

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 12TH MAY 2015 1pm
Boardroom, Arthouse Square

PRESENT:

VOTING MEMBERS:

Dr Nadim Fazlani	Chair/GP
Dave Antrobus	Lay Member – Patient Engagement
Dr Simon Bowers	GP/Clinical Vice Chair
Moira Cain	Practice Nurse
Dr Janet Bliss	GP
Dr Maurice Smith	GP
Dr Shamim Rose	GP
Dr Fiona Ogden-Forde	GP
Dr Monica Khuraijam	GP
Katherine Sheerin	Chief Officer
Jane Lunt	Head of Quality/Chief Nurse
Dr Donal O'Donoghue	Secondary Care Doctor
Dr Fiona Lemmens	GP
Tom Jackson	Chief Finance Officer
Dr Rosie Kaur	GP

NON VOTING MEMBERS:

Dr Rob Barnett	LMC Secretary
Dr David Webster	GP – Matchworks Locality
Dr Sandra Davies	Interim Director of Public Health
Tina Atkins	Practice Manager

IN ATTENDANCE:

Ian Davies	Head of Operations & Corporate Performance
Cheryl Mould	Head of Primary Care Quality & Improvement
Tony Woods	Head of Strategy&Outcomes
Kim McNaught	Deputy Finance Director
Carole Hill	Head of Communications

Phil Wadeson	Director of Finance, NHS England Sub Regional Team (until and including item 2.4 only)
Ray Guy	Retired Practice Manager
Dyane Aspinall	Assistant Director Liverpool City Council (representing Samih Kalakeche)
Danielle Wilson	Quality & Outcomes Commissioning Manager, Business Intelligence) (item 3.3)
Andy Woods	Senior Governance Manager, Cheshire & Merseyside Commissioning Support Unit (item 5.3)
Paula Jones	Minutes

APOLOGIES:

Prof Maureen Williams	Lay Member – Governance/Deputy Chair
Dr Paula Finnerty	GP – North Locality Chair
Dr Tristan Elkin	GP – Liverpool Central Locality
Councillor Roz Gladden	Liverpool City Council
Samih Kalakeche	Director of Adult Services & Health, Liverpool City Council

Public: 7

PART 1: INTRODUCTIONS & APOLOGIES

Introductions were made for the benefit of the members of the public present. The Chair noted that that elections had been held and welcomed two new Governing Body GP members Dr Monica Khurajjam and Dr Fiona Ogden-Forde.

1.1 DECLARATIONS OF INTEREST

There were no declarations made specific to the agenda.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 14th April 2015 were agreed as an accurate record of the discussions that had taken place subject to the correction of a typographical error on page 12 re 2015 containing an additional zero.

1.3 MATTERS ARISING Not already on the agenda:

1.3.1 Action Point One – it was noted the Healthy Liverpool Phase 3 Plan would be brought to the June 2015 Governing Body meeting.

1.3.2 Action Point Two – it was noted that the output from the Patient Listening Event would be brought back to the June 2015 Governing Body meeting.

1.3.3 Action Point Three – The Head of Quality/Chief Nurse updated the Governing Body that the issue of Health Visitor/Local Authority borders would be discussed at the Joint Commissioning Group of the Health & Wellbeing Board the following week. The Interim Director of Public Health added that this was a national issue and that the Local Authority was working with NHS England on the matter.

1.3.4 Action Point Four – it was noted that the Healthy Liverpool Cancer Programme was to come back to the September 2015 Governing Body meeting with an update on ambitions.

1.3.5 Action Point Five – it was noted that constitutional rights re mental health waiting times was to be included in the June or July 2015 Performance Report.

1.3.6 Action Point Six – The Head of Strategy & Outcomes updated the Governing Body that work was still ongoing on the Operational Plan which was to be submitted 14th May 2015. Once this was completed

there would be a review of the performance system to ensure outcome measures were embedded into our work, with a report back to the June 2015 Governing Body meeting.

- 1.3.7 Action Point Seven – The Head of Quality/Chief Nurse updated the Governing body that the Matchworks Locality Chair (Dr David Webster) would be the Clinical Lead for quality meetings re Whiston Hospital and work with the Quality Team.
- 1.3.8 Action Point Eight – it was noted that the previous meeting of the Governing Body in April 2015 had not been quorate and the decision made to approve the Financial Strategy to support Quality, Value and Sustainability was formally ratified by the quorate 12th May 2015 meeting.
- 1.3.9 The Head of Operations & Corporate Performance noted that the Lead Provider Framework/Commissioning Support Unit risk was on the agenda for the May 2015 meeting.
- 1.3.10 The Lay Member for Patient Engagement referred to page 8 of the minutes and the verbal assurance given by NHS England that the CCG would receive an allocation to meet all existing commitments and its fair share of growth moneys – the Chief Officer confirmed that this had been confirmed in writing.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 31-15:

The Chief Officer commented that the cover report needed to be updated to reflect the correct Governing Body and Senior Management Team Leads:

- Quality Safety & Outcomes Committee 21st April 2015 –the Lay Member for Patient Engagement fed back to the Governing Body:
 - ✓ Liverpool Women’s Hospital Quality Review process had been concluded with removal from the Risk Register recommended.
 - ✓ Aintree discharge process was on the Risk Register but downgraded from 20 to 6.
 - ✓ Safeguarding Policy – a new policy had been written and approved.

- Audit Risk & Scrutiny Committee 23rd April 2015 – the Chief Finance Officer fed back to the Governing Body:
 - ✓ Updating carried out of the Register of Interests and Hospitality and forms issued to Governing Body Members.
 - ✓ Counter Fraud – confirmation given by Governing Body members that there was no CCG fraud in 2014/15.
 - ✓ Draft Final accounts to come to the Governing Body for approval at the Extraordinary meeting on 28th May 2015.

- Finance Procurement & Contracting Committee 28th April 2015 – the Chief Finance Officer fed back to the Governing Body:
 - ✓ Neuro Development Pathway – significant waiting list for ASD and ADHD. £400k per annum investment confirmed to reduce the waiting list.
 - ✓ Resilience Funding 2015/16 – the Governing Body had looked at this previously – Primary Care Resilience Funding had been approved.

- ✓ The CCG is working with Liverpool City Council to assess the implications of known and future changes to spending plans to ensure this is reflected within the CCGs plans and transformation programmes.

It was confirmed for the Practice Nurse Governing Body member by the Chief Finance Officer that the ASD/ADHD pathway referred to children. The Chair noted that the work with adults in this area formed part of the discussions with Mersey Care. The Clinical Vice Chairs/Clinical Lead for Children added the transition from child to adult was part of every single pathway.

- Primary Care Quality Sub-Committee – the committee Vice Chair fed back to the Governing Body:
 - ✓ The template contained an error and referred to the meeting on 28th April 2015 not 31st March 2015.
 - ✓ The Locality Tripartite meeting was held immediately after the Sub-Committee.
 - ✓ The first meeting of the delegated authority Primary Care Commissioning Committee was scheduled for 19th May 2015.
 - ✓ Medicines Management optimisation strategy was discussed.
 - ✓ Dermatology Services – an integrated model was approved.
 - ✓ Glaucoma management discussed.
 - ✓ Data Quality from the Cheshire & Merseyside Information Portal ('CMiP') re the validation process was discussed – a communication would be sent out to practices with the outcome of the discussions.

The Secondary Care Clinician commented how good it was to talk about prescribing optimisation which was more meaningful than medicines management.

The Clinical Vice Chair/Clinical Lead for Children commented that the Integrated Dermatology Services was an all age service.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Committees.**

2.2 Feedback from the Merseyside CCG Network 6th May 2015 – Report No GB 32-15

The Chief Officer updated the Governing Body on the recent Merseyside CCG Network meeting:

- ✓ Commissioning Support services – as the North West Commissioning Support Unit had not been approved to the Lead Provider Framework an alternative had to be found. This was going well with discussions ongoing with colleagues across the CCGs to confirm commissioning and ensure a coherent Merseyside approach. Commissioning intentions would be in place by the end of May 2015 and the new plans should be in place by November 2015. Larger services would be sourced from the Lead Provider Framework, smaller services could be provided in house or shared.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Merseyside CCG Network.**

2.3 Chief Officer's Update

The Chief Officer updated the Governing Body:

- ✓ Congratulations were given to Dr Nadim Fazlani, Dr Shamim Rose, Dr Simon Bowers and Moira Cain who had all been re-elected to their governing Body positions. Dr Janet Bliss had stood unopposed and therefore re-appointed. Two new members had been elected Dr Monica Khuraijam and Dr Fiona Ogden-Forde.
- ✓ Review of structures - the CCG needed to deliver on a substantial programme of change therefore over the next six months a great deal of work would be done on how to take this forward. There would be discussions with Governing Body members the following week and an email sent out to all staff.
- ✓ 360 degree feedback results received – on a high level Liverpool CCG was well regarded by its neighbouring CCGs with strong practice engagement. However relationships with providers were more difficult. A headlines summary would be circulated to members.
- ✓ An Extraordinary Governing Body meeting was to be held on 28th May 2015 at 3pm to sign off the final accounts and annual report. At the June 2015 meeting it would be necessary to appoint a chair as the current term of office expired on 31st May 2015. The Lay Member for Governance/Deputy Chair would advise on the process and the Local Medical Committee would work with the CCG for additional external scrutiny.

- ✓ Panorama Television Programme – this would now be aired on 27th May 2015 at 9pm on the BBC. The Clinical Vice Chair commented that he had had discussions with the makers of the programme and that the programme was heavily centred around patient journeys dealing with long term conditions and dedicated services working under difficult circumstances rather than having a political angle.

The NHS Liverpool CCG Governing Body:

- **Noted the Chief Officer's update**

2.4 NHS England Sub-Regional Team Update

The NHS England Merseyside Sub-Regional Team Director of Finance gave an update to the Governing Body on NHS England activity:

- Commissioning Support Unit had already been mentioned.
- NHS England had responded to national policy around finance and activity planning for 2015/16 to meet commitments and to deliver the NHS Constitution. As previously requested by NHS England Liverpool CCG's plans were named as very robust.
- Co-Commissioning – the first meeting of the Primary Care Commissioning Committee was set for 19th May 2015 – two senior representatives from NHS England were attending to present on procurement and transition planning. The Practice Nurse member referred to confusion over out of hours emergency dental care arrangements and the Director of Finance agreed to take this back to NHS England.

The NHS Liverpool CCG Governing Body:

- **Noted the verbal update from NHS England**

2.5 Public Health Update - Verbal

The Interim Director of Public Health updated the Governing Body:

- ✓ Latest refresh carried out of the Neighbourhood profile and being used by the Teams – this was an annual process, next due April 2016.
- ✓ Joint Strategic Needs Assessment – two areas focussed on: Military Veteran re Long Term Conditions/Lifestyle and Dementia/End of Life.
- ✓ Public Health Event Memorandum of Understanding to promote sport/physical activity for active cities – International Olympic Committee to work with CCGs.
- ✓ Integrated Social Marketing Strategy – to involve interviews with stakeholders/partners – would be finished early June 2015.
- ✓ Care to Know Programme being evaluated – lots of additional calls to services throughout the city.
- ✓ 20,000 less smokers in the North West – must not be complacent so need to keep this on the agenda. The Practice Nurse member raised the issue of “legal highs” which were becoming more and more of a problem. The Interim Director of Public Health responded that work was ongoing with providers around additional services and with Public Health England to look at how to mobilise local information. She would look at this outside of the meeting.

The NHS Liverpool CCG Governing Body:

- **Agreed the Health Visitor/Local Authority border issues would be tasked to the Joint Commissioning Group of the Health & Wellbeing Board to resolve and would be brought back to the Governing Body in due course.**

PART 3: PERFORMANCE

3.1 CCG Performance Report – Report No GB 33-15

The Head of Operations & Corporate Performance presented the Performance Report to the Governing Body to report on the CCG's performance in the delivery of quality, performance and financial targets for the year 2014/15. He highlighted:

- Ambulance Response Times had held up in Liverpool but there had been struggles across the North West. Work was ongoing with North West Ambulance Service colleagues to improve this performance.
- Cancer waits – the CCG continued to meet all targets but there were exceptions:
 - Two months from urgent GP referral to first definitive treatment – breaches caused by patient transfers between providers.
 - first definitive treatment following consultant decision to upgrade priority – breaches to patients re-booking.
- Diagnostics – overall improvement in diagnostic waits. Aintree failed the target narrowly in February. Alder Hey breached the target mostly due to MRI waiting times. Changes to clinical pathways might have caused an increased demand.
- A&E four hour wait – for March 2015 the CCG was rated as green at 96.5%. There had been significant changes in the counting of Walk-In Centres (Liverpool Community Health) which have previously all been counted against South Sefton CCG. However the Royal and Aintree continued to struggle to achieve the Type 1 target although each trust had different issues. Aintree had issues around A&E Department support whereas the Royal had issues around patient flow. Working was

continuing with both trusts to work to delivering the target in Quarter 1.

- Stroke – there had been signs of improvement in February for % of patients spending 90% of their time in a dedicated stroke unit but in February 2015 there had been a drop in performance driven by the Royal only achieving 56%.
- Mixed Sex Accommodation - a breach in March at the Royal was linked to transfer to a stroke ward, however this was determined by the best clinical care for the patient.
- Healthcare Acquired Infections – 9 new cases of C Difficile in March but this was below the in-month target of 13. One case of MRSA in March - was community acquired but assigned to the Royal.
- Serious Incidents - Liverpool Community Health had demonstrated only 36% compliance for submitting reports within the timescale. The Head of Quality/Chief Nurse noted that changes to the reporting of Pressure Ulcers and an increased amount of cases coming through which previously had gone unreported had had an effect on this.
- There had been a new Never Event reported at Alder Hey re placement of a gastric tube but would only be confirmed following an investigation.
- COPD – 10% reduction in the number of emergency admissions – this had a significant beneficial impact on the Urgent Care system.
- Breast Feeding Prevalence was up 2%.
- MMR2 uptake 2 doses (5 year olds) had increased to 90%.
- Emergency Admissions – this had turned to red but a factor was an increase in zero length of stay

- There had been a 4% increase in smoking prevalence in women at time of delivery.
- Care Quality Commission:
 - Quality Review meeting held in March 2015 for Liverpool Women's Hospital, key lines of enquiry following the Care Quality Commission Inspection were discussed, the Trust was stepped down from enhanced surveillance to routine surveillance due to the level of positive assurance.
 - Alder Hey – following an assurance meeting in April 2015 the trust had been reduced from enhanced surveillance to routine surveillance.
- Financial Position as at 31st March 2015 – required surplus of £18.22m, slightly higher than anticipated agreed with NHS England. but in line with national requirements.

The Governing Body commented as follows:

- The Clinical Vice Chair referred to maternal smoking prevalence and how something major needed to be done to influence cultural change in the city. The Interim Director of Public Health added that a systematic approach was required.
- The Chief Officer commented on delays to dealing with Serious Incidents in the correct timescale – the Head of Quality/Chief Nurse noted that there had been misunderstanding/confusion around whether the timescale referred to calendar or working days. The Never Event at Alder Hey had been reported as such but the Root Cause Analysis might downgrade this if appropriate. It was vital to have the internal processes in place to understand and share learning from these events. The Patient Safety Collaborative had been re-

launched across Cheshire & Merseyside and would be used as a vehicle to share learning.

- A GP Member asked about the 10% reduction in emergency admissions for COPD and asked how this had been achieved. The Clinical Lead responded that a great deal of work had been carried out systematically in this area over a period of time, particularly the work of the Community Respiratory Team.
- The Lay Member for Patient Engagement referred to the Mixed Sex Accommodation issue and noted that the original intention of the indicator had been to deal with rooms/bays in wards. The Head of Quality/Chief Nurse and the Head of Operations & Corporate Performance noted that this area was now resolved – the issues occurring were in emergency, specialist areas where in order to give the best possible appropriate care for the patient it was necessary for a short term breach.

The NHS Liverpool CCG Governing Body:

- **Noted the performance of the CCG in delivery of key national performance indicators and the recovery actions taken to improve performance.**

3.2 Urgent & Emergency Care Debrief 2014/15 – Report No GB 34-15

The Clinical Lead presented a paper to the Governing Body on the delivery and performance of the resilience schemes funded by the CCG and their impact on the health economy during winter 2014/15.

The Clinical Lead chaired the North Mersey System Resilience Group and it was highlighted that this was complicated as it involved 3 CCGs, 3 Local Authorities, 2 adult acute trusts , 2 mental health trusts, 2 out of hours providers and 2 community providers.

The CCG had invested £2m into Primary Care for additional access which was not included in the paper, though a review was being undertaken.

In addition the winter schemes were:

- GPs Aligned to A&E Departments – there had been positive feedback from A&E Departments and good outcomes for patients – only 2% of patients were referred back to A&E for further treatment. Utilisation of the scheme was 52% for the Royal and 22% for Aintree. The scheme at Alder Hey had been running for 6 months at 52% utilisation, and was particularly successful.
- North West Ambulance Service Frequent Caller Specialist Paramedic – this has resulted in an 80% reduction in the number of 999 call open cases.
- North West Ambulance Service Acute Visiting Scheme – the numbers involved were small but the impact high as 95% of patients visited did not then go to hospital and the age group most impacted was the over 75s. Work was ongoing with the North West Ambulance Service to increase the uptake and South Sefton were now commissioning this scheme.
- “Examine Your Options” – this was a communications and social marketing campaign originally set up as a winter campaign but now all year round with a different focus at different times of the year. There was closer working with providers to ensure a consistent message.
- North West Ambulance Service Additional Winter Vehicle Discharge Support – extended to cover Easter to provide additional patient transport capacity to support patient flow through the main acute hospitals.

Winter monies allocated by the System Resilience Group:

- Tranche One monies – primarily for 7 day working, Frailty and Discharge.

- Tranche Two (October 2014) – for bids from acute providers.
- Tranche Three (November 2014) – for mental health – however it was too late to utilise fully in time and this money was non-recurrent.
- There were 59 Schemes running over winter. The monies had been spent appropriately but as it was non-recurrent and in tranches it was difficult for providers to commit to the schemes. For 2015/16 Tranche One funding would be part of the CCG baselines with the System Resilience Group to allocate funding. This process was underway. The delivery of the four hour operating standard had been used for the Tranche One main performance indicator. Alder Hey and Liverpool Women's combined showed achievement of the 95% target at 96.1% which did not necessarily reflect winter performance. The 95% target would remain a challenge for the whole system unless changes were made nationally.

The Secondary Care Clinician asked what the implications were for our Model of Care on the very popular GP at Aintree, Royal and Alder Hey A&E Departments. The Clinical Lead commented on the different demographic between the trusts with younger patients presenting at the Royal with issues more appropriate for treatment in primary care. The Clinical Vice Chair added that a GP presence at Alder Hey should not be required if services were accessed appropriately but the draw of Alder Hey Hospital for parents prohibited this. The Head of Operations & Corporate Performance noted the impact of the opening of the new Major Trauma Unit at Aintree. In response to a question from the Practice Nurse Member about what other Core Cities were doing in this area the Head of Operations & Corporate Performance noted that Liverpool CCG was at the forefront and other CCGs were looking to us.

A question was raised about non GP registered patients attending the GP at A&E service. The Urgent Care Clinical

Lead responded that they would be directed to register with a GP.

The NHS Liverpool CCG Governing Body:

- Noted the contents of this report

3.3 Quality Premium 2015/16– Presentation

The Head of Strategy & Outcomes gave a presentation to the Governing Body on the Quality Premiums 2015/16 and thanked Tim Caine and Danielle Wilson for all their hard work. This was a reward scheme for CCGs as detailed in the tabled document. Payments would be made based on CCGs' achievement of the measures covering a combination of national and local priorities. For two of the national areas emergency care and mental health CCGs could select from a menu of measures and needed to decide whether to select one, several or all measures from the menu. Payment would be received one year later at £5 per head of population.

Reducing potential years of lives lost through causes considered amenable to healthcare	10% of quality premium
Urgent and emergency care	30% of quality premium distributed across one, several or all measures
Mental health	30% of quality premium distributed across one, several or all measures
Improving antibiotic prescribing in primary and secondary care	10% of quality premium
Two local measures	20% of quality premium, 10% per measure

Monies could be withheld if:

- The CCG was not considered to have operated in a manner consistent with Managing Public Money;
- The CCG ended the 2015/16 financial year with an adverse variance to planned surplus, breakeven or deficit financial position;
- The CCG incurred a qualified audit report;
- NHS England could also decide not to make a payment where there had been a serious quality failure.

The Premium could be reduced if providers did not meet NHS Constitution rights or pledges for patients in relation to:

- Maximum 18 week waits from referral to treatment (30%)
- Maximum 4 hour waits in A&E (30%)
- Maximum 14 day wait from a urgent GP referral for suspected cancer (20%)
- Maximum 8 min responses for Cat A ambulance calls (20%)

The Local Measures from which two were to be chosen were:

- Pulse Checks for over 65s
- Physical Checks for people with mental health conditions.
- 9 Care Processes for Diabetes
- Referrals or completion of pulmonary rehabilitation.

A lengthy discussion ensued on which two local measures to choose for the Local Quality Premium, noting that all were to be delivered as a matter of course but the two local measures could bring additional income into the CCG. The question was asked whether it was advisable to choose what was certain to be delivered and also to reinforce the message of where the CCG's priorities lay. The Chair noted that mortality levels for patients with severe mental illness were at the 1950's level, due to physical illness not suicide/mental illness.

It was agreed to choose the areas of:

- Physical Checks for people with mental health conditions.
- 9 Care Processes for Diabetes

The NHS Liverpool CCG Governing Body:

- **Noted the presentation.**
- **Noted the choice for the Local Quality Premium 2015/16**

PART 4: STRATEGY & COMMISSIONING

There were no items to discuss.

Part 5: GOVERNANCE

5.1 Corporate Risk Register – Report no GB 35-15

The Head of Operations & Corporate Performance presented an update to the Governing Body on the changes to the Corporate Risk Register for May 2015. He highlighted:

- C014b (new risk) Capacity of Commissioning Support Unit ('CSU') to deliver core Continuing Healthcare Services – set at 20. This had been discussed with the CSU and an improvement workshop would be held shortly with the CCG and the CCG had initiated a review of the recent Health Service Ombudsman findings for learning.
- C026 Effective delivery of services from Alder Hey – Alder Hey had been downgraded from Enhanced Surveillance to Routine Surveillance, improvement would be monitored during the next quarter and if appropriate the risk removed.
- C029b (new risk) Contract Query issued by the Royal Liverpool due to issues at A&E and patient discharge not possible due to hold ups with community services – Terms of Reference had been established for the Joint Investigation with the Royal which should take two months to complete.

- C042b (new risk) Procurement of APMS after current provide contract expired on 31st March 2016 – this would be dealt with through the Primary Care Commissioning Committee with the recommendation to come to the Governing Body.
- C043IG Personal Confidential Data only to be obtained by the CCG where there was a legal right – this risk was recommended for removal.
- C044 Delay in Contracting Process for signature of contracts by 31st March 2015 – The Royal Liverpool Hospital and Liverpool Women’s Hospital had not yet signed but there was great optimism that this would soon be rectified. The Chief Officer updated the Governing Body that she had signed these contracts that day.
- C045 (new risk) Transfer of Increased Access to Psychological Therapies Service to new provider and significant patient backlog/waiting list of 1,700 patients – an Intensive Support Team had been put in place and this would be discussed at a meeting with all parties on 18th May 2015.
- C046 (new risk) Transfer of Vaccination & Immunisation to General Practice leading to reduced uptake – the Primary Care Quality Team was working closely with the Neighbourhoods to understand the issues.
- C047 Local Authority Led commissioning of health visitor services restricted to patients within Local Authority boundaries.

The Chief Officer referred to C042 re risk around transfer of commissioning responsibility of Primary Care Medical Services to the CCG from NHS England and noted that a letter had been received the NHS England sub-Regional Team Director of Finance that all the necessary resources would be available to the CCG. Also she corrected that the Primary Care

Commissioning Committee would sign off the APMS contracts not the Governing Body.

A GP Member referred to C024 risk to safe delivery of services by Liverpool Community Health where the outcome of the risk would be catastrophic and that this required more discussion at the Governing Body. The Chief Officer noted that the Transition Board was led by the Trust Development Authority and would review the situation and make recommendations to the Trust Development Authority Board by September 2015. The CCG had a process in place to mitigate risk and was well engaged in the process. The Chair emphasised that the role of the Governing body was to receive reasonable assurance that all risks were being managed.

The NHS Liverpool CCG Governing Body:

- **Noted the six new risks (CO14b, CO29b, CO42b, CO45, CO46, CO47) included in the May 2015 Corporate Risk Register for review;**
- **Satisfied itself that current control measures and the progress of action plans provide reasonable/significant internal assurances of mitigation, and;**
- **Agreed that the risk scores accurately reflect the level of risk that the CCG is exposed to given current controls and assurances.**

5.2 Complaints, subject Access Requests, Freedom of Information Requests and MP Enquiries – Report no GB 36-15

The Lay Member for Patient Engagement introduced a paper to the Governing Body on the breadth, scale and response to complaints, subject access request, Freedom of Information Act requests and MP enquiries, explaining that the Patient Engagement & Experience Group met monthly.

The Head of Operations & Corporate Performance continued to highlight from the paper:

- MP Enquiries – there was nothing significant to note in activity changes between 2013/14 and 2014/15 but Continuing Healthcare was the most common cause for concern in these enquiries.
- Freedom of Information Requests – there had been a 12% increase year on year with 290 requests for 2014/15 representing over 1,200 questions which represented a significant amount of work. For 2015/16 the new website would be used to publish more information upfront to which people could be directed.
- Complaints – 2013/14 115 complaints recorded and Liverpool CCG investigated 74. For 2014/15 117 complaints were recorded and Liverpool CCG investigated 100. Trends noticed were an increase in the number of Continuing Healthcare complaints and a decrease in anticoagulant complaints, possibly due to the new service. Complaints from the Royal Liverpool Hospital had increased from 6 to 14 due to the CCG being asked to investigate on patients' behalf.
- Lessons Learned - patient details forms from other providers had been shared with Spire and re-training programme implemented for all hostesses/housekeepers.
- Parliamentary and Health Service Ombudsman – two matters were investigated in 2014/15, one was the delay over a Continuing Health Care decision in which the Ombudsman ruled that the complaint was upheld and the CCG ordered to pay the complainant £250 for any distress caused. The other was a family disagreeing with the outcome of eligibility for Continuing Health Care funding but the Ombudsman had found in favour of the CCG.

The NHS Liverpool CCG Governing Body:

- **Received and noted the contents of this annual summary report.**

5.3 Equality & Diversity Summary Update Report – Report no GB 37-15

The Lay Member for Patient Engagement presented a paper to the Governing Body to update on the progress made against the Equality Objectives Plan approved by the Governing Body in July 2014 and to highlight potential legal risks associated with the Equality Act requirements and outline key next steps.

Equality Delivery Systems (EDS) 2 (2015/2016) – Liverpool CCG had self-assessed itself as “developing” and intended to improve this to “achieving” status over the next 12 months.

The next steps were:

- Continue supporting programme managers to embed EA reports across all of LCCGs work.
- Embed all the necessary EA stages in to programme management systems.
- Briefing session on how to ‘identify indirect discrimination’.
- Training to Governing Body on understanding the role of decision makers and the Equality Act 2010 is in progress.
- Identify high risk work and priorities for specialist E&D support, including Healthy Liverpool Programme.

The Chief Officer stressed the importance of considering how to move this forward within Healthy Liverpool and for it to be embedded in what was done around engagement and consultation.

The NHS Liverpool CCG Governing Body:

- Noted the contents of the report

5.4 Emergency Preparedness Resilience & Response Update May 2015 – Report no GB 38-15

The Head of Operations & Corporate Performance presented a paper to the Governing Body to give an overview with regards to the Emergency Preparedness, Resilience & Response activities undertaken by the CCG. In discharging Emergency Preparedness, Resilience & Response duties, the CCG now had full access to Resilience Direct and continued to work alongside multi-agency partners across the city.

In November 2014 the CCG held an information briefing session for all staff and Governing Body members. The Business Continuity Plan was being updated and a table top exercise involving the Senior Management Team would take place on 29th June 2015.

Events held in Liverpool last summer had been very successful for a health planning response. The next major event was the “Three Queens” on the Bank Holiday at the end of May and a table top exercise was taking place later that week. The CCG had taken on the role of co-ordination and planning and was exploring avenues of further training. E-Learning was being developed on Emergency Planning, the Governing Body could be assured that the CCG took its responsibilities for Emergency Preparedness, Resilience & Response and Business Continuity very seriously and that the necessary infrastructure was in place.

The NHS Liverpool CCG Governing Body:

- **Acknowledged the CCG’s internal and multi-agency work to ensure compliance with The Civil Contingencies Act and NHS England requirements.**

6. QUESTIONS FROM THE PUBLIC

- 6.1 A question had been submitted by Mr Sam Semoff and a written answer given to him by the Chair:

“A recent survey of clinical commissioning groups found that almost two in five plan to increase rationing of patients’ access to care and treatment during the current year.

Thus I would wish to ask the following:

1) Is Liverpool CCG considering introducing new limits to access/eligibility for services during 2015/16, for financial/efficiency/value reasons?

2) If the above answer is “yes” can you give examples of the sorts of new restrictions that are being considered and the reasons?”

Response:

- 1) No.

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Extraordinary meeting to approve the Annual Report & accounts - Thursday 28th May 2015 at 3pm, to be held in the Boardroom at Arthouse Square.