to our Governing Body that we are meeting our duties to involve our publics and partners. This structure also allows us to escalate any issues we might have around particular services.

### **Patient experience dashboard**

Our patient experience dashboard is discussed regularly by EPEG. It brings together data from our providers including Friends and Family Test results, reports of serious incidents and complaints. This helps us to spot trends and to act early on emerging issues, which we escalate to the Quality Committee. It also supports us to better understand which services work well and to share their best practice with other providers.

### **Customer Relationship Management**

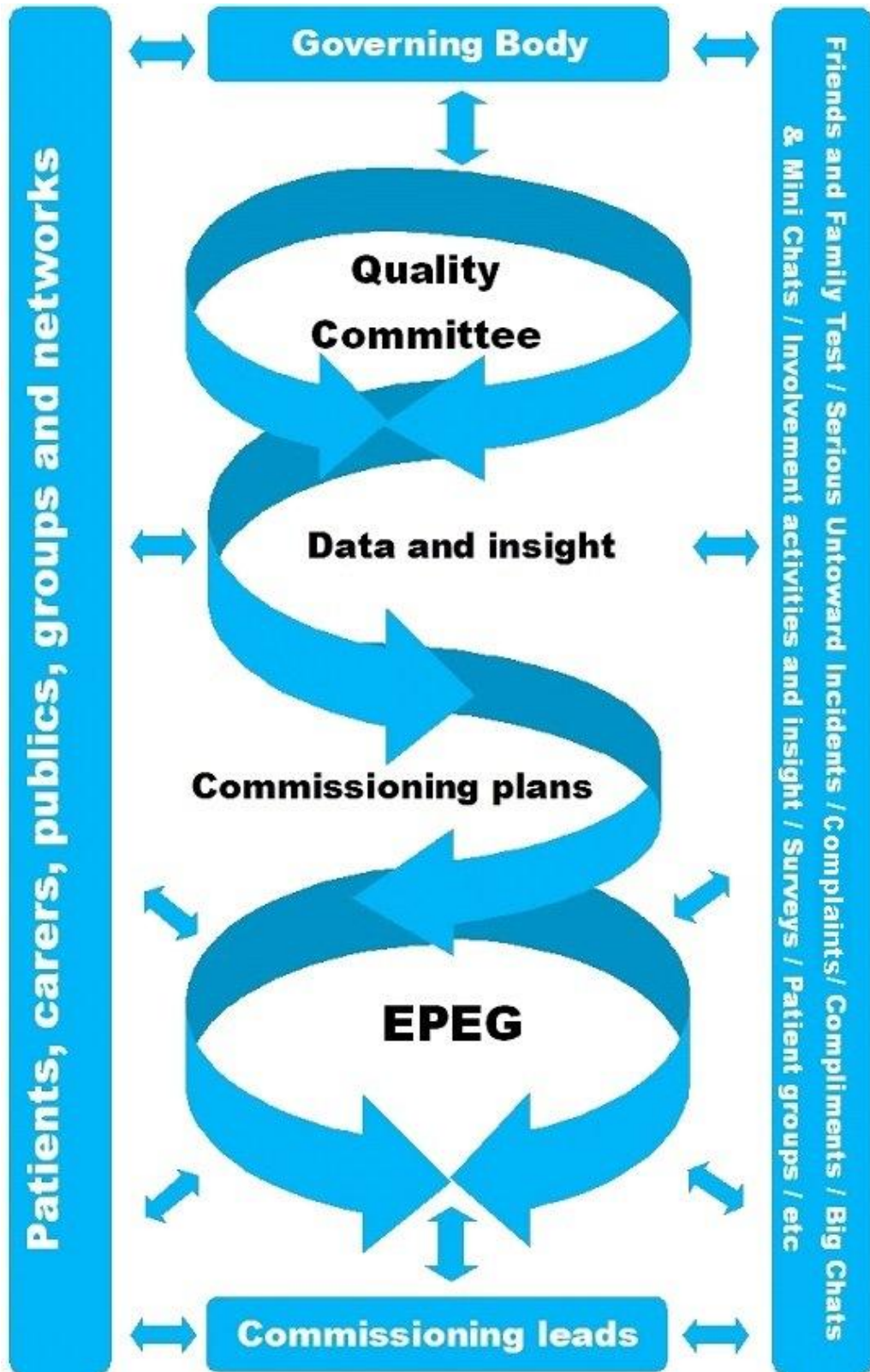
We are using a new database, called My NHS to store contact information for all the people who have asked to be kept updated about our work. When we are out and about we have been asking more people if they would like to join. This system keeps this data securely and it is already helping us to extend the number of people we are in contact with.

### **Strengthening our systems**

In 2016 we will look at how we can further strengthen our systems for managing the qualitative insight we gain from our activities to involve our publics. We will explore the possibility of developing a software based management tool to link more closely with our Programme Management Office, which oversees the delivery of our work programmes. A tool such as this would bring together this insight, so we can more easily identify themes and trends to inform our work in a more systematic way.

### 3. How our systems work together

The following diagram shows our systematic approach to managing all our data and insight.





## 4. How we involve our members and staff

We are one organisation bringing together many doctors and other professional who make up our membership. We are bound together by our CCG Constitution, which describes the individual responsibilities of our member practices and the systems in we have put in place to enable us to work effectively. We will support the effective delivery of our Organisational Development Strategy to keep our members and staff engaged and involved in our work.

### **Training and development**

We support regular Protected Learning Time events for the doctors, nurses and practice staff that make up our membership. These focus on different topics and subjects to support our membership in their day to day work. Alongside this we will strengthen our programme of development opportunities and support to our staff, clinical leads and Governing Body members.

### **Strengthening locality working**

Locality working is central to how we want our organisation to operate and our commitment to this is set out in our founding Constitution<sup>14</sup>. Practices in each of our four locality areas come together each month to discuss commissioning issues. Each is led by a GP and supported by a locality manager from our operational team to devise schemes and initiatives to benefit their patients. This has included the development of a community shop in Bootle called Strand By Me and inhaler technique reviews for patients with breathing conditions to help them better manager their illness. We will continue to look at ways to further empower our localities through strengthened support in line with our Organisational Development Strategy.

### **Annual 360 degrees survey**

Carried out by NHS England, this survey gives us an indication of how involved our members feel in the work of their CCG. We will continue to act on the results of this survey.

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<sup>14</sup> Our Constitution can be downloaded from our website

## 5. How we involve our partners

We know we cannot achieve the improvement that we are aiming for in isolation. Having strong partnerships is crucial in helping us to achieve the best possible results for local people by doing more together.

### **Sefton Health and Wellbeing Board**

As active and committed members of the board, we work collectively to involve our publics and other partners in our work – from developing our JSNA and Health and Wellbeing Strategy, to our recent Shaping Sefton system leadership events supported by the King's Fund. During 2016 we will see a change to the structure of the Board's sub-groups, so that they more closely reflect our joint Shaping Sefton programme. This will help us to work more easily across health and social care, towards our vision of more joined up, integrated services.

### **Healthcare providers**

There are many NHS and non-NHS organisations that provide local health services on our behalf. So, we need to involve these partners early when we are developing our plans. This will be particularly important when considering transformational changes to local healthcare, which will require different and more effective ways of working in order to secure improvements to services that will benefit our local residents.

### **Healthwatch Sefton**

Healthwatch Sefton<sup>15</sup> is represented on our EPEG group and co-opted to our Governing Body. Information it collects from patients and the public about the services we commission feeds into our information and commissioning systems. Healthwatch's Community Champion network is split into four geographical areas mirroring our CCG localities, making it easier for us to work together. The Community Champion network is further strengthened through the work of the Healthwatch Locality Representatives. Part of these individuals' role is to work closer with our CCG locality managers and to support us in engaging more widely with local people, particularly those who would not otherwise give their views about their local NHS. We work with Healthwatch on a range of different projects. This includes increasing the voice of working people and when looking at how we can further support patient groups in GP practices, so they provide another mechanism with which we can involve people in our work.

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<sup>15</sup> [www.healthwatchsefton.co.uk](http://www.healthwatchsefton.co.uk)

## **Voluntary Community and Faith Sector**

Our links with the voluntary community and faith sector (VCF) are extremely important to us. These links support us in providing information to, and gaining feedback from harder to reach groups via the VCF sector. Sefton CVS provides the link between the VCF sector and our EPEG group. This includes Sefton Equalities Partnership, Sefton Health and Social Care Forum and the Every Child Matters Forum. EPEG receives regular updates from the groups and networks that Sefton CVS coordinates. We will work together to explore how this can be further strengthened in the year ahead to ensure we are reaching the people who may be affected most by our work.

## **Annual 360 degrees survey**

The NHS England also gives us an indication of levels of confidence amongst some of our closest partners. It is helpful in understanding the strength of our relationships and where we need to do more.

# **6. How we involve local people**

We involve our residents in our work in a number of different ways. The list below highlights some of the core methods we use but it is by no means exhaustive. We continually look at how we can strengthen these further and supplement them with other activities and events, according to feedback from local people and based on our commissioning needs.

## **Big Chats and Mini Chats**

Our Big Chats provide a forum where we talk together with our residents about our work, ask for their views about our plans and feedback how we have used people's comments and experiences so far. We also hold Mini Chats to really focus on specific topics and where we can go out to talk to groups and individuals who often find it difficult to have their say about health services. We combined our Annual Review meeting with a Big Chat in 2015 and this approach was well received by attendees, so we will replicate this in 2016. We are looking at how we can make Big Chats more accessible, by shaping their content and format, as well as the times they are held.

## **Patient Groups**

Our member practices are now required to have a patient group, sometimes known as Patient Participation Groups or Patient Reference Groups. They provide a forum for people to get involved in their practice and the services it offers. They also provide us with an opportunity to inform and involve members in our wider CCG work. We will work with Healthwatch Sefton in 2016 to look at how we can more systematically enable the involvement of these networks in designing and shaping our plans and services.

## **Talking to patients**

It is essential that we gain 'first hand' experience from the patients of specific services when we are planning changes or improvements to them. We need to ensure we have a full understanding of any impact our changes may have on patients, so we can address issues and amend our plans when necessary.

## **Governing Body meetings**

We hold bi-monthly Governing Body meetings in public, where residents can hear members discussing and making decisions about our work. Ahead of the start of these formal meeting, there is an opportunity for people to meet some of the doctors and other professionals who make up the committee. They are also welcome to ask any questions or queries they have during this session.

## **Widening the 'voice' of our residents**

At the end of 2015 we extended the membership of EPEG to include representation from Sefton Carers Centre. This will help us to better engage carers and we will work with the centre to look at ways we can target our activities at its members to ensure their voice is heard. We will work with Sefton's Young Advisers in 2016 to look at how we can encourage greater involvement from Sefton's vibrant Youth Voice Network. This will include Big Chats for young people, working with the Young Advisers to coproduce events to make them relevant and appealing for this age group. We will also explore how we might further adopt the recommendations of the 2015 Sefton Youth Participation Strategy - in particular its checklist for good youth participation - into our daily work and systems.

## 7. Feeding back

We understand the importance of feeding back how we have used people's views and experiences in a timely and appropriate way. We do this in a number of different ways but we know that we need to get better. In 2016 we will explore how we might improve our feedback mechanisms, strengthening some of the main methods, below, that we currently use.

### **Meetings, events and forums**

When it is relevant, we include a feedback section in our Big Chat and other events. We also go back to many of the groups and forums who have participated in our activities to update them on the results.

### **Documents and materials**

We produce all of our Big Chat and Mini Chats, giving an overview of people's views and how we are, or intend to use them. These are published on our website and sent to everyone who attended. We also produce reports for specific programmes and activities, which are also published on our website.

### **Annual involvement report**

We include details of our activities to involve people in our main CCG Annual Report and Accounts. In addition, we produced a separate EPEG Annual Report to further highlight the involvement work we carried out in 2014-2015. We will continue to produce a separate annual overview of our involvement activities and in 2016 we expect guidance from NHS England that will help us to further shape its content.

# How we communicate

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We will use a range of 'channels' or methods to inform and encourage involvement with **our members, staff, partners** and our **local residents**. This section details some of the key people we will communicate and engage with and some of the channels we will use, but these are not exhaustive. It also sets out some of the **underpinning activities** that support our communications and engagement activities.

## 1. Our members and staff

### Supporting our staff

We have a joint Operational Team with NHS Southport and Formby CCG, which carries out much of our day to day work. This includes nurses, medicines management and finance specialists, locality managers and others involved in performance and commissioning. We need to ensure all our staff have a good understanding of, and are engaged in, our work. To do this we will ensure staff have good access to the information they need to work effectively. We will hold regular meetings to bring the Team together and we will devise appropriate communications to support the delivery of our Organisational Development Strategy.

### Digital communications

We have a weekly e-bulletin and an intranet for our member practices and staff giving our members and employees access to a range of information that is useful in helping them to carry out their day to day work. We have carried out a review of these channels in 2015 and this has highlighted areas for improvement, summarised below.

#### e-bulletin

The e-bulletin has been providing members and staff with weekly news and information since late 2011. The e-bulletin works in tandem with our intranet, with stories signposting people to our internal website. Informed by the results of our review, we will revise the content and format of these bulletins so they are more relevant and engaging for practice staff. As our Operational Team has grown to around 100 people, we can no longer only rely on face to face methods to communicate with our Team. So, in 2016 we will introduce a new dedicated e-bulletin for staff that will focus on key corporate messages, as well as providing a vehicle to celebrate their successes.

## **Intranet**

Practice staff were involved in the design, functionality and content of our intranet, which was launched in January 2012. The site is intended to provide an 'information hub' for our members and staff. Our review in 2015 has also suggested how the intranet needs to change to better serve the needs of our members and our staff. This includes ensuring that those working on mobile devices have access to the intranet, which is hosted on a secure NHS network. We will refresh the site in early 2016 in line with other feedback and discussions from our review.

## **Streamlining e-communications**

We continue to look at ways to streamline communications by email to our members and staff. Our protocol encourages staff to use the intranet and e-bulletin as the main channels for non urgent operational communications. The introduction of a staff e-bulletin will further help us to reduce global emails.

## **2. Our partners**

### **Sefton Health and Wellbeing Board**

We will work with the new sub-groups of the Board (p16), expected to be in place in early 2016, to support partnership working whenever possible. We aim to coordinate our activities, avoid duplication and maximise our resources and capacity whenever it is practical and appropriate.

### **Sefton Overview and Scrutiny Committee for Adult Social Care**

We will continue to build good relationships with this committee. Our statutory duty to the committee is set out on page 10. Our Chief Officer attends every meeting to update councillors about our work. We will inform and involve the committee early about any relevant plans or changes to services. Other areas of specific work will be supported by members of the Operational Team.

### **Our NHS partners**

We work together with a number of other NHS organisations to either provide services or monitor the quality and performance of the services and care we commission. We will look to carry out joint communications whenever appropriate with our NHS partners to ensure consistency and support. Partners include NHS England and the many hospitals and community services that provide care on our behalf.

## **Members of Parliament**

MPs are uniquely positioned to provide us with views and perspectives about the services we commission based on the experiences of their constituents. It also means they are able to alert us early to problems, so we can begin to rectify them as soon as possible. We aim to hold regular meetings between our Chair and / or Chief Officer and local MPs to develop positive relationships, and we will respond quickly and effectively to requests in relation to parliamentary questions.

## **Healthwatch Sefton**

We work with Healthwatch Sefton in a number of ways. The Chair of Healthwatch Sefton is a co-opted member of our Governing Body and the organisation is a member of the Health and Wellbeing Board and an active member of our EPEG group. These forums all present opportunities for Healthwatch to ensure the patients and publics it represents are kept up to date about our work, and for the organisation to feedback any comments directly to us. The Community Champion network also presents us with greater opportunities to communicate with patients and local residents, and we will work together in the year ahead to explore how this might be strengthened working with our Locality Managers.

# **3. Our residents**

## **Digital communications**

Digital and social media now permeate our daily lives and we are exploring opportunities where we can effectively use these channels of communication in support of our objectives (p6). Mobiles and smartphones are increasingly becoming the gateway of choice to digital channels, particularly amongst our younger residents. So, we will continue to explore the benefits and opportunities of these channels for achieving two way dialogue with our publics and partners. Better engagement through social media was one of the recommendations of the 2015 Sefton Youth Voice and Participation Strategy and we will look to work with Young Advisers to inform our approach when targeting this age group.

## **Website**

We will refresh our website by the end of 2015 to make it more engaging and relevant to our residents and our partners. The refreshed site will provide a further mechanism for people to contact us and give their views. It will contain more information and offer more user functionality helping to further build recognition, reputation and understanding of who we are and what we do.



## **e-bulletin**

We will launch an e-bulletin in 2016 providing updates about our work to those members of the public and our partners who have signed up to our new Customer Relationship Management System (p18). It will link to our new website, where people will be able to sign up to our database and leave comments about the items it contains.

## **Social media**

Our social media strategy looks at how we can implement, manage and monitor the use of these channels to support our objectives. We will launch a presence on Twitter in 2016, with the aim of engaging a much wider group of residents and key influencers. It will provide an additional gateway to our website and we will closely examine its impact and effectiveness.

## **App and TV service**

Our Looking Local digital information service gives residents access to wide range of information via their Virgin TV subscription and an app for smartphones. Patients at some practices can also book appointments via the system. In 2016, working with Aintree Hospital, we will introduce a plug-in enabling patients with chronic kidney disease secure access to their records to help them better monitor their conditions.

## **Video**

This medium offers the potential for more immediate and engaging storytelling. Mobile devices give us the technology to do this and we will explore how we can make use of this medium to strengthen our messaging. This can be a time intensive activity and will need to be balanced against our core priorities.

## **Media relations**

There remain a number of distinct and well respected publications in south Sefton, despite the national contraction in print media. The majority of newspapers are free sheets, delivered directly to a high proportion of homes in the area. Alongside their print operations, these organisations are increasingly looking to boost their online presence, which presents us with new opportunities and challenges. Regional radio stations, such as BBC Radio Merseyside and Radio City, command strong and loyal listenership, whilst national and trade publications present the opportunity to influence decision makers at a regional and national level.

It is essential we manage our media effectively and to support members in doing this we have a media protocol (Appendix 5).

## **Corporate documents**

We are required to produce an Annual Report and Accounts, detailing how well we performed in our first full year of operation. In addition to this we will publish a number of other corporate strategies and reports that will further illustrate our work and performance. We will only produce new printed materials when absolutely necessary in support of 'greener' working practices. So, whenever possible, corporate documents will be produced electronically, only offering alternative formats on request.

## **Maximising our public waiting areas**

We know waiting areas in our member GP practices offer great potential to communicate with and engage our patients. So we will continue to explore how we can make better use of these assets. We also aim to scope the potential for visual information systems, tapping into existing practice systems to promote our key messages whenever we can.

## **Working with our partners**

Our partners use a range of channels to communicate with their staff, service users, members and patients and often include messages on our behalf. We will look at how we can further maximise these good, reciprocal partnerships that we have established, to both support their work and to maximise the impact of our messaging. This includes working jointly on campaigns and recent examples include promoting winter health, flu vaccinations and our Examine Your Options campaign encouraging people to choose the most appropriate service for their needs. Our partners also support the distribution of our key campaign materials to point of service delivery venues in their networks. All this is helping us to reach out more widely to communicate with our patients, the public and other partners.

## 4. Underpinning activities

### Brand management

There are high levels of trust and credibility in the NHS identity amongst our population. At the end of 2012 we created a visual identity, which incorporates NHS guidelines and which we use across our different channels of communication and corporate documents. We reviewed this visual identity in 2013, testing it with local people. Whilst the feedback was positive, the exercise highlighted areas for improvement and we revised our visual identity as a result. Effective management of our identity and corporate house style is an important element in promoting our reputation - the visual identity is designed to represent our vision and values clearly in all our communications. We must continue to ensure that our visual identity and corporate house style are consistently applied to ensure maximum recognition of our work.

### Content planning

We will develop a content plan that maximises our messaging across our different channels, mediums and other activities. Good content planning is essential if we are to ensure consistency and timeliness in our messaging, and this will further support us in building trust and awareness of our work in line with our objectives.

### Accessible Information Standard

A new Accessible Information Standard<sup>16</sup> was approved by the by the Standardisation Committee for Care Information (SCCI) at the end of June 2015 that requires implementation over the next 12 months. The Standard has been built into the equality section of our quality contract schedule with providers. NHS England is developing a toolkit for CCGs, which will set out guidance around monitoring providers against these new duties. An update will be presented to EPEG in the coming months once this toolkit is published. We will also look at our internal systems and processes for supplying information requested by patients and publics to see how might be strengthened in line with best practice set out by how we supply information requested by patients and publics in line with this new requirement.

### Crisis and issues management

In the event of a crisis or major incident, effective and timely communications are critical. We will horizon scan for potential negative or difficult issues and prepare appropriate responses for any emerging problems. This means adopting a whole system overview of the information we gain through complaints, freedom of information requests, MP letters, parliamentary questions, patient experience, engagement and campaign insight - ensuring communications is considered as part of our EPEG group.

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<sup>16</sup> <https://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/>

# Delivering this strategy

## 1. Roles and responsibilities

Members of our Governing Body and Operational Team will take a pro-active approach to carrying out their roles outlined below. They will do this in a timely way and be mindful of external deadlines in support of a positive reputation amongst our stakeholders.

Our Governing Body is responsible for:
<b>Taking the lead and fronting media activity, both in relation to proactive and reactive issues</b>
<b>Lead on the delivery of high level communication to staff, constituent practices, partners and providers</b>
<b>Alerting the communications and engagement team to any emerging issues</b>
<b>Attendance and involvement in public events</b>

Our Operational Team is responsible for:
<b>Ensuring communications and engagement are represented in all workstreams and appropriate leads are alerted of any emerging issues</b>
<b>Informing and gaining the advice and involvement of the Communications and Engagement Team in all relevant activities</b>
<b>Supporting our e-bulletin and intranet first protocol for sharing appropriate information</b>
<b>Working pro-actively to provide updates to our Communication and Engagement Team for inclusion in briefings, press releases, bulletins, websites and newsletters etc</b>

<b>Communications and Engagement Team will be responsible for:</b>
<b>Developing and managing the operational delivery of the communications and engagement elements within this strategy providing an integrated, seamless service</b>
<b>Providing the Governing Body with timely progress reports and ensure that the Chair, Chief Officer and Senior Leadership Team are made aware of any significant issues or risks</b>
<b>Providing strategic communications and engagement input and advice to our work</b>
<b>Identifying, planning for and responding to emerging issues which may have a detrimental impact on reputation</b>
<b>Handling of all media activity – including social media and reactive media activity, ensuring appropriate response and timely escalation of issues and, where required, co-ordinate responses with communication leads from partner and provider organisations – to ensure a consistent approach</b>
<b>Oversight of all regulatory and non regulatory communications and engagement</b>
<b>Supporting the Operational Team with practical communication support</b>
<b>Acting as the first point of contact for our partners, including community and third sector groups in relation to public engagement and communications activity</b>

## **2. Resourcing this strategy**

We have many competing priorities and we must be realistic about what we can achieve. So, we must ensure our activities are - focused on meeting our objectives, cost effective, make the best use of our capacity and regularly reviewed.

In recognition of the central and vital role of communications and engagement in our work, we strengthened our internal team in 2015. We now employ 3.75 full time staff that work jointly for ourselves and NHS Southport and Formby CCG. In addition, we worked with John Moores University in 2015 to offer a one year Digital Communications and Engagement Internship.

### 3. Measuring and reviewing this strategy

In setting our communications and engagement objectives, we have been mindful of the need to ongoing evaluation of their efficiency and effectiveness. Therefore reviewing this strategy and its action plan will be essential in helping us to assess its success.

Below are some of the indicators of our performance that will be informed by analysing the results of local and national surveys, media coverage, insight exercises and other data sources:

- Patient experience feedback and patient surveys
- Levels of awareness of our work
- Public perceptions of local NHS services and people's ability to influence the future shape of these services
- Feedback from members, partner and provider organisations
- Views sought through team meetings, staff briefings and other engagement events
- Survey of staff and members
- Intranet / website usage
- Media content analysis
- Social media analysis
- Positive political support vs level of political activity (MP letters Parliamentary Questions Feedback from members

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## Appendix 1 - Knowing who we need to communicate with

The table below summarises our audiences. Relationships between different groups are complex – some ‘customers’ could also be defined as ‘oversight’ (or providers) or ‘enablers’. We will be mindful of these shifting relationships and regularly revisit this mapping exercise to ensure appropriate relationships are maintained with different groups and that it categorises them in order of priority – ie, where our communications and engagement is likely to have the greatest impact due to the power and interest of different groups listed below.

<b>Keep engaged</b>
<b>Patients, carers and patient groups</b>
<b>Wider public</b>
<b>Hard to reach groups</b>
<b>Voluntary, community and faith sector (VCF) organisations</b>
<b>Keep informed</b>
<b>NHS England</b>
<b>Public Health England</b>
<b>Overview and Scrutiny Committee for Adult Social Care (OSC)</b>
<b>Sefton Council Cabinet</b>
<b>Ward councillors</b>
<b>MPs</b>
<b>Local Medical Committee (LMC)</b>
<b>Other medical committees (pharmaceutical , dental, optical etc)</b>
<b>Regulatory bodies (inc CQC, TDA, Monitor)</b>
<b>Enablers</b>
<b>Commissioning Support Unit (CSU)</b>
<b>NHS England Cheshire and Merseyside Area Team</b>
<b>Service providers (inc Community, Acute and VCF)</b>
<b>Our Governing Body / locality groups / wider group / Operational Team</b>
<b>Neighbouring CCGs</b>
<b>Healthwatch Sefton</b>
<b>Sefton CVS</b>
<b>Sefton Health and Wellbeing Board (inc sub structure and task groups)</b>
<b>Sefton Public Health</b>
<b>Sefton Council Executive</b>
<b>MPs</b>
<b>Media</b>
<b>Clinical forums</b>
<b>Limiters</b>
<b>Groups with negative perceptions of the NHS or our work</b>



## Appendix 2 – Assessing our strengths and weaknesses to identify risks

An analysis of the strengths, weaknesses, opportunities and threats which may impact on our work are set out below.

Strengths
Leadership demonstrating firm commitment to robust and meaningful engagement and communications
Good, collaborate relationships and working practices with key partners (statutory and VCF)
Experienced and skilled communications and engagement function provided with good local knowledge
Strong history of clinical engagement
Positive relationships with distinct traditional media outlets
Weaknesses
National perception tracking survey highlights fall in levels of satisfaction in NHS
Key partners reducing capacity and resource in engagement and communications due to wider economic challenges within the public sector
Continuously changing environment due to ongoing NHS and public sector reforms
Opportunities
Emerging new media channels to engage and communicate with members and stakeholders
Chance to enhance internal and external clinical engagement
Resolve to carry out joint communications and engagement activities between key partners to maximise impact, capacity and resource
Relatively high levels of public trust in clinicians continues, making us ideally placed to deliver key messages
Threats
Financial challenge of reduced healthcare budgets impacting on the level and quality of communications and engagement support we are able to provide
Ongoing political challenge associated with healthcare
Possible reduced levels of confidence amongst our publics and partners due to national or local factors
Maintaining continually high levels of clinical engagement amongst our members and wider clinical groups

## Appendix 3 – Defining our key messages

The key messages below have been developed to support our objectives. When necessary, we will develop ‘sub’ messages in line with our vision and objectives.

Objective 1 - Engaging and communicating effectively with member practices and our staff, to enable a shared understanding of our work and their role within it	Key message
<b>We are one CCG, bringing together practices, doctors and other professionals in south Sefton, to plan and buy high quality services that represent the best value to support good health and wellbeing of our residents</b>	A
<b>Objective 2 - Supporting the successful delivery of our priority programmes to transform health services so they can meet the changing health needs of our residents</b>	
<b>We are well placed to develop local health services because we are close to patients and know their healthcare needs</b>	B
<b>We want more services to be provided closer to people’s homes, making them easier to access and so that hospitals can concentrate on more specialist care, and we want services across health and social care to be better joined up, working seamlessly together</b>	C
<b>We expect the services we plan and buy to be as effective as possible and to be of the highest possible quality, spending the money we are allocated for south Sefton wisely, so it represents best value. We will be transparent, open and honest about the decisions we make</b>	D
<b>Objective 3 - Increase awareness of our work and local NHS services amongst our residents, encouraging them to take a greater role in maintaining their health and wellbeing and to participate in shaping and reviewing services, so they are the best they can be</b>	
<b>We are committed to involving people in our work and we will feed back any changes or improvements we make to services, so people can see where they have influenced this process</b>	E
<b>We want people to have the confidence to choose the right care for their needs every time, using hospitals and other services like doctors surgeries and chemists appropriately</b>	F
<b>We want people to have the right support, so they can take control and better manage their conditions whenever possible to improve the quality of their lives</b>	G
<b>Objective 4 - Working together with Sefton Council, Healthwatch, the voluntary, community and faith sector, NHS and other partners to improve local health services, and increase awareness of those services amongst people in south Sefton</b>	
<b>We are committed to working even closer with our partners to improve services, reduce duplication and increase efficiency, with the aim of achieving more together for our residents to meet their changing needs</b>	H
<b>Objective 5 - Manage and plan for difficult situations</b>	
<b>We will have to make tough decisions in this difficult financial climate, but we will involve south Sefton residents and our other partners in this process to ensure we make the best investments</b>	I

## Appendix 4 – summary of activity 2015-2017

The table below is designed to give an overview of our work, and is supported by more detailed operational work plans. The messages and objectives below correspond with Appendix 3, and a list of ‘audiences’ can be seen in Appendix 1. Activity will be carried out during 2015 – 2017.

Objective	Audience	Messages	Methods
<b>Engaging and communicating effectively with member practices and our staff, to enable a shared understanding of our work and their role within it</b>	GP practices	A	Strengthening locality working, linking to and supporting delivery of Organisational Development Strategy (including support for practice learning time programme and other training opportunities)
	GP practices / Operational Team		Refine internal communications channels (intranet / e-bulletin) based on feedback, to provide regular updates around locality and practice work, key corporate messaging and opportunities for member involvement
			Launch staff e-bulletin designed on feedback to increase employee engagement
			Support key forums / meetings, including practice manager, practice nurse and wider group meetings
<b>Supporting the successful delivery of our priority programmes to transform health services so they can meet the changing health needs of our residents</b>	Governing Body / Operational Team	B-D	Ensure communications and engagement are tied into organisational planning – including development of overarching organisational strategy, annual commissioning cycle and development of business cases through project management office (PMO)
			Developing bespoke communications and engagement plans for priority work programmes – including Shaping Sefton and its blueprint programmes
			Explore database system for more effective coordination of qualitative / quantitative engagement / consultation insight, with aim to link more closely with our PMO
			Regular review of communications and engagement capacity and resources in line with priorities / Evaluation of activities against objectives
<b>Increase awareness of our work and local NHS services amongst our</b>	Operational Team	B-G	Continued consistent use of our visual identity and corporate style across all channels / materials / templates / reports / strategies etc

<b>residents, encouraging them to take a greater role in maintaining their health and wellbeing and to participate in shaping and reviewing services, so they are the best they can be</b>			Proactive identification of opportunities / requirements to involve and inform people about our work towards meeting our statutory duties and good practice commissioning
	All public audiences	B-G	Launch refreshed public facing websites with links to social media, Looking Local etc to promote and further enable active involvement in our work
			Content planning to support key work programmes / celebrate success across all outlets / channels / media outlets
			Launch e-newsletter for engaged publics and partners and encourage further sign up via re-launched website
			Develop communications and engagement activities / campaigns to involve publics and partners in shaping services and to support their health and wellbeing, working jointly with our partners whenever possible
			Scoping opportunities to improve communications and engagement channels / mediums – including best use of public waiting areas, video storytelling etc
			Organise programme of Big Chat events in line with commissioning requirements, incorporating Annual Review and working with Young Advisers and other bodies to target groups
			Regular evaluation of our activities to determine their effectiveness and to ensure best use of capacity / resources
		Public / partner	Provide communications for partner internal / external channels
		Partner	Joint working on campaigns / involvement activities
<b>Working together with our NHS partners, Sefton Council, Healthwatch and the voluntary, community and faith sector to improve local health services, and increase awareness of those services amongst people in south Sefton</b>	Governing Body / Operational Team / partners	E-H	Meet regularly with and use appropriate channels to pro actively inform key influencers – such as OSC, MPs, VCF forums, Healthwatch Sefton, LMC etc – and provide them with information when requested promptly
			Continue to develop and strengthen EPEG
	All public audiences		Work collectively through Health and Wellbeing Board and its new structures
			Develop joint communications and engagement strategies / activities to support programmes like Virtual Ward
			Use our public facing communications channels appropriately to promote active involvement in our services, and look to develop other opportunities to do this (including social media)
		Scoping opportunities to improve communications within public waiting areas including review of TV based systems	

			Work with Young Advisers to increase Youth Voice, promoting their service 'checklist' internally and with our providers
			Work with Healthwatch to promote greater public involvement in GP practice patient groups, and to explore how they can better provide a mechanism for involving people in CCG work
<b>Manage and plan for difficult situations</b>	GP practices /	I	Revised media protocol and social media guidelines in place and awareness raised amongst staff / members around responsibilities
	Governing Body /Operational Team		
	Governing Body /Operational Team		Ensure communications and engagement is considered in all corporate systems – including Governing Body, Quality Committee and EPEG
			Ensure communications and engagement is considered in all key work programmes to ensure emerging issues are spotted and acted upon
			Deliver increased proactive media plan in line with objectives

## Appendix 5



# Media protocol

**NHS South Sefton Clinical Commissioning Group**

**November 2015**

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## Contents

**About this media protocol**

**Our media relations standards**

**Our media protocol**

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**Our communications service**

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## About this media protocol

We aim to maximise opportunities to improve communications with local people and other partners through open, frank and effective media relations - initiating communications and responding to enquiries in a clear, timely and consistent way – to build a better understanding of our work and achievements.

Our central objective is to **ensure a positive media profile - maximise good publicity, minimise the effects of negative publicity and ensure a corporate approach to the media.**

To do this we will:

- Establish and maintain clear and regular channels of communication with the media and create a positive, informed and clear profile of who we are
- Develop and promote consistent key messages
- Respect the right of the media to represent all views
- Seek correction when media coverage is misleading or incorrect

## Our media relations standards

- 1 Telling our story** - proactive communication through press releases, briefings and opportunities is key to shaping our positive profile and ensuring our publics and partners understand our work and achievements. This requires our staff and member practices to inform the communications support service as soon as possible about the stories they have to tell about our work, new initiatives, successes that should be celebrated and difficult messages that must be communicated. Information must be timely and relevant to ensure media interest. Opportunities to attend events, interview key people and take photography will increase the appeal of our stories.
- 2 Media enquiries** - a good relationship with the media is built on trust and responsiveness. We must ensure each issue is handled as well as possible and the media understand we are serious about openness and transparency. Our communications support service will respond to important media enquiries with a target turnaround of 4 hours whenever possible - this requires immediate attention and support from all our staff and members involved.
- 3 Management of Information** – our Governing Body and Operational Team will consider communication issues at their regular meetings - discussing communication risks, opportunities and significant planned initiatives.
- 4 Effective media communications**– our Communications and Engagement Team can offer strategic advice and expertise, supported by analysis of media coverage of our activities and channels, through media monitoring.

## Our media protocol

We will handle all media issues and enquiries in the following way:

### **A All media issues about our organisation are handled by our Communications and Engagement Team**

- All direct approaches to staff by the media must be referred to the communications lead at the earliest possible opportunity
- The lead will prepare proactive press releases and provide briefings when appropriate, arrange opportunities for media interviews and provide briefings
- The lead will prepare reactive media statements and briefings, arrange media interviews and provide briefings
- The lead will quote the Chair / Accountable Officer / other clinical members – who will also represent us as spokespeople for media interviews

### **B Our members and the Operational Team should proactively inform our Communications and Engagement Team about all plans that require or may lead to publicity**

- All plans that may lead to publicity - proactive or reactive - must be shared with the Team at the earliest stage to ensure communications opportunities and risks are identified and managed

### **C Our communications support will ...**

- Provide advice on issues and review reports that may lead to media interest
- Provide access to other appropriate communications opportunities
- Attend key internal meetings when required to discuss impending communications and engagement issues to identify opportunities and risks

### **D We will keep our partners informed by...**

- Informing NHS England and other relevant partners – about media issues that may be of regional and national significance
- Liaising with our local partners – like Sefton Council, other CCGs and providers etc – on issues where we have joint responsibility or our media response may affect them
- Briefing key stakeholders about emerging issues or change - we will endeavour to ensure they hear news first from us



## Social media guidance

Facebook, Twitter and You Tube are amongst some of the most well-known examples of social media. Their power is growing and their application can therefore be useful for organisations to use appropriately to engage and inform their audiences. Whilst there are advantages to using social media, there can also be pitfalls which impact on reputation...

### Our approach

...therefore, any engagement using these channels on behalf of the CCG should be managed by our central Communications and Engagement Team. If you have a specific message you would like to cascade via social media, please contact communications who will provide advice and support.

### Personal use

The following guidance provides a framework to help members protect themselves and our organisation, without sacrificing the benefits social media can bring to users.

1. Users are personally responsible for what they publish. Remember, anything posted will be published immediately and will be permanently available to a world-wide audience and could be republished in other media
2. Internet postings must respect copyright, privacy, fair use, financial disclosure, and other applicable laws, such as libel and defamation
3. Internet postings should not disclose any information that is confidential or proprietary to the organisation or to any third party
4. If staff or members comment on our business they must clearly identify themselves with the disclaimer - "the views expressed are mine alone and do not necessarily reflect the views of the CCG." Individuals should neither claim or imply they speak on the organisation's behalf unless they have sought prior agreement via the Communications and Engagement Team
5. Identify yourself – give your full name when you discuss work-related matters. Write in the first person. You must make it clear whether you are speaking for yourself or on behalf of the organisation with approval
6. Be aware of your personal profiles – you may wish to ensure your own personal profile and related content is consistent with how you wish to present yourself to colleagues and stakeholders
7. Be safe – never give out personal details or publish confidential information including that about patients, providers etc
8. Respect your audience - you should show proper consideration for others' privacy and for topics that may be considered objectionable or inflammatory
9. Add value – our brand is best represented by its people and what you publish may reflect on that
10. Social media should only be used in work time if it directly supports you in your employed position, and you have gained approval
11. Compliments and complaints – if you are made aware of any complaints/criticisms, or if you are made aware of a particularly satisfied service user, inform Communications.
12. The organisation reserves the right to request the certain subjects are avoided, withdraw certain posts, and remove inappropriate comments

## Our communications service

### Press releases

We aim to achieve 100% take up of our press releases by the media, which means only producing releases on issues the media are likely to respond to and publish. Press release should be supported with arrangements for appropriate people to conduct follow-up interviews and photo opportunities. Briefing notes will be prepared if appropriate. Our Communications and Engagement Team will produce photography for distribution to the media if appropriate.

### Media enquiries

We have highly skilled communications support in helping us to respond to media enquiries. The team relies on people throughout the organisation to respond to their referred enquiries as well and as quickly as possible. Each enquiry is logged and the results evaluated through our media monitoring.

### Issue management

It is vital that we identify issues that may provide an opportunity for positive publicity or which may be contentious and plan for them as early as possible. Our Communications and Engagement Team will prepare appropriate responses for any emerging problems, anticipating how the CCG will need to deal with criticism.

### Nominated spokespeople

Agreeing a small pool of nominated, skilled spokespeople will ensure consistency of key messages. This will help build our reputation.

### Rapid response

In cases where attacks on our organisation are made by media channels, our communications support will prepare a response with background notes, rebuttal statements and general advice.

## Contacts

**General queries** - 0151 247 7050

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## MEETING OF THE GOVERNING BODY

### November 2015

<b>Agenda Item:</b> 15/206	<b>Author of the Paper:</b> Tracy Jeffes Chief Integration and Delivery Officer Email: <a href="mailto:tracy.jeffes@southseftonccg.nhs.uk">tracy.jeffes@southseftonccg.nhs.uk</a> Tel: 0151 247 7049
<b>Report date:</b> November 2015	
<b>Title:</b> Remuneration Committee Terms of Reference	
<b>Summary/Key Issues:</b> To present members with the update Terms of Reference following review and discussion at the Remuneration Committee meeting held in October 2015. The changes are highlighted in yellow.	
<b>Recommendation</b>	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to approve the revised Terms of Reference.	

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

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

Links to National Outcomes Framework	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
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**  
**November 2015**

**Remuneration Committee**

**Terms of Reference**

**1. Authority**

- 1.1. The Remuneration Committee shall be established as a sub-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.

1.3. Only members of the Governing Body can be members of the Remuneration Committee.

**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.
- 2.6 Approve the terms and conditions, remuneration and travelling or other allowances for Governing Body members and including pensions and gratuities.
- 2.7 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.
- 2.8 To submit an Annual Report of the key areas of work covered by the Committee to a private meeting of the Governing Body on an annual basis.

### 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
  - Lay Member for Patient and Public Involvement
  - 2 GP Governing Body Members
  - Secondary Care Doctor
  - 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. 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 1 other member of the Remuneration Committee membership
- 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

Date: October 2015

Version 6

Future Review: **October 2016**

Version Number	Type of Change	Date	Description of change
V4	Review	April 2014	
V4	Review	26 <sup>th</sup> September 2014	
V5	- Membership - Version control	October 2015	- Title added - Footer added - GP Governing Body Member changed to GP/Secondary Care Doctor - Version control added
V6	- Membership	October 2015	- Nurse Governing Body Member removed and replaced with Secondary Care Doctor, GP membership changed to 2. - Sections 1.3, 2.6, 2.7 added. - Review date updated