## AGENDA

<table>
<thead>
<tr>
<th>Ref No.</th>
<th>No.</th>
<th>Time</th>
<th>Item</th>
<th>Papers</th>
</tr>
</thead>
<tbody>
<tr>
<td>GB14-15/007</td>
<td>1.</td>
<td>2.00pm</td>
<td>PRELIMINARY BUSINESS (Chair – Dr P Jennings)</td>
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<td></td>
<td></td>
<td></td>
<td>1.1 Apologies for Absence</td>
<td>Dr H McKay, Graham Hodkinson</td>
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<td>1.2 Chair’s Announcements</td>
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<td>1.3 Declarations of Interest</td>
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<td>1.4 Comments/questions from members of the public</td>
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<td>1.5 Patient Story (Lorna Quigley)</td>
<td>To be tabled</td>
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<td>1.6 Minutes and Action Points of Last Meeting – held on 1st April 2014 (All)</td>
<td>DRAFT minutes of WCCG - PUBLIC GB MeetWCCG - PUBLIC GB</td>
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<td>• Matters Arising</td>
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<td>• Action Points</td>
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<td>2.</td>
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<td>ITEMS FOR APPROVAL</td>
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<td>2.1 Wirral Clinical Commissioning Group Constitution (Paul Edwards)</td>
<td>Changes to Constitution Cover Sh/Management amend</td>
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<td>2.2 Safeguarding (Lorna Quigley/Debbie Hammersley)</td>
<td>FINAL Front Cover - FINAL Safeguarding Safeguarding ChildrenChildren and Adults Ar</td>
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<td>2.3 SLA (Lorna Quigley)</td>
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<td>ITEMS FOR INFORMATION</td>
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<td>4.1 Integrated Finance &amp; Performance Report (Mark Bakewell/Lorna Quigley)</td>
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<td>4.2 Committee Reports</td>
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<td>Time</td>
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<td>Audit Committee &amp; Chairs Report (Paul Edwards/James Kay)</td>
<td>![PDF](FINAL Annual committee reports cover.pdf)</td>
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<td>Quality Performance and Finance (QPF) (Mark Bakewell/Lorna Quigley/Phil Jennings)</td>
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<td>Remuneration Committee (Mark Bakewell/James Kay)</td>
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<td>Approvals Committee (Lorna Quigley/James Kay)</td>
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<td>WGPCC Consortia (Christine Campbell/John Oates)</td>
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<td>WHCC Consortia (Andrew Cooper/Pete Naylor)</td>
<td>![PDF](FINAL WHCC ANNUAL REPORT 2013-14.docx)</td>
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5. **ITEMS FOR NOTING**

5.1 **HR Policies** (Paul Edwards)
   - Career break policy
   - Learning & Development policy
   - Recruitment and Selection policy
   - Work experience policy

5.2 **Subgroups (Ratified Minutes):**
   Wirral Health Commissioning Consortium of: 19.03.2014
6. **RISK REGISTER**

   Current Risk Register

   To follow

7. **ANY OTHER BUSINESS**

   7.1 LMC & Healthwatch Representation (P Jennings)

   verbal

8. **DATE AND TIME OF NEXT MEETING**

   Tuesday 3rd June 2014
   2pm – 4pm
   Duncan Room OMH

   Please forward any apologies to Allison.hayes@nhs.net

   **Latest submission date for papers is Friday 23rd May 2014**
Preliminary Business

1.1 Apologies for absence

Apologies for Absence were received from: Dr P Naylor.

1.2 Chair’s Announcements

Chair welcomed all members to the meeting. 3 members of the public attended the meeting.

Chair informed members that Dr H McKay and Dr A Ali have now been finalised as representatives at WCCG Governing Body following the recent WGPCC consortium election process.

1.3 Declarations of Interest

There were no declarations of interest.
1.4 Comments/questions from members of the public

The Chair welcomed the members of the public present and invited any questions/comments.

No comments or questions were raised.

1.5 Patient Story

LQ introduced the patient story to the group and highlighted that the Telehealth service available to the patient was beneficial and enabled her to manage her condition more effectively and prevent unnecessary admissions to hospital. Similar initiatives are in place locally.

1.6 Minutes and Action Points of the last meeting held on 4th March 2014 & matters arising:

The minutes of the previous meeting held on 4th March were agreed as a true and accurate record notwithstanding grammatical/typographical errors which will be rectified.

The following grammatical errors are to be made to the minutes of 4th March:

- Dr D Jones is to be added to the list of attendees.
- Correction to the spelling of Simon Wagener’s surname

The following amendments were also agreed:

‘A member raised a concern that, given the amendments discussed, the appropriateness of making a decision in today’s meeting’ is now to read ‘AS raised a concern that, given the amendments discussed, the appropriateness of making a decision in today’s meeting’.

To add that ‘Dr M Green raised a concern relating to return on investment of the scheme’.

‘All eligible members of the Governing Body voted in favour of the proposal and the specification with the exception of Dr A Ali and Dr A Smethurst, who both abstained’ is now to read ‘The following members voted in favour of the proposal:

Dr P Jennings, Dr A Mantgani, Lorna Quigley, Mark Bakewell, Dr P Naylor, Dr J Oates, Dr M Green, James Kay, Dr H McKay, Dr S Wells, Simon Wagener, & Dr D Jones.

Dr A Smethurst & Dr A Ali abstained’.

Members requested feedback as to how the CCG had responded to previous questions raised by the public at the meeting on 4th March and PE clarified the CCGs response.

Action – AJH & PE to rectify errors.

Action Points - Please refer to the attached sheet.

- CSU SLA – GB 12-13/164 – LQ- CSU SLA to be reviewed on a quarterly basis and presented to the Governing Body by Lorna Quigley, with procurement options considered as part of the review process. – Next review – May 2014.

1.7 Minutes from the Extraordinary Governing Body Meeting held on 20th March 2014 and matters arising:
The minutes of the Extraordinary Governing Body meeting held on 20th March were agreed as a true and accurate record notwithstanding grammatical/typographical errors which will be rectified.

The following amendments were also agreed:

Correction to the spelling of Andrew Cooper’s surname and to the details he highlighted at the meeting which are now to read:

“Andrew Copper Chief Officer WHCC indicated that there is a move towards extended access in the health service and the guidance from NHS England talks about wider primary care delivered at scale. He highlighted that this is not isolated to GPs and there is a move for 7 day working in other areas. However, the level of debate and concerns raised in relation to this paper needs further consideration”.

JO stated that it was not clarified at the Governing Body about the length of the extension of the existing scheme. JK stated that the proposal to extend the current access scheme had been through the Approvals Committee and has been extended for 12 months.

PE gave thanks to the CCGs administration team for their support regarding the Extraordinary Governing Body Meeting.

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**2.0 Items for Approval**

**2.1 Vision 2018 Update**

AM introduced Anna Rigby to the group who provided an update regarding the Vision programme. The Vision 2018 programme has now completed phase 1 including setting the strategic context, developing programme structure, initial engagement of staff and the public and delegation of the development of Vision 2018 proposal to work streams. Members discussed various areas of the programme including:

- Specific themes including the need to increased GP availability, better communication and information sharing across and between services, and educating patients.
- Online survey to gather views about what matters to Wirral residents
- Next steps of the programme

The Governing Body were asked to note the progress of Vision 2018.

**2.2 CCG Response to management Letters from External Auditors**

MB gave an overview of the CCGs response to management letter from External Auditors in order to comply with the International Auditing Standards. The CCGs external auditors, Grant Thornton need to establish an understanding of the management processes in place to prevent and detect fraud and to ensure compliance with law and regulation.

Members of the Governing Body approved the response.

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**3.0 Items for Discussion**

There were no items for discussion.

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**4.0 Items for Information**

**4.1 Integrated Finance and Performance Report**

MB presented a report on the financial activity of the Governing Body for the year 2013/14 and highlighted the financial performance against budgeted allocation for 2013/14 as at Month 11.
### Month 11 Financial Performance

Planned year to date surplus - £6.03m  
Current year to date surplus - £6.19m  
  - £0.16m variance from plan, additional underspend  

Planned forecast surplus - £6.575m as per plan (1.4%)  
Current forecast surplus £4.575m (1%)  
  - £2m adverse forecast variance as reported at Month 10  

Key Driver for forecast outturn change – anticipated increase in quarter 4 activity at Wirral University Teaching Hospitals against planned contract value.

Wirral University Teaching Hospital NHS Foundation Trust  

- Month 11 activity information received has not 'increased' as significantly as per provider notification.  
- Technical adjustment re maternity pathway prepayment resulting in an in-year benefit and offsets prior cross year’s adjustment.

CCG assessment equates to circa Forecast Outturn £5.5m over-performance following contractual adjustments (still to be agreed) – year to date £4.2m.

### Other Issues

Further increases over previously reported (M10) forecast expenditure levels at:  

- Spire Murrayfield  
- Prescribing  
- Joint funded Packages of Care

Other movements on forecast expenditure offset variances.

Discussions took place regarding the Spire Murrayfield contract and pathway and AM informed the group that Spire have agreed to a more managed plan/contract which members found useful.

Members highlighted the importance of patients wants compared to clinical needs and how future budget setting will impact these. The need to be clear on how the CCG commissions its services in accordance to the NHS Constitution also needs to be recognised. Members agreed that it is the CCGs responsibility to support patients through the right pathway within an appropriate timeframe.

The Governing Body was asked to note the finance report today.

LQ presented a report on the activity performance for month 10 (January)  

Areas included:  

- Family and Friends test  
- NWAS turnaround times  
- Delivering Same Sex Accommodation  
- Diagnostic tests  
- MRSA
Members requested information regarding the data around family and friend tests and the targets that we are measured on. Members agreed that the comparable figures and the direction of travel around these figures would be useful. AM clarified that the number of breaches that have been raised will not be ignored.

### 4.2 Consortium Reports

CC gave an update regarding the consortia’s progress to date.

Areas highlighted included:

- Patient Engagement
- Tele dermatology
- Audits undertaken regarding minor injury services
- Wider Vision Events and patient engagement in relation to this
- Developing future training plans alongside other consortia’s.

Discussions took place in relation to how the Minor Injury and Illness services have helped to reduce the pressure on the A&E department. The A&E attendances rates for Wirral CCG are not increasing at the same level as they are nationally and it is likely that services such as these have contributed towards this.

Dr Mantgani declared is interest in relation to the services and informed members that data collected around these rates can be shared with constituent practices.

### 5.0 Items for Noting

#### 5.2 Subgroups (Ratified Minutes):

Governing Body members were asked to note the following subgroups minutes:

- Wirral GP Commissioning Consortium of 14.01.2014 - SWagener gave a brief overview regarding his attendance at a recent North West Leadership Academy Event. Clarification was sought regarding ‘level of activity that remains un-coded’ detailed in the WGPCC minutes and MB clarified the details around this.

- Wirral Health Commissioning Consortium of: 19.02.2014 – MG raised a point of interest with regards to the consortia’s Tele Health service and the returns the scheme had generated. AC clarified the details for the group.

- Wirral Alliance Commissioning Group of: 18.02.2014 – JK raised concerns regarding the lack of financial information recorded in the WACC Executive Board minutes and IS assured the group that all GP Board representatives were fully informed. It was agreed that more information would be included in future minutes. GH suggested that the wording regarding the Better Care Fund does accurately reflect the details of the proposal, however IS explained that the minutes reflected the GPs concerns and that Sarah Quinn is to attend a future meeting to provide a clear details about the Fund. Simon Wagener informed the group that he felt it necessary to attend the WACC PEG meeting to help members review their interest within the PEG.

- QPF Committee of: 28.01.2014
<table>
<thead>
<tr>
<th>Ref No.</th>
<th>Minute</th>
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| GB14-15/006  | **6.0 Risk Register**  
                Items to be included on the Risk Register  
                All items on the Governing Body Risk Register were reviewed and noted today. JK highlighted the timing of the distribution of the report and its current format and it was agreed that the Risk Register would be distributed electronically to members prior to future Governing Body meetings. |
|              | **7.0 Any other Business**  
                Chair thanked all members for their attendance. The Board meeting ended at 15:33pm. |
|              | **8.0 Date and Time of Next Meeting**  
                The date and time of the next meeting is Tuesday 6 May 2014 at 2pm – 5pm at Albert Lodge Wallasey please contact Allison.hayes@nhs.net with any apologies or agenda items. |

Board meeting ended at: 15:33pm
Wirral Clinical Commissioning Group

Governing Body

Draft Action Points re Meeting of 1st April 2014 (Public Session)
Old Market House
2pm

Outstanding Actions from: 4th March

<table>
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<tr>
<th>Topics Discussed</th>
<th>Item Number/Ref</th>
<th>Action Points</th>
<th>Responsibility</th>
<th>Action Target date</th>
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<tbody>
<tr>
<td>CSU SLA</td>
<td>GB 12-13/164</td>
<td>CSU SLA to be reviewed on a quarterly basis and presented to Governing Body by Lorna Quigley, with procurement options considered as part of the review process</td>
<td>Lorna Quigley</td>
<td>May 2014</td>
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New Actions from: 01.04.2014

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<tr>
<th>Topics Discussed</th>
<th>Minute</th>
<th>Action Points</th>
<th>Responsibility</th>
<th>Action Target date</th>
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<tbody>
<tr>
<td>Minutes and Action Points of the last meeting</td>
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<td>AJH/PE to rectify grammatical errors and agreed amendments to minutes of 4th March and EGBM 20th March.</td>
<td>AJH/PE</td>
<td>06.05.2014</td>
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Agenda Items for next meeting / Decisions to note for next meeting / Date & time of next meeting

The date of the next meeting is Tuesday 6th May 2014 at 2pm at Albert Lodge, Wallasey
Agenda items and apologies are to be sent to: Allison.hayes@nhs.net
## Changes to the CCG Constitution

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<tr>
<td>Reference:</td>
<td>GB14-15/0008</td>
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<tr>
<td>Report to:</td>
<td>Governing Body</td>
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<tr>
<td>Meeting Date:</td>
<td>6th May 2014</td>
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**Lead Officer:** Paul Edwards - Head of Corporate Affairs

**Contributors:**

**Governance:**
- Link to Commissioning Strategy
  - To be a high performance, high reputation organisation with ambition.
  - To reduce waste and inefficiency and duplication within the patient journey and between partners.
- Link to current governing body Objectives
  - To ensure that the CCG is a fully constituted organisation, in order to undertake fully its statutory requirements

**Summary:**

Following the publication of guidance from NHS England entitled ‘Procedures for Clinical Commissioning Group Constitution Change, Merger or Dissolution’ (May 2013). The CCG has had the opportunity to update its constitution following national and local changes.

In preparation for the next submission date that will be in June 2014, further minor amendments are proposed that update the Terms of Reference of the Consortia, make other minor Terms of Reference updates to reflect job titles, clarify the Chair eligibility criteria and update membership status of the Governing Body to reflect NHS England guidance.

The Governing Body is asked to approve the contents of the proposed changes to the Constitution.

**Recommendation:**

- To Approve

**Next Steps:**

Revised constitution to be uploaded to public facing CCG website
This section is an assessment of the **impact** of the proposal/item. As such, it identifies the significant risks, issues and exceptions against the identified areas. Each area must contain sufficient (written in full sentences) but succinct information to allow the Board to make informed decisions. It should also make reference to the impact on the proposal/item if the Board rejects the recommended decision.

### What are the implications for the following (please state if not applicable):

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Financial</strong></td>
<td>The CCG Constitution describes the Quality, Performance and Finance Committee and its role in overseeing financial performance</td>
</tr>
<tr>
<td><strong>Value For Money</strong></td>
<td>The CCG Constitution describes the functions of the CCG, including ensuring robust financial stewardship and efficient services</td>
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<tr>
<td><strong>Risk</strong></td>
<td>The CCG Constitution ensures that the CCG is a fully constituted organisation, in order to undertake fully its statutory requirements</td>
</tr>
<tr>
<td><strong>Legal</strong></td>
<td>The CCG Constitution outlines how the CCG carries out its statutory duties. The process for amendment included consideration of the requirement for legal advice and, in light of the nature of the changes, this was not deemed necessary.</td>
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<tr>
<td><strong>Workforce</strong></td>
<td>The CCG Constitution includes whistleblowing references which ensures staff have a mechanism for protected disclosure.</td>
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<td><strong>Equality &amp; Human Rights</strong></td>
<td>The impact assessment required by NHS England was completed as part of the application process</td>
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<tr>
<td><strong>Patient and Public Involvement (PPI)</strong></td>
<td>The CCG Constitution outlines how patients are engaged through the CCG consortia structure. The proposed changes were also shared with member practices.</td>
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<tr>
<td><strong>Partnership Working</strong></td>
<td>The CCG Constitution describes that membership of the Governing Body and other committees includes membership from partner organisations</td>
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<td><strong>Performance Indicators</strong></td>
<td>N/A</td>
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**Do you agree that this document can be published on the website?**

(If not, please note that it may still be subject to disclosure under Freedom of Information - Freedom of Information Exemptions) ✔️
This section gives details not only of where the actual paper has previously been submitted and what the outcome was but also of its development path ie. other papers that are directly related to the current paper under discussion.

<table>
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<tr>
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<th>Submitted to</th>
<th>Date</th>
<th>Brief Summary of Outcome</th>
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<td>5th November 2013</td>
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<td>1st October 2013</td>
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<td>Governing Body</td>
<td>4th June 2013</td>
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**Private Business**

The Board may exclude the public from a meeting whenever publicity (on the item under discussion) would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution. If this applied, items must be submitted to the private business section of the Board (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960).

The definition of “prejudicial” is where the information is of a type the publication of which may be inappropriate or damaging to an identifiable person or organisation or otherwise contrary to the public interest or which relates to the provision of legal advice (for example clinical care information or employment details of an identifiable individual or commercially confidential information relating to a private sector organisation).

If a report is deemed to be for private business, please note that the tick in the box, indicating whether it can be published on the website, must be changed to a x.

If you require any additional information please contact the Lead Director/Officer.
### Track Changes – between Version 1.5 and 1.6

<table>
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<tr>
<th>Area of Amendment</th>
<th>Reference</th>
<th>Amendment</th>
<th>Rationale for Amendment</th>
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| The Governing Body | 6.62 page 27       | 6.3.1 Composition of the Governing Body - the Governing Body shall have 18 voting members to include the following and be attended by two local authority representatives.  
   a) GP representatives  
      • Three from Wirral Health Commissioning Consortium  
      • Three from Wirral GP Commissioning Consortium  
      • One from Wirral Alliance Commissioning Consortium  
   b) two Lay Advisors  
      • one to lead on audit, governance, remuneration and conflict of interest matters  
      • one to lead on patient and public participation matters  
   c) One Registered Nurse  
   d) One Secondary Care Doctor  
   e) The Clinical Chief Officer  
   f) The Chair  
   g) The Chief Financial Officer  
   h) Head of Corporate Affairs and three Consortia Chief Officers – to provide senior management support from the consortia within the federated model, and to support the corporate governance of the CCG.  
In attendance: Director of Public Health  
Director of Adult Social Services  
Local Medical Committee Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Updated following NHS England guidance regarding membership of Local Authority staff and clarity from NHS England North on membership status which does not allow for ‘non-voting’ members. Addition of Local Medical Committee Officer in response to request to attend the Governing Body.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Chair Election process | 2.2 Key Roles Page 53 | Eligibility – candidates must be registered practicing GPs, practicing in one of the Group’s member practices and a GP consortium lead on the governing body, and be approved or accredited through any stipulated assessment process, including any required by the NHS National Commissioning Board (NHSCB), within 3 months of taking office; candidates must disclose any criminal record, their GMC disciplinary record (including any fitness to practice issues) and any current or potential conflict of interest issues. The Chair cannot be from the same commissioning consortium as the Chief Clinical Officer.  
Widened the eligibility criteria for the role the CCG Chair such that in the future, any GP Governing Body member could stand |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Terms of Reference | Terms of Reference Page 94 | Consortia terms of reference updated to ensure greater standardisation of content and corporate formatting and minor changes to Audit Committee and QPF to reflect updated job titles and structures.  
To improve consistency of Terms of Reference for the three consortia working within the CCG structure. Minor changes to Audit |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Committee and QPF to reflect job titles and internal CCG structures |  |
SAFEGUARDING CHILDREN AND ADULTS
ANNUAL REPORT 1ST APRIL 2013 – 31ST MARCH 2014

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<th>2.2</th>
<th>Reference:</th>
<th>GB14-15/008</th>
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<tr>
<td>Report to:</td>
<td>Governing Body</td>
<td>Meeting Date:</td>
<td>6th May 2014</td>
</tr>
<tr>
<td>Lead Officer:</td>
<td>Lorna Quigley Head of Quality and Performance</td>
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<tr>
<td>Author(s):</td>
<td>Debbie Hammersley Designated Nurse Safeguarding Children Val Tarbath Designated Nurse Safeguarding Adults</td>
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**Governance:**
- Link to Commissioning Strategy
- Link to current governing body Objectives

Department of Health Operating Framework requirements to deliver improved quality evidenced by improving safety, effectiveness and patient experience. Specifically domain 5 “Treating and caring for people in a safe environment and protecting them from avoidable harm”

Services that reflect local priorities and national developments

**Summary:**
The purpose of this report is to provide assurance to NHS Wirral Clinical Commissioning Group Governing Body that the work taking place regarding safeguarding children and adults at risk within Wirral is operating in accordance with statutory guidance, and takes account of our responsibility to assure ourselves that the organisations that we commission local health services from have effective safeguards in place and provide the highest possible standards of care.

**Recommendation:**
- To Approve
- To Note: Yes

**Comments**
The Governing Body is asked to note the contents of this report and accept assurances that the Clinical Commissioning Group is meeting its statutory responsibilities in relation to safeguarding children and adults at risk.

**Next Steps:**

This section is an assessment of the impact of the proposal/item. As such, it identifies the significant risks, issues and exceptions against the identified areas. Each area must contain sufficient (written in full sentences) but succinct information to allow the Board to make informed decisions. It should also make reference to the impact on the proposal/item if the Board rejects the recommended decision.
<table>
<thead>
<tr>
<th>What are the implications for the following (please state if not applicable):</th>
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<tbody>
<tr>
<td>Financial</td>
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<tr>
<td>Value For Money</td>
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<td>Equality &amp; Human Rights</td>
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<td>Patient and Public Involvement (PPI)</td>
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<td>Partnership Working</td>
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<td>Performance Indicators</td>
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Do you agree that this document can be published on the website?
(If not, please note that it may still be subject to disclosure under Freedom of Information - Freedom of Information Exemptions)

This section gives details not only of where the actual paper has previously been submitted and what the outcome was but also of its development path ie. other papers that are directly related to the current paper under discussion.

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Reference</th>
<th>Submitted to</th>
<th>Date</th>
<th>Brief Summary of Outcome</th>
</tr>
</thead>
</table>

**Private Business**

The Board may exclude the public from a meeting whenever publicity (on the item under discussion) would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution. If this applied, items must be submitted to the private business section of the Board (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960).

The definition of “prejudicial” is where the information is of a type the publication of which may be inappropriate or damaging to an identifiable person or organisation or otherwise contrary to the public interest or which relates to the provision of legal advice (for example clinical care information or employment details of an identifiable individual or commercially confidential information relating to a private sector organisation).

If a report is deemed to be for private business, please note that the tick in the box, indicating whether it can be published on the website, must be changed to a x.

If you require any additional information please contact the Lead Director/Officer.
SAFEGUARDING CHILDREN AND ADULTS
ANNUAL REPORT 1ST APRIL 2013 – 31ST MARCH 2014

PURPOSE

1. The purpose of this report is to provide assurance to NHS Wirral Clinical Commissioning Group Governing Body that the work taking place regarding children and adults at risk within Wirral is operating in accordance with statutory guidance, and takes account of our responsibility to assure ourselves that the organisations that we commission local health services from have effective safeguards in place and provide the highest possible standards of care.

INTRODUCTION

2. Safeguarding children and adults at risk is core to the business of NHS Wirral Clinical Commissioning Group and is embedded in the following corporate objectives:

- To place patients in the centre of our commissioning decisions
- To use the knowledge and experience of clinicians and managers to improve care
- To work effectively with our members
- To commission safe, effective care that continues to improve patient experience

3. This report outlines the Clinical Commissioning Groups strong commitment to safeguarding and promoting the welfare of children and adults at risk who are living within our communities and demonstrates how we carry out our statutory responsibilities.

4. The requirements upon health are enshrined in statute within children’s services. The Children Act 1989 and 2004 provides the legislative framework for safeguarding children. Section 11 and 13 of the Children Act 2004 has been amended through the Health and Social Care Act 2012 in order that the NHS England and Clinical Commissioning Groups have regard to the need to safeguard and promote the welfare of children and to be members of the Local Safeguarding Children Board. This is supported by Working Together (HM Government 2013). The guidance sets out the roles and responsibilities of all agencies including Clinical Commissioning Groups in ensuring their functions are discharged with regard to the need to safeguard and promote the welfare of children.

5. The statutory safeguarding duties of the Clinical Commissioning Group are set out in:

- Working Together to Safeguard Children A guide to interagency working to safeguard and promote the welfare of children (HM Government, 2013)

6. The Accountability and Assurance Framework focuses on the statutory requirements to safeguard children, with reference to similar principles being applied as part of best practice in relation to arrangements to safeguard adults at risk. This guidance is
intended to support the new NHS infrastructure and all its organisations to fulfil their statutory safeguarding duties as set out in:

- *Working Together to Safeguard Children* A guide to interagency working to safeguard and promote the welfare of children (HM Government, 2013)
- *Mental Health Act 1983*
- *Human Rights Act 1998*
- *Safeguarding Vulnerable Groups Act 2006*
- *National Health Service Act 2006*
- *Equality Act 2006*
- *Mental Capacity act 2005*

7. The Clinical Commissioning Group:
   - Is responsible for ensuring that the organisations we commission services from provide a safe system that safeguards children and adults at risk of abuse or neglect
   - Has a duty to be a member of Wirral Local Safeguarding Children Board
   - Is expected to be fully engaged with Wirral Safeguarding Adults Partnership Board
   - Is expected to work in partnership with Wirral local authority to fulfil our safeguarding responsibilities
   - Should ensure robust processes are in place to learn from cases where children or adults die or are seriously harmed and abuse or neglect is suspected

8. The next sections in the report will demonstrate how the Clinical Commissioning Group is meeting its statutory responsibilities and provides detail on the work undertaken during 2013 – 14.

**LEADERSHIP AND ACCOUNTABILITY**

9. Section 11 of the *Children Act 2004* outlines the requirement for a clear line of accountability within NHS organisations in respect of safeguarding and promoting the welfare of children. The NHS safeguarding accountability and assurance framework supports this requirement and extends it to include adults at risk.

10. NHS Wirral Clinical Commissioning Group demonstrated that their safeguarding requirements have been met as set out in the authorisation process. Leadership and management for safeguarding was one of the key requirements for the Clinical Commissioning Group.

11. Leadership and responsibility for safeguarding at Governing Body level is achieved through the Head of Quality and Performance. This lead role provides the Clinical Commissioning Group representation on both the Local Safeguarding Children Board and Local Safeguarding Adult Partnership Board.

12. Clinical expertise in the Clinical Commissioning Group is provided through the Designated Nurse for Safeguarding Children, Designated Nurse for Looked After Children, the Designated Doctor for Safeguarding Children and the Designated Nurse for Safeguarding Adults. There is also a Designated Doctor for Looked After Children and a Designated Paediatrician for Child Deaths. In addition there is a Named GP for Safeguarding Children and a Named GP for Safeguarding Adults.
These professionals are directly accountable to the Head of Quality and Performance.

13. As clinical experts and strategic leaders, the designated professionals provide a vital source of advice to the Clinical Commissioning Group, NHS England, the Local Authority, Local Safeguarding Children Board and Local Safeguarding Adult Partnership Board and the Child Death Review Panel. They also provide advice and support for health professionals in provider organisations and independent contractor services.

14. The NHS England Area Team has established a local safeguarding forum for designated professionals to further support safeguarding across the NHS and to ensure a standardised approach to safeguarding is achieved.

15. The Designated Professionals have established Strategic Safeguarding Groups with Wirral University Hospital Trust and Wirral Community Trust, in order to ensure external challenge, scrutiny and assurances processes are established and embedded. The terms of reference of these groups are primarily:
   - To ensure that safeguarding is at the forefront of service planning
   - To provide assurance in respect to safeguarding vulnerable people.
   - To advise on any implications of key government documents, national enquiries and external inspecting bodies (e.g. Care Quality Commission) or external reviews.
   - To ensure there are agreed systems, standards and protocols in place to protect those most vulnerable and that all staff work together effectively, within a clear framework of managerial supervision and multi-agency procedures.
   - To ensure concerns are escalated appropriately when not acted upon in accordance with approved multi-agency procedures.

The creation of a similar group with Cheshire and Wirral Partnership Trust is being discussed.

16. A Safeguarding Governance Group has been established which is chaired by the Head of Quality and Performance, and attended by the Chief Clinical Officer and the Designated Professionals and Named GP’s. The primary purpose of this group is:
   - To facilitate and coordinate a culture that embraces safeguarding as everybody’s business and ensures that the organisations from which services are commissioned provide a safe system that safeguards children and adults.
   - To promote and assist effective inter-organisation co-operation in order that statutory health bodies operating in Wirral co-operate and discharge their statutory responsibilities effectively relating to safeguarding children, young people and adults at risk.
   - To coordinate the development of health commissioning policy, procedures and strategy for Safeguarding children, young people and adults at risk in Wirral.

17. The Named GP for Safeguarding Children is hosted by Wirral Clinical Commissioning Group on behalf of NHS England Area Team and is accountable to the Designated Doctor for Safeguarding. In addition a GP clinical lead for Safeguarding Children has been appointed as a developmental post to support the role of the Named GP, these arrangements are under development.
INSPECTIONS

a) Office for Standards in Education (Ofsted) Inspections

18. There have been no Ofsted safeguarding children inspections in the last year. Preparation was underway for the multi-agency integrated safeguarding and looked after children inspection programme that was expected to commence in June 2013.

19. However in November 2013 Ofsted published its single inspection framework and began a programme of inspections on a universal, three-year cycle. The new framework brings together into one inspection: child protection; services for looked after children and care leavers; and local authority fostering and adoption services.

20. For the first time the effectiveness of the Local Safeguarding Children Board (LSCB) will be inspected. The review of the LSCB will include a graded judgement. This is a standalone judgement, and a report on the effectiveness of the LSCB will be produced and published on the Ofsted website.

21. As a key partner of the Safeguarding Children’s Board, participation in the preparation for this inspection will be undertaken via the safeguarding board and its committees

b) Care Quality Commission

22. There have been no Care Quality Commission safeguarding children inspections in the last year. Preparation was underway for the multi-agency integrated safeguarding and looked after children inspection programme that was expected to commence in June 2013.

23. However in September 2013 the Care Quality Commission published its single inspection framework and began a programme of inspections which will run until April 2015. The new framework will look at the quality and effectiveness of the arrangements that health care services have made to ensure children are safeguarded and how health services promote the health and wellbeing of looked after children and care leavers. Preparation is being co-ordinated by the Designated Nurse in collaboration with all relevant provider organisational leads.

24. The Clinical Commissioning Group, Local Authority and the Care Quality Commission meet quarterly to review any Nursing Care Home or domiciliary care providers where concerns are known or raised. Since the appointment of the Designated Nurse for Safeguarding Adults, safeguarding referrals leading to an investigation requiring input from health takes into account any Care Quality Commission inspection reports, incident reports and serious untoward incident reports. The information is shared with Cheshire and Merseyside Commissioning Support Unit (CSU). The Commissioning Support Unit has delegated responsibility to commission Continuing Health Care/Complex Care Services. The information is also shared with the Department of Adult Social Services quality assurance officers and contract leads.

25. The lead nurse for quality in care homes undertakes quality assurance visits and safeguarding referral visits in line with Wirral Safeguarding Adult Partnership Board policies and procedures.

SERIOUS CASE REVIEWS AND PRACTICE LEARNING REVIEWS

26. A Serious Case Review is undertaken when a vulnerable person dies or is seriously harmed through neglect or abuse, and there are concerns as to the effectiveness in the way agencies worked together. Regulation 5 of the Local Safeguarding Children Board Regulations 2006 requires Local Safeguarding Children Boards to undertake
reviews in specified circumstances. Serious Case Reviews are undertaken to ensure that important lessons for intra and inter-agency working are learnt. There is a further requirement for reviews to be carried out regularly on cases which do not meet statutory criteria, but which can provide useful insights into the way organisations are working together to safeguard and protect the welfare of children. In Wirral these are called Critical Case Reviews.

27. There have been no Serious Case Reviews carried out in respect of children over the last year in the Wirral Local Safeguarding Children Board area. However the action plan from the Child G Serious Case Review which was published in March 2013 is still being implemented.

28. The Safeguarding Children Board has recently reviewed the way in which the recommendations from Serious Case Reviews and Critical Case Reviews are monitored and implemented. A robust framework has been developed, and the performance committee has been identified as the most appropriate committee to oversee this process. The Designated Nurse for Safeguarding Children is the chair of the performance committee.

29. The local authority has a Safeguarding Adults Serious Case Review protocol. This is agreed, on a multi-agency basis and endorsed by the Coroner’s Office, and details the circumstances in which a serious case review will be commissioned and undertaken. For example; when an adult experiencing abuse or neglect dies, or when there has been a serious incident, or in circumstances involving the abuse or neglect of one or more adults. The links between this protocol and a domestic violence homicide review are clear. During the time frames of this report, one serious case review has been commissioned by Wirral Local Adult Safeguarding Board in the last year.

30. There is one Critical Case Review undertaken by Wirral Safeguarding Children Board. The report was presented to the Wirral LSCB in March 2014. An action plan will be developed for implementation across the partnership; this will be monitored by the LSCB performance Committee. The Designated Nurse and Doctor for Safeguarding Children are involved in this process.

SAFEGUARDING QUALITY ASSURANCE

31. NHS England Area Team to have oversight of safeguarding within the Clinical Commissioning Group and to support our on-going development.

32. The Clinical Commissioning Group is responsible for safeguarding quality assurance through the contractual arrangements with our service providers.

33. As a commissioning organisation, the approach of the Clinical Commissioning Group is to ensure services commissioned are safe with safeguarding standards embedded in practice.

34. Contracts and service specifications for commissioned services include safeguarding standards which are monitored. In 2013 – 14 the NHS England/Wirral Clinical Commissioning Group policy and accompanying safeguarding standards and red, amber, green rated self-assessment audit tool were included in contracts.

35. The completed audit tools were reviewed by the Designated Nurses. The evidence provided was scrutinised to ensure that robust safeguarding systems and processes were in place. Action plans to improve red and amber rated standards are monitored.

36. The Commissioned Services Standards for Safeguarding Children and Adults at Risk 2014 has now replaced the 2013 policy and includes a more robust monitoring and escalation process.
37. In addition, to ensure the Designated Nurses are receiving essential information in a timely manner, a Safeguarding Assurance Framework (Safeguarding dashboard) is being developed in collaboration with the Commissioning Support Unit. This will be completed by the main providers (Wirral University Hospital NHS Foundation Trust, Wirral Community NHS Trust, and Cheshire and Wirral Partnership NHS Foundation Trust) and returned on a monthly basis. The information will be scrutinised by the Designated Nurses and monthly exception reports will be provided to the newly established Wirral Clinical Commissioning Group Quality and Safety Group. Exceptions will be discussed with the providers at the contract monitoring meetings and reported quarterly to the Quality, Performance and Finance Committee. It is anticipated this will be fully implemented in July 2014.

38. The Clinical Commissioning Group, as commissioners of health services are represented at the area Quality Surveillance Group supported by NHS England Cheshire, Warrington and Wirral Area Team. The purpose of this group is to share any concerns with the quality & safeguarding assurance of providers within the North West. Commissioners may share services provided to the population of more than one Clinical Commissioning Group and or cross Local Authority boundaries. The newly established Wirral Quality and Safety Group will report into the Quality Surveillance Group

SAFEGUARDING BOARDS

39. The Wirral Local Safeguarding Children Board and the Local Safeguarding Adult Partnership Board are the key mechanisms for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children and adults in that locality, and for ensuring the effectiveness of what they do. The Clinical Commissioning Group supports the Boards through attendance at Board meetings and actively supporting the sub groups/committees.

40. A financial contribution was made to support the statutory objectives and functions of the Local Safeguarding Children Board. The activity of the Local Safeguarding Adult Partnership Board is supported in developing an inter-agency approach to the investigation of vulnerable adults.

LOCAL SAFEGUARDING CHILDREN BOARD

41. The statutory membership of the Local Safeguarding Children Board is set out in Working Together to Safeguard Children (2013). The Clinical Commissioning Group meets its statutory membership requirements through the attendance of the Head of Quality and Performance. The Designated Nurse and Doctor attend the Board in a statutory advisory capacity, providing clinical frontline expertise for the Board where required.

42. The Clinical Commissioning Group actively supports the Local Safeguarding Children Board and sub groups/committees through:
   - Attendance and active contribution at subgroup/committee meetings
   - Attendance and active contribution at strategic multi-agency group meetings
   - Involvement in multi-agency case audit meetings
   - Contributing to the development and updating of child protection policies and procedures
   - Communicating the wider safeguarding agenda to independent contractors and provider services
   - Contributing to the work of the Child Death Overview Panel in Merseyside
   - Undertaking Serious Case Reviews and involvement in Critical Case Reviews
• Involvement in provision of multi-agency training
• Dissemination of learning across health organisation and implementing recommendations as required
• Work with General Practitioners to increase attendance at initial child protection case conferences and submission of reports for initial and review child protection case conferences

LOCAL SAFEGUARDING ADULT BOARD

43. The Local Safeguarding Adult Board was formed as a response to No Secrets (Department of Health and Home Office, 2000) as guidance under section 7 of the Social Services Act 1970. The No Secrets guidance placed a duty on local authorities to take the lead in developing an interagency approach to the investigation of adults at risk.

44. As partners the Clinical Commissioning Group is committed to the principles and objectives of the Safeguarding Adult Board and recognises their responsibilities for meeting national guidance, legal requirements and the adoption of best practice in relation to safeguarding adults. The Clinical Commissioning Group supports the work of the Local Safeguarding Adult Board through:

- Having accountability for safeguarding adults recognised at executive level by the Head of Quality and Performance
- Providing appropriate representation from the organisation at the Board meetings and sub groups/committees

CHILD DEATH OVERVIEW PROCESS

45. In line with Safeguarding Vulnerable People in the Reformed NHS – Accountability and Assurance Framework (NHS Commissioning Board, 2013) the Clinical Commissioning Group has secured the expertise of a Designated Paediatrician for Unexpected Deaths in Childhood (Designated doctor for Child Death Process).

46. All child deaths (excluding neonatal deaths) that occur for Wirral children are reported to the 2 Nurses for Child Death / Paediatric Liaison (1 nurse in Wirral Community NHS Trust and 1 Nurse in Wirral University Teaching hospital Trust). The nurse specialists are responsible for gathering and coordinating and sharing this sensitive information surrounding the death of the child. They are responsible for liaising closely with the Wirral Safeguarding Children Board Child Death Co-ordinator, and for co-ordinating and managing the health response to all child deaths, in accordance with the Children Act 2004 and Working Together (2013). This is in order to improve the understanding of how and why local children die. These findings aim to identify actions to prevent future child deaths and more generally to improve the health and safety of children.

47. During April 2013- March 2014 there have been 17 child deaths in Wirral. All deaths are reviewed at the Merseyside Child Death Overview Panel, the Designated Nurse for Safeguarding Children regularly attends the panel, the Designated Doctor for Child Death Process attends on a rota basis. There have been eleven Child Death Overview Panel meetings to review child deaths.

48. The following provides an overview of the findings of the Panel:

- No children died who were on a child protection plan or Looked After Child Plan at the time of death.
- One child who died was on a child in need plan due to complex health needs.
- No children who died had previously been on a child protection plan/child in need plan/Looked After Child Plan – and there were no factors in any cases that indicated a Serious Case Review was required.
- One of the deaths reviewed in 2013-14 was found to contain 'modifiable factors'.
- Ethnicity: The main category of child deaths was to 'white British' children.
- The male to female child death rates were 56%

49. Learning from the child deaths has resulted in the panel investing time in the promotion of a Safe Sleep Campaign across the Pan Merseyside area. Wirral has been proactive in leading this development and has produced a tripartite Safe sleeping guidance document which is to be adopted by the two maternity service providers and the Health Visiting/Family Nurse Partnership services. Further expansion of the use of this document across the wider children’s workforce will take place over the next year.

50. The Merseyside Child Death Overview Panel will reflect on the trends in the locality and aim to identify learning and to impact positively from a public health perspective.

51. The Child Death Overview Panel provides an annual report to the Local Safeguarding Children Board. Once received by the Board the report will be reported to NHS Wirral Clinical Commissioning Group Quality, Performance and Finance Committee.

SAFEGUARDING POLICIES

52. The Clinical Commissioning Group has a Commissioned Services Policy for Safeguarding Children and Adults at Risk (2014) for inclusion in provider contracts. Details of this policy are included earlier in this report.

53. In addition, the Clinical Commissioning Group has a Safeguarding Children Policy and a Safeguarding Adults at risk policy, outlining the organisations safeguarding requirements and those of its entire staff. This is updated on a yearly basis or when new national guidance is issued.

54. The flowcharts ‘What to Do if you have concerns about a child/adult’ are updated and distributed to all staff as required throughout the year.

55. All polices are included on the Clinical Commissioning Group website.

LEARNING AND DEVELOPMENT – SAFEGUARDING CHILDREN

56. Safeguarding training is critical to protecting children and young people from harm. All NHS staff must know how to identify abuse and neglect and how to act on their concerns. Safeguarding training is mandatory for all NHS staff in relation to Children.

57. Each staff member within the Clinical Commissioning Group has had the level and frequency of safeguarding training they require identified. Level 1 and 2 training is achieved through the Electronic Staff Record system Safeguarding Children e-learning packages. All training once undertaken is recorded at a central point within the Clinical Commissioning Group.

58. The Safeguarding Children Policy contains training standards as specified in the Safeguarding Children and Young People: roles and competencies for health care staff - Intercollegiate Document (September 2010). The Clinical Commissioning Group has met these standards.

59. The Designated Nurse has produced a guidance document for GP practice staff training requirements for safeguarding children and adults, available on the Clinical Commissioning Group website.
During the last year the Designated Nurse has further contributed to safeguarding learning and development through:

- Working collaboratively with providers to develop level 3 training programmes that include the dissemination of lessons learnt from recent national Serious Case Reviews and Critical Case Reviews
- Working with the Local Safeguarding Children Board Learning and Development Committee to ensure multi-agency training competencies are in line with the Intercollegiate Document
- Working with the Local Safeguarding Children Board training co-ordinator to review and deliver multi-agency training on neglect and neglect assessment tool “Graded Care Profile”.

The Designated Doctor has delivered multi-agency training on Fabricated/Induced illness in children by parents/carers, and Child Sexual Abuse.

The Named GP for Safeguarding Children has delivered four Level 3 training sessions for GPs.

The Designated Nurse and the Named GP for Safeguarding Children have reviewed and developed revised Level 3 training and have four planned sessions for GPs and Nurse Practitioners.

The following table demonstrates the safeguarding children compliance for Clinical Commissioning Group staff.

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<thead>
<tr>
<th>Intercollegiate Document (2014) – Level of training</th>
<th>% of staff completed</th>
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<tbody>
<tr>
<td>Level 1 Clinical Commissioning Group Governing Body and staff</td>
<td>100%</td>
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<tr>
<td>Level 3 Governing Body GPs</td>
<td>80% (tbc)</td>
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<tr>
<td>Level 4 Named GP</td>
<td>100%</td>
</tr>
<tr>
<td>Level 5 Designated Nurse and Doctor</td>
<td>100%</td>
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Please note: Training compliance is correct at 31st March 2014

At present there is no statutory requirement to undertake adult safeguarding training. The Clinical Commissioning Group has taken the decision to apply the same best practice from children’s safeguarding training to adult requirements. Adult safeguarding e-learning packages are currently undertaken and recorded through the Electronic Staff Record. Eighty three % of NHS Wirral Clinical Commissioning Group staff have completed safeguarding adult eLearning.

As commissioners the Clinical Commissioning Group challenges all providers to demonstrate that they have the necessary competence and capacity in place to provide leadership, guidance, and supervision across the workforce.

Through the self-assessment audit within the commissioning policy the provision of safeguarding training by providers is monitored. The self-assessment audit also identifies the provider’s competence in safeguarding and not just numbers of staff who have undertaken the training.

The following table demonstrates the safeguarding adult compliance for Clinical Commissioning Group staff.
### TABLE 1: SAFEGUARDING ADULT TRAINING COMPLIANCE

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<tbody>
<tr>
<td>Group A  Clinical Commissioning Group Governing Body and staff</td>
<td>100%</td>
</tr>
<tr>
<td>Group B  Governing Body GPs, Named GP, Lead Nurse for quality in Nursing Homes</td>
<td>80% (tbc)</td>
</tr>
<tr>
<td>Group C  Designated Nurse for Safeguarding adults</td>
<td>100%</td>
</tr>
</tbody>
</table>

Please note: Training compliance is correct at 31st March 2014

### SAFEGUARDING SUPERVISION AND SUPPORT

69. Working in the field of child protection entails making difficult and risky professional judgements. The work is increasingly demanding and can be distressing and stressful, not least because of the public interest created by national headline stories. All those involved in provider services have access to immediate advice and support from the organisation Safeguarding Teams.

70. All health practitioners involved in day to day work with children and families and vulnerable adults require effective safeguarding supervision. Supervision and support standards are included in the Clinical Commissioning Group Commissioned Services Policy for Safeguarding Children and Adults at Risk (2013).

71. Designated Professionals provide continuing support and supervision to Named Professionals within the NHS economy; a procedural document has been developed by the Designated Nurse which provides a formal framework in which supervision is provided to Named Professionals in commissioned services. They also provide supervision, support and advice when required and on an individual case basis to staff working in GP practices, dental practices, pharmacy’s and in private health care organisations.

72. The Designated Professionals obtain peer support and supervision through the Cheshire and Merseyside Designated Leads Network, and NHS England Local Area Team Safeguarding Forum.

### SAFEGUARDING WITHIN PRIMARY CARE SERVICES

73. The Clinical Commissioning Group is not directly responsible for commissioning primary medical or other primary care services but we have a duty to support improvements in the quality of primary medical care (NHS Commissioning Board, 2013).

74. GPs have been identified as key professionals in the protection of children and adults at risk from harm, and in promoting the welfare of children through early intervention. The Designated Professionals and Named GP for Safeguarding Children have established working relationships with NHS England Area Team to ensure that the quality of safeguarding practice within primary care is high.

75. There has been considerable work carried out with GP practices this year to ensure safeguarding standards are met:

- All practices have a lead GP for safeguarding. All safeguarding information is distributed through the lead GP and practice manager.
- All GPs have been informed of their training requirements as set out in the Intercollegiate Document. Four Level 3 safeguarding children training sessions have been held across the Clinical Commissioning Group area.
• GPs are aware of their practice’s responsibility to record training
• The Named GP Safeguarding Children and the Designated Professionals are available to GPs, practice staff and other independent contractors to provide advice and support when they have safeguarding concerns. This facility is well used
• Extensive work has been carried out by the Designated Nurse and the Named GP to increase the involvement of GPs in the child protection process.
• Considerable work has been undertaken by the Designated Nurse to engage GP's in completion of a self-assessment audit tool to demonstrate compliance with Care Quality Commission Safeguarding standards.
• Formal communication/documentation processes have been established with GP practices to inform them of high risk domestic abuse cases (MARAC) and children at risk of sexual exploitation (CSE).
• The appointment of a Clinical Lead GP for Safeguarding Children to support the Named GP and develop the requisite skills of a future Named GP

SAFE RECRUITMENT AND VETTING PROCEDURES
76. The Safeguarding Children and Safeguarding Adult Policies contain safe recruitment standards. The Clinical Commissioning Group adheres to these standards in accordance with the guidance produced by HM Government Disclosure and Barring Service.

SAFEGUARDING CHILDREN ACTIVITY
77. Wirral has a population of 75,200 (23.5% of the population) children and young people (Chi Mat, 2013).
78. Safeguarding children activity is reported quarterly to the Local Safeguarding Children Board. The information and reporting systems are currently being reviewed to ensure more meaningful data is captured. Activity is tracked from early intervention through to children in care. The child’s journey is followed through services, and new scorecards/dashboards are being developed to provide fuller information. The majority of data is sourced from the children’s social care record. The following information provides a brief overview of child protection and related interventions from 1st April 2013 – 31st March 2014:
   a) Child Protection Plans – A total of 344 child protection plans were open during 2013 - 14. This compares to 285 in 2013, which is a 21% increase. The majority of plans were related to neglect, which made up 50% of child protection plans.
   b) Child in Need Plans – There were 2687 child in need plans open during 2013 – 14. This is a 5% decrease from the previous year's figures.
   c) Child Sexual Exploitation – There were 150 children considered to be at risk of sexual exploitation (discussed at the Multi-agency Child Sexual Exploitation meetings which were established in September 2013).
   d) Team Around the Family – 481 Team around the Family assessments were opened in 2012 – 2013. This is a reduction from the previous year, thought to be due to changes in the way assessments are undertaken following the introduction of the Gateway service. The Local Authority is currently evaluating this are establishing more robust systems and reporting processes.
SUMMARY AND PRIORITIES FOR APRIL 2013 – MARCH 2014

79. NHS Wirral Clinical Commissioning Group ensures that the statutory safeguarding children and adults at risk responsibilities are met and monitors the safeguarding arrangements of commissioned health services in order to gain assurance that children and adults at risk receive services which meet their needs and effectively safeguards them.

80. The safeguarding priorities for the coming year are:

- To ensure that NHS Wirral Clinical Commissioning Group continues to meet all the statutory responsibilities and is compliant with the Accountability and Assurance Framework.
- To continue to work with the Local Safeguarding Children and Adult Boards to achieve joint safeguarding priorities, including domestic violence and child sexual exploitation.
- To Continue to develop the roles of both the Named GP for Safeguarding Children and the Named GP for Safeguarding Adults and Clinical Lead GP for Safeguarding Children.
- To continue to work with GP practices in strengthening their engagement with safeguarding processes, in particular to ensure the improved attendance at initial child protection case conferences and submission of reports for initial child protection case conferences continues.
- To ensure the Clinical Commissioning Group, along with provider services are well prepared for all external inspections.
- To continue to work with the safeguarding leads within key provider services to ensure that safeguarding arrangements across the health economy are robust.
- To continue to monitor the safeguarding arrangements of commissioned services.
- To continue to work with NHS England Local Area Team to drive improvements in safeguarding practice across the Wirral Health Economy.
- To ensure the Clinical Commissioning Group along with provider services continue to comply with the law following the revised test now supplied by the Supreme Court about the meaning of a “Deprivation of Liberty”.
- To establish a Strategic Safeguarding Group with Cheshire and Wirral Partnership NHS Trust.
- For the Designated Professionals to establish formal assurance processes with Public Health Wirral to ensure that Public Health pay due regard to health safeguarding processes and standards when commissioning health services on behalf of the local authority.
- To ensure the Clinical Commissioning Group complies with the Department of Health/Home Office “Prevent” agenda.
# SAFEGUARDING CHILDREN POLICY 2014

<table>
<thead>
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<th>Agenda Item:</th>
<th>2.2</th>
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<td>6 May 2014</td>
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<tr>
<td>Lead Officer:</td>
<td>Lorna Quigley Head of Quality &amp; Performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Author:</td>
<td>Debbie Hammersley Designated Nurse Safeguarding Children</td>
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## Summary:

The Purpose of this policy is to outline the way Wirral CCG will meet its statutory duties/responsibilities to safeguard and promote the welfare of children and young people. It contains details on the roles and responsibilities of the organisation and its staff to safeguard children and young people as a commissioning organisation or employee. It provides guidance to staff on the steps to take if they have concerns about the welfare of a child or young person.

## Recommendation:

<table>
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<tbody>
<tr>
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## Next Steps:

This policy may be subject to change in accordance with any changes in legislation or statutory guidance. An annual review will be undertaken and amendments made accordingly.

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This section is an assessment of the impact of the proposal/item. As such, it identifies the significant risks, issues and exceptions against the identified areas. Each area must contain sufficient (written in full sentences) but succinct information to allow the Board to make informed decisions. It should also make reference to the impact on the proposal/item if the Board rejects the recommended decision.

### What are the implications for the following (please state if not applicable):

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<tr>
<td>Value For Money</td>
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<tr>
<td>Risk</td>
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risks. Any associated risks will be highlighted and action plans developed and monitored by the Designated Nurse and via contract monitoring processes

<table>
<thead>
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<td>- <strong>Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004</strong> (HM Government 2007)</td>
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<tr>
<td>- <strong>Working Together to Safeguard Children</strong> (HM Government 2013)</td>
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<td>- <strong>Statutory Guidance on promoting the Health and well-being of Looked After Children</strong> (DH 2009)</td>
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<td>- <strong>Mental Capacity Act 2005: Code of Practice</strong> (Department for Constitutional Affairs 2007)</td>
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<td>- The policies and procedures of the Local Safeguarding Children Board (LSCB) and the Local Safeguarding Adults Board (LSAB).</td>
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<td>- Safeguarding Vulnerable People in the Reformed NHS: Children Act 1989</td>
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<td>- Children Act 2004</td>
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<td>- Health and Social Care Act 2012</td>
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<td>- Mental Health Act 1983</td>
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<td>- Human Rights Act 1998</td>
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<tr>
<td>- National Health Service Act 2006</td>
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<td>- Equality Act 2006</td>
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<tr>
<td>- Safeguarding Children And Young People: Roles And Competences For Health Care Staff Intercollegiate Document Third Edition: March 2014</td>
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<th>Workforce</th>
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<th>Equality &amp; Human Rights</th>
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<tr>
<td>Safeguarding processes requires that Equality &amp; Diversity, and Human Rights issues are considered. Initial impact assessment screening identifies that this policy supports equality for all.</td>
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<th>Performance Indicators</th>
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**Do you agree that this document can be published on the website?**

*(If not, please note that it may still be subject to disclosure under Freedom of Information - **Freedom of Information Exemptions**)*
This section gives details not only of where the actual paper has previously been submitted and what the outcome was but also of its development path i.e. other papers that are directly related to the current paper under discussion.

<table>
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<td>Governing Body</td>
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**Private Business**

The Board may exclude the public from a meeting whenever publicity (on the item under discussion) would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution. If this applied, items must be submitted to the private business section of the Board (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960).

The definition of “prejudicial” is where the information is of a type the publication of which may be inappropriate or damaging to an identifiable person or organisation or otherwise contrary to the public interest or which relates to the provision of legal advice (for example clinical care information or employment details of an identifiable individual or commercially confidential information relating to a private sector organisation).

If a report is deemed to be for private business, please note that the tick in the box, indicating whether it can be published on the website, must be changed to a x.

If you require any additional information please contact the Lead Director/Officer.
# SAFEGUARDING CHILDREN POLICY

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<th>Issue Version</th>
<th>Purpose of Issue/Description of Change</th>
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<td>Nov 2012</td>
<td>2</td>
<td>Amendments made to reflect change in statutory requirements.</td>
<td>November 2015</td>
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<th>Approved by</th>
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<td>Head of Quality &amp; Performance Designated Nurse for Safeguarding Children</td>
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**Intended Audience**

NHS Wirral Clinical Commissioning Group members, Governing Body and employees.
# Safeguarding Children Policy

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<td>Designated Doctor And Nurse For Safeguarding Children</td>
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1. INTRODUCTION

1.1. NHS Wirral Clinical Commissioning Group is committed to safeguarding and promoting the welfare of children and young people. As with all other NHS bodies we have a statutory duty to ensure that we make arrangements to safeguard and promote the welfare of children and young people that reflects the needs of the children that we deal with.

1.2 In discharging these statutory duties / responsibilities we must take account of:

   b) Working Together to Safeguard Children A guide to inter-agency working to safeguard and promote the welfare of children (HM Government, 2013)
   c) Statutory Guidance on Promoting the Health and Well-being of Looked After Children (Department of Health, 2009)
   d) The policies and procedures of Wirral Local Safeguarding Children Board.

1.3 As a commissioning organisation we are required to ensure that the organisations we commission services from provide safe systems that safeguard children at risk of abuse or neglect. We also have responsibilities for looked after children and for supporting the Child Death Overview Process.

1.4 We will ensure we work closely with NHS England through our area team to ensure there are effective safeguarding arrangements across the local health community.

1.5 This policy details the roles and responsibilities of NHS Wirral Clinical Commissioning Group as a commissioning organisation and that of its employees.

2. WHAT OUR COMMITTMENT MEANS

2.1 In developing this policy NHS Wirral Clinical Commissioning Group recognises that safeguarding children is a shared responsibility with the need for effective joint working between agencies and professionals that have different roles and expertise. This is crucial in protecting the most vulnerable groups in society from harm. In order to achieve effective joint working there must be constructive relationships at all levels.

2.2 This will be promoted and supported by NHS Wirral Clinical Commissioning Group by having:

   a) The commitment of Governing Body members and senior managers to safeguard children.
   b) Clear lines of accountability for safeguarding reflected in the governance arrangements.
   c) Appropriate arrangements in place to co-operate with Wirral Local Safeguarding Children Board and the Health and Wellbeing Board.
   d) Arrangements in place for interagency working and effective arrangements for information sharing.
Taken account during service developments of the need to safeguard all service
users, and is informed, where appropriate, by the views of service users.

f) A plan to train staff in recognising and reporting safeguarding issues and
continuing professional development so that staff have an understanding of their
roles and responsibilities, and those of other professionals and organisations in
relation to safeguarding children and looked after children.

g) Safe working practices including recruitment and vetting procedures in place.

h) The expertise of a Designated Nurse and Doctor for Safeguarding Children and
for Looked After Children and a Designated Paediatrician for unexpected deaths
in childhood.

3. SCOPE AND PURPOSE OF THE POLICY

3.1 The Safeguarding Children policy sets out NHS Wirral Clinical Commissioning Groups
approach to ensure that:

a) No act or omission on behalf of the organisation puts a child inadvertently at risk.

b) Rigorous systems are in place to proactively safeguard and promote the welfare
of children from abuse, or the risk of abuse.

c) Support is available to staff in fulfilling their obligations.

3.2 This policy applies to all employers and employees of NHS Wirral Clinical
Commissioning Group.

4. ROLES, RESPONSIBILITIES AND DUTIES OF STAFF

ACCOUNTABLE OFFICER

4.1 As Accountable Officer, the Chief Officer of NHS Wirral Clinical Commissioning
Group is responsible and accountable for:

a) Ensuring that policies are fit for purpose.

b) Ensuring that the health contribution to safeguarding and promoting the welfare
of children is discharged effectively across the whole local health economy
covered by NHS Wirral Clinical Commissioning Group through commissioning
arrangements and in line with the statutory duties of Working Together to

c) Identifying NHS Wirral Clinical Commissioning Group Head of Quality and
Performance as NHS Wirral Clinical Commissioning Group Board lead for
safeguarding children.

HEAD OF QUALITY AND PERFORMANCE

4.2 The Head of Quality and Performance has been identified as the Executive
Safeguarding Lead by the Chief Officer and is responsible and accountable for:
a) Ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across all its commissioned services.

b) Ensuring that the organisation contributes to the commissioning of specific clinical services.

c) Ensuring that safeguarding and promoting the welfare of children is identified as a key priority area in all strategic planning processes. This is closely linked to the Joint Strategic Needs Assessment.

d) Ensuring that safeguarding children is integral to governance and audit arrangements.

e) Ensuring that all NHS Wirral Clinical Commissioning Group staff know what to do when they are concerned that a child is being abused.

f) Representing and/or agreeing representation of NHS Wirral Clinical Commissioning Group on the board of the Local Safeguarding Children Board with the Chair of the Local Safeguarding Children Board and contributing to its work.

g) Ensuring that all health providers from whom services are commissioned have comprehensive single and multi-agency policies and procedures for safeguarding children and vulnerable adults which are in line with Local Safeguarding Children Board procedures, and are easily accessible for staff at all levels.

h) Ensuring that contract specifications drawn up with NHS Wirral Clinical Commissioning Group as a commissioning organisation include clear service standards for safeguarding children. These service standards (NHS Wirral Clinical Commissioning Group Commissioned Services Policy for Safeguarding Children and Vulnerable Adults audit tools, 2014) include standards for training, policies, and provide links to the Local Safeguarding Children Board. These service standards are monitored thereby providing assurance that safeguarding standards are met.

i) Ensuring that all staff within the organisation has safeguarding children training at the required level as defined in the Safeguarding Children and Young People: Roles and competences for health care staff Intercollegiate Document (2010) and in line with the Wirral Local Safeguarding Children Board standards.

j) Ensuring that there are arrangements in place to ‘hear the voice of the child’ in safeguarding services.

k) Ensuring that arrangements are in place for the Clinical Commissioning Group to commission appropriate services for Children In Care including initial and review health assessments and robust health plans for any child looked after by the Local Authority when requested by the Local Authority.

l) Presenting the Annual Safeguarding Children report to the Governing Body members.

m) The performance management of the Designated Professionals.

**DESIGNATED DOCTOR AND NURSE FOR SAFEGUARDING CHILDREN**

4.3 The Designated Doctor and Nurse for Safeguarding Children are responsible for:

a) Providing expert advice to all health professionals, the local authority, and the Local Safeguarding Children Board in the Local Authority area.
b) Providing advice to ensure the range of services commissioned by NHS Wirral Clinical Commissioning Group take account of the need to safeguard and promote the welfare of children.

c) Ensuring that service plans/specifications/contracts/invitations to tender include reference to the standards expected for safeguarding children.

d) Providing advice on the monitoring of the safeguarding aspects of NHS Wirral Clinical Commissioning Group contracts.

e) Providing advice, support and clinical supervision to the named professionals in each provider organisation.

f) Providing skilled advice to the Local Safeguarding Children Board on all health issues and contributing to the work of the Local Safeguarding Children Board through the board and its sub groups.

g) Promoting, influencing, and developing relevant training, on both a single and inter-agency basis to ensure the training needs of health staff are addressed.

h) Ensuring that all NHS Wirral Clinical Commissioning Group staff are aware that people using services might be suffering from abuse and that they need to exercise vigilance to mitigate against risk. They should be trained and competent to be alert to the potential indicators of abuse and neglect and know how to act on those concerns in line with local guidance.

i) Providing skilled professional involvement in child safeguarding processes in line with Local Safeguarding Children Board procedures.

j) Providing expert health input to multi-agency safeguarding initiatives and developments.

k) Contributing to Serious Case Reviews, multi and single agency learning reviews, and multi-agency case audits.

l) Contributing to the dissemination of learning from case reviews and audits to all NHS Wirral Clinical Commissioning Group staff and health providers when appropriate.

**DESIGNATED DOCTOR AND NURSE FOR LOOKED AFTER CHILDREN**

4.4 The Designated Doctor and Nurse for Looked after Children are responsible for:

   a) Providing strategic and clinical leadership.

   b) Providing expert advice to all health professionals, the local authority, and the Local Safeguarding Children Board in the Local Authority area.

   c) Providing advice on services commissioned by NHS Wirral Clinical Commissioning Group for children in care.

   d) Ensuring arrangements are in place to monitor the quality of health assessments completed with children in care.

   e) Working with the Local Authority to improve outcomes for children in care.
MANAGERS

4.5 Managers are responsible for:

a) Ensuring staff can access safeguarding children procedures, policies and guidance.

b) Ensuring staff are aware of their responsibilities under this policy, and that it is fully implemented within their area of responsibility.

c) Providing leadership and support to staff.

d) Ensuring that staff work effectively with professionals from other agencies and organisations.

e) Ensuring operational implementation of this policy into practice and taking appropriate action should any breach of this policy take place.

f) Ensuring that service plans / specifications / contracts include reference to the standards expected for safeguarding children.

g) Ensuring that recruitment and selection process guidance is followed during recruitment of staff working with children, or handling information on children, including that references are always verified, a full employment history is always available with satisfactory explanations for any gaps in employment history, that qualifications are checked and that Disclosure and Barring Checks are undertaken in line with national and local guidance.

h) Ensuring staff attend safeguarding children training at the appropriate level according to their responsibilities, to safeguard and promote the welfare of children.

i) Ensuring that safeguarding children training is discussed with staff during annual Performance Development Reviews and included in individual staff development plans.

j) Ensuring staff are released from their work area to attend single and inter-agency safeguarding children training according to staff roles and responsibilities.

k) Ensuring safeguarding responsibilities are reflected in all job descriptions and the Knowledge and Skills Framework (KSF) relevant to the job role.

INDIVIDUAL STAFF MEMBERS

4.6 Individual staff members are responsible for:

a) Being alert to the potential indicators of abuse or neglect in children and know how to act on those concerns in line with local guidance.

b) Taking part in training, including attending regular updates so that they maintain their skills and are familiar with procedures aimed at safeguarding children.
c) Understanding the principles of confidentiality and information sharing in line with local and government guidance.

d) Contributing to, when requested, the multi-agency meetings established to safeguard and protect children.

e) Discussing with their line manager when they are aware of circumstances, difficulties or problems in their working life which may adversely affect their working relationships and ability to safeguard children. This should be discussed with their line manager so that appropriate support can be provided.

f) Staff members employed or contracted who do not directly deliver services to individuals, in circumstances where they identify a concern around the safety and welfare of a child or young person, are expected to ensure that they act in accordance with Wirral Local Safeguarding Children Board Procedures and national guidance.

4.7 Appendix 1 identifies the specific actions required by individual staff members who have a concern about a child’s safety and welfare.

4.8 Any independent contractors who deliver services directly to children, young people and their families should ensure that they:

   a) Access safeguarding children training in accordance with national and local guidance and competency frameworks.

   b) Act in accordance with Wirral Local Safeguarding Children Board child protection procedures, policies and guidelines.

5. CONFIDENTIALITY AND INFORMATION SHARING

5.1 Confidential information about a child or young person should never be used casually in conversation or shared with any person other than on a “need to know basis.”

5.2 There are some circumstances when employees may be expected to share information about a child, for example when child abuse is alleged or suspected. In such cases individuals have a duty to pass information on without delay in line with Local Safeguarding Children Board procedures. Employees must document when, with whom and for what purpose information was shared.

5.3 The main restrictions within the legal framework to disclosure are:

   a) Common law duty of confidence

   b) Human Rights Act 1998

   c) Data Protection Act 1998

5.4 Disclosure should be justified in each case and guidance should be sought from the Designated Professionals for Safeguarding Children in cases of uncertainty. The
Designated Professionals may seek guidance from NHS Wirral Clinical Commissioning Group legal representatives.

5.5 The storing and processing of personal information about children and young people is governed by the Data Protection Act 1998. Effective information sharing underpins integrated working and is a vital element of both early intervention and safeguarding. It is important that all NHS staff understand when, why and how they should share information.

5.6 Useful Department of Education Information Sharing Guidance and Wirral Local Safeguarding Children Board members’ information sharing arrangements is available on the following websites:


http://www.wirral.gov.uk/my-services/childrens-services/local-safeguarding-childrens-board/information-professionals

5.7 In some circumstances the sharing of confidential information without consent would normally be justified in the public interest. These circumstances would be:

a) When there is evidence that the child suffering or is at risk of suffering significant harm.

b) Where there is justifiable cause to believe that a child may be suffering or at risk of significant harm.

c) To prevent significant harm arising to children and young people including through the prevention, detection and prosecution of serious crime likely to cause significant harm to a child or young person.

5.8 Information could also be shared without consent in the following circumstances:

a) If the child or young person at greater risk.

b) If you or another health care professional is at risk.

c) If it would alert the perpetrator (in cases of sexual abuse or fabricated illness).

d) If specific forensic evidence is needed.

5.9 Consider the likely outcome of sharing or not sharing information. **At all times the safety and wellbeing of the child or young person is paramount.** Reasons for decisions to share, or not share must be recorded. All decisions require professional, informed judgment. If in doubt this should be discussed with a Designated Professional for Safeguarding Children. The Designated Professionals may need to seek advice from NHS Wirral Clinical Commissioning Group legal representatives.

6. **WHAT TO DO IF YOU ARE WORRIED THAT A CHILD IS BEING ABUSED**

6.1 All staff should exercise vigilance in their work to mitigate against the risk that children using NHS Wirral Clinical Commissioning Group services might be suffering from
abuse. If any member of staff becomes concerned that a child may be suffering from abuse or neglect they must follow the guidance set out in the flow chart “What to do if you are worried that a child is being abused.” If in need of advice you should contact the Designated Nurse or Doctor for Safeguarding Children. See Appendix 1.

7. DOMESTIC ABUSE

7.1 The Government defines domestic abuse as:

‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse (psychological, physical, sexual, financial, or emotional) between those aged 16 or over who are or have been intimate partners or family members, regardless of gender or sexuality’

7.2 Domestic abuse affects significant numbers of children and young people and their families causing immediate harm as well as damaging future life chances. NHS Wirral Clinical Commissioning Group will have a view to this when commissioning services.

7.3 NHS Wirral Clinical Commissioning Group as members of the Local Safeguarding Children Board will follow the multi-agency guidance set out in their policies and procedures:

8. RESPONDING TO ALLEGATIONS AND SUSPICION OF CHILD ABUSE AGAINST STAFF

8.1 All such incidents should be reported to NHS Wirral Clinical Commissioning Group Head of Quality and Performance (Named Senior Officer) and/or the Designated Nurse for Safeguarding Children (Designated Senior Officer). In the case of General Practitioners, the Assistant Director of Nursing, Quality & Safety (Patient Experience & Safeguarding) Cheshire, Warrington and Wirral Area Team NHS England should also be notified. The Local Authority Designated Officer should be informed within one working day of all allegations to come to the attention of the Named or Designated Senior Officer.

8.2 Further guidance can be found on Wirral Local Safeguarding Children Board website.
http://www.wirral.gov.uk/my-services/childrens-services/local-safeguarding-childrens-board/information-professionals

8.3 If NHS Wirral Clinical Commissioning Group removes an individual because the person poses a risk of harm to children, a referral must be made to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason.

9. DISAGREEMENT BETWEEN PROFESSIONALS OR AGENCIES

9.4 Designated professionals should be made aware of any professional or interagency disagreements. If the matter cannot be resolved by mediation then a professional meeting should be instigated according to Local Safeguarding Children Board Procedures.
9.5 The Local Safeguarding Children Board Resolution Pathway and Escalation Policy is available on the website:
http://wirrallscb.proceduresonline.com/chapters/p_esc_other_age.html

10. SAFEGUARDING CHILDREN QUALITY AND AUDIT

10.1 NHS Wirral Clinical Commissioning Group has a process in place to ensure that all service plans / specifications / contracts / invitations to tender include reference to the standards expected for safeguarding children. Safeguarding contracts are monitored through the Quality and Safety meetings via monthly exception reporting arrangements, and contract monitoring meetings.

10.2 NHS Wirral Clinical Commissioning Group will contribute to Wirral Local Safeguarding Children Board multi-agency safeguarding audits through the Designated Professionals. The Clinical Commissioning Group will provide assurance to the Local Safeguarding Children Board that their statutory safeguarding responsibilities are in place through Section 11 audits and reports to the Board as requested.

11. INVOLVEMENT OF SERVICE USERS

11.1 NHS Wirral Clinical Commissioning Group is strongly committed to listening to and acting on the views of service users when commissioning services. Children’s views and opinions are heard through provider organisation audits and includes the views of cared for children and children admitted to the paediatric ward and through Local Safeguarding Children Board multi-agency case audits. An NHS Wirral Clinical Commissioning Group, communication, engagement and experience strategy is in place to further facilitate listening to and acting on the views of children and their carers.

12. SAFEGUARDING CHILDREN TRAINING

12.1 NHS Wirral Clinical Commissioning Group training framework is in line with the recommendations of:


12.2 Staff will be enabled to participate in training on safeguarding and promoting the welfare of children on both a single and interagency basis. The training will be proportionate and relevant to the roles and responsibilities of each staff member, as identified by their manager.

12.3 Training can be delivered in any method that meets the requirement set out in the following documents and may be via e-learning packages, taught, work book. Conferences may be acceptable for Safeguarding Professionals that require higher than Level 4 training. Assessments or individual supervision may be used to highlight changes in national / local legislation and guidance such as recommendations from serious case reviews.
a) *Roles and Competencies for Health Care Staff, the Intercollegiate Document* (RCPCH, 2010)

b) *Looked after children: Knowledge, skills and competence of health care staff Intercollegiate Role Framework* (RCGP, 2012)


12.4. For the majority of staff training will be at the mandatory “all NHS staff” level 1 which is available both on induction for new staff members and as an e-learning package for update training. However, managers should ensure that members of staff who fall into any other category as outlined in the training framework access the relevant single or multi-agency training.

12.5. All staff must access mandatory safeguarding training as outlined in Appendix 2.

12.6. The Designated Nurse has produced a guidance document for GP practice staff training requirements, available on the Clinical Commissioning Group website http://www.wirralccg.nhs.uk/About%20Us/safeguarding.htm

13. **SERIOUS CASE REVIEWS/CRITICAL CASE REVIEWS**

13.1 NHS Wirral Clinical Commissioning Group has a statutory duty to work in partnership with the Local Safeguarding Children Board, and/or any other Safeguarding Children Board, in conducting Serious Case Reviews in accordance with *Working Together to Safeguard Children* (HM Government, 2013).

13.2. The Designated Safeguarding Professionals will inform NHS England Area Team and the Care Quality Commission (CQC) when a Serious Case Review is commissioned.

13.3. NHS Wirral Clinical Commissioning Group will contribute fully to Serious Case Reviews which are commissioned by the Local Safeguarding Children Board.

13.4 NHS Wirral Clinical Commissioning Group will ensure that the Designated Professionals’ are given sufficient time and necessary support to complete any Health Overview reports required.

13.5 The Governing Body must ensure the review and all agreed actions following the review, are carried out according to the timescale set out by Wirral Local Safeguarding Children Board Serious Case Review Committee scoping and terms of reference.

13.6 The Quality Performance and Finance Committee via the Safeguarding Governance Group will monitor the progress of identified recommendations and supporting action plans for issues relating to NHS Wirral Clinical Commissioning Group.

14. **CATEGORIES OF ABUSE**

14.1 For children’s safeguarding, the definitions of abuse are taken from *Working Together to Safeguard Children* (HM Government, 2013). Abuse and neglect are forms 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. They may be abused by an adult or adults, or another child or children.

a) **Physical abuse**: 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 to a child.

b) **Emotional abuse**: The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development.

c) **Sexual abuse**: Involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include, non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

d) **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.

15. REFERENCES AND BIBLIOGRAPHY

15.1. In developing this Policy account has been taken of the following statutory and non-statutory guidance, best practice guidance and the policies and procedures of the Local Safeguarding Children Board.


http://www.education.gov.uk/aboutdfe/statutory/g00213160/working-together-to-safeguard-children


Royal College Paediatrics and Child Health et al (2010) Safeguarding Children and Young people: Roles and Competencies for Health Care Staff. Intercollegiate Document supported by the Department of Health

https://www.rcn.org.uk/__data/assets/pdf_file/0019/451342/RCN_and_RCPCH_LAC_competences_v1.0_WEB_Final.pdf
APPENDIX 1 - What To Do If You Have Concerns About A Child Flowchart

What To Do if you have concerns about a child

PRACTITIONER HAS CONCERNS ABOUT CHILD’S WELFARE

Practitioner discusses with manager and/or other senior colleagues as they think appropriate

Still has concerns

No further child protection action, although may need to act to ensure services provided

No longer has concerns

Feedback to referer on next course of action

Social worker and manager acknowledge receipt of referral and decide on next course of action within one working day

Initial assessment required

Contact social care in 72 hours if no feedback is received

For advice prior to referral
(9-5 Monday - Friday)

Dr Santiago Puig
Named GP for Safeguarding Children
Tel: 07810756779

Dr Amanda Bennett
Designated Doctor for Safeguarding Children
Tel: 0151 514 2501

Debbie Hammersley
Designated Nurse for Safeguarding Children
Tel: 0151 651 0011 ext: 1621

After 5pm contact:
On Call Consultant Paediatrician
0151 678 5111

Updated November 2013

Safeguarding Wirral Children Referral Flowchart

Social Services, Central Advice & Duty Team (CADT) (office hours)
Tel: 0151 606 2008
Fax: 0151 606 2022

Social Services Emergency Duty Team (EDT) (after 5pm)
Tel: 0151 677 6557
Fax: 0151 677 5372

Merseyside Police
0151 777 2683 (Office Hours)
0151 709 6010 (24 Hrs)

NB: If Concerns about child’s immediate safety contact police
## APPENDIX 2 - SAFEGUARDING CHILDREN TRAINING CHART

<table>
<thead>
<tr>
<th>COURSE</th>
<th>FREQUENCY</th>
<th>STAFF</th>
<th>KNOWLEDGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Awareness</td>
<td>On commencement of employment</td>
<td>All NHS Wirral CCG staff</td>
<td>Know about the range of child abuse. Know about local policies and procedures. Know what to do if they have concerns. Understand the importance of information sharing and dangers of not sharing information. Know who to contact if concerned about a child or young person. Know how to access training and support.</td>
</tr>
<tr>
<td>includes Corporate Induction Programme</td>
<td>Repeat every 3 years for non-clinical staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e-learning Module)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Level Two</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Safeguarding Children Training</td>
<td>Over 3 year period</td>
<td>All clinical staff whose work brings them directly into contact with children, young people parents and carers</td>
<td>As above and: Understand which groups of children are at risk of harm or neglect. Know who to inform, seek advice from and how to contact them. Know what to record, how long to keep it, how to dispose of records correctly, when to follow up and to feedback. Aware of own (and others) roles and boundaries. Understand the importance of information sharing. Know how to share information. Understand next steps in child protection.</td>
</tr>
<tr>
<td>(e-learning Module)</td>
<td>0.5 programmed activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Level 3</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core Safeguarding Children Training</td>
<td>Over 3 year period refresher training</td>
<td>All clinical staff who work predominantly with children, young people and/or their parents/carers and who could potentially contribute to safeguarding assessments and plans</td>
<td>Working together with other Agencies to identify, assess and meet the needs of children where there are safeguarding concerns. Recognising the importance of family history and functioning and working with children and family members. As level 2 and aware of implications of: Specialists topics Current research findings and implications for practice.</td>
</tr>
<tr>
<td>Specialist Safeguarding Children Training</td>
<td>1.5 programmed activity/sessions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Dependent on role)</td>
<td>Or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combination of e-learning and face to face training</td>
<td>3 – 4 programmed Activity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Level 4 | Over 3 year period | Child protection named professionals. Staff who have a particular responsibility for safeguarding and promoting children’s welfare and working within an interagency context. | As level 3 plus:  
  Awareness of latest guidance/best practice.  
  Awareness of latest research perspectives and implications for practice.  
  Advanced understanding of child care law, consent and confidentiality.  
  Good understanding of forensic procedures. |
|---|---|---|---|
| Level 5 | Over 3 year period | Designated Child protection professionals | As level 4 plus:  
  Child protection supervision and sound policy advice and support.  
  Facilitate practice development Facilitation of training (and a training needs analysis).  
  Undertake / lead serious case reviews.  
  Give appropriate advice to external agencies/organisations.  
  Be able to chair child protection sub groups.  
  Be able to lead / oversee child protection quality assurance/ improvement. |

Note: A programmed Activity is equivalent to 4 hours
### An update regarding the Service Level Agreement (SLA) between the Commissioning Support Unit (CSU) and the CCG

<table>
<thead>
<tr>
<th>Agenda Item:</th>
<th>2.3</th>
<th>Reference:</th>
<th>GB 14-15/008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report to:</td>
<td>Governing Body</td>
<td>Meeting Date:</td>
<td>6 May 2014</td>
</tr>
<tr>
<td>Lead Officer:</td>
<td>Lorna Quigley</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Governance:

<table>
<thead>
<tr>
<th>Link to Commissioning Strategy</th>
<th>To reduce waste and inefficiency and duplication within the patient journey and between partners.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To be a high performance, high reputation organisation with ambition.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Link to current governing body Objectives</th>
</tr>
</thead>
</table>

#### Summary:

Due to the changes in the commissioning landscape that have come about following the Health and Social Care Act 2012, a number of new organisations have been developed including:

- Clinical Commissioning Groups
- Commissioning Support Units.

Cheshire and Merseyside (commissioning support unit C & M CSU) has been developed to help support health and social care decision makers achieve their objectives. Through a Service Level agreement, C & M CSU provides NHS Wirral Clinical Commissioning Group with the support, professional expertise and essential services to achieve the best possible outcomes for their population.

In “towards commissioning excellence: a strategy for commissioning Support services” NHS England sets out it plans to ensure that all commissioners can access excellent and affordable commissioning support, be it sourced in house, shared or outsourced.

The basic principle is that CCG choose how and from whom they access their commissioning support. Any changes that the CCG wishes to make to their commission support arrangements it is critical that there is a rationale, that the new arrangements represent value for money and improved quality, and that the impact on the local health community and in particular neighbouring CCGs has been taken into account.

The aim of this paper is to provide the Governing body with:

- The guidance from NHS England regarding
Recommendation:  To Approve

To Note  X

Comments

Next Steps: For the Governing Body to note and accept the contents of the paper.

This section is an assessment of the **impact** of the proposal/item. As such, it identifies the significant risks, issues and exceptions against the identified areas. Each area must contain sufficient (written in full sentences) but succinct information to allow the Board to make informed decisions. It should also make reference to the impact on the proposal/item if the Board rejects the recommended decision.

**What are the implications for the following** (please state if not applicable):

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial</td>
<td>This agreement forms part of the running costs of the CCG. Any new commissioning support would have to be within the running cost allowance of the CCG.</td>
</tr>
<tr>
<td>Value For Money</td>
<td>Establishing a robust monitoring system will ensure there is Value for Money. Any new support that is secured would need to demonstrate value for money.</td>
</tr>
<tr>
<td>Risk</td>
<td>By not establishing a process there are financial and reputational risks to the CCG and the CSU. For future needs, using the nationally developed toolkit will ensure that any risks are mitigated against.</td>
</tr>
<tr>
<td>Legal</td>
<td>Legal advice was sought in the development of the SLA.</td>
</tr>
<tr>
<td>Workforce</td>
<td>There is a potential risk for the workforce of both organisations if the SLA is not managed. Workforce issues will be considered as part of the future commissioning arrangements.</td>
</tr>
<tr>
<td>Equality &amp; Human Rights</td>
<td>This agreement is not directly related to any people and groups who have the following protected characteristics, under the Equalities Act 2010:Race</td>
</tr>
<tr>
<td></td>
<td>• Age (young and Old)</td>
</tr>
<tr>
<td></td>
<td>• Sex (gender)</td>
</tr>
<tr>
<td></td>
<td>• Disability</td>
</tr>
<tr>
<td></td>
<td>• Religion and belief</td>
</tr>
<tr>
<td></td>
<td>• Sexual orientation</td>
</tr>
<tr>
<td></td>
<td>• Trans gender</td>
</tr>
<tr>
<td></td>
<td>The Equality Delivery System has been utilised to develop objectives including ‘To make fair and transparent commissioning decisions’. The CCG Objectives plan will continue to be used when monitoring the SLA.</td>
</tr>
<tr>
<td>Patient and Public Involvement (PPI)</td>
<td>No direct patient and public involvement has been sought in this proposal. Involvement will be sought as required from patients and public by the CCG in relation to future requirements.</td>
</tr>
</tbody>
</table>
Partnership Working

Partnership working between the CSU and the CCG. An increase in partnership working will be required for any future commissioning support requirements.

Performance Indicators

Key Performance Indicators (KPI’s) have been developed as part of this process.

Do you agree that this document can be published on the website?
(If not, please note that it may still be subject to disclosure under Freedom of Information - Freedom of Information Exemptions)

☑

This section gives details not only of where the actual paper has previously been submitted and what the outcome was but also of its development path ie. other papers that are directly related to the current paper under discussion.

Report History/Development Path

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Reference</th>
<th>Submitted to</th>
<th>Date</th>
<th>Brief Summary of Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheshire &amp; Merseyside CSU SLA</td>
<td>GB12-13/164</td>
<td>Governing Body Meeting</td>
<td>5th February 2013</td>
<td>The Governing Body was asked to highlight any areas of concern regarding the CSU SLA. MB to send out the CSU SLA Statement of Intent to be signed by AM, LQ and MB.</td>
</tr>
<tr>
<td>Cheshire &amp; Merseyside CSU SLA</td>
<td>GB13-14/034</td>
<td>Governing Body Meeting</td>
<td>3rd September 2013</td>
<td>Governing Body was asked to note the progress made in relation to the SLA and to give delegated responsibility to QPF (Quality, Performance and Finance Committee) for the monitoring of the SLA.</td>
</tr>
<tr>
<td>Cheshire &amp; Merseyside CSU SLA</td>
<td>GB 13-14/058</td>
<td>Governing Body Meeting</td>
<td>January 2014</td>
<td>The Governing Body was asked to note the progress made following the signing of the Service Level Agreement and for the Quality Performance and Finance Committee to monitor the performance on behalf of the Governing Body.</td>
</tr>
</tbody>
</table>

Private Business

The Board may exclude the public from a meeting whenever publicity (on the item under discussion) would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution. If this applied, items must be submitted to the private business section of the Board (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960).

The definition of “prejudicial” is where the information is of a type the publication of which may be inappropriate or damaging to an identifiable person or organisation or otherwise contrary to the public interest or which relates to the provision of legal advice (for
example clinical care information or employment details of an identifiable individual or commercially confidential information relating to a private sector organisation).

If a report is deemed to be for private business, please note that the tick in the box, indicating whether it can be published on the website, must be changed to a x.

If you require any additional information please contact the Lead Director/Officer.
Introduction

The aim of this paper is to provide the Governing body with:
- The guidance from NHS England regarding Commissioning Support Services.
- The direction of travel the CCG wishes to take regarding some of the service lines contained within the SLA

Background

In “towards commissioning excellence: a strategy for commissioning Support services” NHS England sets out it plans to ensure that all commissioners can access excellent and affordable commissioning support, be it sourced in house, shared or outsourced.

The basic principle is that CCG choose how and from whom they access their commissioning support. Any changes that that the CCG wishes to make to their commission support arrangements it is critical that there is a rationale, that the new arrangements represent value for money and improved quality, and that the impact on the local health community and in particular neighbouring CCGs has been taken into account.

Current Position

The CCG currently pays in region of £3.5m for the Commissioning Support and a 3 year SLA was signed in April 2012. Monthly SLA meetings were established between the organisations to:
- Ensure service delivery of commissioned service lines.
- Monitor the quality and performance of service lines.
- Agree and monitor corrective action when needed.

It has been evident throughout these meetings that there are number of issues in delivery in a number of service lines including:
- Business Intelligence
- Customer solutions Centre (complaint handling, freedom of information requests and serious incident reporting)
- Financial accounting services.

These have been raised with the Governing body and added to the CCG risk register. Despite the mitigation against these risks, little improvement has been made to these service lines. As outlined in the guidance set out by NHS England the CCG management team has
reviewed the SLA in conjunction with performance against the Key Performance Indicators and assessed the risk to delivery. Following this exercise the CCG has formally given its commissioning intentions to the CSU for 2014/15 contracting year which includes the services that they wish to continue to buy and those which they want to bring in house.

**Next Steps**

A process has been designed by the CSU which is supported by national guidance to describe both the CSU and the CCG are aware of their responsibilities and the activities that need to be undertaken to assist with the transition of the identified services to the CCG within a given timeframe. Consideration needs to be given to:

- Workforce
- Premises
- Third party contracts/licences
- Information and records
- Data
- Assets

An “exit” manager will be identified to lead the process on behalf of the CCG, all activities undertaken will be documented using an exit management plan. Meetings will be held regularly between the identified CCG manager and the CSU to ensure that the transition occurs within the outlined process and the given timeframe.

**Recommendations**

The Governing Body is asked to support the direction of travel with the CCG’s commissioning intentions in relation to commissioning support services.

_Lorna Quigley_

_Head of Quality and Performance_
# Approvals Committee - addition of two lay advisors

<table>
<thead>
<tr>
<th>Agenda Item:</th>
<th>2.4</th>
<th>Reference:</th>
<th>GB 14-15/008</th>
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</thead>
<tbody>
<tr>
<td>Report to:</td>
<td>Governing Body</td>
<td>Meeting Date:</td>
<td>6th June 2014</td>
</tr>
<tr>
<td>Lead Officer:</td>
<td>James Kay, Lay Member Governance, Mark Bakewell, Chief Finance Officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributors:</td>
<td>Paul Edwards, Head of Corporate Affairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Governance:</td>
<td></td>
<td>To provide the Governing Body with Assurance on the management of Conflict of Interest</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Link to Commissioning Strategy</td>
<td>Link to current governing body Objectives</td>
<td>Perform our duties effectively and manage our resources efficiently. Deliver high quality health care to our population Improve the health of all Wirral citizens</td>
</tr>
<tr>
<td>Summary:</td>
<td>The Approvals Committee has been established as part of the CCG's policy for managing potential for conflict of interest when GPs might be are involved in commissioning services from GP practices. Over the last twelve months the Approvals Committee has held a series of meetings and made decisions to approve with or without recommendations or conditions or to refer back or to reject proposals for service developments which might be seen as influenced by a potential for conflict of interest. On two occasions it has not been possible to hold quorate meetings and attempts to recruit further members from the consortia has not proved successful. This proposal seeks further to strengthen the lay membership of the Approvals Committee by the addition of two further members from within the existing Audit Committee membership which itself has been recently strengthened by the addition of three further members. The Governing Body is asked to approve this paper.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recommendation:</td>
<td>To Approve</td>
<td>To Note</td>
<td>Comments</td>
</tr>
<tr>
<td></td>
<td></td>
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</tbody>
</table>
Next Steps: Propose the necessary changes in the Constitution of the CCG (amendments in Approvals Committee Terms of Reference) to the practice membership and subject to their approval, include those changes in constitutional amendments to the Area Team of NHS England at the next opportunity.

This section is an assessment of the impact of the proposal/item. As such, it identifies the significant risks, issues and exceptions against the identified areas. Each area must contain sufficient (written in full sentences) but succinct information to allow the Board to make informed decisions. It should also make reference to the impact on the proposal/item if the Board rejects the recommended decision.

| What are the implications for the following (please state if not applicable): |
|---------------------------------|---------------------------------|
| Financial                       | The cost implication of the proposed lay advisor sessions has been identified in the attached paper. |
| Value For Money                 | Providing sufficiently robust challenge to potentially conflicted decisions by GP commissioners supports our assurance of value for money commissioning driven by what is in the patients’ best interests. |
| Risk                            | Failure to provide sufficiently robust and transparent challenge to potentially conflicted decisions by GP commissioners, risks undermining public and key partner confidence in the capacity of the CCG to make decisions motivated solely by what is in the best interests of patients. |
| Legal                           | CCGs are required to develop and maintain adequate mechanisms for management of the potential for conflict of interest when GPs commission and provide services. They should do so in accordance with governance best practice guidance published by NHS England and in accordance with regulations applied to the NHS. |
| Workforce                       | N/A                                           |
| Equality & Human Rights         | The Approvals Committee is tasked to support commissioning decisions motivated by the best interests of the whole range of patients including those with protected characteristics identified in equality legislation. |
| Patient and Public Involvement (PPI) | The Approvals Committee uses a template based on best practice guidance, which includes inquiries designed to ensure that appropriate engagement has been undertaken with patients and there has been appropriate public involvement in commissioning decisions brought to the Committee. |
| Partnership Working             | The best practice template includes questions designed to elicit information about the range of partner professionals involved in designing the proposed service and the range of potential providers considered. |
| Performance Indicators          | Each proposal coming before the Approvals Committee has to identify proposals for monitoring the quality of the service and for monitoring and publishing data on referral patterns. All proposals submitted are designed to be routinely managed within the CCG’s mainstream performance management systems. |

Do you agree that this document can be published on the website?  ✔ (If not, please note that it may still be subject to disclosure under Freedom of Information - Freedom of Information Exemptions)
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The definition of “prejudicial” is where the information is of a type the publication of which may be inappropriate or damaging to an identifiable person or organisation or otherwise contrary to the public interest or which relates to the provision of legal advice (for example clinical care information or employment details of an identifiable individual or commercially confidential information relating to a private sector organisation).

If a report is deemed to be for private business, please note that the tick in the box, indicating whether it can be published on the website, must be changed to a x.

If you require any additional information please contact the Lead Director/Officer.
Introduction

Our Conflicts of Interest Policy together with our Constitution require us to establish and maintain an Approvals Committee. This is empowered on behalf of the CCG Governing Body, to Approve with or without conditions, Refer Back or Reject proposals which involve payments made to or through GP practices, where there is a potential for concern about conflict of interest.

Over the last year the Approvals Committee has met 5 times and on two other occasions consultations have had to be undertaken by email as it was not possible to establish a quorum in time to meet pressing deadlines. Significant amounts of money have been deployed into schemes operated by GP practices and considered by the Approvals Committee.

Given the difficulty in getting a quorate meeting of the Approvals Committee within the current membership and a desire to further strengthen the independence of the committee it is now being proposed to add two further lay advisors and a Patient Member to the Committee membership. This will require us to amend the Terms of Reference as they relate to Membership and Quorum (as attached).

The Audit Committee has recently added three further Lay Advisors to its membership and it is suggested that two of these be co-opted into the Approvals Committee together with a co-opted Patient Representative already identified from within a Patient Forum.

The additional cost of this amendment is likely to be in the region of £8k for each financial year.

All the other sections of the Approvals Committee Terms of Reference will stay as previously.

The proposed changes have been highlighted in red in the attached document. The Governing Body are asked to approve this paper.
1) Introduction

An essential feature of the reforms introduced by the Health and Social Care Act (2012) is that Clinical Commissioning Groups should be able to commission a range of community based services to improve quality and outcome for patients. Clinical Commissioning Groups can also make payments to GP practices for “promoting improvements in the quality of primary medical care (e.g. reviewing referral and prescribing)

To help them manage potential conflicts of interest associated with such commissioning decisions, the NHS Commissioning Board has issued guidance, a Code of Conduct and an associated decision making template. These documents are designed to help Clinical Commissioning Groups demonstrate that they are acting fairly and transparently and that members will always put their duty to patients before any personal financial interest.

The Governing Body of NHS Wirral Clinical Commissioning Group (the CCG) and the Boards of the constituent Wirral GP, Wirral Health and NHS Alliance Consortia (the Consortia) have a majority of GP members. It is anticipated that situations will arise where a conflict of interest may exist for these members when considering commissioning decisions by the CCG or Consortia. In such cases where all or most of the GPs on a decision making body could have a material interest in a decision, there is specific advice in the above mentioned Code of Conduct. In essence the advice is to ensure that GPs and other practice members who may have a potential conflict are excluded from the decision making process. In following this advice it is therefore necessary to implement an additional mechanism to support the Governing Body in making these commissioning decisions.

The Governing Body has previously agreed through its Conflict of Interest Policy that this additional mechanism should be an Approvals Committee. Pending full authorisation of the CCG by the NHS National Commissioning Board, committee structures and other organisational arrangements are made on an interim basis. The tenure of the Interim Approvals Committee therefore will be until the 31st March 2013 when a substantive Approvals Committee will be established.

The Interim Approvals Committee (the Committee) is established in accordance with the CCG’s Constitution, Standing Orders, Scheme of Delegation and Conflicts of Interest policy. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the Constitution and Standing Orders. The Committee has no executive powers other than those specifically delegated in these Terms of Reference.
2) Purpose
The purpose and role of the Committee is to scrutinise and approve with or without conditions and/or reject commissioning decisions where a potential conflict of interest has been identified for the GP membership of the CCG Governing Body or Consortia Boards. This will help the CCG to ensure and demonstrate to its stakeholders that all of its commissioning decisions are made selflessly, fairly, transparently and with independent scrutiny.

3) Membership
- Chair (Lay Member, Lead for Governance and Audit) - voting
- Lay Member (Patient Champion) - voting
- Lay Advisor (Audit Committee Lay Advisor) - voting
- Lay Advisor (Audit Committee Lay Advisor) - voting
- Patient Member - voting
- Head of Quality & Performance / Corporate Nurse - voting
- Director of Public Health - voting
- Chief Finance Officer - non voting
- Consortia Chief Officers - non voting

Should it be required the Chair of the meeting will have a casting vote.

The CCG Chair and/or Chief Clinical Officer may attend to advise where appropriate.

Any governing body member who is not a member of the Committee may attend as a non-voting observer with the prior agreement of the Chair of the Committee.

The meetings will be chaired by the Lay Member (Governance and Audit) in the absence of whom the meeting will be chaired by the Lay Member (Patient Champion) or if he is unavailable by one of the other Lay Advisors or Patient Member.

Attendance (in a non-voting capacity) will also be expected from the the Head of Corporate Affairs who will make arrangements to ensure that the Committee is supported administratively. Duties in this respect will include taking minutes of the meeting and providing appropriate support to the Chairman and committee members.

4) Quorum
A quorum will be three voting members (including at least one of the two of the Lay Member/ Advisors, and at least one of the Director of Public Health / Head of Quality & Performance (Corporate Nurse). The other members would constitute of at least two of the other members (including Consortia Chief Officers or Chief Finance Officer).

5) Frequency and notice of meetings
The Committee will meet when required to consider proposals coming from the governing body or consortia boards after the Governing Body Chair has deemed that
commissioning decisions are unable to be reached in the governing body or consortia board due to potential conflicts of interests for members of those bodies. Consortia Boards may refer directly to the Approvals Committee when they identify a potential Conflict of Interest and are encouraged to do so.

The Approvals Committee are authorised by the CCG Governing Body exceptionally to call in for review and scrutiny, commissioning decisions made by either the Consortia Boards or Governing Body when they believe there may be a potential for unresolved conflicts of interest in the commissioning process.

Agendas and papers will be sent out 7 days before the meeting is held. Action points will be sent out within 48 hours of the meeting occurring. Full minutes will be available within 2 weeks of the meeting.

To ensure there is minimum delay within the process, a monthly schedule of meetings of the Committee will be arranged over a 12 month schedule. If no proposals are received within 7 days of the scheduled meeting date, that meeting will not take place.

6) Remit and responsibilities of the Committee
The Committee will review and reach an agreement on all matters relating to the commissioning of health services in circumstances where the Governing Body or Consortia Board cannot do so without independent scrutiny due to potential conflicts of interest. The Committee may approve with or without further conditions, reject or refer back to the originating body for further development, any proposal reviewed and not approved.

7) Relationship with the Governing Body
The minutes of the Committee shall be formally recorded by the Committee Secretary and submitted to the Governing Body. The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure to the full Board, or require executive action. The Committee will produce an annual report on the decisions it has taken and submit for the Board’s consideration.

8) Policy and best practice
In order to facilitate the achievement of good governance, the Committee is authorised to:

- Seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
- Use of the amended version of the NHS Commissioning Board Conflicts of Interest Template when gathering information about commissioning proposals to help support its decision making.
- Obtain outside legal or other independent professional advice and/or secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.
• Use core national criteria when assessing clinical decisions and ensure that commissioning proposals support the strategic intentions of the CCG

9) Conduct of the Group

When discharging functions delegated to it by the Governing Body the Approvals Committee, and its individuals members must:

• Conduct its business in accordance with Nolan’s Seven Principles of Public Life.
• Ensure that any relevant national guidance is adhered to.

These Terms of Reference shall be reviewed annually by the Governing Body, with recommendations made for any amendments in line with development requirements.

Date Agreed: May 2014
Review Date: May 2015
Integrated Performance and Finance Report

<table>
<thead>
<tr>
<th>Agenda Item:</th>
<th>4.1</th>
<th>Reference:</th>
<th>GB 14 – 15/010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report to:</td>
<td>Governing Body Meeting</td>
<td>Meeting Date:</td>
<td>6th May 2014.</td>
</tr>
<tr>
<td>Lead Officer:</td>
<td>Mark Bakewell, Lorna Quigley</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributors:</td>
<td>Finance and Business Intelligence teams</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Governance:**

- Link to Commissioning Strategy
  - Sound financial control is essential to the Clinical Commissioning Group (CCG) strategy and is directly linked to the delivery of the CCG Commissioning and Operational Plan for the financial year. Ensuring that services that the CCG commission for the population comply with patient’s rights under the NHS constitution.

- Link to current governing body Objectives
  - To achieve financial control total with sound financial management. To ensure that providers achieve strong performance against national targets.

**Summary:**

This report updates the Governing Body on:
- Activity Performance for Month 11 (February)
- Financial performance against budgeted allocation for 2013/14 as at Month 12 (March)

**Recommendation:**

- To Approve
- To Note

**Next Steps:**

Continuation of performance monitoring through the remainder of the financial year

---

This section is an assessment of the **impact** of the proposal/item. As such, it identifies the significant risks, issues and exceptions against the identified areas. Each area must contain sufficient (written in full sentences) but succinct information to allow the Board to make informed decisions. It should also make reference to the impact on the proposal/item if the Board rejects the recommended decision.

**What are the implications for the following (please state if not applicable):**

<table>
<thead>
<tr>
<th>Financial</th>
<th>The report sets out the financial performance within the CCG for 2013/14 financial year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value For Money</td>
<td>All expenditure plans are subject to an ongoing value for money review.</td>
</tr>
<tr>
<td>Risk</td>
<td>The report details the key risks and how these will be monitored in</td>
</tr>
</tbody>
</table>
year as part of the reporting process

Legal

Legal advice is sought on issues as and when required.

Workforce

The financial plan includes budgeted “running costs” expenditure and is reflective of the respective workforce implications in these areas

Equality & Human Rights

Plans will consider as appropriate the equality impact assessment for proposals within the budgeted expenditure

Patient and Public Involvement (PPI)

Budgets include funding to ensure continued involvement of patients and public in CCG decisions. Patient choice is a right under the constitution in relation to referral for treatment.

Partnership Working

The CCG works with a number of NHS Trusts and the Local Authority on a number of its commissioning budgets.

Performance Indicators

The plan reflects the planned achievement of statutory financial duties and patient’s rights under the NHS constitution

Do you agree that this document can be published on the website? (If not, please note that it may still be subject to disclosure under Freedom of Information - Freedom of Information Exemptions)

☑

This section gives details not only of where the actual paper has previously been submitted and what the outcome was but also of its development path ie. other papers that are directly related to the current paper under discussion.

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Reference</th>
<th>Submitted to</th>
<th>Date</th>
<th>Brief Summary of Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Private Business

The Board may exclude the public from a meeting whenever publicity (on the item under discussion) would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution. If this applied, items must be submitted to the private business section of the Board (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960).
The definition of “prejudicial” is where the information is of a type the publication of which may be inappropriate or damaging to an identifiable person or organisation or otherwise contrary to the public interest or which relates to the provision of legal advice (for example clinical care information or employment details of an identifiable individual or commercially confidential information relating to a private sector organisation).

If a report is deemed to be for private business, please note that the tick in the box, indicating whether it can be published on the website, must be changed to a x.

If you require any additional information please contact the Lead Director/Officer.
Finance & Performance Update to Governing Body Meeting
May 2014
## Health Care Associated Infection (HCAI)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Preferred Outcome</th>
<th>Feb 2014</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence of HCAI – MRSA number of trust associated cases</td>
<td>5 cases</td>
<td>Lower</td>
<td>0</td>
<td>2 cases in the year (July and August)</td>
</tr>
<tr>
<td>Incidence of HCAI – C diff number of trust associated cases</td>
<td>74</td>
<td>lower</td>
<td>4</td>
<td>58 cases in total</td>
</tr>
</tbody>
</table>

4 3 WUTH 1 WNNC
## Delivering Same Sex Accommodation

<table>
<thead>
<tr>
<th>Category</th>
<th>Outline indicator</th>
<th>baseline</th>
<th>Preferred outcome</th>
<th>Feb 2014</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSA</td>
<td>All providers of NHS funded care are to eliminate mixed sex accommodation</td>
<td>0</td>
<td>Zero tolerance</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

“Your partner in a healthier future for all”
# Friends and Family Test

<table>
<thead>
<tr>
<th>Area</th>
<th>Response rate (target 15%)</th>
<th>Net promoter score February 2014</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department</td>
<td>19.1% 25.3%</td>
<td>64 90</td>
<td>Net promoter score for inpatients. Still below CWW average.</td>
</tr>
<tr>
<td>In patients</td>
<td>34.3% 23.3%</td>
<td>78 69</td>
<td></td>
</tr>
</tbody>
</table>
## Friends and Family Test

<table>
<thead>
<tr>
<th>Area (Maternity)</th>
<th>Response Rate (Target 15%)</th>
<th>Net Promoter Score February 2014</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti natal</td>
<td>17%</td>
<td>13%</td>
<td>72</td>
</tr>
<tr>
<td>Birth</td>
<td>21%</td>
<td>24%</td>
<td>83</td>
</tr>
<tr>
<td>Post natal</td>
<td>27%</td>
<td>31%</td>
<td>83</td>
</tr>
</tbody>
</table>

Response rate below national and CWW average

"Your partner in a healthier future for all"
## NHS Constitution

### Patients seen within 4 hours of attending

<table>
<thead>
<tr>
<th>Category</th>
<th>Outcome indicator</th>
<th>baseline</th>
<th>Preferred outcome</th>
<th>Feb 2014</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrows Park</td>
<td>95%</td>
<td>Higher</td>
<td>93.7%</td>
<td></td>
<td>As the WIC is on site this is a combined target</td>
</tr>
<tr>
<td>Arrows Park Walk in Centre</td>
<td>95%</td>
<td>Higher</td>
<td>99.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combined total</td>
<td>95%</td>
<td>Higher</td>
<td>93.5%</td>
<td></td>
<td>This is a quarterly target</td>
</tr>
<tr>
<td>Victoria Central Hospital walk in centre</td>
<td>95%</td>
<td>Higher</td>
<td>99.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastham walk in centre</td>
<td>95%</td>
<td>Higher</td>
<td>99.6%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### NHS Constitution

<table>
<thead>
<tr>
<th>Category</th>
<th>Outcome indicator</th>
<th>baseline</th>
<th>Preferred outcome</th>
<th>Feb 2014</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance handover and turnaround times</td>
<td>Cat A calls meeting the 8 minute standard</td>
<td>75%</td>
<td>Higher</td>
<td>76.7%</td>
<td></td>
</tr>
<tr>
<td>Ambulance handover and turnaround times</td>
<td>Ambulance handover times (15 mins)</td>
<td>100%</td>
<td>Zero tolerance</td>
<td>98.8%</td>
<td></td>
</tr>
<tr>
<td>Ambulance handover and turnaround times</td>
<td>Ambulance turn around times (30 mins)</td>
<td>95%</td>
<td>Higher</td>
<td>73.3%</td>
<td>Improvement from last month (68.6%) improvement plan continues to be monitored</td>
</tr>
</tbody>
</table>
### NHS Constitution

<table>
<thead>
<tr>
<th>Category</th>
<th>Outcome indicator</th>
<th>Baseline</th>
<th>Preferred outcome</th>
<th>February 2013</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral to treatment</td>
<td>RTT Admitted pathways</td>
<td>90%</td>
<td>Higher</td>
<td>92.4%</td>
<td></td>
</tr>
<tr>
<td>Referral to treatment</td>
<td>RTT non admitted pathways</td>
<td>95%</td>
<td>Higher</td>
<td>97.1%</td>
<td></td>
</tr>
<tr>
<td>Referral to treatment</td>
<td>RTT Incomplete pathways</td>
<td>92%</td>
<td>Higher</td>
<td>94.3%</td>
<td></td>
</tr>
<tr>
<td>Referral to treatment</td>
<td>RTT 52+ week waiters (admitted pathways)</td>
<td>0</td>
<td>Zero tolerance</td>
<td>1</td>
<td>This is a patient waiting treatment at the neurological centre at the UH London. CWW AT informed</td>
</tr>
</tbody>
</table>
NHS Constitution

<table>
<thead>
<tr>
<th>Category</th>
<th>Outcome indicator</th>
<th>Baseline</th>
<th>Preferred outcome</th>
<th>November 2013</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic tests</td>
<td>Patients should wait no longer than 6 weeks for a diagnostic test</td>
<td>99%</td>
<td>Higher</td>
<td>99.49%</td>
<td></td>
</tr>
</tbody>
</table>
CCG Draft (pre-audited) 13/14
Financial Performance

“Your partner in a healthier future for all”
Draft M12 Financial Performance

- Planned Surplus - £6.575m
- Revised Surplus - £4.575m (4th Quarter Amendment)
- Draft Year End Position - £4.751m (£176k underperformance)
- External Audit currently onsite reviewing financial statements and associated documents (Annual Report, Remuneration)
<table>
<thead>
<tr>
<th>No.</th>
<th>Indicator</th>
<th>Primary / Supporting Indicator</th>
<th>Self Assessment Month 12 (March 2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Underlying recurrent surplus</td>
<td>Primary</td>
<td>Green</td>
</tr>
<tr>
<td>2</td>
<td>Surplus - year to date performance</td>
<td>Primary</td>
<td>Green</td>
</tr>
<tr>
<td>3</td>
<td>Surplus - full year forecast</td>
<td>Primary</td>
<td>Amber / Red</td>
</tr>
<tr>
<td>4</td>
<td>Management of 2% NR funds within agreed processes</td>
<td>Supporting</td>
<td>Green</td>
</tr>
<tr>
<td>5</td>
<td>QIPP ** - year to date delivery</td>
<td>Primary</td>
<td>Amber / Green</td>
</tr>
<tr>
<td>6</td>
<td>QIPP ** - full year forecast</td>
<td>Primary</td>
<td>Amber / Green</td>
</tr>
<tr>
<td>7</td>
<td>Activity trends - year to date</td>
<td>Supporting</td>
<td>Indicator - Not yet Available</td>
</tr>
<tr>
<td>8</td>
<td>Activity trends - full year forecast</td>
<td>Supporting</td>
<td>Indicator - Not yet Available</td>
</tr>
<tr>
<td>9</td>
<td>Running costs</td>
<td>Primary</td>
<td>Green</td>
</tr>
<tr>
<td>10</td>
<td>Clear identification of risks against financial delivery and mitigations</td>
<td>Primary</td>
<td>Amber / Green</td>
</tr>
<tr>
<td>11</td>
<td>This covers internal and external audit opinions, and an assessment of the timeliness and quality of returns</td>
<td>Supporting</td>
<td>Green</td>
</tr>
<tr>
<td>12</td>
<td>Balance sheet indicators including cash management and BPCC</td>
<td>Supporting</td>
<td>Green</td>
</tr>
<tr>
<td>13</td>
<td>Financial plan meets the 2013 surplus planning requirement</td>
<td>Supporting</td>
<td>Green</td>
</tr>
</tbody>
</table>
Month 12 Financial Update
Headline Movements and Year end Position

• NHS Contracts
  – Year end £6.5m over performance
  – Wirral University Teaching Hospitals NHS Foundation Trust (£6.3m) excludes winter pressures and other individual items)

• Non-NHS Contracts
  – Year end £2.2m over performance (Spire £1.6m)

• Prescribing – Further increase in February actuals
  – Year end £0.75m over performance

• Commissioned Out of Hospital
  – Year end £0.57m over performance (slight improvement in month in respect of Funded Packages of care)
Month 12 Financial Update
Headline Movements and Year end Position

• Intermediate Care / Re-ablement
  – Year End (£0.3m) Under performance

• Other
  – Year End (£7.4m) Under performance
    • Release of Contingency
    • Slippage on Non-Recurrent (Headroom)

• Running Costs
  – Year End (£0.5m) Under performance
### Other Performance Indicators

- **Cash Balance as at the end of the March - £21k**
- **Better Payment Practice Code – Achieved both ‘No’ & ‘Value’**

<table>
<thead>
<tr>
<th>Month</th>
<th>Period Number</th>
<th>Paid Year</th>
<th>Total Number of Invoices Paid</th>
<th>Total Paid Within Target No.</th>
<th>%age</th>
<th>Total Value of Invoices Paid</th>
<th>Value paid within Target £</th>
<th>%age</th>
</tr>
</thead>
<tbody>
<tr>
<td>APRIL</td>
<td>04</td>
<td>13</td>
<td>109</td>
<td>109</td>
<td>100.00%</td>
<td>29,267,648</td>
<td>29,267,648</td>
<td>100.00%</td>
</tr>
<tr>
<td>MAY</td>
<td>05</td>
<td>13</td>
<td>289</td>
<td>287</td>
<td>99.31%</td>
<td>28,410,296</td>
<td>28,406,508</td>
<td>99.99%</td>
</tr>
<tr>
<td>JUNE</td>
<td>06</td>
<td>13</td>
<td>448</td>
<td>434</td>
<td>96.88%</td>
<td>32,636,257</td>
<td>32,625,037</td>
<td>99.97%</td>
</tr>
<tr>
<td>JULY</td>
<td>07</td>
<td>13</td>
<td>615</td>
<td>803</td>
<td>98.53%</td>
<td>32,974,022</td>
<td>32,888,437</td>
<td>99.74%</td>
</tr>
<tr>
<td>AUGUST</td>
<td>08</td>
<td>13</td>
<td>1,041</td>
<td>1,032</td>
<td>99.14%</td>
<td>33,460,323</td>
<td>33,440,948</td>
<td>99.94%</td>
</tr>
<tr>
<td>SEPTEMBER</td>
<td>09</td>
<td>13</td>
<td>923</td>
<td>907</td>
<td>98.27%</td>
<td>33,237,148</td>
<td>33,201,655</td>
<td>99.89%</td>
</tr>
<tr>
<td>OCTOBER</td>
<td>10</td>
<td>13</td>
<td>1,311</td>
<td>1,296</td>
<td>98.86%</td>
<td>35,199,223</td>
<td>35,013,938</td>
<td>99.47%</td>
</tr>
<tr>
<td>NOVEMBER</td>
<td>11</td>
<td>13</td>
<td>1,075</td>
<td>1,064</td>
<td>98.98%</td>
<td>35,393,712</td>
<td>35,288,696</td>
<td>99.70%</td>
</tr>
<tr>
<td>DECEMBER</td>
<td>12</td>
<td>13</td>
<td>1,153</td>
<td>1,135</td>
<td>98.44%</td>
<td>34,979,824</td>
<td>34,933,537</td>
<td>99.87%</td>
</tr>
<tr>
<td>JANUARY</td>
<td>01</td>
<td>14</td>
<td>1,239</td>
<td>1,189</td>
<td>95.96%</td>
<td>35,641,247</td>
<td>35,534,500</td>
<td>99.70%</td>
</tr>
<tr>
<td>FEBRUARY</td>
<td>02</td>
<td>14</td>
<td>1,233</td>
<td>1,215</td>
<td>98.54%</td>
<td>36,008,017</td>
<td>35,680,766</td>
<td>99.09%</td>
</tr>
<tr>
<td>March</td>
<td>03</td>
<td>14</td>
<td>2,171</td>
<td>2,154</td>
<td>99.22%</td>
<td>39,714,453</td>
<td>39,690,281</td>
<td>99.94%</td>
</tr>
</tbody>
</table>

| Total     |               |           | 9,636                         | 9,471                       | 98.29%  | 367,207,716                 | 366,281,670                 | 99.75% |
Glossary

BPCC - Better payment practice code
CCG – Clinical Commissioning Group
C. Diff - Clostridium Difficile
CHC – Continuing Health Care
CT Scan - Computed Tomography
CWW – Cheshire West and Warrington
HCAI – Healthcare Associated Infections
MRSA - Methicillin Resistant Staphylococcus Aureus
MSA – Mixed sex accommodation
*Over Performance – Over performing against the budget / plan by spending more than we assumed
PCT – Primary Care Trust
QIPP – Quality, Innovation, Productivity & Prevention
QPF – Quality, Performance & Finance Committee
RAG – Red Amber Green
RCA – Root Cause Analysis
RTT – Referral to treatment
TBC – To Be Confirmed
VCH – Victoria Central Hospital
WIC – Walk in Centre
YTD – Year To Date
## COMMITTEE ANNUAL REPORTS

<table>
<thead>
<tr>
<th>Agenda Item:</th>
<th>4.2</th>
<th>Reference:</th>
<th>GB 14-15/010</th>
</tr>
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<tbody>
<tr>
<td>Report to:</td>
<td>Governing Body</td>
<td>Meeting Date:</td>
<td>6th May 2014</td>
</tr>
<tr>
<td>Lead Officer:</td>
<td>Paul Edwards- Head of Corporate Affairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributors:</td>
<td>Committee Chairs and CCG Officers</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Governance:</strong></td>
<td><strong>Link to Commissioning Strategy</strong></td>
<td>To be a high performance, high reputation organisation with ambition.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reduce waste and inefficiency and duplication within the patient journey and between partners.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Link to current governing body Objectives</strong></td>
<td>To ensure that the CCG is a fully constituted organisation, in order to undertake fully its statutory requirements</td>
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</tr>
</tbody>
</table>

### Summary:

NHS Wirral CCG’s Constitution outlines the committee structure that enables the CCG to deliver its statutory duties. This series of reports defines the key duties of each committee followed by a narrative outlining how those duties have been discharged throughout the 2013/14 financial year.

### Recommendation:

<table>
<thead>
<tr>
<th>Recommendation:</th>
<th>To Approve</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Note</td>
<td>x</td>
</tr>
</tbody>
</table>

### Comments

### Next Steps:

Reports will be included with Governing Body papers on the public CCG website.
This section is an assessment of the **impact** of the proposal/item. As such, it identifies the significant risks, issues and exceptions against the identified areas. Each area must contain sufficient (written in full sentences) but succinct information to allow the Board to make informed decisions. It should also make reference to the impact on the proposal/item if the Board rejects the recommended decision.

### What are the implications for the following (please state if not applicable):

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial</strong></td>
<td>The Quality, Performance and Finance Committee report outlines its role in overseeing financial performance</td>
</tr>
<tr>
<td><strong>Value For Money</strong></td>
<td>The Committee Reports describe the functions undertaken for the CCG, including ensuring robust financial stewardship and efficient services</td>
</tr>
<tr>
<td><strong>Risk</strong></td>
<td>The CCG Constitution and Committee Structure ensures that the CCG is a fully constituted organisation, in order to undertake fully its statutory requirements</td>
</tr>
<tr>
<td><strong>Legal</strong></td>
<td>The CCG Constitution and Committee Structure outlines how the CCG carries out its statutory duties.</td>
</tr>
<tr>
<td><strong>Workforce</strong></td>
<td>The Remuneration Committee report describes its role in workforce matters</td>
</tr>
<tr>
<td><strong>Equality &amp; Human Rights</strong></td>
<td>Equality and Diversity Reports are received by the Quality, Performance and Finance Committee</td>
</tr>
<tr>
<td><strong>Patient and Public Involvement (PPI)</strong></td>
<td>The Consortia Reports outlines how patients are engaged through the CCG consortia structure.</td>
</tr>
<tr>
<td><strong>Partnership Working</strong></td>
<td>The CCG Constitution describes that membership of the Governing Body and other committees includes membership from partner organisations</td>
</tr>
<tr>
<td><strong>Performance Indicators</strong></td>
<td>N/A</td>
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Do you agree that this document can be published on the website?  
(If not, please note that it may still be subject to disclosure under Freedom of Information - *Freedom of Information Exemptions* ✓

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This section gives details not only of where the actual paper has previously been submitted and what the outcome was but also of its development path i.e. other papers that are directly related to the current paper under discussion.
<table>
<thead>
<tr>
<th>Report Name</th>
<th>Reference</th>
<th>Submitted to</th>
<th>Date</th>
<th>Brief Summary of Outcome</th>
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<tr>
<td>Changes to the Constitution</td>
<td>GB 13-14/045 4.5</td>
<td>Governing Body</td>
<td>5\textsuperscript{th} November 2013</td>
<td>Approved</td>
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<tr>
<td>Changes to the Constitution</td>
<td>GB 13-14/039 4.5</td>
<td>Governing Body</td>
<td>1\textsuperscript{st} October 2013</td>
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<td>Changes to the Constitution</td>
<td>GB13- 14/014 2.1</td>
<td>Governing Body</td>
<td>4\textsuperscript{th} June 2013</td>
<td>Approved</td>
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**Private Business**

The Board may exclude the public from a meeting whenever publicity (on the item under discussion) would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution. If this applied, items must be submitted to the private business section of the Board (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960).

The definition of “prejudicial” is where the information is of a type the publication of which may be inappropriate or damaging to an identifiable person or organisation or otherwise contrary to the public interest or which relates to the provision of legal advice (for example clinical care information or employment details of an identifiable individual or commercially confidential information relating to a private sector organisation).

If a report is deemed to be for private business, please note that the tick in the box, indicating whether it can be published on the website, must be changed to a x.

If you require any additional information please contact the Lead Director/Officer.
Introduction

The Audit Committee’s primary role is to provide assurance to the Clinical Commissioning Group (CCG) Governing Body on a range of organisational matters. Primarily, these can be summarised as:

- Ensuring the effectiveness of the processes in place to manage and oversee the systems necessary for integrated governance, risk management, financial reporting and internal control
- Ensuring that the committee is satisfied that the same level of scrutiny and independent audit over controls and assurances is applied to the risks to all strategic objectives, be they clinical, financial or operational.
- Advising the Governing Body on the effectiveness of the system of internal control. Any significant internal control issues would be reported to the Governing Body via the Audit Committee. The Audit Committee is informed by reports on the CCG’s systems and processes prepared by both internal and external auditors.

Throughout 2013/14, the Audit Committee has worked to an agreed work-plan across a number of specific areas related to these primary functions and some of the key areas are outlined in this report.

Meetings, composition and developments

As a new statutory organisation at the 1st April 2013, the Audit Committee has had key role in ensuring that NHS Wirral CCG has developed appropriate systems and processes to manage its business safely and effectively. The Audit Committee has met on a quarterly basis throughout 2013/4 and its formal minutes were provided to the Governing Body Committee. These minutes have been an important source of assurance to the Governing Body on the effectiveness of the CCG’s processes.

The Audit Committee has been chaired by the Lay Advisor (who leads on governance and audit) and it has made arrangements for its meetings to be regularly attended by the Chief Financial Officer, other members of the senior management team and the CCG’s internal (Mersey Internal Audit Agency) and external auditors (Grant Thornton Auditors). In 2013/14, the Audit Committee has been strengthened by the recruitment of three additional lay representatives who bring a variety of experiences and a greater level of scrutiny to the CCG’s business. In addition, the CCG has recruited a Corporate Support Officer, part of whose role is to quality assure papers for the Audit Committee and ensure that the meetings run smoothly. Furthermore, this staff member oversees the ‘audit tracker’, a systematic way of monitoring actions and recommendations from the committee itself and any reports the CCG receives that have audit implications.
The Programme of Work

The Audit Committee has overseen specific areas of work in fulfilling the three primary duties outlined above. The Committee has:

- Reviewed The Risk Management Strategy and Policy which has been adopted by the CCG as the system used to ensure effective governance, risk management and internal control across the CCGs activities. This process defines the role of the Audit Committee in the assurance that the processes are sufficiently robust.

- Received updates on the development of the Annual Governance Statement

- Developed a more structured oversight of assurance sources for third parties who support the work of the CCG (for example, Cheshire and Merseyside Commissioning Support Unit)

- Reviewed the processes involved in the development and on-going review of the Assurance Framework

- Reviewed the business of other CCG committees and their inter relationships

- Received Information Governance update reports

- Received financial related reports throughout the year, including agreement of final accounts timetable and plan.

In terms of Internal Audit, the Committee has ensured that there has been an effective Internal Audit function that meets mandatory NHS Internal Audit Standards and provided appropriate independent assurance to the CCG. This has been achieved by reviewing and recommending for approval the internal audit programme (and any major changes to the plan), considering the major findings of internal audit investigations (and management’s response) and ensure co-ordination between internal and external auditors. The audit committee will also undertake annual review of the effectiveness of internal audit for 2013/14

From an External Audit perspective, the Audit Committee has worked with the Grant Thornton and reviewed the work and findings of the external auditors, considering the implications and management’s responses to their work throughout 2013/14. This has included specific responses on systems related to fraud and compliance with financial reporting regulations

Finally, with regard to Counter Fraud, the Audit Committee has received regular reports and satisfied itself that the CCG has had adequate arrangements in place for countering fraud.
Conclusion

The Audit Committee has played a critical role in the first year of the CCG’s development. Its recruitment of new members signals a welcome development in providing a more open and transparent approach to the Committee and invites an extra level of questioning and scrutiny. This can only lead to the CCG being more assured that its systems stand up to robust analysis.
QUALITY PERFORMANCE AND FINANCE COMMITTEE ANNUAL REPORT
2013/14

Introduction

The functions of the Quality, Performance and Finance (QPF) Committee are:

- To seek assurance that the commissioning strategy for the clinical commission Group reflects all elements of quality
- Provide assurance that the services that are commissioned are being delivered in a high quality and safe manner across the clinical commissioning group.
- Be assured that effective management of risk is in place to manage and address clinical governance issues
- Have oversight of compliance issues concerning serious incidents
- Seek assurance on performance of NHS organisations in terms of waiting times targets, (Care Quality Commission) CQC and monitor.
- Receive and scrutinise independent investigations relating to patient safety issues

Throughout 2013/14, the QPF Committee has worked to a rolling programme across a number of specific areas related to these primary functions and some of the key areas are outlined in this report.

Meetings, composition and developments

As a new statutory organisation at the 1st April 2013, the QPF Committee has had key role in ensuring that NHS Wirral CCG has developed appropriate systems and processes to manage its business safely and effectively. QPF Committee has met on a monthly basis throughout 2013/4 and its formal minutes provided to the Governing Body. These minutes have been an important source of assurance to the Governing Body on the effectiveness of the CCG’s processes and the quality of commissioned services.

The QPF Committee has been chaired by the CCG chair and its membership includes the two CCG lay advisors (patient champion and lead for Governance), the Chief Financial Officer, the Head of Quality and Performance, The Chief Clinical Officer and other members of the senior management team. During 2013/14, the CCG has recruited into the role Corporate Support Officer, part of these roles are to quality assure papers for the QPF Committee and ensure that the meetings run smoothly. Furthermore, they oversee all the intelligence that is available to the CCG and have developed; a systematic way of monitoring actions and recommendations from the committee itself and any reports the CCG receives that have implications.
**The Programme of Work**

The QPF Committee has overseen specific areas of work in fulfilling the functions outlined above. The Committee has:

- Received monthly reports from commissioned services against, quality and waiting times as set out in the NHS constitution.
- Received monthly finance related reports throughout the year, including agreement of final accounts timetable and plan.
- Undertaken further work when areas of concern have been identified, e.g. Pressure sore formation.
- Established a mechanism to scrutinise all Serious Incidents attributed to providers.
- Received assurance from regulators (Monitor, CQC) following inspections to provider units.
- Played an active role in the Quality Surveillance Group which is hosted by the Area Team to ensure that quality concerns across the patch are identified and actioned rapidly.

**Conclusion**

The QPF Committee has played a significant role in the first year of the CCG’s development. Systems and processes have been developed with the aim of identifying issues early in the system that require action or further scrutiny in addition to giving assurance that safe and effective care is being delivered.
Introduction

The remuneration committee, which is accountable to the group’s governing body makes recommendations to the governing body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the group and on determinations about allowances under any pension scheme that the group may establish as an alternative to the NHS pension scheme.

The governing body has approved and keeps under review the terms of reference for the remuneration committee, which includes information on the membership of the remuneration committee

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

- Determining the remuneration and conditions of service of the senior team.
- Reviewing the performance of the Chief Accountable Officer and other senior team members and determining annual salary awards.
- Approving the severance payments of the Chief Accountable Officer and usually other senior staff.

Meetings, composition and developments

As a new statutory organisation at the 1st April 2013, the Remuneration Committee has had key role in ensuring that NHS Wirral CCG has developed appropriate systems and processes to manage its business safely and effectively. The Remuneration Committee terms of reference state that it will meet at least annually and whenever deemed necessary by the Governing Body following the publication of new guidance or a change in circumstances which may affect the remuneration provision.

The Remuneration Committee met in April, October and December 2013 and its formal minutes were provided to the Governing Body. These minutes have been an important source of assurance to the Governing Body on the effectiveness of the CCG’s processes.

The Remuneration Committee has been chaired by the Lay Advisor (who leads on governance and audit) and it has made arrangements for its meetings to be regularly attended by the Lay Advisor (Patient Champion), Secondary Care Doctor, and Chairman of the Governing Body.

The Chief Financial Officer and Chief Clinical Officer have also attended the meetings to present papers to the committee as appropriate
The Programme of Work

The Remuneration Committee has overseen specific areas of work in fulfilling the primary duties outlined above. The Committee has:

- Approved the remuneration and contracts for the Chair, Chief Clinical Officer, Chief Finance Officer in line with the findings of the ‘Hay Group’ Report
- Approved the remuneration for Consortia Chairs
- Approved the remuneration for Consortia GP Exec Leads
- Approved the Remuneration for Clinical Strategy Group / QIPP leads
- Discussed the reimbursement of expenses policy for public, patients and volunteers
- Approved the remuneration for the Governing Board Secondary Care Doctor
- Approved the remuneration for the Governing Board Nurse Advisor
- Discussed the CCG lay members Terms and Conditions

Conclusion

The Remuneration Committee has played a critical role in the first year of the CCG’s development and its systems and processes have been developed to ensure smooth administration.
Introduction

The role of the Approvals Committee is to provide independent scrutiny on commissioning decisions, where there are potential conflict of interest’s implications:

- It is authorised to seek any information it requires form any employee and all employees are directed to cooperate with any request made by the committee.
- It is authorised by the Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.
- The purpose/role of the committee will be to scrutinize commissioning decisions where a conflict of interest prevents the governing body or consortium board from making these decisions

Meetings, composition and developments

As a new statutory organisation at the 1st April 2013, the Approval Committee has had a key role in ensuring that NHS Wirral CCG has developed appropriate systems and processes to manage its business safely and effectively. The Approval Committee has had monthly meetings set up, however it has met a total of 6 times throughout 2013/4, this is when they are proposals to discuss. Formal minutes are produced for this committee and were provided to the Governing Body Committee. These minutes have been an important source of assurance to the Governing Body on the effectiveness of the CCG’s processes.

The Approval Committee has been chaired by the Lay Advisor (who leads on governance and audit) and it has made arrangements for its meetings to be regularly attended by the voting members; Lay Advisor (Patient Champion), Director of Public Health and Head of Quality and Performance, other members of the CCG senior management team attend to present the proposals. It had been the intention of the committee to have additional independent members made up from the consortia patient forums, as this has proved difficult, a decision has been made by the committee to strengthen the team by additional lay members. In addition, the CCG has recruited a Corporate Support Officer, part of whose role is to quality assure papers for the Approvals Committee and ensure that the meetings run smoothly. Furthermore, this staff member oversees the ‘approvals tracker’, which is a systematic way of monitoring approvals and recommendations from the committee itself and any reports the CCG receives that have implications.
The Programme of Work

The Approvals Committee has approved a variety of non-recurrent schemes throughout the year including with the aim of improving patient care and outcomes. These have totalled circa £5million.

Conclusion

The Approvals Committee has played an important role in the first year of the CCG’s development. The strengthening of the committee to include more lay members is a positive development in providing a more open and transparent approach to the committee’s decision making and invites an extra level of questioning and scrutiny.
Introduction

Wirral GP Commissioning Consortium (GPCC) is one of three consortia within the federated CCG. Through its Executive Board, it discharges the responsibilities delegated to it through the constitution of the CCG, on behalf of its 26 Member Practices, and more than 125,000 patients. The Consortium has responsibility for the following on behalf of its Member Practices:

- Secondary Care (excluding secondary care mental health)
- All PBR/cost per case
- Prescribing
- Community Services
- Clinical Engagement
- Patient Engagement
- Primary Care Local Enhanced Services
- Training and Development
- Consortium Workforce and Operating Costs
- Consortium Investments and Service Developments
- Deployment of local incentive schemes to manage freed-up resources
- Primary Care Mental Health
- Primary Care End of Life Care
- Primary Care Cancer Care

The NHS Wirral CCG Governance structure and Standing Orders of Reservation and Delegation set out the parameters within which the Consortium may operate with autonomy, and when matters must be progressed to the NHS Wirral CCG Governing Body.

Within the areas outlined above, the Consortium has specific responsibility to:

a) be responsible and accountable for delivering financial balance for the budgets delegated to it;

b) meet national and local targets for the delegated indicative budgets including QIPP (Quality Innovation Productivity Prevention) planning assumptions and agreed implementation plans;

c) commission and purchase goods and service in line with UK and EU procurement principles and requirements;

d) develop the vision, strategy and prioritisation of investment for commissioned services for the patients registered with a Wirral GPCC Member Practice, ensuring that these are aligned with the strategic priorities of the CCG, and of the Health and Wellbeing Board, and evidence-based by the Joint Strategic Needs Assessment and other relevant data sources;
e) ensure that commissioning activities are patient-focused and promote the health and well-being of communities as well as addressing health inequalities, prioritising investment / disinvestment and commissioning activities to ensure cost effective care is delivered;

f) ensure that services for the patients of Wirral GPCC member practices are commissioned in a way that delivers improved health, clinical outcomes, patient experience, and productivity;

g) ensure continuous and meaningful engagement with the public and patients in the planning, delivery and prioritisation of services;

h) develop and deliver a WGPCC Communications and Engagement Strategy that sets out the way in which the Consortium will facilitate two-way communication with its patients, public and stakeholders;

i) continually review performance, outcomes, efficiency and effectiveness in all commissioned services;

j) consider and monitor service investment/disinvestment plans;

k) provide strong leadership to enable clinical empowerment, engagement and communication with all the constituent practices of the Wirral GPCC;

l) facilitate links between primary and secondary care clinicians;

m) ensure that all contracts contain mechanisms to assure that providers have in place appropriate clinical governance and quality standards, formed by clinical benchmarks, clinical evidence, patient reported outcome measures and patient experience;

n) through robust contract management ensure the right quality mechanisms are in place so that standards of patient safety and quality are understood, met, and effectively demonstrated;

o) provide assurance to the NHS Wirral CCG Governing Body that patient safety and quality outcomes and benefits are being realised, and recommend action if the safety and quality of commissioned services is compromised;

p) disseminate information to support clinical decision making;

q) ensure, by the use of benchmarking and clinical evidence, that variations in clinical practice are identified and addressed;

r) support Member Practices to manage their delegated budgets and to manage demand without compromise to quality of service delivery or patient care.

Throughout 2013/14, the WGPCC Executive Board has overseen the delivery of these responsibilities, and this paper provides an overview of its key activities.

**Meetings, composition and developments**

WGPCC Executive Board is chaired by the WGPCC GP Chair, Dr John Oates, and has six further GP representatives. Membership also comprises the Consortium Chief Officer, Chair of the WGPCC Patient Council and a Practice Manager representative. The Board has met on a monthly basis during 2013/14. All meetings are held in public, and advertised as such in advance. Agendas and minutes for all meetings are made available through the
Consortium area of the Wirral CCG website. The GP Leads were elected through a nomination and election process, and as such have the mandate to make decisions on behalf of the Consortium Practice Members. An open invitation is given to the Chair and Chief Clinical Officer to attend all meetings of the Executive Board, in order to maintain links between the Consortium and CCG.

The Programme of Work

The WGPCC Executive Board acts as both a vehicle to approve priorities and investments on behalf of the Member Practices, but also to inform the GP Leads of the Consortium of key CCG and Consortium developments. Standing items to be brought to the attention of the Board have included:

- Consortium and CCG financial performance
- Complaints and Compliments pertaining to services commissioned on behalf of WGPCC Patients
- Patient Council Executive Board minutes
- CCG Governing Body minutes
- Patient Council update
- Practice Manager update

During 2013/14, programmes of work that have been directed and overseen by the Board, and decisions that it has taken, have included:

- Performance management of Primary Care Mental Health contracts, and measures put in place to manage referrals within available budget;
- Agreement and monitoring of WGPCC Commissioning plan and commissioned services such as the Minor Injury and Illness Service and Admissions Prevention service;
- Expenditure plan monitoring, and proposals for 2014/15 expenditure;
- Issues raised by Member Practices during practice visits and peer group discussion;
- Work plan of Consortium clinical leads, and update on schemes implemented by these leads, such as cancer diagnosis audits;
- Development and agreement of dermatology pathway, featuring the Teledermatology service commissioned by the Consortium;
- Evaluation of schemes previously implemented, such as care home reviews;
- Initiatives to manage referrals and demand within Member Practices;
- Impact of schemes on CCG performance and QIPP plan, including Minor Injury and Illness service;
- Review of the WGPCC Executive Board Terms of Reference, and recommending revisions to the WGPCC Practice Members’ Forum.

Members have also received regular feedback on, and had the chance to shape, wider CCG and health economy matters, such as the Vision 2018 programme, and progress of contract negotiations with provider organisations.

Governance

The Executive Board agenda has a standing item on to record any risks that have been brought to the attention of the Board. These are then added to the overall CCG Risk Register, and reviewed and monitored through the CCG Quality Performance and Finance Committee. An example of this is the risk that was identified in relation to the ability of the Consortium’s commissioned providers of Primary Care Mental Health to meet Key Performance Indicators. This risk was monitored by the QPF Committee in line with its
Terms of Reference, until it was agreed by the WGPCC Executive Board that it could be removed from the CCG Risk Register.

**Conclusion**

The Consortium Executive Board has overseen a programme of work that has contributed towards the discharge of the responsibilities delegated to the Consortium through the CCG Committee structure, operating at all times in line with its Terms of Reference. As we move into 2014/15, members will continue to have the opportunity to feed into the development of Vision 2018, and to use commissioning resources to achieve the best possible outcomes for our patients.
Introduction

Wirral Alliance Commissioning Consortium (WACC) is one of three consortia within the federated CCG. Through its Executive Board, it discharges the responsibilities delegated to it through the constitution of the CCG, on behalf of its 7 Member Practices, and approximately 40,000 patients. The Consortium has responsibility for the following on behalf of its Member Practices:

- Secondary Care (excluding secondary care mental health)
- All PBR/cost per case
- Prescribing
- Community Services
- Clinical Engagement
- Patient Engagement
- Primary Care Local Enhanced Services
- Training and Development
- Consortium Workforce and Operating Costs
- Consortium Investments and Service Developments
- Deployment of local incentive schemes to manage freed-up resources
- Primary Care Mental Health
- Primary Care End of Life Care
- Primary Care Cancer Care

The NHS Wirral CCG Governance structure and Standing Orders of Reservation and Delegation set out the parameters within which the Consortium may operate with autonomy, and when matters must be progressed to the NHS Wirral CCG Governing Body.

Within the areas outlined above, the Consortium has specific responsibility to:

a) be responsible and accountable for delivering financial balance for the budgets delegated to it;

b) meet national and local targets for the delegated indicative budgets including QIPP (Quality Innovation Productivity Prevention) planning assumptions and agreed implementation plans;

c) commission and purchase goods and service in line with UK and EU procurement principles and requirements;

d) develop the vision, strategy and prioritisation of investment for commissioned services for the patients registered with a Wirral Alliance Member Practice, ensuring that these are aligned with the strategic priorities of the CCG, and of the Health and Wellbeing Board, and evidence-based by the Joint Strategic Needs Assessment and other relevant data sources;
e) ensure that commissioning activities are patient-focused and promote the health and well-being of communities as well as addressing health inequalities, prioritising investment / disinvestment and commissioning activities to ensure cost effective care is delivered;

f) ensure that services for the patients of Wirral Alliance member practices are commissioned in a way that delivers improved health, clinical outcomes, patient experience, and productivity;

g) ensure continuous and meaningful engagement with the public and patients in the planning, delivery and prioritisation of services;

h) develop and deliver a Wirral Alliance Communications and Engagement Strategy that sets out the way in which the Consortium will facilitate two-way communication with its patients, public and stakeholders;

i) continually review performance, outcomes, efficiency and effectiveness in all commissioned services;

j) consider and monitor service investment/disinvestment plans;

k) provide strong leadership to enable clinical empowerment, engagement and communication with all the constituent practices of the Wirral Alliance;

l) facilitate links between primary and secondary care clinicians;

m) ensure that all contracts contain mechanisms to assure that providers have in place appropriate clinical governance and quality standards, formed by clinical benchmarks, clinical evidence, patient reported outcome measures and patient experience;

n) through robust contract management ensure the right quality mechanisms are in place so that standards of patient safety and quality are understood, met, and effectively demonstrated;

o) provide assurance to the NHS Wirral CCG Governing Body that patient safety and quality outcomes and benefits are being realised, and recommend action if the safety and quality of commissioned services is compromised;

p) disseminate information to support clinical decision making;

q) ensure, by the use of benchmarking and clinical evidence, that variations in clinical practice are identified and addressed;

r) support Member Practices to manage their delegated budgets and to manage demand without compromise to quality of service delivery or patient care.

Throughout 2013/14, the Wirral Alliance Executive Board has overseen the delivery of these responsibilities, and this paper provides an overview of its key activities.

Meetings, composition and developments

Wirral Alliance Executive Board is chaired by the GP Chair, Dr Mark Green, and has six further GP board members drawn from each respective member practice. Membership also comprises the Consortium Chief Officer, Chair of the Wirral Alliance Patient Engagement Group, a Practice Manager representative and a Practice Nurse representative. The Board
has met on a monthly basis during 2013/14. All meetings are held in public, and advertised as such in advance. Agendas and minutes for all meetings are made available through the Consortium area of the Wirral CCG website. The GP Leads were selected to represent their own practices and have the mandate to make decisions on behalf of their respective constituent member practice.

**The Programme of Work**

The Wirral Alliance Executive Board acts as both a vehicle to approve priorities and investments on behalf of the Member Practices, but also to inform the GP Leads of the Consortium of key CCG and Consortium developments. Standing items to be brought to the attention of the Board have included:

- Consortium and CCG financial performance
- Complaints and Compliments pertaining to services commissioned on behalf of WACC Patients
- Patient Engagement Group minutes
- CCG Governing Body minutes
- Patient Engagement Group update
- Practice Manager & Practice Nurse update

During 2013/14, programmes of work that have been directed and overseen by the Board, and decisions that it has taken, have included:

- Performance management of Primary Care Mental Health contracts, and measures put in place to manage referrals within available budget;
- Agreement and monitoring of WACC Commissioning plan and commissioned services such as the PACE COPD service; Professional Development Nurse service and Admissions Prevention service;
- Expenditure plan monitoring, and proposals for 2014/15 expenditure;
- Issues raised by Member Practices during practice visits and peer group discussion;
- Work plan of Consortium Clinical Working Group, and update on schemes recommended by this group;
- Development and agreement of a Mental Health support service for patients with long-term conditions and a Care Home Assessment & Review Scheme (CHARS) commissioned by the Consortium;
- Independent evaluation of schemes previously implemented, e.g. CHARS by Liverpool John Moores University
- Initiatives to manage referrals and demand within Member Practices;
- Review of the WACC Executive Board Terms of Reference, to achieve consistency across all consortia.

Members have also received regular feedback on, and had the chance to shape, wider CCG and health economy matters, such as the Vision 2018 programme, and progress of contract negotiations with provider organisations.

**Conclusion**

The Consortium Executive Board has overseen a programme of work that has contributed towards the discharge of the responsibilities delegated to the Consortium through the CCG Committee structure, operating at all times in line with its Terms of Reference. As we move into 2014/15, members will continue to have the opportunity to feed into the development of Vision 2018, and to use commissioning resources to achieve the best possible outcomes for our patients.
WIRRAL HEALTH COMMISSIONING CONSORTIUM (WHCC)
(A SUBCOMMITTEE OF THE WIRRAL CCG GOVERNING BODY)
ANNUAL REPORT 2013/14

Introduction

The WHCC Executive Board Committee works under delegated authority from the Wirral CCG Governing Body. It is therefore bound by the principles outlined in the CCG Constitution and functions in accordance with the Wirral CCG Scheme of Reservation and Delegation (SORD).

The commissioning responsibilities delegated to the WHCC Executive Board from the CCG Governing Body include the following:

- Secondary Care
- PBR/cost per case tertiary
- Prescribing
- Community Services
- Clinical Engagement
- Patient Engagement
- Primary Care Local Enhanced Services
- Training and Development
- Consortium Workforce and Operating Costs
- Consortium Investments and Service Developments
- Deployment of local incentive schemes to manage freed-up resources
- Primary Care Mental Health
- Primary Care End of Life Care
- Primary Care Cancer Care

Meetings, composition and developments

The WHCC Executive Board Committee takes corporate responsibility for all consortium activities. All members of the committee have the responsibility to ensure that constituent practices are informed and engaged about consortium and CCG developments and plans. WHCC Executive Board meetings are held in public on a monthly basis.

The Committee comprises the following members:

Voting Members:

- Chair
- Chief Officer
- 5 GP Executive Members
- 1 Practice Manager Representative
• 1 Practice Nurse Representative
• 2 Patient Representatives

Members in Attendance:

• WHCC Finance Lead
• WHCC Executive Assistant

The Chair, Chief Officer and 2 of the 5 elected GP Executive Members sit as members of the NHS Wirral CCG Governing Body; this ensures effective 2-way communication between the Governing Body and its subcommittee. The remaining 3 GP Executive Board Members undertake roles as leads for clusters of WHCC practices – this promotes strong communication links between the member practices, the WHCC Executive Board and ultimately the Wirral CCG Governing Body itself.

To ensure the WHCC Executive Board remains ‘fit for purpose’ in the context of increasing constraints on running costs and the evolving CCG structure, it is intended that the existing WHCC committee structure will be reviewed and streamlined as appropriate during the 2014/2015 financial year.

**The Programme of Work**

WHCC’s work programme is based on the non-recurrent resource allocated to it by the Governing Body and is set in line with Wirral CCG’s strategic objectives. The consortium has a Business Development Committee which utilises the expertise of its clinical and patient members to develop locally commissioned services to meet the needs of its population as identified in the Joint Strategic Needs Assessment (JSNA). Patient involvement is further strengthened through the WHCC Patient Forum which directly involves representatives from member practices in the commissioning activities of the consortium; commitment to meaningful patient involvement is further exemplified through the full voting membership status of the patient members of the Executive Board.

The consortium has commissioned a number of innovative schemes including services to reduce unnecessary admission to hospital such as the A2H service and the peer review of referrals, upskilling and education programmes in areas such as dermatology, MSK, COPD and diabetes, telehealth and telecare schemes, as well as more general schemes such as improving general practice proactive support for individuals in care homes. All of this investment is monitored and reviewed through the WHCC Executive Board structure described above with learning shared across the consortia and CCG informally, through the CCG Operations Group, and formally through the standing agenda item relating to consortia on the CCG Governing Body Board agenda.

During the 2013/2014 financial year, WHCC developed and distributed a leaflet to each household within the WHCC practice area. The purpose of this leaflet was to
reinforce the national ‘Choose Well’ messages relating to appropriate care choices. The leaflet provided details of how to access care locally and also highlighted the cost of unnecessary A&E attendances. As part of the distribution process, a leaflet relating to urgent care use was also distributed. This elicited a surprisingly high response rate with in excess of 9000 returns.

The initial report for the WHCC Executive Board Committee is included in Appendix 1 of this document for information.

**Conclusion**

WHCC has continued to work with the Wirral CCG Governing Body over the past 12 months to support the delivery of the organisation’s strategic objectives whilst attempting to ensure effective engagement with both its patient population and member practices.

It is anticipated that the evaluations from the non-recurrent investments made during this period along with the outcomes from some of the engagement activity undertaken (such as the patient questionnaire identified above) will be shared across the organisation to inform future commissioning. Likewise, it is also anticipated that the consortium will be able to adopt best-practice identified from other consortia and within other areas of the organisation thus promoting a culture of ongoing quality improvement across Wirral CCG.
Practice Service Advice Leaflets – Urgent Care Questionnaire Results

Background

1. As part of a number of WHCC initiatives to work towards reducing the number of unnecessary unplanned admissions to secondary care a marketing campaign was undertaken. Practice specific leaflets were developed and mailed out to all WHCC households highlighting the appropriate health services available depending on the presenting illness/symptoms.

2. The initiative involved inclusion of a questionnaire containing five questions around each household’s use of primary and urgent care services within the last twelve months.

3. 93000 leaflets were distributed to WHCC households of which 9641 questionnaires were completed and returned, representing a response rate of 10.37%. The results are illustrated below:

Results

4. The graphs and table below illustrate the breakdown of replies received per practice from WHCC households and as a percentage of the practice population:
## WHCC Practice: Responses as a % of WHCC practice population

<table>
<thead>
<tr>
<th>WHCC Practice</th>
<th>Responses</th>
<th>Practice population</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Day Health Centre</td>
<td>16</td>
<td>561</td>
<td>2.85</td>
</tr>
<tr>
<td>Allport Surgery</td>
<td>212</td>
<td>4323</td>
<td>4.90</td>
</tr>
<tr>
<td>Central Park Medical Centre</td>
<td>333</td>
<td>10807</td>
<td>3.08</td>
</tr>
<tr>
<td>Claughton Medical Centre</td>
<td>421</td>
<td>10067</td>
<td>4.18</td>
</tr>
<tr>
<td>Eastham Group Practice</td>
<td>704</td>
<td>11780</td>
<td>5.98</td>
</tr>
<tr>
<td>Egremont Medical Centre</td>
<td>206</td>
<td>4569</td>
<td>4.51</td>
</tr>
<tr>
<td>Fenderway Health Centre</td>
<td>175</td>
<td>3731</td>
<td>4.69</td>
</tr>
<tr>
<td>Field Road Health Centre</td>
<td>158</td>
<td>3453</td>
<td>4.58</td>
</tr>
<tr>
<td>Greasby Group Practice</td>
<td>532</td>
<td>7448</td>
<td>7.14</td>
</tr>
<tr>
<td>Greenway Road Surgery</td>
<td>337</td>
<td>8133</td>
<td>4.14</td>
</tr>
<tr>
<td>Grove Medical Centre</td>
<td>208</td>
<td>3138</td>
<td>6.63</td>
</tr>
<tr>
<td>Grove Road Surgery</td>
<td>131</td>
<td>2415</td>
<td>5.42</td>
</tr>
<tr>
<td>Heswall &amp; Pensby Group</td>
<td>889</td>
<td>12419</td>
<td>7.16</td>
</tr>
<tr>
<td>Hoylake &amp; Meols Medical Centre</td>
<td>403</td>
<td>5551</td>
<td>7.26</td>
</tr>
<tr>
<td>Leasowe Primary Care Centre</td>
<td>82</td>
<td>3089</td>
<td>2.65</td>
</tr>
<tr>
<td>Liscard Group Practice</td>
<td>191</td>
<td>4043</td>
<td>4.72</td>
</tr>
<tr>
<td>Manor Health Centre</td>
<td>305</td>
<td>5805</td>
<td>5.25</td>
</tr>
<tr>
<td>Marine lake Medical Practice</td>
<td>1309</td>
<td>16986</td>
<td>7.71</td>
</tr>
<tr>
<td>Silverdale</td>
<td>476</td>
<td>3908</td>
<td>12.18</td>
</tr>
<tr>
<td>Somerville</td>
<td>358</td>
<td>8145</td>
<td>4.40</td>
</tr>
<tr>
<td>St George's Medical Centre</td>
<td>472</td>
<td>9744</td>
<td>4.84</td>
</tr>
<tr>
<td>Victoria Park Health Centre</td>
<td>345</td>
<td>7294</td>
<td>4.73</td>
</tr>
<tr>
<td>Wallasey Village Group Practice</td>
<td>288</td>
<td>4253</td>
<td>6.77</td>
</tr>
<tr>
<td>West Wirral Group Practice</td>
<td>1089</td>
<td>13478</td>
<td>8.08</td>
</tr>
</tbody>
</table>

**Average Response Rate:** 5.58
Q1. Have you tried to access your GP in the last 12 months for an urgent appointment?

<table>
<thead>
<tr>
<th>Question 1</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td>106</td>
</tr>
<tr>
<td>No not tried to access GP</td>
<td>5929</td>
</tr>
<tr>
<td>Yes tried to access GP</td>
<td>3606</td>
</tr>
<tr>
<td>Total</td>
<td>9641</td>
</tr>
</tbody>
</table>

Q1B. If you answered yes did you manage to get an urgent appointment slot?

<table>
<thead>
<tr>
<th>Question 1B</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td>5823</td>
</tr>
<tr>
<td>No</td>
<td>866</td>
</tr>
<tr>
<td>Yes</td>
<td>2952</td>
</tr>
<tr>
<td>Total</td>
<td>9641</td>
</tr>
</tbody>
</table>
Q2. Have any members of your household accessed your local Accident & Emergency department within the last 12 months?

<table>
<thead>
<tr>
<th>Question 2</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td>224</td>
</tr>
<tr>
<td>No</td>
<td>6813</td>
</tr>
<tr>
<td>Yes</td>
<td>2604</td>
</tr>
<tr>
<td>Total</td>
<td>9641</td>
</tr>
</tbody>
</table>
Q2B. If you answered yes was this because you were unable to get an appointment with your GP?

<table>
<thead>
<tr>
<th>Question 2B</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td>367</td>
</tr>
<tr>
<td>No</td>
<td>116</td>
</tr>
<tr>
<td>Yes</td>
<td>32</td>
</tr>
<tr>
<td>Total</td>
<td>515</td>
</tr>
</tbody>
</table>

Q3. Have any members of your household used a Walk-in Centre within the last 12 months?

<table>
<thead>
<tr>
<th>Question 3</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td>251</td>
</tr>
<tr>
<td>No</td>
<td>6122</td>
</tr>
<tr>
<td>Yes</td>
<td>3268</td>
</tr>
<tr>
<td>Total</td>
<td>9641</td>
</tr>
</tbody>
</table>
Q4A. In the last 12 months have any members of your household had difficulties in accessing GP appointments for the following: routine appointment?

<table>
<thead>
<tr>
<th>Question 4A</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes – Adult</td>
<td>1890</td>
</tr>
<tr>
<td>Yes – Adult &amp; Child</td>
<td>34</td>
</tr>
<tr>
<td>Yes – Child</td>
<td>24</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>713</td>
</tr>
<tr>
<td>No</td>
<td>6980</td>
</tr>
<tr>
<td>Total</td>
<td>9641</td>
</tr>
</tbody>
</table>

Q4A. In the last 12 months have any members of your household had difficulties in accessing GP appointments for the following: urgent appointment

<table>
<thead>
<tr>
<th>Question 4B</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes – Adult</td>
<td>1051</td>
</tr>
<tr>
<td>Yes – Adult &amp; Child</td>
<td>15</td>
</tr>
<tr>
<td>Yes – Child</td>
<td>80</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>1826</td>
</tr>
<tr>
<td>No</td>
<td>6668</td>
</tr>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>9641</td>
</tr>
</tbody>
</table>
Q5. If an adult in your household had been suffering Flu like symptoms for over three days and thought they needed medical assistance which of the following would they access?

<table>
<thead>
<tr>
<th>Question 5</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E</td>
<td>13</td>
</tr>
<tr>
<td>Continue with self-care</td>
<td>2172</td>
</tr>
<tr>
<td>GP</td>
<td>4069</td>
</tr>
<tr>
<td>GP out of hours</td>
<td>244</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>1140</td>
</tr>
<tr>
<td>NHS Direct / 111</td>
<td>262</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>1132</td>
</tr>
<tr>
<td>Walk-in Centre</td>
<td>608</td>
</tr>
<tr>
<td>Total</td>
<td>9641</td>
</tr>
</tbody>
</table>
6. 37.40% of returns stated they had tried to access GP services for an urgent appointment in the previous twelve months – the remaining 62.6% had not tried or had not needed to contact their GP for an urgent appointment.

7. Only 27% of respondents reported they had accessed local A & E services within the last twelve months furthermore only 6% of those respondents had done this because they were unable to get an appointment with a GP.

8. 33.88% of households have accessed a walk in centre in the last twelve months.

9. We asked patients if they had had difficulty in accessing both routine and urgent appointments at their GPs surgery; an overwhelming 72.40% reported no problem in accessing a routine appointment and 69.2% had no problem accessing an urgent appointment slot.

10. We also asked patients if they had been suffering with flu symptoms for over three days which services would they access. 42.21% of patients reported they would contact their GP, 22.53% would continue to self-care & 11.4% would contact their local pharmacy. These results may give some insight into a potential need to further highlight alternatives to traditional GP appointments and promote the concept of self-care to the Wirral population.

Conclusions

11. The number of questionnaires returned was encouraging representing over 10% of WHCC households. The returned questionnaires have given WHCC some insight into patients’ experience when accessing GP appointments and furthermore has highlighted services people look to access for minor ailments such as flu-like symptoms. It is suggested that the spread of responses across the WHCC practices is such that the results could be extrapolated to the Wirral population.

12. This work highlights the need for continued campaigns to compliment the work of the Wirral CCG Urgent Care Working Group to ensure patients access the right service at the right time.

L J Thompson

Commissioning Support
# Wirral Clinical Commissioning Group

**HR Policies Including:**
- Work Experience Policy
- Recruitment & Selection Policy
- Learning & Development Policy
- Career Break Policy

<table>
<thead>
<tr>
<th>Agenda Item:</th>
<th>5.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference:</td>
<td>GB14-15/011</td>
</tr>
<tr>
<td>Meeting Date:</td>
<td>6th May 2014</td>
</tr>
</tbody>
</table>

| Lead Officer: | Paul Edwards, Head of Corporate Affairs |
| Contributors: | Human Resources, Cheshire & Merseyside Commissioning Support Unit, Laura Wentworth, Corporate Support Officer |

**Governance:**

| Link to Commissioning Strategy | Perform our duties efficiently and manage our resources effectively |
|                              | Promote the values of the NHS and protect its future |

| Link to current strategic objectives | 4 Ensuring people have a positive experience of care |
|                                      | 5 Ensuring people are treated and cared for in a safe environment and protected from avoidable harm |

**Summary:**
The policies listed below have previously been approved by the HR Partnership Forum:

The Work Experience Policy outlines the framework within which NHS Wirral Clinical Commissioning Group (CCG) must operate when offering work experience, which includes work shadowing, work placements, take your child to work days and visitor days.

The Recruitment & Selection Policy applies to all staff employed by the CCG undertaking recruitment and selection procedures for temporary promotions to a higher band, secondments, substantive, fixed-term contracts, bank posts and modern apprentice schemes. This is to ensure that there is a fair and consistent approach adopted throughout the organisation.

The Learning & Development Policy provides a framework for supporting learning and development, to ensure staff members in the CCG develop the knowledge, skills and ways of working that will continually improve the commissioning of health care services on behalf of the CCG population.

The Career Break Policy details how employees of the CCG are eligible to apply for a career break if they have been employed by the CCG, continuously, on a permanent basis for a period of twelve months or more. Career breaks are not available to those on temporary or fixed term contracts which by virtue have an expiry date.
<table>
<thead>
<tr>
<th>Recommendation:</th>
<th>To Approve</th>
<th>To Note</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>The policies are for noting only.</td>
</tr>
</tbody>
</table>

**Next Steps:** The policies have previously been shared with staff at the monthly Staff Forum and will also be available on the staff Intranet, when live.
This section is an assessment of the **impact** of the proposal/item. As such, it identifies the significant risks, issues and exceptions against the identified areas. Each area must contain sufficient (written in full sentences) but succinct information to allow the Board to make informed decisions. It should also make reference to the impact on the proposal/item if the Board rejects the recommended decision.

<table>
<thead>
<tr>
<th>What are the implications for the following (please state if not applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial</strong></td>
</tr>
<tr>
<td>Work experience is undertaken as a voluntary activity; therefore the individual does not receive a financial reward or remuneration and is not considered an employee or worker.</td>
</tr>
<tr>
<td>A financial agreement is included within the Career Break Policy for completion before agreement.</td>
</tr>
<tr>
<td>Paid time off does have financial and productivity implications for the CCG and therefore should be seen as a benefit to the employee.</td>
</tr>
<tr>
<td><strong>Value For Money</strong></td>
</tr>
<tr>
<td>Categories are included within the Learning &amp; Development Policy which will apply to all training applications when determining the level of financial support given to staff within the CCG and to ensure value for money across the Organisation.</td>
</tr>
<tr>
<td><strong>Risk</strong></td>
</tr>
<tr>
<td>Failure to follow the Work Experience policy correctly when a placement is requested could put both the student and the CCG at risk.</td>
</tr>
<tr>
<td>The CCG risks breaking the law if they do not check the entitlement to work in the UK for all prospective employees, before they start employment.</td>
</tr>
<tr>
<td><strong>Legal</strong></td>
</tr>
<tr>
<td>The CCG is committed to ensuring the recruitment and selection of people with the appropriate skills, knowledge, experience and qualifications is undertaken as efficiently and effectively as possible, and in line with all legal, statutory and good practice guidance requirements.</td>
</tr>
<tr>
<td><strong>Workforce</strong></td>
</tr>
<tr>
<td>Wirral CCG expects all employees to meet high standards of behavior. It is therefore important that all employees understand their obligations and rights regarding this aspect of their employment.</td>
</tr>
<tr>
<td><strong>Equality &amp; Human Rights</strong></td>
</tr>
<tr>
<td>It is the responsibility of the CCG to ensure that the application and management of all policies are applied fairly to all staff irrespective of their sex, race, belief, religion, disability, age or sexual orientation.</td>
</tr>
<tr>
<td>Promoting diversity embodies the principles of fair treatment for all and will as a result improve recruitment and retention. The CCG values the diversity of its workforce and aims to ensure that all staff understand this commitment and adhere to the standards.</td>
</tr>
<tr>
<td><strong>Patient and Public Involvement (PPI)</strong></td>
</tr>
<tr>
<td>Not applicable for patients / members of the public.</td>
</tr>
<tr>
<td><strong>Partnership Working</strong></td>
</tr>
<tr>
<td>The fair application of these policies and procedures will be monitored in partnership with the Human resources Department, within Cheshire &amp; Merseyside Commissioning Support Unit.</td>
</tr>
<tr>
<td><strong>Performance Indicators</strong></td>
</tr>
<tr>
<td>Not applicable.</td>
</tr>
</tbody>
</table>

**Do you agree that this document can be published on the website?**

*(If not, please note that it may still be subject to disclosure under Freedom of Information - ✔)*
This section gives details not only of where the actual paper has previously been submitted and what the outcome was but also of its development path i.e. other papers that are directly related to the current paper under discussion.

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Reference</th>
<th>Submitted to</th>
<th>Date</th>
<th>Brief Summary of Outcome</th>
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</thead>
<tbody>
<tr>
<td>HR Policies</td>
<td>TBC</td>
<td>Governing Body</td>
<td>6th May 2014</td>
<td>For noting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Private Business

The Board may exclude the public from a meeting whenever publicity (on the item under discussion) would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution. If this applied, items must be submitted to the private business section of the Board (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960).

The definition of “prejudicial” is where the information is of a type the publication of which may be inappropriate or damaging to an identifiable person or organisation or otherwise contrary to the public interest or which relates to the provision of legal advice (for example clinical care information or employment details of an identifiable individual or commercially confidential information relating to a private sector organisation).

If a report is deemed to be for private business, please note that the tick in the box, indicating whether it can be published on the website, must be changed to a x.

If you require any additional information please contact the Lead Officer.
Career Break Policy
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<td>3</td>
<td>Scope</td>
<td>4</td>
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<tr>
<td>4</td>
<td>Responsibilities</td>
<td>4</td>
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<tr>
<td>4.1</td>
<td>Responsibilities of the CCG</td>
<td>4</td>
</tr>
<tr>
<td>4.2</td>
<td>Responsibilities of Human Resources</td>
<td>4</td>
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<td>4.3</td>
<td>Responsibilities of Managers</td>
<td>4</td>
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<td>4.4</td>
<td>Responsibilities of Employees</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Career Break Procedure</td>
<td>4</td>
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<td>Appeals Procedure</td>
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<td>Key Considerations</td>
<td>5</td>
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1 Introduction

The CCG recognises that during an employee’s working life there will be times when personal commitments take priority over work. The Career Break Policy has been designed to allow employees the opportunity to take an unpaid break from their employment, of up to 5 years.

2 Policy Statement

For statutory purposes, the period of the break will count towards continuous employment, however all other terms and conditions of employment with the Organisation will be suspended. The period of the career break will therefore not count as reckonable service when calculating contractual entitlement to benefits such as annual leave, sick pay, contractual redundancy payments and any other benefits dependent upon length of service. There will be no entitlement to benefits, such as sick pay, during the period of the break.

Employees of the CCG qualify to apply for a career break if they have been employed by the Organisation, continuously, on a permanent basis for a period of twelve months or more.

Subject to business needs, applications will normally be approved for the purpose of;

- caring for a sick or dependent relative;
- caring for children;
- extended periods of travel, or voluntary services;
- personal reasons e.g. following ill health;
- undertaking further education.

Any other reason will be considered on its merit.

The length of the career break will normally be for a minimum of 3 months up to a maximum of 5 years. More than one career break may be granted in the course of employment provided that the combined length of the breaks does not exceed the maximum of 5 years.

Managers, where appropriate, should make every opportunity to maintain contact with those staff taking career breaks. The amount and level of contact will vary depending on the length of the career break and the individual circumstances relating to the break.

Employees will be expected to maintain contact with their manager, and should inform the Organisation of any changes to personal circumstances, i.e. change of home address.

Employees should also demonstrate their commitment to the Organisation by:
not undertaking any other paid employment with another employer during the career break except where, for example, work overseas or charitable work could broaden experience. In such circumstances written authority should be sought prior to the start of the career break. Employees who may need to obtain employment to support themselves financially, for example whilst travelling abroad, may do so, but on a casual basis; and

returning to the Organisation on the agreed return date.

3 Scope

Employees of the CCG are eligible to apply for a career break if they have been employed by the CCG, continuously, on a permanent basis for a period of twelve months or more. Career breaks are not available to those on temporary, or fixed term contracts which by virtue have an expiry date.

4 Responsibilities

4.1 Responsibilities of the CCG

The responsibility for the monitoring and provision of this policy initially rests with the Governing Body of the CCG

4.2 Responsibilities of Human Resources

Human Resources are responsible for providing advice, guidance and support to line managers when considering requests for Career Breaks.

4.3 Responsibilities of Managers

Managers are responsible for ensuring all requests are dealt with in a fair, equitable and consistent manner and line with the policy.

Managers are also responsible for making fair and informed decisions in line with policy, legislative and regulative requirements.

4.4 Responsibilities of Staff

Staff are responsible for submitting requests for career breaks in line with the procedure outlined in this policy.

5 Career Break Procedure

Employees wishing to apply for a career break should complete the application form at Appendix 1, in conjunction with the authorising manager. Both the proposed commencement date and return to work date should be included.
Applications must be submitted to the authorising manager, at least 3 months prior to commencement of the intended break. Requests made less than 3 months before, will be only considered in exceptional circumstances. In deciding whether to support an applicant, the authorising manager should satisfy themselves that the individual has a clear commitment to continuing a career with the Organisation, and that the reasons for requesting the break are valid.

Managers are reminded to consider the short, medium and long term implications on service delivery when considering career breaks – further advice can be sought from the Human Resources Business Partner.

Applicants will be notified in writing of the decision within 21 days of the date of submission of their application.

The individual must also complete the form at Appendix 2 to confirm their option in respect of their pension membership during the break.

Employees will be required to give written notification of their return to work. Where the career break is for less than a year, 2 months’ notice of return is required. For breaks of longer than a year, 6 months’ notice of return is required. Employees wishing to return earlier than originally anticipated must give 2 months’ notice in writing. Employees wishing to extend the length of their career break must apply in writing, at least 2 months’ before the agreed end, so that appropriate consideration can be given to an extension.

Where an employee returns to work within a year, they will return to the same post they held when the career break started, as far as is reasonably practicable. If this is not possible, due to restructuring etc., or if the break has been for longer than a year, then every effort will be made to find the employee a post with similar duties and responsibilities to those of the previous post held. Should it not be possible to find a suitable similar position then redundancy may be considered.

Employees may be required to undertake a period of training on their return to work. The content and duration will depend on the length of the break, the post, and any changes in working practices, legislation or policy.

All records of applications and decisions will be kept on an employee’s file and a record kept centrally in Human Resources, for a minimum of 12 months.

6 Appeals Procedure

Employees may invoke to the grievance procedure if a request for a break is refused. For further information please refer to the Grievance Policy and Procedure.

7 Key Considerations

Employees considering a career break should be aware of the following:
Annual Leave – all accrued annual leave must be taken before commencement of the career break. No payment in lieu of outstanding leave will be made, neither will any “carry over” of leave be allowed. There is no entitlement to annual leave during the career break. On return to work, entitlement to annual leave would be the same as when the break started, and the period of the career break will not count as reckonable service for leave purposes.

Trade Union Membership – should an individual wish to continue their trade union membership during the break, they must make their own arrangements for subscriptions to be paid as this cannot continue to be paid via payroll.

Pay – on return to work, employees would resume, for pay purposes, at the same pay point which had been reached at the time the career break began, subject to restructuring or substantial organisational change. If applicable, incremental dates will be deferred accordingly, to ensure that the employee’s terms remain unchanged.

Occupational Maternity Pay – employees commencing a career break immediately following a period of maternity leave will be liable to repay any Occupational Maternity Pay received should they fail to return to work for a period of 3 months after the break.

Pregnancy/Adoption - If an employee becomes pregnant/adopts during a career break the provisions of the Family Leave policy will apply

Pensions – an employee may choose to continue making contributions to the NHS Pension Scheme during a career break. The form at Appendix 2 must be completed prior to the break to determine the employee’s option in respect of their pension. Arrangements for continuing payments must be made prior to commencement of the break.

For the first 6 months contributions are payable, by both the employee and employer, as if the employee was at work.

An individual who has paid contributions regularly during the first 6 months of a break, may continue to contribute to the Scheme for a further period of up to 18 months (maximum of 2 years). During the extended period, the employee will be responsible for paying both their own and the employer’s contributions.

Contributions will be based on the employee’s normal pensionable pay. They must continue to be paid monthly, by standing order or Direct Debit; arrears will not be allowed to accumulate.

Further information is available from the Pensions Officer or HR Business Partner.

Long Service Award – the term of the career break will not count towards qualifying service for the Long Service Award.

Company Property – prior to an employee commencing a career break, where applicable, managers must ensure that appropriate arrangements have been made in respect of company property, i.e.
• Return (or otherwise) of a lease car;
• Return of Organisation property, such as mobile telephones, laptops, iPads, keys, access cards, etc.

**Applying for other Positions** – when on a career break, an employee is free to apply for other positions within the organisation. However, employees should note that, should they be successful, continuation of the career break cannot be guaranteed as it will depend upon the business needs and exigencies of the service in the area in which the new post sits. It is advised that a discussion is held with the recruiting manager prior to an application being submitted.

**Returning to work** – employees will return to work at the end of an approved career break. Should an individual wish to request an extension this must be requested in writing. If an individual does not wish to return to work following an approved career break then he/she should follow the organisations normal resignation processes. If an employee fails to return following an agreed career break then the usual organisation will make every attempt to contact the individual. If the individual cannot be contacted then the usual organisational processes will be followed to address unauthorised absence.

### 8 Equal Opportunities and Diversity

The Career Break Policy should be read in conjunction with the CCG’s Equality and Diversity policy.

In applying this policy, the Organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

Promoting diversity embodies the principles of fair treatment for all and will, as a result, improve the retention of staff. The CCG values the diversity of its workforce and aims to ensure that all staff understand this commitment and adhere to the required standards.

### 9 Monitoring

This policy and procedure will be reviewed periodically by Human Resources in conjunction with the CCG and Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.
Appendix 1

Career Break - Application Form

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Team / Department</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Payroll Number</th>
<th>Start Date with CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

THIS FORM SHOULD BE SUBMITTED AT LEAST 3 MONTHS BEFORE THE PROPOSED CAREER BREAK IS TO START

Section 1 (to be completed by the employee)

I would like my career break to start on  ________________

I would like to return to work on  ________________

Reason for career break

My contact details (including phone number) during the break will be

Telephone  ________________
Mobile   ________________
Address

I wish to apply for an extended period of unpaid leave under the Career Break Scheme. I confirm that:

- I have read and fully understood the conditions detailed within the Career Break Policy
- I will complete and submit a Career Break Financial Agreement prior to my break.

Signature  ________________

Date  ________________
Section 2 (to be completed by the authorising manager)

I support / do not support this application for a career break from the Organisation. I have detailed below the reasons why this application has been accepted / rejected (delete as applicable).

<table>
<thead>
<tr>
<th>Signature</th>
<th>__________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>__________________________</td>
</tr>
</tbody>
</table>
Appendix 2

Career Break - Financial Agreement

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Team / Department</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<th>Payroll Number</th>
<th>Start Date with CCG</th>
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</thead>
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</tbody>
</table>

I confirm that:

- I understand that I have the option to decide whether my career break should be pensionable for a period of up to two years;
- I understand that, should I decide that I would like my career break to be pensionable, I remain liable for monthly pension contributions for the period and that, for the first six months of the career break, I will pay my own contributions and that the Organisation will continue to pay employer’s contributions;
- I understand that, if I pay my contributions continuously for the first six months of the career break, I may continue to pension the break for a further period of up to 18 months. During this additional period, I will be liable to pay both my own, and the Organisation’s contributions;
- I understand that contributions will be based on my normal earnings;
- I agree to make monthly payments to Organisation via standing order/Direct Debit.
- I understand that, if I fail to make my contributions as agreed, my pension record will be closed down at the date of the last contribution made.

Please select ONE of the following four options

**Option 1** I do not wish my career break to be treated as pensionable service and understand that my pension record will be closed down at the start of my break with no contributions payable

**Option 2** I wish to treat up to the initial **six months** of my career break as pensionable and undertake to pay monthly employee contributions via standing order/Direct Debit

**Option 3** I wish to treat my career break as pensionable for a period of ________________ months. I undertake to pay monthly employee contributions for the first six months and **both** employee’s and employer’s contributions for the remainder of the period. All contributions will be made via standing order/Direct Debit

**Option 4** I wish to treat my career break as pensionable for the maximum period of two years. I undertake to pay monthly employee contributions for the first six months and both employee’s and employer’s contributions for the remaining 18 months of the period. All contributions will be made via standing order/Direct Debit.

Signature

____________________________

Date

____________________________
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1 Introduction

The Clinical Commissioning Group (the CCG) is committed to the education, learning and development of all our staff to fulfil our organisational objectives and to assist with lifelong learning. It is recognised that a more highly skilled and well-developed workforce will be better placed to deliver the high quality of services expected by the CCG and the Health Service as a whole. Focussed and effective learning and development can improve both the efficiency and effectiveness of our services and it is essential for the following reasons:

- To ensure all staff are competent, confident practitioners with the right skills to competently and effectively deliver our service provision;
- To ensure the workforce is able to deliver improved patient outcomes;
- To develop the workforce, to bring about improvements in quality, capability and capacity;
- To ensure staff members have the skills and knowledge to positively control their own health and safety at work, and safeguard the safety of colleagues and others with whom they have contact; and
- To enable career progression and prepare staff members for changes in service and for future roles.

The CCG is committed to creating a learning organisation where staff are recognised as its most important resource and where learning is valued, supported and shared to enable continuous quality improvement and the highest standard of safe and effective patient care is consistently delivered.

The CCG believes learning and development is effective where it is consistent with the organisation's goals and objectives, and where the impact of learning and development is evaluated at an individual, team and organisational level.

The CCG recognises that all forms of learning and development have a role to play in a learning organisation including:

- eLearning
- Taught face to face courses
- Distance Learning
- Webinars and Podcasts
- Coaching
- Mentoring
- Work Shadowing

2 Scope

The Learning and Development policy applies to staff directly employed by the CCG.

In addition the statutory and mandatory training elements of this policy are also applicable to:

- All CCG staff
- All Governing Body Members
- Clinical Leads
• Agency Workers (after 12 weeks in line with Agency Workers Regulations (2010))
• Volunteers

3  Policy Statement

The overall purpose of this policy is to provide a framework for supporting learning and development, to ensure staff members in the CCG develop the knowledge, skills and ways of working that will continually improve the commissioning of health care services on behalf of the CCG population.

The policy and procedure is designed to support the alignment of learning and development opportunities with the objectives of the organisation. The policy sets out guidance for individuals and managers that enable fair and equitable decisions to be made regarding access to learning and development opportunities including statutory and mandatory training requirements.

The policy will:

• support processes that ensure that all training, learning and development of CCG staff is relevant, appropriate and delivered at the right time in the most effective way;

• facilitate alignment of learning and development opportunities with the organisational priorities, targets and objectives; and

• define the framework for decisions about access to personal development opportunities in order to achieve fairness and consistency in decision-making.

This policy will be applied equally to all staff covered by the policy and in accordance with the CCG Equal and Diversity Policy.

4  Responsibilities

4.1  CCG Responsibilities

To ensure staff work in an environment which equips them with the skills necessary to perform their job and develop their roles and career potential, and to provide access to learning and development which is open, fair and flexible.

4.2  Managers Responsibilities

To ensure statutory and mandatory training has been completed, or commitment to complete within a reasonable timescale is in place, prior to other learning and development requests being agreed.

To chase-up non-completion of statutory and mandatory training and investigate reasons for any non-compliance.

To ensure all staff members have an annual Performance Development Review, which includes discussion and identification of learning and development opportunities and that these are recorded on a Personal Development Plan.
To act as a role model by also having a Personal Development Plan, fully compliant statutory and mandatory training, and participating in a culture of continuing development.

To be aware that non-attendance on pre-booked courses, incur charges, so to avoid cancellations, should be proactive in ensuring staff are able attend, and where necessary, follow-up any non-attendance.

To ensure that Cheshire and Merseyside Commissioning Support Unit Learning and Development receive a copy of individuals learning plans.

4.3 Employees Responsibilities

To ensure all Statutory and Mandatory training is prioritised, completed and kept up-to-date prior to any course compliance lapsing.

To be willing to attend all training specified as essential and appropriate for the job role.

To be aware of own learning and development needs and understand how these impact the job role and fit with the organisation’s objectives.

To actively prepare for and participate in the Personal Development Review process and take responsibility to follow-up on agreed objectives and get appropriate sign-offs.

4.4 Cheshire and Merseyside Commissioning Support Unit – Learning and Development Team

Warrington CCG holds a Service Level Agreement (SLA) with Cheshire and Merseyside Commissioning Support Unit for the provision of a core service with regard to the administration of statutory and mandatory training. Within the role, the CSU will provide usernames and passwords and regular reports on the uptake of statutory and mandatory training.

5 Statutory and Mandatory Training

5.1 Definition of Statutory and Mandatory Training

Training that the CCG requires its staff members to undertake to:

- comply with legislative and regulatory requirements
- carry out duties safely and efficiently
- protect staff, patients and the public from harm
- maintain competence to the required standards e.g. Care Quality Commission Regulations and NHS Litigation Authority (NHSLA) responsibilities to train as necessary to enable the CCG to demonstrate due diligence.

A list of topics classed as Statutory and Mandatory Training will be determined periodically by the Finance, Quality and Performance Committee. The current required list of courses is set out in Appendix 2. Staff members must ensure training is renewed in accordance with the specified expiry dates. It should be recognised that the profile of statutory and mandatory training could vary from this list for some individuals, according to their job role. Line managers will advise on specific requirements.
5.2 Statutory and Mandatory Training Overview

Statutory and mandatory training applies to all workers engaged in work for the CCG (i.e. permanent and temporary staff, contractors etc.), Governing Body Members, Clinical Leads, Volunteers and Agency Workers in line with the Agency Workers Regulations (2010) after 12 weeks.

Levels of staff Statutory and Mandatory compliance are reported to the CCG Governing Body on a regular basis.

Staff members cannot choose whether or not to undertake statutory and mandatory training. It is a mandatory condition of employment and should be undertaken within 3 months of commencing employment.

Staff should recognise the consequence of non-compliance and that repeated failure to comply with the statutory and mandatory training may result in disciplinary action being taken.

The principle method for delivering statutory and mandatory training will be through e-learning via the Learning Management System (LMS) identified as part of the core service delivered by Cheshire and Merseyside Commissioning Support Unit. These e-learning packages meet the national learning outcomes and are regularly updated to reflect changes in legislation and regulatory policy. The e-learning is accessible to all NHS CCG staff via the learning and development management system.

5.3 Access to e-Learning

The CSU Learning and Development Team will provide usernames/passwords to access the Statutory and Mandatory e-learning courses.

Managers should notify the learning and development team of any new starters including volunteers and agency workers (who will be placed with the CCG for 12 weeks or over) in order to request e-learning login details.

5.4 Reporting of Statutory and Mandatory Training Compliance

Individual staff member’s records of Statutory and Mandatory completion will be maintained in the Learning Management System (LMS). The completion of any training will be recorded automatically via the LMS once the course is completed. Staff members may wish to retain certificates electronically and keep a record of any training completed to use as part of their Personal Development Plan.

The LMS will be used to identify and report on staff members who are non-compliant with Statutory and Mandatory training requirements. This information will be shared with the CCG managers to take appropriate action.

If statutory and mandatory training is undertaken face-to-face (or via another non e-learning delivery method) then attendance records must be signed as evidence of completion. Staff members and line managers are responsible for keeping a copy of training attended in their Personal Development Plan, and for submitting this to the CSU Learning and Development team, who will manually enter it onto a staff member’s staff record on the LMS.
Where employees have not completed statutory and mandatory training within the specified time frame and without legitimate reason (e.g. sickness absence, maternity leave etc.), access to other forms of training will be withheld until these statutory and mandatory requirements are met. This could affect personal development as outlined in the Personal Development Plan.

6 Performance Development Review

All staff must take part in the CCG Performance Development Review with their line manager at least on an annual basis. An agreed learning plan will be developed to identify both essential training required for the job role and personal development / career aspirations.

When developing the learning plan, line managers and staff must ensure that they capture all forms of learning including:

- eLearning
- Taught face to face courses
- Distance Learning
- Webinars and Podcasts
- Coaching
- Mentoring
- Work Shadowing

Learning requirements will be weighted in line with the Performance Development Review criteria to ensure that priority is given to learning and development that meets the CCG needs and objectives. Re-imbursement levels can be found in Section 7.2.

Line Managers will submit all learning plans to the Cheshire and Merseyside CSU learning and development team who will support the development of a CCG training needs analysis based on the learning plans submitted on an annual basis.

7 Other Learning and Development

7.1 Application

A learning and development form must be completed when applying for all forms of internal and external learning and development activities, (Appendix 1). The form must be signed off by the employee and line manager. For applications where the cost of the funding is greater than £1,000, approval must be sought from the Chief Finance Officer.

Applications for all forms of learning and development may be declined if the employee has not completed all statutory and mandatory training.

7.2 Levels of Re-imbursement

Learning and development resources within the CCG are limited and it is imperative that these are utilised to ensure maximum benefit to the CCG, therefore, it is necessary to categorise types of training into groups. There will be four main groups (see A to D) attracting different levels of reimbursement to ensure equity of access to resources across the CCG and effective use of resources and funding. Every effort will be made to provide cost effective training and all applications will be reviewed and reimbursed by the Chief Finance Officer according to the criteria set out in this policy.
Applications for funding may be rejected if a Personal Development Review has not been completed in the last 12 months.

Retrospective applications will not be considered. However, the CCG will give due consideration to requests to continue learning and development activities that have already been commenced prior to any transfer of employment into the CCG.

The following categories will apply to all training applications when determining the level of financial support given to staff within the CCG:

**Category A – Core or Essential Training**

- Essential training needed to enable the member of staff to carry out his/her normal duties.
- Statutory training which cannot be delivered via e-learning e.g. CPR, Fire Safety, etc.
- Training which is essential to maintain service provision e.g. training in new procedures, equipment or technology.
- Training needed to implement new services within the CCG.

**Category B – Additional Training**

Educational training that is considered being desirable but not essential, to the immediate service needs. The CCG would expect this category to include applications for degree and masters’ level courses at Universities.

**Category C – Enhanced Training**

Training identified as needed to enhance personal development, which is not directly related to current work or needs of the CCG, but related to general career development rather than to immediate service needs.

The CCG would expect this category to include funding for external training for modules in Higher Education at Diploma level/Management courses.

Also applications can be made to attend annual conferences and other conferences/study days relevant to the CCG.

**Category D – Team/Function Development**

Team building training exercises or other multi-disciplinary organisational development type training. Applications will be considered throughout the financial year and will depend on resources available.
Levels of Funding

Where funding is available and requests support an employee’s learning plan, then courses will be funded as per the table below:

<table>
<thead>
<tr>
<th>Category of Training</th>
<th>% Reimbursement of training costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Up To 100%</td>
</tr>
<tr>
<td>B</td>
<td>Up To 80%</td>
</tr>
<tr>
<td>C</td>
<td>Up To 50%</td>
</tr>
<tr>
<td>D</td>
<td>To be determined by the Head of Service</td>
</tr>
</tbody>
</table>

In line with the CCG’s scheme of delegation, Heads of Service have authority to approve applications whose total cost (including fees that span more than one year and travel expenses) is less than £10,000. If the line manager is not the Head of Service, they must obtain the Head of Service’s countersignature. Any applications where costs are estimated to exceed £10,000 must also be approved by the Chief Finance Officer.

If there is a cost involved to re-sit any part of the course, it is up to the employee to negotiate with the Head of Service and Chief Finance Officer regarding funding.

Funding may not be granted if less expensive options can be identified.

For courses of more than 1 year, an application must be submitted for the entire course cost and timescale, not one per annum.

7.3 Repayment of Course Fees

If an employee voluntarily leaves the CCG within a certain prescribed time period after course completion, they will be required to refund a proportion of the funding received. This will be deducted from an employee’s final salary payment. It is the responsibility of the Line Manager to ensure that costs are retrieved and highlighted on the leavers form as a deduction from salary. Reclaimed funding will be allocated to the CCG’s learning and development budget. Funding will be reclaimed as per the table below:

<table>
<thead>
<tr>
<th>Timescale after Course Completion</th>
<th>Amount to be Repaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 years or more</td>
<td>0%</td>
</tr>
<tr>
<td>1-2 years</td>
<td>25%</td>
</tr>
<tr>
<td>9 months – 1 year</td>
<td>50%</td>
</tr>
<tr>
<td>6 – 9 months</td>
<td>75%</td>
</tr>
<tr>
<td>Less than 6 months</td>
<td>100%</td>
</tr>
</tbody>
</table>

If an employee fails to complete a funded course, unless exceptional circumstances apply, funding will be reclaimed via payroll and allocated to the CCG’s learning and development budget.

7.4 Examination Fees

Where examination fees are payable these will be funded at the same level as course funding. In the event of an examination failure, one re-sit will be funded by the CCG at the same level of funding. Any further re-sits will be the responsibility of the employee.
7.5 Study Leave / Paid Leave to attend Learning and Development Events

Where it is not possible to authorise funding for learning and development activities, consideration should be made as to whether an employee can take paid time off to attend a course that is self-funded. Paid time off does have financial and productivity implications for the CCG and therefore should be seen as a benefit to the employee. Paid absence on the day of examinations should be allowed and the employee should not be expected to return to work on any part of that day.

Employees will be entitled to one day’s paid study leave for each examination to be sat. Study leave is to be taken at a mutually convenient time and should be agreed by the line manager and the individual.

Further paid study leave should be considered in light of the category of training and the requirements of the course on an individual basis (e.g. attendance at college/university courses).

7.6 Non-Attendance

The CCG has made significant investment into the development and delivery of a wide range of learning and development opportunities for staff.

Staff should therefore recognise that whilst in-house programmes are in most cases free at the point of access to individuals, they represent a resource cost to the CCG. Most external courses attract a monetary fee and in many cases, cancellation charges apply.

Once a place has been booked, every effort should be made to ensure attendance. If employees are unable to attend a booked course, they must contact their line manager in the first instance to see if the place could be taken by another team member in the first instance. The learning provider must be contacted at the earliest available opportunity with the details of the replacement delegate or to cancel the place to minimise any cancellation charges.

Failure to attend on two occasions without legitimate reason (e.g. sickness of individual booked on to a course), may lead to requests for future learning and development may not be granted.

7.7 Cascading of Knowledge

Employees who have attended a learning and development event that is relevant to other employees of the CCG should be encouraged to share the knowledge they have gained. This may take the form of a written paper, presentation, briefings or workshops.

7.8 Resources and Training Materials

Employees are expected to pay for any materials, books or other resources that they need when undertaking a training / education programme. However, the CCG will consider funding the cost of these materials if they could be used as a shared resource by other CCG employees.

7.9 Subsistence and Travel Expenses
Travel and subsistence costs incurred as part of attending learning and development opportunities will not be funded out of the CCG training budget. This must be agreed by the manager in accordance with the CCG Travel and Expenses Policy.

7.10 Membership of Professional Bodies

Where it is necessary for the staff member to belong to a professional body, the membership/subscription fee cost will be made by the staff member. However, staff should be aware that they should be entitled to a tax reduction in respect of any professional fees paid. Further information can be found on the HMRC website (www.hmrc.gov.uk).

8 Monitoring

The fair application of this policy will be monitored by Human Resources. The policy will be reviewed every three years unless changes to employment legislation require a review to take place sooner.
Appendix 1: Learning & Development Application Form

To be used for internal and external training and development activities for CCG employees.

All boxes must be completed.

<table>
<thead>
<tr>
<th>Applicant Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full name:</td>
</tr>
<tr>
<td>Job title:</td>
</tr>
<tr>
<td>Assignment Number:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

| Amount of study leave being requested (duration and dates:) |

<table>
<thead>
<tr>
<th>Proposed Training Provider (where known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of training provider:</td>
</tr>
<tr>
<td>Description of training/learning event requested:</td>
</tr>
<tr>
<td>Address/venue:</td>
</tr>
<tr>
<td>Phone number:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>Website:</td>
</tr>
<tr>
<td>Contact name:</td>
</tr>
</tbody>
</table>

| Duration/Dates of training/event:       |

| Total Cost: (break down for each year if course spans more than one financial year, also break down course fees, travel expenses and other foreseeable costs) |

<table>
<thead>
<tr>
<th>Business Case</th>
</tr>
</thead>
</table>

Please complete fully

Is this training:

*Indicate Y/N below and use the space for supporting comments e.g. what organisation or service objectives will this training support?*

<table>
<thead>
<tr>
<th>Mandatory</th>
<th>Y / N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential to your role/CCG</td>
<td>Y / N</td>
</tr>
<tr>
<td>Desirable</td>
<td>Y / N</td>
</tr>
</tbody>
</table>
From your Personal Development Review, which of your personal learning objectives will be achieved?

How will this course/activity represent proper use of CCG resources?

Employees Signature:  
Date:

---

**APPROVAL SECTION**

<table>
<thead>
<tr>
<th>Line Manager</th>
<th>Name:</th>
</tr>
</thead>
</table>

Which CCG objective or local objective does this training support?

Application supported?  Yes or No

Funding Level Agreed:

Category (please circle): A  B  C  D
% of Funding:  

(NB: Payroll form ESR 03 to be completed for salary deductions to be made as applicable)

Please give reasons for supporting or not:

Manager Signature:  
Date:

(NB: this must be counter-signed by the Head of Service if the Head of Service is not the line manager of the employee)

Chief Finance Officer | Name:

Application supported?  
(only required if the total cost is £10,000 or more)  Yes or No

Please give reasons for supporting or not:

Signature:  
Date:

Applicant informed  
Date:  By whom:

Administrator (placing the booking / raising the order) | Name:

Comments:

Cost Centre Code:
### Appendix 2: Statutory and Mandatory Training Courses Matrix

<table>
<thead>
<tr>
<th>Theme</th>
<th>e-Learning Course Name</th>
<th>Who must attend</th>
<th>Classification</th>
<th>Why</th>
<th>Training Intervention</th>
<th>Approx. duration</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Safety</td>
<td>000 Fire Safety Awareness</td>
<td>All staff</td>
<td>Statutory</td>
<td>To comply with Health &amp; Safety legislation.</td>
<td>e-Learning</td>
<td>30 min</td>
<td>Annually</td>
</tr>
<tr>
<td>Health &amp; Safety Awareness</td>
<td>000 Health and Safety Awareness</td>
<td>All staff</td>
<td>Statutory</td>
<td>To comply with Health &amp; Safety legislation</td>
<td>e-Learning</td>
<td>1 hour</td>
<td>3-yearly</td>
</tr>
<tr>
<td>Safeguarding Adults (Non-clinical)</td>
<td>000 Safeguarding Adults – Part A</td>
<td>All staff</td>
<td>Statutory</td>
<td>To comply with “No Secrets”; Guidance on developing and implementing multi-agency policy and procedures to protect vulnerable adults from abuse” (DoH 2000).</td>
<td>e-Learning</td>
<td>1 hour</td>
<td>3-yearly</td>
</tr>
<tr>
<td>Safeguarding Adults (Clinical)</td>
<td>000 Safeguarding Adults – Part A &amp; Part B</td>
<td>Role Specific</td>
<td>Statutory</td>
<td>This session will build upon Safeguarding Adults: Part A. It will equip you with a greater understanding of safeguarding adults, an awareness of current related legislation and notable cases of abuse. The referral and multi-agency adult safeguarding process will also be described.</td>
<td>e-Learning</td>
<td>1 hour</td>
<td>3-yearly</td>
</tr>
<tr>
<td>Safeguarding Children Basic Awareness Level 1</td>
<td>000 Safeguarding Children &amp; Young People Level 1</td>
<td>All staff</td>
<td>Statutory</td>
<td>In order to safeguard children effectively, all staff need to have basic awareness training on how to recognise child in need/child protection issues and initiate concerns if need be, through their line manager and the named nurse in child protection (ref: Working Together to Safeguard Children – A guide to inter-agency working to safeguard and promote the welfare of children).</td>
<td>e-Learning</td>
<td>30 min</td>
<td>3-yearly</td>
</tr>
<tr>
<td><strong>Equality &amp; Diversity</strong></td>
<td><strong>000 Equality and Diversity - General Awareness</strong></td>
<td>All staff</td>
<td>Statutory</td>
<td>To comply with Equality legislation (e.g. Equality Act 2010, Race Relations Act). NOTE: Role specific E&amp;D Level 2 to include equality impact assessment training.</td>
<td>e-Learning</td>
<td>30 min</td>
<td>2-yearly</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------------------------------------------</td>
<td>---------</td>
<td>---------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------</td>
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<td>---------</td>
</tr>
<tr>
<td><strong>Information Governance (including Corporate Records Management)</strong></td>
<td><strong>000 Introduction to Information Governance OR 000 Information Governance: The Refresher Module</strong></td>
<td>All staff</td>
<td>Statutory</td>
<td>To comply with the NHS Operating Framework - ‘Informatics Planning 2010/11’ ‘Annex 1 National Expectations’. To ensure organisational compliance with the law and central guidelines relating to Information Governance (IG), all staff must receive appropriate training.</td>
<td>e-Learning</td>
<td>1 hour</td>
<td>Once</td>
</tr>
<tr>
<td>All staff</td>
<td>Statutory</td>
<td>To ensure staff are aware of the Fraud Act 2006 and other legislation and to define its scope &amp; application to the NHS.</td>
<td>Face-to-face</td>
<td>30 min</td>
<td>Once</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Counter Fraud</strong></td>
<td>N/A (face to face delivery)</td>
<td>All staff</td>
<td>Mandatory</td>
<td></td>
<td>Face-to-face</td>
<td>30 min</td>
<td>Once</td>
</tr>
</tbody>
</table>
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1. Introduction

NHS Wirral Clinical Commissioning Group, hereafter referred to as the CCG, provides a range of services that are guided by statutory duty and legislative requirements. These services are delivered within a framework of policy, procedure and practice to ensure compliance with these requirements.

The CCG recognises that these services could not be delivered without the successful recruitment and selection of people with the necessary skills, knowledge, experience and qualifications. As an employer, the CCG is committed to ensuring that a fair, systematic and objective approach to recruitment and selection is adopted.

It is advised that this policy is read in conjunction with the following CCG policies and procedures and national NHS Guidelines:

- Disclosure and Barring (DBS) Policy and Procedure
- Equality and Diversity Policy
- NHS Employment Check Standards
- NHS Terms and Conditions of Service Handbook

2. Scope

This policy apply to all staff employed by the CCG undertaking recruitment and selection procedures for temporary promotions to a higher band, secondments, substantive, fixed-term contracts, bank posts and modern apprentice schemes. This is to ensure that there is a fair and consistent approach adopted throughout the organisation.

This policy does not apply to the recruitment and selection of independent contractors (consultancy) and agency staff, with the exception of those provisions outlined in the Agency Workers Regulations (2010). The CCG must ensure that recruitment and selection procedures are applied consistently for agency staff through the Government Procurement Service (GPS) Framework.

3. Policy Statement

The CCG recognises that highly skilled, experience and motivated staff are essential to enable it to deliver its services and essential to its growth and success. The CCG is committed to ensuring the recruitment and selection of people with the appropriate skills, knowledge, experience and qualifications is undertaken as efficiently and effectively as possible, and in line with all legal, statutory and good practice guidance requirements.

The CCG will ensure that in all of its recruitment and selection practices, all stakeholders are dealt with fairly and consistently in accordance with the CCG’s Recruitment and Selection Policy and in line with all statutory and good practice guidance requirements.
4. **Responsibilities**

4.1 **Responsibilities of the CCG**

The responsibility for the monitoring and provision of this policy initially rests with the Governing Body of the CCG.

4.2 **Responsibilities of Human Resources**

Human Resources are responsible for providing advice, guidance and support to recruiting managers during both the recruitment and selection procedures.

4.3 **Responsibilities of Managers**

Ensuring the recruitment and selection they carry out is fair, equitable and in line with the recruitment and selection policy and procedure.

Ensuring they consistently apply the recruitment and selection policy and procedure when undertaking any recruitment and selection.

Making fair and informed decisions in line with the policy and legislative and regulative requirements.

5. **The Recruitment and Selection Procedure**

5.1 **Identifying a Vacancy**

Vacancies arise for many different reasons, these can include (but are not limited to) general leavers, retirement, creation of a new post due to increased demand/workload or additional funding and dismissal.

Once a vacancy has been identified the first step will be a review of the post to consider:

- The purpose of the job
- Key result area for the job
- Competencies required of the job

Before deciding to fill a vacancy and progressing to the next stage of the recruitment process, there are a number of questions which should be considered:

- Can the work itself be eliminated?
- Can the work be absorbed by re-organising existing resource?
- Is there still a job to be done?
- Is it the same job that was done previously?
- Can skill mix be considered as an alternative?
- Will the job be permanent or temporary?
Can the vacancy be covered with a temporary secondment?

5.2 Establishment Control – Vacancy Authorisation Process

All vacancies must be approved by an appropriate authorising officer prior to advertising. The authorising officer will inform HR of the approval and will ascertain whether or not the vacancy needs to be considered for redeployment/internal advertising in the first instance. For a list of authorising officers please contact Head of Corporate Affairs of Corporate Support Officer.

5.3 Job Description and Person Specifications

A Job Description is an important part of the recruitment and selection process. A Job Description describes the main tasks and responsibilities of the role and must include the job title, role summary and main duties of the role. A Job Description ensures that managers are clear about the job content and that applicants understand the duties and content of the role.

A Person Specification provides details of the essential and desirable qualifications, skills and experience, personal qualities and knowledge required to fulfil the duties identified in the Job Description. The Person Specification is a key part of the recruitment process and is used to compile the job advertisement, assist with short listing and the interview questions. The criteria must be categorised as either essential (the minimum standards required to perform the job adequately) or desirable (the standards which will enable the person to perform the job more effectively). The criteria used should be competency based to enable candidates to demonstrate at interview how they have used particular skills previously. These criteria on the Person Specification must be used to filter candidates at the short listing stage.

When a vacancy is advertised the application pack must include an up to date Job Description and Person Specification as NHS Jobs will not allow a vacancy to be advertised without a valid Job Description being uploaded.

5.4 Agenda for Change Job Matching and Evaluation

All CCG posts must have been job evaluated/ prior to advertising. A job matching panel will assign the correct pay band in accordance with the NHS Job Evaluation Handbook and the NHS Terms and Conditions of Service which applies to all posts within the organisation with the exception of posts on Medical and Dental Terms and Conditions and posts on the Governing Body which sit outside Agenda for Change (i.e. Lay Member, Chief Officer, Chief Finance Officer).

5.5 Advertising a Vacancy

The CCG uses the NHS Jobs Website to advertise, in the first instance, all of its vacancies. Each position is listed with a unique job reference, closing date and key details relating to the vacancy for candidates to view.
All vacancies will be advertised externally on NHS Jobs. In exceptional circumstances posts may be advertised as internal only. Internal vacancies will only be made available to staff who are directly employed by the CCG. Decisions regarding whether a post is to be advertised as internal only will be made by the recruiting manager in conjunction with the Human Resources Business Partner.

Where external advertising other than NHS Jobs is appropriate, the recruiting manager should establish the most effective method of advertising, e.g. newspaper, professional journal, etc. in conjunction with the Human Resources Business Partner.

Where an advert is placed in an external publication it will also be advertised on NHS Jobs and candidates apply online as this allows all candidates the opportunity to apply in a consistent and equitable manner.

The advert must give a brief summary of the job and should include its location, band and salary as well as essential qualifications and experience to encourage suitable applicants to apply and to allow unsuitable applicants to self-select out of the process.

5.6 Application

All applicants are required to apply online and applications must be submitted via the NHS Jobs website. CVs cannot be accepted as applications or as additional information to application forms in order to ensure applicants are considered on an equal basis.

Applicants received after the closing date will not be able to be accepted to ensure a fair and consistent application opportunity for all applicants. Reasonable adjustments under the Equality Act (2010) will be considered upon request.

5.7 Shortlisting

The shortlisting criteria used by the selection panel must be the essential criteria of the person specification. The criteria stated in the person specification will be used rigorously in the determination of shortlisted applicants.

Applicants who identify themselves as wanting to be considered under the ‘Positive About Disabled People – Two ‘Ticks’ guaranteed interview scheme must be offered an interview if they meet the essential shortlisting criteria of the post.

5.8 Interviewing

All shortlisted applicants will be contacted via NHS Jobs to attend an interview. The invitation will ask applicants to inform the CCG of any adjustments that may need to be made to attend the interview and outlines the appropriate documentation to bring along to the interview.
Interviews will be carried out by a minimum of two members of staff and in line with best practice if interviews are to take place over a number of days the interview panel should remain consistent.

Wherever possible one of the interview panel members should be the prospective line manager of the vacant role.

The interview panel must appoint a chair person who will be responsible for making a final decision where the panel is unable to make a unanimous decision. Where the panel has only two members who are unable to reach a unanimous decision advice should be sought from the Human Resources Business Partner.

The interview questions must assess the information highlighted in the person specification of the job role.

The interview panel should meet prior to the interview to plan the sequence of interview questions and the structure of the interview and/or selection processes.

All applicants must be asked the same questions. Discriminatory questions, e.g. questions related to childcare arrangements, sickness, etc. must not be asked.

All applicants should be informed at the end of the interview when a decision is likely to be made and how this will be communicated to them.

Only once all shortlisted candidates have been interviewed can a final decision to appoint be made. A structured scoring mechanism should be used consistently for all candidates and interview notes should be recorded on the interview scoring form and retained following the interview of each candidate. Subjective opinions or feelings about applicants must not form part of the decision making process.

The CCG, unless expressly outlined prior to attendance, will not reimburse any expenses incurred by candidates in relation to attending an interview and/or other selection processes. This is with the exception of existing “at risk” employees who attend an interview to seek suitable alternative employment.

5.9 Notification of Outcome

Following the selection process, the recruiting manager must contact all applicants to advise them on the outcome of the post and, where applicable, make a conditional verbal offer of employment to the successful candidate subject to pre-employment checks in line with NHS Employment Check Standards.

5.10 Feedback

Verbal feedback should be made available to all applicants at all stages of the recruitment process. Feedback would normally be provided by one of the shortlisting panel (at the shortlisting stage) and one of the interview panel (at the interview stage).
5.11 Conditional Offers of Employment and Pre-employment Checks

All pre-employment checks will be undertaken in accordance with NHS Employment Check standards and commencement of employment cannot be undertaken by any individual with the CCG until the appropriate checks have been fully completed satisfactorily.

5.11.1 Verification of Identity

The purpose of undertaking identity checks is to minimise the risk of employing or engaging a person in any activity within the organisation who is an illegal worker, or a person that is impersonating another. Verifying someone’s identity is the most fundamental of all employment checks. It should be the first check performed, as any other checks will be invalid if the person’s identity cannot be proven. This check should be conducted at the interview stage by a member of the interview panel and should be recorded and signed for on the Identity Check form.

Commencement of employment cannot be undertaken by any individual with the CCG until their identity has been verified in line with the standards set out by NHS Employment Checks Verification of identity guidance.

5.11.2 Right to Live and Work in the UK

The Immigration, Asylum and Nationality Act 2006 (amended 2008) makes it a criminal offence for employers who knowingly employ illegal migrant workers and reinforces the continuing responsibility on employers of migrant workers to check their ongoing entitlement to work in the UK.

The CCG risks breaking the law if they do not check the entitlement to work in the UK for all prospective employees, before they start employment. No assumption should be made about a person’s right to work or immigration status on the basis of their colour, race, nationality, ethnic or national origins, or the length of time they have been in the UK. Failure to check could result in a civil penalty of up to £10,000 per illegal worker. For staff in ongoing employment, the checks that should have been undertaken before amendments made to the Immigration, Asylum and Nationality Act on 29 February 2008 will depend on when the employee was recruited.

Commencement of employment cannot be undertaken by any individual with the CCG until their right to live and work in the UK has been verified in line with the standards set out by NHS Employment Checks Verification of Right to Live and Work in the UK guidance.

5.11.3 Professional Registration and Qualifications
The purpose of registration and qualification checks is to ensure that a prospective employee is recognised by the appropriate regulatory body and that they have the right qualifications to do the job.

The CCG will make it clear to prospective employees that appointment to any position is conditional on satisfactory registration and qualification checks, and that any information disclosed on the application form will be checked.

Prospective employees will also be informed that any offer of appointment may be withdrawn if they knowingly withhold information, or provide false or misleading information, and that employment may be terminated should any subsequent information come to light once they have been appointed.

Commencement of employment cannot be undertaken by any individual with the CCG until their professional registration (where applicable) and qualifications have been verified in line with the standards set out by NHS Employment Checks Verification of Professional Registration and Qualifications guidance.

The qualifications/professional registration checked should be that as outlined in the Person Specification for the role.

5.11.4 Employment History and References

The primary purpose of an employment history and reference check is to obtain information about an applicant's employment and/or training history in order to ascertain whether or not they are suitable for a particular position.

The CCG has a duty of care to ensure that all reasonable checks are undertaken to identify any reason that, if known, would result in an individual not being employed or appointed to undertake any activity on its behalf. References covering a minimum of 3 years must be sought prior to commencement.

Commencement of employment cannot be undertaken by any individual with the CCG until their references have been verified in line with the standards set out by NHS Employment Checks Reference guidance.

Where 3 years employment references cannot be obtained (e.g. students, young people, individuals returning to work following a significant career break) then alternative references may be obtained (e.g. college tutor, recognised professional, community member in a position of good stature, etc.) in such circumstances please seek the advice of Human Resources.

5.11.5 Criminal Record Check (Disclosure and Barring Service)
Criminal record and barring checks are designed to help prevent unsuitable people from entering the NHS workforce and gaining access to vulnerable groups. Safeguarding is of paramount importance to the CCG and therefore successful applicants for posts which have been assessed as requiring a DBS check in line with the DBS guidelines must have a valid DBS check in place prior to commencing.

It is illegal to mandatorily DBS check all posts and therefore posts must be assessed on a post-by-post basis in order to ascertain whether a DBS check is appropriate. The Disclosure and Barring Service Policy provides further information and guidance on assessing eligibility of a check.

Where a post is deemed as requiring a DBS check commencement of employment should not be undertaken by any individual with the CCG until their DBS has been completed in line with the standards set out by NHS Employment Checks Criminal Record Checks guidance. Commencement of restricted duties pending a DBS check may be allowed subject to a risk assessment being completed. In all instances this should be discussed with Human Resources.

5.11.6 Occupational Health

Occupational Health checks are often important in ascertaining whether an individual is able, on health grounds, carry out a role to which they are being recruited to. Occupational Health Checks also support the CCG to make reasonable adjustments, where appropriate, for an individual in line with the Disability Discrimination Act (2010). However, in line with the Equality Act (2010) it is not permissible mandatory health check all posts and therefore posts must be assessed in order to ascertain whether an occupational health check is compulsory.

Where a post is deemed as requiring an occupational health check, or a prospective employee notifies the CCG they require a health check, commencement of employment cannot be undertaken by any individual with the CCG until the check has been completed in line with the standards set out by NHS Employment Checks Health Checks (Occupational Health) guidance.

5.11.7 Starting Salary

It is important to observe the following guidelines when offering salaries to successful candidates to ensure equity, fairness and transparency when proposing salaries for prospective employees:

**Staff transferring from one post to another in the same Pay Band** (i.e. Band 5 to Band 5) within the NHS will enter the Band at the same point that they were previously and retain their incremental date - subject to receipt and verification of a current NHS Payslip.
Staff promoted within the NHS (i.e. Band 5 to Band 6) will be paid in line with NHS Terms and Conditions of Employment Paragraph 6.29 ‘Pay on Promotion’. The terms and conditions state:

‘Pay on promotion should be set either at the minimum of the new pay band or, if this would result in no pay increase, the first pay point in the band which would deliver an increase in pay.’

Therefore all promoted staff will enter the new Pay Band at the minimum of the pay band or the first point of the new Pay Band that gives them an increase in salary. In both cases the individual’s incremental date will be reset to the effective date of the promotion.

Starting salaries for staff employed under other terms and conditions of employment (i.e. Governing Body, Medical and Dental) will be considered using the appropriate terms and conditions/salary scales in place at that time.

Staff who take up a post in a lower Pay Band than their current Pay Band will enter the Band on their existing salary point and will retain their incremental date. If their existing pay point is higher than the maximum of the new lower pay band, then they will transfer to the maximum of pay point on the new lower pay band. Protection will not apply except in cases of redeployment – please speak to a member of the Human Resources team in this instance.

Any break in NHS employment of less than 12 months should be disregarded, and the incremental date should be deferred by the length of the break. Any agreed career break, extended maternity leave or agreed break under an Employment Break Scheme should not be considered a break in NHS service. After a break of more than 12 months in NHS service for any other reason, staff should be treated as if they are joining from outside the NHS (see below)

Any long-term national Recruitment and Retention Premium payable in the NHS post from which a new member of staff transfers will not be taken into account in the determination of starting salary. Any short-term or local Recruitment and Retention Premium will also not apply.

New staff appointed from outside the NHS will normally commence on the minimum point of the pay band. However, relevant experience at the same level of responsibility as the new post may be taken into account in determining starting salary. For example, a new Personal Assistant appointed to a post on Band 4 could have experience at senior secretarial level (with similar duties and responsibilities) taken into account. Only whole years of relevant experience should be credited. In all cases where previous experience, skills and qualifications are credited, the relevancy to the new post should be considered on the basis of:
• whether they were obtained in the same field of work;
• whether they were obtained at a comparable or higher level than the new job;
• in cases where they were obtained some years in the past, whether the member of staff has retained the previous level of expertise;
• the number of completed years of previous experience (to ensure consistency with the principle for incremental progression for existing NHS staff); and
• potential impact on individuals within the wider organisation.

Please note that a copy of the current payslip should be utilised when determining the salary for a successful candidate and a salary should not be agreed until the payslip has been viewed and verified.

In all cases advice should be sought from the Human Resources Business Partner prior to confirming a salary above the minimum of the pay band.

5.11.8 Unsatisfactory Pre-Employment Checks

All offers of employment are conditional on a number of pre-employment checks. Should one of these checks be considered unsatisfactory the Human Resources team will support the recruiting manager in investigating the matter further. Ultimately if satisfactory pre-employment checks cannot be obtained then the offer of employment may be withdrawn by the Recruiting Manager.

If, after careful consideration, it is decided to withdraw the conditional offer of employment the grounds for withdrawal must be very clear e.g. due to unsatisfactory references or other pre-employment checks and the conditional offer of employment rescinded in writing.

5.11.9 False Declarations

The CCG considers a false declaration made by an applicant during any stage of the recruitment and selection process as gross misconduct. Gross misconduct is addressed through the CCG’s Disciplinary Policy and Procedure and the CCG may also refer a false declaration to the Local Counter Fraud Service, registration body (such as NMC or GMC) or other body where appropriate.

5.12 Commencement

Commencement of employment will only be confirmed once all pre-employment checks have been conducted and confirmed as satisfactory.
Once a start date has been agreed with the prospective employee by the Recruiting Manager a final offer letter and contract of employment will be issued to outline the relevant terms and conditions of employment.

6. Recruitment Documentation - Data Protection and Information Governance

Information relating to the recruitment and selection of individuals will be retained in line with the Data Protection Act (1998) and NHS Information Governance Guidelines.

Recruitment and Selection information for successful candidates will be retained on the personal file for the duration of their employment. Recruitment and selection information for unsuccessful candidates will be retained for a period of 12 months before being destroyed.

7. Rehabilitation of Offenders

The CCG undertakes to treat all applicants for positions fairly and not to discriminate on the basis of a conviction or other information revealed. The CCG welcomes applications from a wide range of applicants, including those with criminal records and selects applicants for interview based on their skills, experience and qualifications.

The CCG will ensure that an open and measured discussion takes place on the subject of any offences or other matter that might be relevant to the position. Failure to reveal information that is directly relevant to the position could lead to withdrawal of an offer of employment.

Having a criminal record will not necessarily bar applicants from working within the CCG, however, this will depend on the nature of the position and the circumstances and background of the offence(s).

Where a Disclosure and Barring Service (DBS) check is required for a post the Disclosure and Barring Service (DBS) Policy and Procedure should be referred to for further information.

8. Equality and Diversity

The Recruitment and Selection policy should be read in conjunction with the CCG’s Equality and Diversity policy. The CCG seeks to develop positive practice to promote opportunity in employment by attracting and appointing the most suitable candidate for each of its vacancies.

In applying this policy, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following protected characteristics as outlined in the Equality Act (2010): age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or
belief, and sexual orientation, in addition to offending background, trade union membership or any other personal characteristic.

Promoting diversity embodies the principles of fair treatment for all and will as a result improve recruitment and retention. The CCG values the diversity of its workforce and aims to ensure that all staff understand this commitment and adhere to the standards.

9. Monitoring

This policy will be reviewed periodically by Human Resources in conjunction with the CCG and Trade Union Representatives. Where a review is necessary due to legislative change this will happen immediately.

The implementation of this policy will be monitored by the Human Resources Team in conjunction with the CCG.
Work Experience Policy and Procedure

<table>
<thead>
<tr>
<th>Date Impact Assessed: March 2014</th>
<th>Version No: 1  No of pages: 24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of issue: April 2014</td>
<td>Date of next review: April 2014</td>
</tr>
<tr>
<td>Distribution: All staff</td>
<td>Published: April 2014</td>
</tr>
</tbody>
</table>
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Flow Chart for Work Experience

Appendix A Risk Identification Form

Appendix B Application for Work Experience

Appendix C Confirmation Letter

Appendix D Work Experience Agreement

Appendix E Certificate

Appendix F Placement Information Sheet

Appendix G Evaluation Form
Quick Reference Guide

For quick reference the guide below is a summary of actions required. This does not negate the need for the document author and others involved in the process to be aware of and follow the detail of this policy.

1. A risk assessment for work experience placements must be completed by the line manager. If any of the answers are “yes” a work experience placement will not be acceptable (Appendix A).

2. Anyone wishing to undertake work experience must complete the work experience application form at Appendix B.

3. An agreement for unpaid work must be completed by the student (Appendix D) and this should be coordinated with the agreement letter (Appendix C) by the line manager prior to the placement.

4. The line manager is responsible for the student during their placement.

5. The Young Workers Directive and the age restrictions with regard to work experience placements within specific departments must be followed where applicable.

6. Students must be supervised at all times by a permanent member of staff.

7. Managers must ensure that the work experience application form and the work experience agreement, including the occupational health section, are completed and received by them prior to the commencement of the placement.

8. Students must follow the work experience agreement and could be asked to leave the placement if they fail to do so.

9. Certificates can be completed by the line manager if requested following the placement (attached at Appendix E).

10. If an individual arrives at the workplace without a work experience agreement being completed, they must be sent home and a placement rearranged at another time when the correct process has been followed.
Introduction

This policy outlines the framework within which NHS Wirral Clinical Commissioning Group (“the CCG”) must operate when offering work experience, which includes work shadowing, work placements, take your child to work days and visitor days.

This policy is written in the spirit of the NHS Constitution.

Scope

This policy applies to all staff and all categories of work experience. If a student is going to attend the CCG on a work placement this policy must be followed. Failure to follow this policy correctly when a placement is requested could put both the student and the CCG at risk.

The CCG views the offer of high quality work experience as a positive opportunity to contribute to the local community. Work experience provides an opportunity for students to consolidate work based learning skills and to help them to make an informed career choice. Reasonable adjustments will be made in order to ensure students with a disability are able to actively participate in work experience opportunities within the CCG.

Work experience is undertaken as a voluntary activity; therefore the individual does not receive a financial reward or remuneration and is not considered an employee or worker. Anyone undertaking work experience will be afforded all the rights of protection regarding health and safety as any member of the public entering the CCG’s premises.

Priority for work experience will be given to those students studying towards vocational training programmes and those applying for relevant or appropriate Further or Higher Education courses. If a number of students wish to undertake a placement within the same area a selection process may take place. An area should only have one student on placement at a time.

The CCG also actively promotes work experience opportunities for adult returners and the long term unemployed for a period of one week.

The CCG has put in place the following age restrictions regarding placements; these restrictions are in place in order to protect students from inappropriate placements, where they may not be able to cope with the physical or emotional elements of the placement.

- Students aged 14 - 16 will be restricted to placements within administrative and clerical areas only
3 Policy Statement

Work Experience is an important element in assisting individuals to make appropriate career choices. The CCG supports this concept and wishes to play its part in attracting new recruits to the NHS through offering individuals, school and college students, who may be considering a career in the NHS, placements tailored to their needs.

Through working with young people and more mature individuals, the CCG is forging partnerships with the local community, improving opportunities for local people and helping to address the issues of inequality of opportunity and access to healthcare related professions.

Placements provide a valuable means of raising the community profile of the CCG and help to create a positive image amongst students, teachers, parents, employees and the wider community.

4 Definitions

- The ‘Young Workers Directive’, which came into effect on 22 June 1996, provides a number of guidelines. ‘Young Workers’ are defined by the Directive in the following categories:

- **Young Person** - a young person at least 15 years old, but under 18 - no longer required by law to attend school;

- **Child** - a young person under 16 years and 10 months who is still subject to compulsory full time schooling;

- Those over 14 years of age may take part in either work experience, or undertake light work, which is not harmful to safety, health or development of the child or from attendance at school;

- All young people are entitled to a break of at least half an hour where their daily working time is more than 4.5 hours;

- Young workers may not ordinarily work more than 8 hours a day or 40 hours per week, nor at night between 10pm-6am or 11pm to 7am; the CCG recommends that any work experience placement for a child should finish before 7pm.

- Young people should have twelve hours rest between each working day.

For the purposes of this policy “student” refers to the person undertaking work experience. Anyone is eligible to undertake work experience within the CCG in line with this policy.
5. **Roles and Responsibilities**

5.1 **Students**

- Students wishing to undertake a work experience placement must complete the Work Experience Application Form, attached at Appendix B.

- Students must complete an Agreement for Unpaid Work (Appendix D) before their work experience placements commences and this must be coordinated by the line manager.

- Students must adhere to CCG policies and procedures on infection control and confidentiality at all times.

- Students are expected to behave in a manner appropriate to the work environment; any issues of inappropriate behaviour should be reported to the student’s School/College or parents as appropriate. In the event of serious misconduct the student’s placement will be terminated with immediate effect.

5.2 **Line Manager**

- must ensure that the area is suitable for work experience by completing a risk assessment (Appendix A), which should be updated on an annual basis. Where young workers are involved, specific risks to be examined will be in relation to physical and psychological tasks that might be beyond the capacity of young workers. The risk assessment will be used to determine whether a student should be prohibited from certain activities within an area or department. If this is not possible, a work experience placement must not be offered. A copy of the risk assessment should be held within the department.

- If a student states that they have an infectious disease which may affect others during their placement the line manager and student must contact the OH department for advice prior to being accepted on any placement

- is responsible for ensuring a signed agreement has been received prior to the placement commencing (Appendix D) (see paragraph 3.8 above).

- should inform the student if the ward or department is closed for any reason and ensure the placement is cancelled.

- should ensure that the student is aware of appropriate policies and procedures on confidentiality and infection control.
• should give a local induction to all work experience students, emphasising health and safety, infection control, fire exits and alarms, facilities e.g. toilets, canteen, expectations of behaviour, dress code, confidentiality and data protection.

• will report inappropriate behaviour to the school/college or parents of the student as appropriate.

• If a student fails to arrive for work experience or leaves the site before the agreed hours of work experience have been completed, the line manager should contact the student’s School/College/parent.

• If there is serious misconduct by the student, the line manager is responsible for terminating the placement and raising the misconduct with the school/college/parent.

• A programme of activities should be developed by the line manager.

• must send the paperwork associated with the student to Human Resources at the end of the placement to enable effective monitoring of the level of work experience taking place within the CCG and monitoring of the processes outlined within this policy.

6. Process

Prior to agreeing to any work experience placement, the line manager must ensure they have completed a risk assessment for work experience placements (Appendix A) and keep it within the department.

Under normal circumstances the CCG is only able to offer a maximum of a 1 week placement generally Monday to Friday, although there is flexibility within this to meet individual needs and circumstances to include evening and weekend placements, ensuring the Young Workers Directive is complied with.

If a request is made for a work experience placement and the department is able to accommodate a placement, the individual must complete an application form (Appendix B).

Upon receipt of the application, the line manager may arrange to interview the student to assess their suitability for the placement and to arrange start and finish times, discuss responsibilities whilst on placement such as uniform/dress code, confidentiality and attendance. This can be carried out by telephone if necessary. Interviews form part of the “work experience” in some areas. They provide managers with an opportunity to assess the applicant before their work experience and to highlight the importance of health and safety, data protection and confidentiality.

The line manager must issue a work experience agreement letter (Appendix C) and an agreement for unpaid work experience, which includes three occupational health questions (Appendix D). This must be signed and returned by the student prior to the placement commencing. If a student answers “yes” to any of the health questions, the form must be
forwarded to the Occupational Health department to ensure any reasonable adjustments that are required can be made for the student prior to them commencing. A paper screening must take place and confirmation of health clearance must be received from the Occupational Health department prior to the start of the placement. This protects the student and the CCG.

It is not necessary for work experience students to complete a Disclosure and Barring Service (DBS) Check as they must be supervised at all times during their placement.

A plan of activities for the student to undertake should be developed by the line manager prior to commencement of the placement. There are strict guidelines that govern the activities that students, and in particular young people, can undertake whilst on work experience. The CCG has detailed below examples of suitable activities for students to be involved in. All activities should be undertaken with clear guidance and supervision:

- Attending staff training sessions
- Work Handover
- Helping with errands e.g. visit another department/organisation
- Observation of meetings / interviews
- Helping with photocopying
- Helping with filing
- Answering the telephone (with clear guidance)
- Greeting visitors / clients
- Supervised Project Work
- Attending Meetings

Activities Students must not be involved in:

- Any activities for which specialised training is required i.e. Manual Handling
- Any activity involving contact with clinical waste products/by products
- Any activity, which may jeopardise the safety of patients or students
- Inappropriate or unsupervised access to patient’s Medical Records/staff records
- Inappropriate or unsupervised access to computers
- Any unsupervised contact with patients

The line manager should utilise Appendix F (Placement Information Form) to plan the work experience activity prior to commencement. The line manager should ensure that the student is given a tour of the department and general local induction on commencement of the placement.

During their placement, students must be supervised at all times by a permanent member of staff. The supervisor should be allocated prior to the commencement of the placement and introduced to the student on commencement.

Students undertaking work experience may be asked by their education provider to keep a written journal or diary during their work experience. It is recommended that time be built into
their timetable to complete this. Journal writing should be reviewed with the student, to ensure the protection of data and patient confidentiality.

A certificate of work experience (Appendix E) can be completed by the line manager upon request to confirm placement attendance.

A copy of the CCG’s Public Liability Insurance certificate can be obtained from the Corporate Affairs Team.

7. **Training Requirements**

Staff are required to read and follow the work experience policy prior to agreeing or considering any requests for work experience.

Individuals on work experience will be provided with access to the online e-learning environment to support them in further developing their skills. Line Managers may wish to encourage individuals to complete the statutory and mandatory training programmes in addition to their local induction.

8. **References and Associated Documentation**

- Health and Safety at Work Regulations (1999)
- Education Act 1996
- The Working Time Regulations as amended 2003

9. **Equality and Diversity**

In applying this policy and procedure, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following protected characteristics as outlined in the Equality Act (2010): age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership or any other personal characteristic.

The CCG values the diversity of its workforce and aims to ensure that all staff understand this commitment and adhere to the standards.

Some sections of this policy refer, by necessity, to young people. The definition of a young person is laid out within this policy and is in accordance with the Health and Safety at Work Regulations (1999) the Young Workers Directive (1996), the Education Act 1996 and The Working Time Regulations as amended 2003.
10. Monitoring

This policy will be monitored and reviewed on an annual basis by the Human Resources Team.

Managers should encourage individuals on work experience to provide constructive feedback on the programme of work following completion using the Work Experience Evaluation Form (Appendix G).

All paperwork associated with each individual work experience student will be retained locally by the CCG to monitor the amount of work experience taking place within the CCG. Advice can be sought from Human Resources to ensure this policy is being correctly followed.
Flow Chart for Work Experience

Stage 1
Student requests Work Experience Placement

Stage 2
Line manager completes Risk Assessment (Appendix A) Generic Risk Assessments can be completed in advance

Stage 3
Line manager sends application form to the student (Appendix B)

Stage 4
Telephone or face to face interview with student to discuss expectations, confidentiality, Health and safety etc

Stage 5
Send letter (Appendix C) with an agreement for work experience (Appendix D) to student with return envelopes to ensure occupational health confidentiality

Stage 6
Establish a plan of activities for the students placement

Stage 7
Ensure receipt of signed agreement prior to student starting placement (Appendix D)

Stage 8
Student reports to the CCG. Provide a tour and general local induction to the area /introduce the student to their allocated supervisor / ensure student is supervised at all times

Stage 9
Retain paperwork locally for monitoring. Issue certificate to student if requested
## Risk Identification Form

<table>
<thead>
<tr>
<th>Name of Preferred Candidate(s)</th>
<th>1.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td></td>
<td>3.</td>
</tr>
<tr>
<td><strong>Position</strong></td>
<td>Work Experience Placement</td>
</tr>
<tr>
<td><strong>Department / Team</strong></td>
<td></td>
</tr>
</tbody>
</table>

This job may involve: *(Please tick all appropriate boxes)*

<table>
<thead>
<tr>
<th>Working Nights – including rotational shift work, sleep-ins &amp; occasional nights</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposure Prone Procedures. (Definition: The Worker’s gloved hands may be in contact with sharp instruments or tissues or needle tips inside a patient’s open body cavity or wound, and the hands or fingertips may not be completely visible at all times)&quot;. E.g. Surgeon, Midwife, Dentistry/Orthodontics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular contact with blood or body fluids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driving Clients or Large CCG Vehicles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Type of vehicle:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food handling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manual Handling of loads more than 10kg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Handling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working alone/ unsupervised for a significant part of their working day/night</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure to known respiratory sensitises e.g. glutaraldehyde or substances defined as hazardous to health in COSHH regulations: Please list:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work with VDU’s NB. Will the post holder be a Designated Display Screen Equipment worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Challenging Behaviour – including SCIP/C-MAP training or other training in the management of violence that includes control and restraint measures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required to work at heights e.g. Estate Workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required to work within a confined space/area e.g. Estate Workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required to work in Noise/Vibration problem areas</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As a manager, what would you consider to be major stressors within the role (If none-state none)? |

Any other relevant comments:

<table>
<thead>
<tr>
<th>Name of Manager</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Application for Work Experience

Please complete this application form in black ink. Information will be treated in the strictest confidence by the line manager responsible for the placement.

**Please Note** Work Experience includes work shadowing and observation

**Personal Details**

<table>
<thead>
<tr>
<th>Surname</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>Address for Correspondence</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Postcode</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail Address</td>
<td>Telephone</td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>School / College / University (if applicable)</td>
<td>Address</td>
</tr>
<tr>
<td>College / University Course Attending (if applicable)</td>
<td>Careers Advisor (if applicable)</td>
</tr>
<tr>
<td>Tutor (if applicable)</td>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

Requested Dates of Work Experience, Monday - Friday please give three preferences.

1) 
2) 
3) 

Department/Team requested: ………………………………………………………………………………… …

Please note if you are offered a work placement you will be expected to sign an Agreement for Unpaid work experience and comply with the terms of this Agreement.
Previous Work Experience or Employment

Please give details of any previous paid or voluntary work you have had or clubs or societies you belong to: (E.g. Red Cross/St John Ambulance/Scouts/Guides/Duke of Edinburgh Awards)

<table>
<thead>
<tr>
<th>Employers/Club/Society Details</th>
<th>Dates From / To</th>
<th>Job Description/Main Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Health

Confirm whether you have an infectious disease which may affect others (please circle)

Yes           No

Other Relevant Information

Please provide information in support of your application, continue on a separate sheet if necessary:

- Include your career aspirations
- Why you wish to undertake work experience in the CCG
- What subjects you are currently working towards

Personal Details/Emergency Contact

For use in an emergency, please give details of whom to contact. Please make sure you give details of where the person will be DURING YOUR WORK PLACEMENT.

Personal details may be stored on a computerised system and will be manually stored in your file. It will only be used in an emergency or for monitoring purposes and will not be divulged to any third party.

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Title</th>
<th>Address for Correspondence</th>
<th>Postcode</th>
<th>Telephone Contact 1</th>
<th>Telephone Contact 2</th>
</tr>
</thead>
</table>
EQUAL OPPORTUNITIES POLICY

NHS Wirral CCG commits itself to promoting equality of opportunity in all aspects of employment including work experience.

The information you give will be treated in the strictest confidence and used for statistical purposes only. It will in no way affect the consideration of your application for employment/work experience placement.

Under the terms of the Disability Act 1995 a disability is defined as a ‘physical or mental impairment which has a substantial long term effect on a person’s ability to carry out normal day to day activities’.

Do you consider yourself disabled (please circle) Yes No

If YES please give a brief details of your disability ........................................................

If Disabled would you need any adjustments to enable you to attend for interview or placement (please circle) Yes No

If YES please specify –

<table>
<thead>
<tr>
<th>I would describe my ethnic origin as:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Asian or Asian British</strong></td>
</tr>
<tr>
<td>☐ Bangladeshi</td>
</tr>
<tr>
<td>☐ Indian</td>
</tr>
<tr>
<td>☐ Pakistani</td>
</tr>
<tr>
<td>☐ Any other Asian background</td>
</tr>
<tr>
<td><strong>Mixed</strong></td>
</tr>
<tr>
<td>☐ White &amp; Asian</td>
</tr>
<tr>
<td>☐ White &amp; Black African</td>
</tr>
<tr>
<td>☐ White &amp; Black Caribbean</td>
</tr>
<tr>
<td>☐ Any other mixed background</td>
</tr>
<tr>
<td><strong>Black or Black British</strong></td>
</tr>
<tr>
<td>☐ African</td>
</tr>
<tr>
<td>☐ Caribbean</td>
</tr>
<tr>
<td>☐ Any other Black background</td>
</tr>
<tr>
<td><strong>White</strong></td>
</tr>
<tr>
<td>☐ British</td>
</tr>
<tr>
<td>☐ Irish</td>
</tr>
<tr>
<td>☐ Any other White background</td>
</tr>
<tr>
<td><strong>Other Ethnic Group</strong></td>
</tr>
<tr>
<td>☐ Chinese</td>
</tr>
<tr>
<td>☐ Any other ethnic group</td>
</tr>
<tr>
<td>☐ I do not wish to disclose this</td>
</tr>
</tbody>
</table>
Student, Parent and Teacher Agreement to CCG Requirements

1. The CCG places considerable importance on the need for attention to Health and Safety at work. You have the responsibility to acquaint yourself with the safety rules of the work place, to follow these rules and to make use of facilities and equipment provided for your safety. It is essential that all accidents, however minor, be reported.

2. The CCG will also expect you to observe other rules and regulations governing the workplace, which are drawn to your attention. Please note that there is a No Smoking Policy covering the whole of the hospital buildings and grounds and that there are security arrangements applicable to most locations.

3. The CCG is committed to equal opportunities and will not discriminate on the grounds of ethnic origin, gender, disability, age, religion or sexual orientation.

4. There will normally be no payment for meals or travelling expenses.

5. Confirm you are not suffering from any complaint or infectious disease which may affect others.

I have read and understood the above requirements

Signed (student): ……………………………………… Date: …………………………………

Parent/Guardian (If under 18 years old):

I have read the work experience/observation programme information and understood the requirements. I will ensure the student carries out these obligations and confirm that he/she is not suffering from any complaint or infectious disease, which might create a hazard to him/herself or to those working with him/her.

I give permission for my son/daughter (name) ………………………………………………… to attend work experience within the CCG.

Signature: …………………………………………… Date: …………………………………

School Careers Advisor (if under 18 years old):

I give permission within for (name) …………………………………………………………… to attend work experience within the CCG. I have read the work experience programme information.

I also confirm that he/she is currently studying at: ………………………………………

Signature: …………………………………………… Date: …………………………………
[DATE]

Dear [NAME]

I am writing to confirm your work placement in [Department/Team] at NHS Wirral Clinical Commissioning Group (CCG).

Prior to your placement starting, you will need to liaise with [contact person on telephone number] to agree where and to whom you need to report on your first day and during the rest of your placement.

Dress/Appearance Code: If you are not provided with a uniform clothing should be of a smart, professional appearance; denim, leather and suede are not suitable and are not permitted. Minimal jewellery should be worn. Shoes should be comfortable, with a low heel and the toe covered, no sling backs.

Trainers may be permitted in some areas but please check with your supervisor prior to commencing your work placement. Where appropriate, protective clothing such as aprons and gloves must be worn in accordance with CCG policies in relation to infection control and food handling.

You need to complete the attached Agreement for Unpaid Work (x 2 - one to be kept by yourself, the other to be returned in the envelope provided to me at the above address.)

Please read and sign both copies of the Agreement and both copies of Occupational Health Declaration on page 2 of the Agreement as instructed.

PLEASE NOTE
If you have any medical or health related problems (E.G diabetes, epilepsy, latex or other allergy) please make the department manager aware, so that appropriate steps can be taken to protect you.

Yours sincerely

[Name]
[Job Title]
Appendix D

Agreement in relation to Unpaid Work Experience or Other Placement

NAME: ........................................................................................................................................

You are undertaking a period of work experience at the CCG. The work of the CCG involves health and safety critical environments and also, in its dealings with the public, the handling of highly sensitive and confidential information. For these reasons, it is necessary to ask you to sign this document, to ensure you act appropriately within the CCG and respect CCG staff and patients. The CCG requires that you maintain the confidentiality of any information you may acquire during the course of, or arising from your work experience placement.

During the period of your work placement you will not be regarded as an employee or worker of the CCG, or be eligible for remuneration or other employee benefits.

This document covers you for the entire period of your unpaid work experience with the CCG, between the following dates (not to include Saturday or Sunday).

From: ......................................................

To: .........................................................

Department: .............................................................................................................................

Authorised by Line manager: .................................................................................................

Please read the attached pages carefully, sign both copies of this letter, and then return one copy to the Line manager (in the envelope provided).
TERMS

**Duties/Work:** You will be told the area you will be placed in and the duties you will be expected to undertake on arrival at the CCG. You will be responsible to a supervisor or line manager and if you have any difficulties you must speak to him/her.

**Hours:** To be agreed with your line manager, you are entitled to a half an hour break during your working day.

**Sickness/Time off:** If you are unable to attend your placement because of sickness or for any other reason you should inform the line manager as soon as possible. You should keep the line manager informed as to the likely date of return. You must inform the line manager of any planned holidays during the work placement period.

**Security Badges:** It is a requirement that every person displays an identification badge when working on any site associated with the CCG. The person responsible for your supervision will issue this to you on arrival. You must display this at all times whilst on CCG premises.

**Dress/Appearance Code:** If you are not provided with a uniform you need to remember that what you wear reflects your School/College and the CCG. Clothing should be of a smart, professional appearance; denim, leather and suede are not suitable and are not permitted. Minimal jewellery should be worn. Shoes should be comfortable, with a low heel and the toe covered, no sling backs. Trainers may be permitted in some areas but please check with your line manager prior to commencing your work placement. Hair should be tidy. If appropriate, protective clothing such as aprons and gloves must be worn in accordance with CCG policies in relation to infection control and food handling.

**Confidentiality:** All information you obtain during your work placement is confidential. In particular information relating to the diagnosis and treatment of patients, individual staff and/or patients records, and details of contract prices and terms must under no circumstances be divulged or passed on to any other unauthorised person. Patients must be treated with dignity and respect at all times.  

**The Health and Safety at Work Act:** Under the Health and Safety at Work Act 1974, you have a duty to take reasonable care to avoid injury to yourself and to others. To this end, you must comply with the CCG’s Health & Safety policy in meeting the statutory requirements. Please ensure you are familiar with the Department’s Fire Procedure, which will be communicated to you by the line manager.
Ensure you are aware of where the fire exits are; be aware of any potential hazards such as an obstruction in the corridor. If you see spilt liquids on the floor, inform a member of staff who can arrange for this to be cleaned up.

**Loss/Damage of Personal Effects**: No liability will be accepted for loss or damage to your personal property whilst on CCG premises whether as a result of burglary, fire, theft or otherwise. You are advised not to bring personal property with you other than that necessary to carry out any duties assigned to you. You may wish to provide your own insurance cover for any property you do bring with you to the CCG. Under no circumstances must CCG property be removed from the premises unless it is with the prior approval of the line manager.

It is strongly suggested that you do not bring anything of value with you to the CCG, as there may not be a secure place for you to lock any items away.

**Equal Opportunities**: The CCG believes in, and actively seeks to promote, equal opportunities. You are required to behave in a professional manner and to treat colleagues, patients, members of the public or other staff with dignity and respect. Any discrimination on the grounds of race, sex, religion or belief, sexual orientation, disability or age will not be tolerated. You should refrain from inappropriate language, jokes and be aware of inappropriate non-verbal behaviour. If you think another member of staff or patient is behaving in a discriminatory manner you should raise this with your line manager.

**For the Attention of the Line Manager**

If a student states that they have an infectious disease which may affect others during their placement the line manager and student must contact the OH department for advice prior to being accepted on any placement.

**Form of acceptance**

I accept this Work Experience placement on the terms outlined. I have read and signed the Health Declaration Document, read the handbook and terms issued and agree to abide by them.

I have signed and retained a copy of this Agreement.

Signed by Work Experience individual:

Please PRINT your Name: ..........................................................

Dated: ..........................................................
Certificate of Attendance

This is to certify that

...............................................................................................................

Attended Work Experience

From ......................

To ......................

At NHS Wirral Clinical Commissioning Group

Authorised by: .........................................................
Placement Information Sheet

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Role</td>
<td></td>
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<tr>
<td>Department / Service</td>
<td></td>
</tr>
<tr>
<td>Line Manager</td>
<td></td>
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<tr>
<td>Hours of Work (inc Lunch/Breaks)</td>
<td></td>
</tr>
<tr>
<td>Contact Numbers (departmental)</td>
<td></td>
</tr>
<tr>
<td>Emergency Contact Details</td>
<td></td>
</tr>
</tbody>
</table>

Description of CCG / Service:

Activities to be carried out (to be completed by placement manager)

This list is an example of the types of activities you will be involved in on this placement:

1. 
2. 
3. 

However, it is impossible to list every activity you might be asked to undertake and you should be prepared to complete other tasks as required as part of your work experience placement.

Learning outcomes of activities:

1. 
2. 
3. 
Work Experience Evaluation Form

To enable us to assess how useful you found your work experience it would be extremely helpful if you would answer the following questions. This information may be used to develop programmes for future candidates.

1. What did you hope to learn from your placement?

2. Has this been achieved? (please circle)
   
   Yes   No

3. Do you feel your placement has given you a better understanding of the work that is undertaken in a CCG? (please circle)
   
   Yes   No

   If no, please give details

4. Do you feel the structure of the programme was (please circle)

   Excellent   Very Good   Average   Poor   Very Poor

5. Which areas of work did you find most interesting?

6. Which areas of work did you find least interesting?

   Please return this completed form to your work experience manager.
### Minutes of Meeting

**Wednesday 19th March 2014**  
**Albert Lodge - Victoria Central Health Centre**

**Present:**  
- Dr Peter Naylor (Chair)  
- Andrew Cooper  
- Dr Sue Wells  
- Dr David Jones  
- Dr Sian Stokes  
- Dr Paula Cowan  
- Debbie Platt  
- Brian Knight  
- Louise Morris  

**In Attendance:**  
- Grace Price – Jones

<table>
<thead>
<tr>
<th>Ref No</th>
<th>Minute</th>
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</table>
| WHCC/EB/13-14/0157 | **1.1 Apologies for Absence**  
Apologies were received from Dr Sue Kidd and Diane Moon.  
The resignation of Dr Sue Kidd was highlighted to the board members. The members gave thanks for Sue’s contribution and hard work. |
| WHCC/EB/13-14/0158 | **1.2 Declarations of Interest**  
All GP members declared an interest in the iPlato service review due to the potential impact on practices. |
| WHCC/EB/13-14/0159 | **1.3 Public Comments/Questions**  
There were no members of the public in attendance at the meeting. |
| WHCC/EB/13-14/0160 | **1.4 Minutes and Action Points of the previous meeting**  
The minutes of the previous meeting were agreed as a true account of the last meeting.  

**Matters Arising**  
It was raised that practices are still to receive the practice specific date from Inclusion Matters. The board was informed that this was raised at the last contract monitoring meeting and within the next couple of months the reports will be distributed to practices.
Public Health has requested a CCG representative for the procurement of the drug and alcohol service. Dr Sue Kidd was asked in the first instance whether she would like to take part but has declined. The GP members were asked to consider whether they would like to take part.

**Action Points**

*Item 2.1 – discussion with Fiona Johnston about the level of involvement in alcohol services available in Wirral – Gary Rickwood, Alcohol Lead, has agreed to attend the Executive Committee to discuss the Alcohol Strategy.*

**Action:** Executive Assistant to contact Gary Rickwood with the date of the next Executive Committee.

All other action points were completed.

**2.1 Service Review Updates**

The following reviews were submitted and discussed. A rag system was used on whether the services should continue.

Green – priority to continue
Amber – potentially continue if non-recurrent resources become available
Red – not to be continued

Diabetes Housebound Care – the board were informed of the long discussion at the Business Development Committee (BDG). The service is currently funded by Novo Nordisk. The board agreed with comments from BDG and felt that the scheme has not been in place long enough to be able to evaluate its progress. Laura Thompson, Commissioning Support Manager has met with Novo Nordisk and they have agreed to fund the scheme for a further two months. BDG had suggested funding the scheme for a further four months totalling up to a six months continuation of the scheme. It was agreed that the scheme provides a good service and that practices would need sufficient notice if the service was to be discontinued at some point in the future. After a discussion the board agreed that they would like the scheme to continue for twelve months with a three month review.

**Action:** review of the service to be added onto the June BDG agenda.

Iplato Text Messaging – this scheme is providing practices with a text message service to enable text contact with patients. The service has no direct return on investment for WHCC and costs £49,000; however, it was acknowledged that this service does support improved patient access and is valued by practices and patients alike. EMIS Web provides a text messaging service but patients are unable to respond to cancel appointments. It was felt that due to the constraints on budgets next year this service could not be prioritised over and above those services commissioned to provide direct patient care. It was agreed that it would be useful to provide practices with a guide on how to use the EMIS text messaging and explore whether Vision has a service similar.

**Action:** Query with Executive Practice Manager Representative whether a guide on using the text messaging service can be created.
<table>
<thead>
<tr>
<th>Ref No</th>
<th>Minute</th>
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<tbody>
<tr>
<td>WHCC/EB/</td>
<td><strong>Action:</strong> Investigate whether Vision has a function to send out text messages to patients.</td>
</tr>
<tr>
<td>13-14/0162</td>
<td>3.1 Finance Update</td>
</tr>
<tr>
<td></td>
<td>The Finance Lead presented the Finance Report for Month 10 which was noted by the Board. The consortium overall position was reported as £3.8m overspent which is an adverse movement from the previous month.</td>
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<tr>
<td></td>
<td>There is an overspend of £3m on NHS Contracts, primarily at Wirral University Teaching Hospital (WUTH), there is an overspend at Wirral Community NHS Trust of £184k. Non – NHS Contracts are overspent by £504k, mainly at Spire Murrayfield.</td>
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<td></td>
<td>Prescribing overspend is a £434k as at January, despite an overall negative cost growth being reported.</td>
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<td>The consortium shows a potential forecast overspend of £4.6m.</td>
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<td></td>
<td>There was a discussion about the potential changes that a move to a revised budget allocation formula may bring. It is anticipated that the new budget formula will shift resources to populations that have greater levels of need from an older demographic and WHCC may therefore benefit from this new formula. However, it was reiterated that WHCC is an integral part of the wider CCG and all practices must continue to work together for the benefit of the entire Wirral population.</td>
</tr>
<tr>
<td>WHCC/EB/</td>
<td>3.2 Items for Risk Log</td>
</tr>
<tr>
<td>13-14/0137</td>
<td>No items were identified for the risk log.</td>
</tr>
<tr>
<td>WHCC/EB/</td>
<td>3.3 Risk Register</td>
</tr>
<tr>
<td>13-14/0138</td>
<td>The register was reviewed and agreed by the committee.</td>
</tr>
<tr>
<td>WHCC/EB/</td>
<td>4.1 Subgroup Minutes for Noting</td>
</tr>
<tr>
<td>13-14/0139</td>
<td>The minutes from the subcommittees were noted by the Board.</td>
</tr>
<tr>
<td>WHCC/EB/</td>
<td>5. Summary of Actions</td>
</tr>
<tr>
<td>13-14/0140</td>
<td>Please refer to action points attached.</td>
</tr>
<tr>
<td>WHCC/EB/</td>
<td>6. Summary of Financial Approvals</td>
</tr>
<tr>
<td>13-14/0141</td>
<td>The summary was noted by the committee.</td>
</tr>
<tr>
<td>WHCC/EB/</td>
<td>7. Any Other Business</td>
</tr>
<tr>
<td>13-14/0142</td>
<td>There was a discussion about the new Diabetes Intermediate service. WUTH have now employed a Diabetes Specialist Nurse and the service is due to start in May. It was agreed that members will require advance notice of the new service commencing and it was suggested that there should be a presentation at the next GP Members’ meeting.</td>
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**Ref No** | **Minute**
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**Action:** *Request a presentation on the new diabetes service for next GP Members meeting.*

**Date and Time of Next Meeting**

The date and time of the next meeting is Wednesday 16th April 2014, 1.00pm at Albert Lodge, Victoria Central Health Centre.

Please send any further apologies to Grace Price-Jones on g.price-jones@nhs.net
Quality, Performance & Finance Committee

Tuesday 25th February 2014, 1.00pm
Room 539, Old Market House

Present:

Phil Jennings (PJ) Chair, Wirral CCG (meeting Chair)
Abhi Mantgani (AM) Chief Clinical Officer, Wirral CCG
Christine Campbell (CC) Chief Officer, WGPCC
Lorna Quigley (LQ) Head of Quality & Performance, Wirral CCG
Simon Wagener (SW) Lay Member (Patient Champion), Wirral CCG
Andrew Cooper (AC) Chief Officer, WHCC
Pete Naylor (PN) Chair, WHCC
James Kay (JK) Lay Member (Audit & Governance), Wirral CCG
Mark Bakewell (MB) Chief Financial Officer, Wirral CCG
Tracey Bills (TB) Corporate Support Officer, Wirral CCG
Laura Wentworth (LW) Corporate Support Officer, Wirral CCG

In attendance:

Julie Stamper (JS) Board Support Assistant (taking minutes), Wirral CCG

<table>
<thead>
<tr>
<th>Ref No</th>
<th>ITEM</th>
<th>ACTION</th>
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<tbody>
<tr>
<td>QPF13-14/136</td>
<td>PRELIMINARY BUSINESS</td>
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<tr>
<td>136.1</td>
<td>Apologies for Absence: Apologies were received from:</td>
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<td></td>
<td>• Mark Green, Chair, WACC</td>
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<td></td>
<td>• Iain Stewart, Chief Officer, WACC</td>
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<td></td>
<td>• John Oates, Chair, WGPCC</td>
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<td></td>
<td>• Paul Arnold, Deputy Director of HR, NHS Warrington</td>
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<td>136.2</td>
<td>Declarations of Interest: No declarations of interest.</td>
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<td>136.3</td>
<td>Minutes of Previous Meeting: Minutes of previous meeting held on 28th January 2014 were agreed as an accurate record.</td>
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<td>136.4</td>
<td>Actions List from Previous Meeting:</td>
<td></td>
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<td></td>
<td>132.1: Information Governance: A letter has been sent to confirm that MB is the SIRO and Dr Bennett Quinn is the Caldicott Guardian. Dr Bennett Quinn to be invited to QPF annually to present updates.</td>
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</table>
summary of the Information Governance report is being submitted to the Governing Body in April.

132.6: FOI Update: It takes a Band 7 employee on average 2 hours to prepare and put together a letter. Equals £93 per FOI.

118.2: HR Management Framework Report: AM had asked for a review of the flow of PDR paperwork currently being used. This has since been raised with HR who will review the paperwork and make the necessary changes.

<table>
<thead>
<tr>
<th>QPF13-14/137</th>
<th>ITEMS FOR APPROVAL</th>
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<tr>
<td></td>
<td>No items for approval.</td>
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<tr>
<th>QPF13-14/138</th>
<th>ITEMS FOR DISCUSSION</th>
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<tbody>
<tr>
<td>138.1 Performance Reports: LQ highlighted the key performance indicators by exception for the CCG against plan as of end of December 2013.</td>
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**6 week diagnostic target** – This is below standard by 0.37% achieved for the month. There have been 5 patients waiting longer than 13 weeks which is a decrease in previous months. All patients who have breached have been seen between 7-14 weeks. Pressure remains in cystoscopy.

**Ambulance turnaround times** – 15 minutes handover time has seen an increase in month. This is still below the operational target of 100% and is being managed by via the Urgent Care Board. Fines will be imposed on NWAS as from December 2013 if they do not achieve these targets.

30 minutes handover time remains below the operational standard of 95%. The Urgent Care Board will be monitoring this as part of the A&E recovery plan. As these targets are being shadowed monitored this year, contractual levers cannot be enforced.

**Same sex accommodation** – There have been 2 breaches in endoscopy this month.

**Friends and family test** – No threshold has been set for net promoter scores, however benchmarking is taking place within CWW. Wirral has a lower net score than other hospitals within the Areas Team, giving them a RAG rating of red.

**Quality Dashboard**: Due to changes that have been discussed in previous QPF meetings, the Quality report is being further developed to give QPF more relevant data. Data will be available for March QPF. Please note in the interim, that quality performance data is still being recorded and acted upon.

**Action**: A complaint has been recorded by a patient who had to wait 8-9 weeks for histology results. LQ to investigate and feedback to the next meeting.

The Committee was asked to note the report and performance for
| 138.2 | **Finance Report:** The report sets out the financial position for NHS Wirral CCG as at the end January 2014 (month 10) within the 2013/14 financial year and performance against the measures outlined in the CCG Assurance Framework for 2013/14.

There has been a number of indications that the forecast outturn activity at WUTH may result in a higher than previously predicted level of expenditure. As a result the CCG is currently forecasting that it will not achieve its planned surplus figure of £6.575m but a lower figure of £4.575m.

As at the end of January 2014 (month 10) the year to date position for Wirral CCG is an underspend of £0.14m with over performance against commissioning expenditure of £0.3m offset by an under performance against running costs of £0.44m.

NHS Wirral CCG contract performance against NHS contract providers is currently showing a year to date over performance of circa £3.6m as at the end of January. This is due to over performance at WUTH.

Over performance remains against Spire Murrayfield with a year to date over performance of £1.2m. A review of specialties shows the greatest pressures are against T&O and general surgery as reported in previous months and this is predominantly against Elective and day case points of delivery, however overspends are against all POD’s.

Prescribing information has been received for the period up to November 2013 and is reporting an underspend of £118k against plan which is an adverse movement on the previous month’s position. Consortia performance is £168k underspent whilst prescribing costs reported at federated level are £50k overspent. Pressures against the oxygen contract and central drugs are offsetting amber drugs underspend.

Adverse movement in month due to continued increase in package costs for commissioned out of hospitals, including issues with CHS Panel processes which are currently being explored with the CSU. Monthly re-charges are up to date for relevant period.

The CCG held a cash balance of £0.8m at the end of January being a similar position to the previous month. Best practice for cash management would be working towards a minimal cash balance as at the end of each reporting period and the CCG is working with the CSU Treasury Team to improve cash management.

The Committee was asked to note the financial position as at the end of January 2014 and the forecast outturn position.

**WUTH Finance Report:** This document analyses NHS Wirral CCG’s financial and activity performance against the WUTH contract for 2013/14. The document drills down into the performance against both PbR and Non-PbR elements to try to understand areas of over performance, high activity and high spend.
The current financial position as at month 10 (January) based on WUTH cut 1 data reconciled is £3.9m overspent. This excludes CQUIN and other areas outside the contract such as distinction awards and homecare. This includes £0.8m for Maternity Cross Years activity. This is a movement from month 9 (December) that showed £3.5m overspend. Forecast up this represents a £4.68m overspend at year end.

AM advised that we need to consider the outturn position as we are in dispute with WUTH regarding numbers and consultant to consultant referrals. These concerns have been raised at contract meetings and we are trying to collaborate with WUTH in a supportive way. Letters have been sent to WUTH regarding contract offers, quality and CQUINs and other on-going issues. We need to use every contractual lever to ensure patients are treated appropriately and effectively.

The Committee was asked to note the WUTH finance report, position and forecast.


As reported previously, allocations have been received for the next 2 years with planning assumptions for years 3-5. The CCG is required to comply with the business rules as outlined in the planning guidance in both the operational (2 year) and longer term strategic periods (5 year).

NHS Wirral CCG’s running cost allocations for 2013/14 was £7.997m based on ONS population of 319,985, using the £25 per head allocation allowance.

The current 2013-14 Forecast Outturn Position (based on December, month 9) has been the basis for adjustment to the recurrent budget values as presented to the CCG Governing Body for the 2013-14 financial years.

There have been a number of significant variances away from planned levels of activity/expenditure in 2013/14, notably WUTH, Spire Murrayfield, CHC and Locally Commissioned Services.

The planning guidance (Everyone Counts 2014/15-2018/19) specifically outlines that CCG’s will be expected to support practices in transforming the care of patients aged 75 or older and reducing avoidable admissions by providing funding for practice plans to do so.

CCG’s are required to provide additional funding to commission additional services which practices have identified will further support the accountable GP in improving the quality of care for older people.

The value of this fund is set at £5 per head of population for each practice and equates to £1.66m. Plans are currently developed and are complementary to those initiatives developed through the Better Care
Expenditure assumptions include 2.5% headroom in 2014-15, followed by 2% in 2015-16 and 2016-17 and 1% in 2017-18 and 2018-19 in order to support business rules and transformational change.

Indicative application of non-recurrent resources require refinement alongside the contract negotiation process and in support of the longer term Wirral Vision 2018 Programme.

The QIPP value for Wirral CCG in 2014-15 equates to £18.5m. A number of QIPP existing schemes are to be rolled over into the 2014/15 financial year as they should provide a full year effect that has not been reflected in current 2013/14 forecast outturn position. The full year impact of these schemes is currently being evaluated.

Risks with respect to the 2014-15 financial year are consistent with previous years but are increased by the lower level of contingency held by the CCG and need for transformation of services.

The Committee was asked to note the updated planning assumptions regarding the overall resources and expenditure plans for the future financial years.

<table>
<thead>
<tr>
<th>138.4</th>
<th>Quality Premium Report: LQ presented the report which informs the Committee of the CCG’s position for the reporting period April to October and the likely resource based on performance within the 2013-14 financial year. Wirral CCG has achieved 2 out of 3 priorities and is making good progress on alcohol related conditions. The CCG will have around £400k if this position is held. The CCG would need to discuss how the money could be re-invested next year as part of a programme spend. The Committee was asked to note the current position with regards to Quality Premium payments for the 2013-14 financial year.</th>
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| 138.5 | Strategic Plan including Better Care Fund: LQ updated the Committee on the planning guidance outlined by NHS England, the timelines for submission and the CCG’s draft plans which are undergoing refinement in response to the guidance. On 14th February Wirral CCG submitted financial templates, activity plan and Better Care Fund. All contracts require sign off by 28th February. There is then an opportunity to refresh the plan and the templates submitted. Plans will be presented to the Governing Body by the end of March. The CCG then submit again in April with the Operational Plan and the Draft Strategic Plan. All Wirral CCG’s plans are congruous with providers and the Local Authority, and we are working with existing money. The Committee was asked to note the report. |
| 139.1 | **QIPP Report**: MB gave an overall view of the position so far, advising that we are on target.  

As part of the contract negotiations, £2.49m of resource was removed representing the CCG QIPP plan. This was spread across a number of schemes within elective, non-elective and outpatient settings. Each of the 26 schemes is being monitored on a monthly basis to assess their achievement. As at month 9, 19 of the schemes have started. These schemes so far should have delivered £965k worth of savings and have achieved £1,111k (115% of the target). This flags the QIPP performance at WUTH as green.  

Next year as part of the Vision 2018 Programme, Wirral CCG would like to see a redesign of rheumatology and dermatology services within the community to go live on 1st April 2015.  

The Committee was asked to note the report. |
| 139.2 | **HR Management Framework Report**: LW presented the report which details the workforce profile and sickness absence rates as at the last complete monitoring period ending January 2014.  

Of the 9 elements monitored on the Balanced Scorecard, 7 are showing as compliant.  

The monthly absence rate at the end of January had increased by 0.20% to 0.40%. There were no leavers from the CCG during the month of January.  

Statutory and mandatory training compliance during the January monitoring period was 83.8% which is an increase of 3.6% over the period. Five of the 8 core statutory and mandatory courses are achieving the 85% national compliance rate. Information Governance has provided an alternative route for training due to the many IT issues.  

PDR compliance as at the end of January was 77.6%.  

The Committee was asked to note the report. |
| 139.3 | **Complaints Update**: LW presented the report on the complaints (including those escalated to the Parliamentary & Health Service Ombudsman) and MP enquiries received by NHS Wirral CCG for the period as at 14th February 2014.  

Since the last report:-  

- 3 complaints have been received by Cheshire & Merseyside |
Commissioning Support Unit on behalf of the CCG.

- 3 complaints have been closed.
- There are currently 4 complaints with on-going investigations.
- 6 new MP enquiries have been received.
- 7 MP letters have been responded to within this reporting period.
- As well as the 6 MP letters received within this period, there is one further MP letter open at present.
- No complaints have been escalated to the Health Service Ombudsman within the period of January 2014 and there are currently no cases open and on-going.

LW has met with CSU to discuss outstanding complaints and a report will be brought to the next meeting.

SW asked about ID561 regarding patient transport. LW advised that this was a cancer patient who had been missed by NWAS in error. LW to contact NWAS to enquire why a cancer patient wrote to their MP rather than making direct contact with them. LW to feedback next month.

The Committee was asked to note the report.

<table>
<thead>
<tr>
<th>139.4</th>
<th><strong>FOI Update:</strong> LW presented the report which details the number of FOI’s received and closed during the reporting period of January 2014.</th>
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<tr>
<td></td>
<td>We received 32 requests in January 2014, with the average response time being 12 days. Seventeen were responded to within the 20 working day time frame; however of the 32 requests received, 15 remain open. During this period 19 FOI requests were responded to and closed.</td>
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<tr>
<td></td>
<td>Looking at publishing all FOI responses on the website which could save time in future due to duplication of requests.</td>
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<td>The Committee was asked to note the report.</td>
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<tr>
<th>139.5</th>
<th><strong>Contracting Issues:</strong></th>
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<tr>
<td></td>
<td><strong>CWP:</strong> CC gave a verbal update. The CCG is on track to sign contracts on 28th February. TB and CC are currently in discussions with CWP regarding mental health quality and performance data that can come to QPF.</td>
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<td></td>
<td><strong>CT:</strong> AC gave a verbal update. CCG and Wirral Community Trust (WCT) have agreed the majority of CQUINS, the Service Development and Improvement Plan and Commissioning Intentions. The new contract with WCT should therefore be signed off on 28th February 2014.</td>
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<td>AM advised that walk-in centre services are still being discussed. WCT has agreed to do a shadow tariff this year. WCT and CCG will continue to work together with other providers to deliver a community based approach to provide urgent care. In order to reduce unnecessary attendance at A&amp;E, the CCG will be looking to provide urgent care services across Wirral, with coverage in each of the Wirral MP</td>
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<tr>
<td>139.7</td>
<td><strong>WUTH</strong>: LQ gave a verbal update. We are converting from a transformational contract to a transactional contract based on the NHS Standard contract which includes PbR and National rules. Discussions are on-going. LQ unsure contracts will be signed off on 28th February 2014. Unanimous support from the Committee regarding contracts.</td>
</tr>
<tr>
<td>139.8</td>
<td><strong>Wirral Local Authority</strong>: No update.</td>
</tr>
<tr>
<td>139.9</td>
<td><strong>Statutory &amp; Mandatory Training Update Report</strong>: LW presented the quarterly report to the Committee. Overall the CCG is 84% compliant for all statutory and mandatory training courses which is 1% away from the compliance rate of 85%. A further update regarding the progress of staff training will be provided at the May 2014 Committee. The Committee was asked to note the report.</td>
</tr>
</tbody>
</table>
| 139.10 | **PMO Update Report**: TB presented the report to inform the Committee of the progress made to date of all projects recorded on the PMO tracker. The Committee will receive exception reports of any actions or outcomes not being achieved after being reviewed by the Commissioning Team meeting in relation to expected finances. Out of a total of 96 projects listed as on-going, a review was undertaken to discover the current status of the project as follows:-

- 54% PMO template received
- 22% no PMO template received to date
- 14% no PMO template received – Project complete
- 8% no PMO template received – Project not continuing
- 2% no PMO template received – Project on hold

Project monitoring occurs monthly and a report will be produced for QPF on a regular basis to inform the group of the current status.

JK requested an overview of projects be compiled into a report. AM advised this will happen in the future as the information has taken longer to retrieve than first expected. The Committee was asked to note the report. |
| 139.11 | **Serious Incidents**: LQ presented the report on serious incidents for the period 1st January to 31st January 2014. The Committee was asked to note the 14 new incidents reported on the Strategic Executive Information System (StEIS) which are undergoing |
There have been 8 incidents from Cheshire & Wirral Partnership NHS Foundation Trust (Wirral), and 6 from WUTH. MRSA incident is a community based patient not a WUTH patient.

There has been adverse publicity received for two incidents which have been discussed at Area Team level.

139.12 **Pressure Ulcers Tracker**: TB presented the tracker which covers data for all pressure ulcer incidents reported on StEIS during the period 1st April 2013 to 31st January 2014.

The total number of pressure ulcer incidents reported on to StEIS during this period was 30.

The pressure ulcers tracker will be presented at QPF on a monthly basis to keep us informed and take actions were necessary.

The Committee was asked to note the report.

139.13 **Minutes for noting**:

- Quality Committee/Serious Incident Review Group minutes of 16th January 2014 – noted.
- CT Contract Monitoring minutes of 7th January 2014 – noted.
- WUTH Contract monitoring minutes of 19th December 2013 – noted.
- WUTH Quality& Clinical Risk minutes of 26th November 2013 – noted.

140.1 **Risk Register**: TB presented the Risk Register. The group reviewed the risks as follows:-

12-13D: Complete. To remain on Risk Register, narrative to reflect the risks relating to Better Care Fund.
12-13E: Monitor and remain same.
13-14B: Remain on Risk Register and remain the same.
13-14E: Discussion with Tim Andrews, will respond to our letter regarding transitional changes. To remain on Risk Register. Bring back in April.

**Actions:**
- TB will update the Risk Register.
- All risks will be monitored monthly at this Committee.

The Committee noted the Risk Register today.

<table>
<thead>
<tr>
<th>QPF13-14/141</th>
<th>ANY OTHER BUSINESS</th>
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<thead>
<tr>
<th>QPF13-14/142</th>
<th>DATE AND TIME OF NEXT MEETING</th>
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<tr>
<td></td>
<td>The next meeting is scheduled for:</td>
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<tr>
<td></td>
<td><strong>Tuesday 25th March 2014 at 1.00pm</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Room 539, Old Market House.</strong></td>
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<tr>
<td></td>
<td>Apologies/agenda items to: <strong><a href="mailto:Julie.stamper@nhs.net">Julie.stamper@nhs.net</a></strong> no later than <strong>18th March 2014</strong>.</td>
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</table>
APPROVALS COMMITTEE

Minutes of Meeting

Tuesday 25th February 2014
Room 539, 5th Floor, Old Market House

Present:
- James Kay (JK) Lay Member (Audit & Governance), WCCG (meeting Chair)
- Mark Bakewell (MB) Chief Financial Officer, WCCG
- Abhi Mantgani (AM) Chief Clinical Officer, WCCG
- Simon Wagener (SW) Lay Member (Patient Champion), WCGG
- Christine Campbell (CC) Chief Officer, WGPCC
- Andrew Cooper (AC) Chief Officer, WHCC
- Lorna Quigley (LQ) Head of Quality & Performance

In attendance:
- Phil Jennings (PJ) Chair, Wirral CCG
- Heather Harrington (HH) Service Re-design Manager, WCCG
- Julie Stamper (JS) Board Support Assistant (minute taker)

REF NO. | MINUTES | ACTIONS
--- | --- | ---
AC13-14/021 | 1. PRELIMINARY BUSINESS | |

1.1 Apologies for absence:
- Fiona Johnstone (FJ) Director of Public Health
- Iain Stewart (IS) Chief Officer, WACC
- Clare Grainger (CG) Corporate Support Officer
<table>
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<tr>
<th>REF NO.</th>
<th>MINUTES</th>
<th>ACTIONS</th>
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<tbody>
<tr>
<td>AC13-14/022</td>
<td><strong>1.2 Declarations of interest</strong>: Both AM and PJ declared an interest in today’s agenda item. Due to the substantial nature of the decision being made, JK, as Chair, asked for AM and PJ to join the meeting to help explore any complex issues. Both AM and PJ will be asked to leave the meeting when it comes to making the final decision.</td>
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<td></td>
<td><strong>1.3 Minutes from Previous Meeting</strong>: The minutes of 25th September 2013 were agreed as a true and accurate record and signed off by the Chair.</td>
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<td><strong>1.4 Actions from Previous Meeting</strong>:</td>
<td>CC AC/JS JS</td>
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<td></td>
<td>• WGPCC to chase up patient representative for the Committee.</td>
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<td></td>
<td>• Email future dates and TOR to Brian Knight, patient representative from WHCC.</td>
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<td></td>
<td>• Chase up patient representative from WACC.</td>
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<tr>
<td>AC13-14/023</td>
<td><strong>2. ITEMS FOR DISCUSSION</strong></td>
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<td></td>
<td><strong>2.1 Approvals Tracker</strong>: The tracker needs to be updated, with all entries fully completed.</td>
<td>MB/JS</td>
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<td>AC13-14/023</td>
<td><strong>3. ITEMS FOR APPROVAL</strong></td>
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<td><strong>3.1 Primary Care Extended Access</strong>: AM gave a brief overview of the paper. The scheme is aligned to the Vision 2018 Primary Care workstream.</td>
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<td>The Primary Care Access Scheme sets out a significant change in how general practice is currently managed with the aim of incentivising 7 day working. The scheme specifically asks practices to be open</td>
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and fully operational between the hours of 8.00am and 8.00pm Monday to Friday and then from 1st September 2014 to be offering 7 day working.

During the first year, practices will be asked to open for a minimum of 4 hours over the weekend. It is not practical for all practices to do 7 day working but can opt to join together within a geographical cluster to deliver this service.

Practices will be required to submit a quarterly return which will look at a range of data and will identify any increases in referrals to secondary care/acute assessment during the extended hours’ period. Practices will be monitored to ensure compliance with the requirements of the scheme, and to ensure that access is delivered above and beyond existing core hours.

Practices can choose their own model for delivery however; they must ensure a GP is within practice at all times. The GP could be supported by a Nurse Practitioner, Practice Nurse, and Health Care Assistant, plus administrative staff.

AM and PJ left the meeting at this point.

**Actions:**

- Paper required to be more explicit.
- Should enable less A&E attendances, which will be monitored. If there has been no impact on A&E attendances then a review will be necessary. This will not be up and running until June 2014.
- Future financial commitment is £3m for the first phase. Possibly £5m for the second stage. Potential to save money in other areas ie block contracts for Walk in Centres etc.
- This will be an extension of an existing service.
- May be reputational issues that will need explaining ie how the processes will be made.

**Decision:** Paper was approved pending above actions.
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<th>REF NO.</th>
<th>MINUTES</th>
<th>ACTIONS</th>
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<tr>
<td>AC13-14/024</td>
<td><strong>4. ITEMS FOR INFORMATION</strong></td>
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<tr>
<td></td>
<td>No items were discussed.</td>
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<tr>
<td>AC13-14/025</td>
<td><strong>5. ANY OTHER BUSINESS</strong></td>
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<tr>
<td></td>
<td>No other business discussed.</td>
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<tr>
<td>AC13-14/026</td>
<td><strong>DATE AND TIME OF NEXT MEETING</strong></td>
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<td></td>
<td>The next meeting is:</td>
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<td></td>
<td>Wednesday 12th March 2013 cancelled</td>
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<td></td>
<td>Wednesday 16th April 2014</td>
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<td></td>
<td>1.00 – 2.30pm</td>
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<td></td>
<td>Room 539, 5th Floor, Old Market House</td>
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</tr>
<tr>
<td></td>
<td>Agenda papers to <a href="mailto:Julie.stamper@nhs.net">Julie.stamper@nhs.net</a> no later than Tuesday 8th April 2014.</td>
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<tr>
<td></td>
<td>Agenda and supporting papers will be emailed to Committee members: Thursday 10th April 2014.</td>
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## Audit Committee Meeting

**Thursday 30th January 2014**  
**10.00am – 12.00pm, Room 539, Old Market House**

### Present:

James Kay (JK)  
Audit Committee Chair  
Mark Bakewell (MB)  
Chief Financial Officer  
Anne-Marie Harrop (AMH)  
Audit Manager, Mersey Internal Audit Agency  
Liz Temple-Murray (LTM)  
Manager - Grant Thornton  
Sylvia Cheater (SC)  
Audit Lay Member  
Tracey Fisher (TF)  
Audit Lay Member  
Paul Edwards (PE)  
Head of Corporate Affairs  
Simon Wagener (SW)  
Lay Member  
Laura Wentworth (LW)  
Corporate Support Officer  
Robin Baker (RB)  
Associate Director- Grant Thornton  
Bernard Halley (BH)  
Audit Lay Member  
Joy Hammond (JH)  
Head of Fraud and Probity Services

### In Attendance:

Chelsea Worthington (CW)  
Administrative Assistant (taking minutes)  
Christine Campbell (CC)  
Consortium Chief Officer  
Andrew Cooper (AC)  
Consortium Chief Officer  
Iain Stewart (IS)  
Consortium Chief Officer

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Agenda Items</th>
<th>Action</th>
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<tbody>
<tr>
<td>GA13-14/15</td>
<td><strong>PRELIMINARY BUSINESS</strong></td>
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<tr>
<td></td>
<td><em>Welcome to New Audit Members</em></td>
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<td></td>
<td>JK welcomed new audit members to the meeting and each member introduced themselves to the group.</td>
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<tr>
<td>1.1</td>
<td><strong>Apologies:</strong> No apologies were received</td>
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<tr>
<td>1.2</td>
<td><strong>Declarations of Interest:</strong></td>
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<tr>
<td></td>
<td>No declarations of interest were made.</td>
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</table>
### Minutes of Previous Meeting/Action points of previous meeting held on 13th November 2013

**Action Points:**
- 15 Audit Committee Members - to be closed and removed from the list.
- 16 Internal Audit - to be closed and removed from list.
- 22 Work plan schedule - to be closed and removed from the list.
- It was agreed that Grant Thornton, MIAA and the lay members would meet 2 yearly – Chelsea to organise.
- 28 Business of other committees and inter relationships – to be closed and removed from list.
- 32 Clinical Audit Approach – CW to speak to LQ with regards to her attending patient forums to give her presentation on serious incident reporting.
- 37 CCG Audit Tracker - to be closed and removed from list.
- 40 Apologies – to be closed and removed from list.
- 41 Minutes of previous meeting – to be closed and removed from list.
- 42 Minutes/Action Points - to be closed and removed from list.
- 43- Matters Arising – to be closed and removed from list.
- 44- Audit Committee work plan – to be closed and removed from list.
- 45 Terms of Reference - to be closed and removed from list – PE advised that he has been in talks with consortium leads.
- 46 Other sources of assurance – to be closed and removed from list.
- 47 Terms of reference – to be closed and removed from list.
- 48 Terms of reference – IS has advised that this is work in progress.
- 49 Terms of reference- to be closed and removed from list.
- 50 Audit Tracker- to be closed and removed from list.

The minutes of the previous meeting held on 13th November 2013 were agreed as a true and accurate record.

It was also noted that the actions tracker should be updated to reflect items completed or amended.

### Matters Arising:

JK advised the committee that he was asked if it was necessary if the consortium leads attended all Audit Committee meetings going forward. JK advised group members that this would be helpful as the work each consortia does, contributes to the overall work and objectives of the CCG.

CC queried that if a consortium lead could not attend the audit meeting for any reason then would it be okay to send a deputy senior member?

JK agreed that the replacement must be a senior member and suitably briefed before attending the meeting.

SW advised that he would like to see more information on the actions tracker and requested for further information to be included on this, instead of just the agenda item number.

**Action item 46 - PE and LW have developed the mapping exercise and this piece of work is working progress.**

**Action CW to send future Audit Committee dates to consortia leads**
<table>
<thead>
<tr>
<th>GA13-14/16</th>
<th>ITEMS FOR DISCUSSION</th>
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| **2.1**    | **Review the Assurance Framework**  
PE presented an update of the Assurance Framework to the group.  
PE explained to the new lay members that the document is used to review risks and assess mitigating assurance within the CCG. The level of risk is then assessed by each committee to determine if they are at the correct level.  
PE advised that the current version of The Assurance Framework will be reviewed and ratified at the next Governing Body meeting to be held on the 4th February 2014. PE informed that the items that are highlighted are the current major changes.  
TF queried if there is a document that describes the acronyms within the framework document?  
PE advised that he would clarify the acronyms to lay members for their information and future reference.  
**Action PE to send to lay members Assurance Framework with descriptions of acronyms** |
| **2.2**    | **Note business of other committees and review inter relationships**  
IS advised that the work regarding up to date Terms of Reference is currently in progress with the 3 Consortia and should be completed shortly IS to send updated Terms of Reference to CW by 14th Feb. |
| **2.3**    | **Receive Other Sources of Assurance**  
PE presented the assurance diagram and explained that the document has been amended since the last meeting to include Grant Thornton, Mersey Internal Audit Agency and Healthwatch as other sources of assurance  
PE informed that the draft of this diagram has been shared with Healthwatch and positive feedback was received.  
BH advised that the level of information detailed within this diagram is very useful.  
JK queried how we can monitor integrated relationships also on this diagram? And also queried if this document can be transferred to a PowerPoint presentation, to allow links to be embedded for expansion and to provide further information.  
PE agreed that the links can be included for Healthwatch and NHS England however it may be slightly more difficult with regards to the documents that are saved on the CCGs internal shared drive folders.  
JK asked if these documents could be added to the presentation as a PDF Document and LW and PE are to action this for the next meeting.  
**IS/CC/AC** |
| **2.4**    | **Draft Annual Governance Statement**  
PE presented the Draft Annual Governance Statement to the group and reiterated to the group that this is the first draft of the document.  
The group noted that the CCG are still awaiting the final version of the report guidance from NHS England as the version received to date is still in draft |

**PE**

**IS/CC/AC**

**IS/CW**

**PE/LW**
format.
PE explained that an individual report from each of the CCG’s committees will be required to be included within this governance statement and that a template will be sent to the chair of each committee for their completion, to assist with this data collection. The group noted that the final version of this document will be presented to the Governing Body for approval as part of year end statements.

LTM highlighted that the draft version of this document is on the right tracks based on the draft version of the NHS England document received to date however noted that this is work in progress.

AMH advised that there are a few spelling errors and formatting issues for addressing, and it was agreed that these would be picked up with PE and LW outside of the meeting.

JK advised that Page 1 of the document describes the consortia as being clinical but normally we only refer to these as just ‘consortia’. JK advised that he can see the benefits of this but that will references need to be consistent throughout the document.

JK raised issues with regards to item 3.2 under the bullet point ‘what the Governing Body committee comprises’. JK requested for information to be included on voting and none voting members.

JK also raised issue with regards to section 3.5 of the document. JK advised that this heading should not read remuneration committee and needs to be addressed and amended accordingly.

JK advised that the equality and diversity statement numbered 5.12 also required further information than just a statement and our commitment to meeting our obligations.

**Action PE to note changes**

2.5 **Review of risks and controls around financial management**

MB advised that there are no exceptional issues with regards to the risks and controls around financial management other than what is captured through normal processes.
JK queried if conversations have taken place with our internal & external auditors regarding this. Mersey Internal Audit Agency (MIAA) confirmed that conversations have been held with both MIAA and Grant Thornton relating to the assurance and the controls that the CCG have in place. LTM added that Grant Thornton as external Auditors are happy with the progress to date and noted the on-going work being undertaken. RB advised the group that Grant Thornton are currently waiting for the final finance assurance document and informed the group that there is an Annual Accounts Workshop being held in Liverpool on the 13th February.

2.6 **Review the Trusts Annual Report**

PE informed the committee that work is currently being undertaken in relation
to the annual report for the CCG. It was noted that the document is far from completed but the CCG are making a start in advance to ensure adequate time to collate the information and finalise this report.

JK queried where we are up to with regards to reports and the work plan for the committee.

MB advised that the CCG are on track and further assurance was provided to assure the committee that the CCG are doing everything expected.

MB advised that the final document will be consistent with the governance document and this will be shared with group members, upon completion.

SW raised issue with regards to the wording of ‘Trust Annual Report’ to change to CCG annual report as Trust reflects back to PCT’s. It was agreed that this would be referred to as the CCG’s Annual Report.

It was agreed that the work plan should be included on all future agendas.

Action CW

2.7  
**Review changes to standing financial instructions and changes to accounting policies**

MB provided a verbal update to the group that this is currently in the process of being reviewed and there is nothing major to report at present.

2.8  
**Review of losses and special payments**

MB provided a verbal update to the group that there have been no losses or special payments to date during 4th Quarter.

The group noted that if there were any losses or special payments then they would be documented and brought back to this committee for noting as per SFF’s.

2.9  
**IG Update**

MB presented the Information Governance update to members and highlighted that this has previously been reviewed at the last Quality, Performance & Finance Committee and has subsequently been brought to this meeting to raise awareness by Audit Committee members. MB advised that he has been working closely with Suzanne Crutchley, Information Governance Manager from Cheshire & Merseyside Commissioning Support Unit, to collate all relevant information and to ensure that the CCG is level 2 information governance toolkit compliant by the end of March 2014.

BH highlighted the benefits of this paper and noted how useful it was.

MB advised that MIAA are currently undertaking an audit to provide an independent view on the evidence provided by the CCG.

MB explained that MIAA undertake sense checks to make sure that all evidence is correct.

BH queried regarding level of IG awareness within CCG.

MB assured that staff within the CCG are knowledgeable with regards to Information Governance and subject to spot checks.

SW advised the lay members that MB is the Senior Information and Risk Owner (SIRO) on behalf of the CCG.

SW referred to discussion at the last Quality, Performance & Finance
Committee regarding the Terms of Reference that Dr Bennett Quinn, Caldicott Guardian will be invited to the meetings.

JK queried if the CCG are confident that iPads and phones are encrypted and MB advised that all iPads and work phones are password protected and subject to approvable IT Policies and therefore compliant with the policies and procedures.

AC advised that since all staff have now moved to NHS mail there are prompts monthly for a password change for iPads and phones also.

BH raised the issues with regards to contradictions in the report with system policies and screensavers. Some say the system policy enforces this and others say it is optional. MB agreed to follow this up with Suzanne Crutchley outside of the meeting.

**Action MB**

### Audit Progress Reports

AMH presented the Audit Charter paper to the group and explained that this document is used for MIAA to measure that they are meeting the standards for Public Sector Internal Audit.

AMH presented the Internal Audit Progress Report to the group regarding providing levels of assurance to the committee.

AMH advised new lay members that all definitions and abbreviations are at the back of the document.

AMH explained to the committee that MIAA had developed a random sample question which was sent out to all CCG’s GP Practices. The response rate was unfortunately very low at 12%.

The overall finding from the feedback that MIAA received was good. GPs had confirmed that the current operations are working effectively and AMH advised committee members that there are currently no outstanding issues relating to any key discussions and confirmed that all recommendations are at a medium level.

SC queried how the sample was chosen for the survey and if there was a particular reason that GPs had not replied to this? AMH advised that this was a random sample and informed that it is not her role to follow up with GPs who had not responded to this survey.

JK highlighted to the group that he was surprised at the overall assurance given in view of the lack of responses received. AMH confirmed that there had only been 1 issue within the assurance.

AC informed the group that the consortia have a number of ways that they engage with GPs including; email, post, verbally and monthly meetings are also held to encourage GPs and Practices to engage with the CCG. The group noted that there is a system of cluster leads on executive boards that collates information before the GP Members meetings. AC explained that Wirral Health Commissioning Consortium sends out a weekly ‘gems’ newsletter which updated practices on the work which the CCG is currently undertaking.

CC highlighted to the group that she was unsure how we could engage any more with the consortia GPs and informed that WGPCC send out regular
bulletins and survey monkeys which are welcomed. The group noted that there are annual practice visits in place to get a chance to have talks with the practices themselves, which any feedback is then put into a report and sent to Governing Body.

AMH advised that there was now more consistency within the TORs across the CCG committees which explain that the committee is to complete an annual report that considers account work plans.

SW stated that this is very helpful as it is useful to see something that is consistent and has access by patients and members of the public.

JK asked the consortia Chief Officers when the group would receive the final version of their revised Terms of Reference.
IS advised that the amended Terms of Reference will be available by 14th February and they will be circulated to all group members for comment.
PE advised that the changes to these documents will then be included as part of the next constitution change process in June 2014.

AMH advised members that there has been a request to change the MIAA work plan to look at the CCG’s compliance with its duties and powers. AMH advised the committee of the changes which were agreed by the group.

**Action – Consortia TOR to be finalised and sent to CW by close of play on 14th February to circulate to audit members for their response.**

**2.11 Counter Fraud Update**

JH presented the Counter Fraud update to the Committee.

JH advised group members that the counter Fraud team has recently undertaken a Practice Managers counter fraud assessment which received very positive feedback.

JH informed the committee that all evidence has been collected for an ongoing patient fraud case and all evidence has been handed over to the Merseyside Police who are now managing this case.

**2.12 External Auditors Progress Report and Future Work plan**

LTM and RB presented the update paper and provided an overview for the Audit Committee.

LTM and RB confirmed that Grant Thornton as external auditors are happy with the progress that is being made and at this moment do not see any concerns.

Grant Thornton is currently undertaking work in relation to the Audit Plan which will be brought to the next Audit Committee meeting scheduled to take place on 3rd April 2014.

**ACTION – RB / LTM**

RB advised that the date to produce the final audited accounts is June 6th.
LTM clarified to the Committee that the original date for this was June 3rd which was why June’s Audit meeting was asked to be brought forward. The committee discussed the proposal of moving the Audit Committee meeting from the 28th May to the 5th June to allow Grant Thornton the time to collect evidence needed and to make changes before 6th June. It was agreed that this would be discussed further outside of the meeting.

**Action- CW to look at changing date of additional Audit Meeting for the sign off of accounts scheduled for May 2014**

### 2.13 Annual Audit Committee Report

As previously discussed PE provided a verbal update to the group of the Annual Audit Report and advised that an individual report from each of the CCG’s committees will be included within this report and that a template will be sent to the chair of each committee for their completion, to assist with this data collection.

### 2.14 Audit Tracker

MB presented the current Audit Tracker document to the group and explained how this tracker document maintains an accurate record of the progress of internal audit reviews and their actions, in line with the audit reports produced by Mersey Internal Audit Agency.

The individual audit recommendations reflect the level of risk, as advised by the Auditors.

The group noted that they will receive updates on the open / on-going items and any overdue audit actions. All actions are monitored by the Corporate Support Officer on a monthly basis and any issues are escalated via the Chief Financial Officer.

LW, AMH and MB have met to update and populate recommendations and to look at the time scales and risks and close off completed actions.

TF suggested that the Audit Tracker could have a ‘reviewed’ column to highlight how many of the recommendations have had their original completion date reviewed – LW agreed to review the formatting of the tracker document.

**Action LW**

### GA13-14/17 ITEMS FOR INFORMATION

#### 3.1

No further items were received or noted.

### GA13-14/18 ANY OTHER BUSINESS

MB presented the Key Questions document provided by the External Auditors
4.1 together with the CCG evidence noted to date. LW to send CW key questions to circulate to Audit members via email. It was advised that if any of the Audit Committee had any issues then to speak to MB. LW/CW

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<tr>
<th>GA13-14/19</th>
<th>DATE AND TIME OF NEXT MEETING</th>
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<tbody>
<tr>
<td>The next meeting will be held on:</td>
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<tr>
<td><strong>3rd April 2014, 9.30am -11.30pm, Room 539, Old Market House.</strong></td>
<td></td>
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<tr>
<td>Please forward apologies / agenda papers to <a href="mailto:chelsea.worthington@nhs.net">chelsea.worthington@nhs.net</a></td>
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</table>
The audit committee met on the 3rd of April and addressed items in its annual work plan which including the following:

- Detailed timetable was received and scrutinised for delivery of the final year-end accounts
- We received feedback and reports from our internal auditors giving assurance that
- Our assurance framework describes an effective system of internal control
- 'significant' assurance that our Quality Innovation Productivity Prevention (QIPP) plans are based on robust systems and processes
- 'significant' assurance on our financial systems key controls
- 'significant' assurance on our Better Care Fund Partnership arrangements
- 'limited assurance' on our Commissioning Support Unit (CSU) contract arrangements
- 'significant' assurance on our policies and processes on Information Governance

We also received a detailed and helpful report from a gap analysis on our arrangements for delivering on our statutory duties and powers. We received a Director of Internal Audit opinion giving us 'Significant Assurance' that there is "... a generally sound system of internal control." We received an update on our External Auditors audit plan for 2013/14 and progress on this together with feedback on significant emerging issues for Clinical Commissioning Group (CCG) governance. We reviewed with Lorna Quigley the CCG’s arrangements to deliver effective scrutiny of our providers' clinical governance, clinical audit and surveillance of quality for patients. We received an update from our Local Counter Fraud Service (LCFS) on arrangements for counter fraud activity. We reviewed the Accountable Officer's latest draft of his Annual Governance Statement. We reviewed the responses given to the external auditor Grant Thornton on their detailed queries on financial management, internal controls and fraud risk assessment. These had been previously shared with audit committee members and the Governing Body.

We considered the operation of our 'Audit Tracker' and checked that it contains an up to date record and tracks all of the recommendations made to us in the various reviews and reports from both internal and external auditors.

James Kay – Lay Advisor Audit & Governance.
<table>
<thead>
<tr>
<th>Agenda Item:</th>
<th>4.3</th>
<th>Reference:</th>
<th>GB14-15/010</th>
</tr>
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<tbody>
<tr>
<td>Report to:</td>
<td>Governing Body</td>
<td>Meeting Date:</td>
<td>6th May 2014</td>
</tr>
<tr>
<td>Lead Officer:</td>
<td>Paul Edwards, Head of Corporate Affairs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Contributors: | Laura Wentworth, Corporate Support Officer  
Roger Booth, Senior Resilience Manager, Cheshire & Merseyside Commissioning Support Unit |

**Governance:**

| Link to Commissioning Strategy | NHS Wirral CCG has a number of duties in relation to EPRR and this paper aims to provide assurance to the Governing Body in this regard, for the previous year |
| Link to current strategic objectives | 5 Ensuring people are treated and cared for in a safe environment and protected from avoidable harm |

**Summary:**

This report illustrates the responsibilities of the CCG related to Emergency Preparedness, Response and Resilience and how the CCG is meeting the requirements of those responsibilities in partnership with Cheshire & Merseyside Commissioning Support Unit (CSU). The report also details information regarding the services provided by the CSU, EPRR training undertaken by CCG colleagues, EPRR Strategic Planning Support provided and further information relating to EPRR Governance Assurance.

<table>
<thead>
<tr>
<th>Recommendation:</th>
<th>To Approve</th>
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<tbody>
<tr>
<td>To Note</td>
<td>X</td>
</tr>
<tr>
<td>Comments</td>
<td>Not applicable.</td>
</tr>
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</table>

**Next Steps:**
The Governing Body are asked to note the contents of the report, which will next be due for receipt and review in May 2015.
This section is an assessment of the **impact** of the proposal/item. As such, it identifies the significant risks, issues and exceptions against the identified areas. Each area must contain sufficient (written in full sentences) but succinct information to allow the Board to make informed decisions. It should also make reference to the impact on the proposal/item if the Board rejects the recommended decision.

<table>
<thead>
<tr>
<th>What are the implications for the following (please state if not applicable):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial</strong></td>
<td>In addition to the costs of the emergency planning and resilience service which has been commissioned from the CSU, consideration may need to be given to the contents of this report and also to the CCG’s Business Continuity Plan, in terms of any resources required to continue to implement the plan.</td>
</tr>
<tr>
<td><strong>Value For Money</strong></td>
<td>Not applicable.</td>
</tr>
<tr>
<td><strong>Risk</strong></td>
<td>Whilst the delivery and operation of the on call facility may encounter initial instances of lack of knowledge or experience for on call staff, this has been addressed by additional training for key staff during 2012/13, as further detailed within this report.</td>
</tr>
<tr>
<td><strong>Legal</strong></td>
<td>Legal issues may arise from incidents where Department of Health guidance is not followed and may take the form of a civil action or under another statute (e.g. Corporate Manslaughter and Corporate Homicide Act 2007) and can be made against the CCG or individuals.</td>
</tr>
<tr>
<td><strong>Workforce</strong></td>
<td>The on call staff may be required to be away from their day job for periods of time during the extent of any emergency, and this may impact to a degree on the day to day work of the CCG.</td>
</tr>
<tr>
<td><strong>Equality &amp; Human Rights</strong></td>
<td>Equality and Diversity protected characteristics have been and will continue to be considered throughout the process of developing actions, policies and procedures in Wirral CCG complying with the Civil Contingencies Act 2004 and the Department of Health Emergency Planning Response and Resilience requirements. There is currently no impact identified which would provide inequality.</td>
</tr>
<tr>
<td><strong>Patient and Public Involvement (PPI)</strong></td>
<td>Patients or public have not been involved in determining the EPRR requirements of the CCG.</td>
</tr>
<tr>
<td><strong>Partnership Working</strong></td>
<td>Partnership working is evidences via the CSU attendance at Local resilience Forum Groups in Cheshire and Merseyside which allows interactions with all multi agency partners.</td>
</tr>
<tr>
<td><strong>Performance Indicators</strong></td>
<td>Reports to the Governing Body will provide updates against the elements of EPRR undertaken on behalf of Wirral CCG by CSU.</td>
</tr>
</tbody>
</table>

**Do you agree that this document can be published on the website?**

(If not, please note that it may still be subject to disclosure under Freedom of Information - [Freedom of Information Exemptions](#))

☑️
This section gives details not only of where the actual paper has previously been submitted and what the outcome was but also of its development path ie. other papers that are directly related to the current paper under discussion.

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Reference</th>
<th>Submitted to</th>
<th>Date</th>
<th>Brief Summary of Outcome</th>
</tr>
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<tbody>
<tr>
<td>EPRR End of Year Report 2013/14</td>
<td></td>
<td>Governing Body</td>
<td>May 2014</td>
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Private Business

The Board may exclude the public from a meeting whenever publicity (on the item under discussion) would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution. If this applied, items must be submitted to the private business section of the Board (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960).

The definition of "prejudicial" is where the information is of a type the publication of which may be inappropriate or damaging to an identifiable person or organisation or otherwise contrary to the public interest or which relates to the provision of legal advice (for example clinical care information or employment details of an identifiable individual or commercially confidential information relating to a private sector organisation).

If a report is deemed to be for private business, please note that the tick in the box, indicating whether it can be published on the website, must be changed to a x.

If you require any additional information please contact the Lead Officer.
Cheshire and Merseyside Commissioning Support Unit

Emergency Planning, Response and Resilience Team (EPRR)

End of Year Report 2013-2014 for Wirral Clinical Commissioning Group
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1. **Background**

Clinical Commissioning Groups (CCG’s) are now Category 2 responders under the Civil Contingencies Act 2004. This requires them to share information and co-operate with other agencies in terms of planning for emergencies.

The Department of Health however has indicated an expectation that CCG’s also undertake the duties assigned to Category 1 responders; which requires production of Emergency Plans, Business Continuity Plans, Assessment of Risk and ensuring that there are arrangements for informing and warning the public. This will allow CCG’s to be part of the overall planning process within both the Local Resilience Forum and the Local Health Resilience Partnership.

Under the guidance issued by NHS England, CCG’s are required to have a system in place which will allow their commissioned services to contact them on a 24/7 basis. This 24/7 access will additionally allow the NHS England Area Team to make contact in emergencies, allowing CCG’s to work with the Area Team in support of the wider NHS response to any incident.

CCG's are required to ensure they have a Business Continuity and Incident Response Plan in place which complies with the NHS Core Standards for Emergency Preparedness, Response and Resilience (EPRR) and are also required to assure themselves that their commissioned services have plans in place to respond to and recover from emergencies.

2. **Services Provided to CCG**

Wirral CCG has commissioned Cheshire and Merseyside Commissioning Support Unit (CMCSU) to provide it with a number of services relating to EPRR.

a. **EPRR Training**

Training has been provided in the following areas:

1. Initial on call training to all CCG on call staff based on training agreed with NHS England area team as complying with the EPRR on call requirements

2. Additional training for CCG on call staff in respect of requirements from the NHS Core Standards for EPRR and the National Occupational Standards for Emergency response. This training comprised of the following events

   **Introduction to Integrated Emergency management**

   An initial course was held on 13th January 2014 and 5 on call personnel from Wirral CCG attended.
Strategic Management in a Crisis.

Course held on 23rd January 2014 as required under NHS England guidelines for on call personnel. 6 on call personnel from Wirral CCG attended.

In total 6 out of 8 on call personnel attended the Introduction to Integrated Emergency Management and 6 out of 8 attended the Strategic Crisis management. All but one of the on call personnel have attended one or other of the courses.

b. EPRR Strategic Planning Support

To provide CCG’s with a Business Continuity Plan and an Incident Response Plan. These plans to comply with the International Standard for Business Continuity ISO 22301, and the NHS Core Standards for Business Continuity and Major Incident response.

1. Initial Business Continuity and Incident Response plans were developed for Wirral CCG:
2. A validation exercise for the plans was undertaken in November with issues identified being incorporated into the plans.
3. Further familiarisation for some additional CCG staff took place at the end of November.
4. The Business Continuity plan and Incident Response plan for Wirral CCG can now however be said to be in place and complying with the International Standard ISO 22301 and the NHS Core Standards.

c. EPRR Governance Assurance

a. To advise and provide support to ensure that obligations under the Civil Contingencies Act are met and that CCG’s comply with Department of Health (DH) / NHS England EPRR guidance.

Requirements under the act have been met in terms of training requirements

b. To provide representation at healthcare and multi-agency planning forums where required.

The CSU EPRR team have provided Wirral CCG representation at the following groups

- Cheshire Local Health Resilience Partnership – 4 per year
- Cheshire Local Health Resilience Forum practitioners group (Deputy Chair) – 4 per year
• Cheshire Local Health Resilience Forum Pandemic Flu Group – meetings initiated in March 2014, likely to be monthly until competed
• Cheshire Local Health Resilience Partnership Risk working group – ad hoc 3 meetings to date
• Cheshire Resilience Forum Management Group – monthly meetings
• Cheshire Resilience Forum ad hoc sub groups, Risk group, Notification protocol group, Welfare on the highway, Industrial Issues to date – monthly following management group as required
• Merseyside Resilience Forum Capabilities Group
• Merseyside Resilience Forum Risks and Hazards group
• Merseyside Resilience Forum Training and Exercising group

c. A report regarding the progress of the EPRR work was been sent to the CCG in August 2013

d. To produce an annual EPRR Report
   The end of year annual report has been produced and this report will be reviewed at the CCG Governing Body in May 2014.

D. Draft CSU Business Plan for Wirral CCG 2014-15

Objectives for further work for Wirral CCG will be set following discussion with the CCG as to their requirements for the coming year

Published by: Senior Resilience Manager Cheshire and Merseyside Commissioning Support Unit