

# NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

## GOVERNING BODY

Minutes of meeting held on **TUESDAY 10 MARCH 2015**  
1pm Boardroom, Arthouse Square

### PRESENT:

#### VOTING MEMBERS:

Dr Nadim Fazlani	Chair/GP
Prof Maureen Williams	Lay Member – Governance/Deputy Chair
Katherine Sheerin	Chief Officer
Dave Antrobus	Lay Member – Patient Engagement
Moira Cain	Practice Nurse
Dr Janet Bliss	GP
Dr Maurice Smith	GP-
Dr Rosie Kaur	GP
Tom Jackson	Chief Finance Officer
Dr James Cuthbert	GP/Matchworks Locality Chair
Jane Lunt	Head of Quality/Chief Nurse
Dr Fiona Lemmens	GP
Dr Simon Bowers	GP/Clinical Vice Chair

#### NON VOTING MEMBERS:

Tina Atkins	Practice Manager
Dr David Webster	GP – Matchworks Locality
Dr Tristan Elkin	GP – Liverpool Central Locality
Dr Paula Finnerty	GP – North Locality Chair
Dr Sandra Davies	Interim Director of Public Health

#### IN ATTENDANCE:

Tony Woods	Head of Strategy & Outcomes
Cheryl Mould	Head of Primary Care Quality & Improvement
Kim McNaught	Deputy Chief Finance Officer

Carole Hill  
Derek Rothwell  
Ray Guy  
Ian Davies

Head of Communications  
Head of Contracts & Procurement  
Retired Practice Manager  
Head of Operations & Corporate  
Performance  
Medical Director, NHS England  
PA/Minute Taker

Kieran Murphy  
Carol Hughes

**APOLOGIES:**

Dr Rob Barnett  
Councillor Roz Gladden  
Dr Jude Mahadanaarachchi

LMC Secretary  
Liverpool City Council  
GP/Liverpool Central Locality  
Chair  
Director of Finance, NHS England  
Merseyside Area Team  
Director of Adult Services &  
Health, Liverpool City Council  
Secondary Care Doctor  
GP  
NHS England

Phil Wadeson

Samih Kalakeche

Dr Donal O'Donoghue  
Dr Shamim Rose  
Clare Duggan

Public: 4

**PART 1: INTRODUCTIONS & APOLOGIES**

**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 10 February 2015 were agreed as an accurate record of the discussions that had taken place subject to the following amendments:

- Page 1: Attendee list - It was noted that Cheryl Mould had not attended the meeting. Details to be moved under apologies.

- Page 7: Response to Question 1 from the Young Persons Advisory Service second line - 'could' to be replaced with 'good.'

### **1.3 MATTERS ARISING Not already on the agenda:**

- 1.3.1 Action Point One – it was noted that a meeting with Mr S Semoff to discuss Princes Park issues/report is currently being arranged.
- 1.3.2 Action Point Two – it was noted that a meeting with the Young Persons Advisory Representative had been arranged for late March 2015.
- 1.3.3 Action Point Three – it was noted that the Business Case for Physical Activity Strategy would be brought to the May 2015 Governing Body meeting rather than the April 2015 meeting.
- 1.3.4 Action Point Four – it was noted that an update on the Primary Care Co-Commissioning application for Delegated Responsibility would be given in the Chief Officer's Update.
- 1.3.5 Action Point Five – it was noted that an update from NHS England regarding formal notification re the application for Co-commissioning Delegated Responsibility would be given in the Chief Officer's Update.
- 1.3.6 Action Point Six – it was noted that amendments would be made to the Mental Health Transformation Programme following feedback from the last meeting.
- 1.3.7 Action Point Seven – it was noted that Health checks and Youth Transition would be added.
- 1.3.8 Action Point Eight – it was noted that changes to the Performance Report to highlight improvement since the previous report had been completed.

## **PART 2: UPDATES**

### **2.1 Feedback from committees – Report No GB 17-15**

Healthy Liverpool Programme Leads Board 10 February 2015:  
The Chief Finance Officer fed back to the Governing Body that:

- ✓ The main focus was development and pre-planning for Phase 3 of the Healthy Liverpool Programme.
- ✓ Work continues with particular focus on the vision, scope and objectives of the 5 workstreams with particular emphasis to understand and clarify interdependencies.
- ✓ Development of governance arrangements and support will continue.

Audit, Risk and Scrutiny Committee (ARSC) – 12 February 2015 – the ARSC Chair fed back to the Governing Body:

- ✓ The Chief Nurse led an informative and useful discussion on the issues around Quality and Patient Safety and Involvement. A series of informative talks going forward was agreed
- ✓ A management scheme of reservation and delegation was considered and a useful discussion took place. This will be brought back to the Governing Body in the future for discussion and approval.
- ✓ The issue of CSU not being accepted for the NHSE Lead Provider Framework and the CCG response to this was discussed.
- ✓ Annual Accounts will be produced early. A month 9 hard close had taken place which had gone well. The

Finance Team was congratulated for meeting that deadline.

- ✓ The issues and risks associated with CHC Restitution Claims were noted. This is a nationally driven issue which was handled on LCCG's behalf by the CSU.
- ✓ This will come back to Governing Body once arrangements have been put in place with recommendations.
- ✓ The 28 May meeting for sign off of final accounts and attendance by members was highlighted.

Quality Safety and Outcomes Meeting 17 February 2015 – the Committee Chair fed back to the Governing Body:

- ✓ The Care Act 2014 - will be implemented from 1 April 2015 and there are issues due to the entitlement of assessment for carers. Closer work will be needed with the Local Authority in relation to the financial aspect of this.
- ✓ Hospital In-Patients with learning disability- a national objective to deliver this service in the community.

It was queried whether there was sufficient capacity in Liverpool to do this and noted that closer commissioning arrangements are being developed with the Local Authority.

- ✓ MRSA – The 7 cases of MRSA at RLBUHT against a zero target was highlighted and it was noted that a lot of effort is being put in by the Trust to reduce this.

The Chief Nurse advised that RLBUHT was one of a number of North West Trusts who are outliers in terms of MRSA and is therefore subject to more scrutiny from NHS England.

A robust action plan has been put in place by the Trust and work is being done to assist them to implement this.

Following a review of instances, increased focus will be given in the areas identified where intervention is required: antimicrobial prescribing, medical devices and blood culture specimen, in an effort to reduce cases.

Finance, Performance and Contracting Committee – 24 February 2015 – the Chief Finance Officer fed back to the Governing Body:

- ✓ Procurement of NHS 111 Services across the North West - A North West wide procurement has been agreed by CCGs and is reaching its final stages. Delegated authority has been given to the Chief Officer to endorse the NW wide recommended supplier at a value of £1.35m
- ✓ End of Life Care- a redesign will be undertaken, with some existing services being rolled over whilst a review takes place. Existing contractual arrangements are extended for a maximum 24 month period.
- ✓ Local Quality Improvement Schemes (LQIS) - It was acknowledged that some services may trigger specific procurement routes. As contracts come up for review, CCG and/or national procurement rules will be applied accordingly.
- ✓ Advice on Prescription - It was agreed to extend the current contract for 12 months on current terms whilst establishing baseline activity information to inform formal procurement.

Primary Care Committee – 24 February 2015 – the committee Vice Chair Officer fed back to the Governing Body:

- ✓ Musculoskeletal Delivery – fragmentation of the current service delivery with several points of access for patients was acknowledged, potentially leading to confusion and duplication of clinical pathways.

It was agreed that an integrated delivery model should be commissioned with consultation and engagement of patients in the design of the model and with leadership from the Governing Body.

- ✓ Member Engagement (North) – Delivery of the Healthy Liverpool Programme and the Neighbourhood Strategy is key. It was raised by the North Chair that there had been an issue with engagement of GPs and Practice Managers. Actions are being put in place to look at how to monitor engagement and support will be requested from the LMC to attend neighbourhood meetings.
- ✓ Vaccination and Immunisation Provision – The need to understand the current position in relation to the transfer of Vaccination and Immunisation delivery and training for practices was noted.

#### **The NHS Liverpool CCG Governing Body:**

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

## **2.2 Feedback from the Merseyside CCG Network 4 March 2015 – Report No GB 18-15**

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

- ✓ Primary Care Commissioning – discussion took place about the approach of Co-Commissioning across Merseyside and

the risk of delegated responsibility which will be covered in the Chief Officers update.

- ✓ Mental Health and Out of Area Patients – to consider whether a benchmarking exercise should be carried out across Merseyside CCGs to look at numbers of patients and costs.

### **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:

- ✓ End of Life Care - As one of the 8 Pathfinders for the Dying Well Community Charter we are working with partners with commitment to improving end of life care.

The Charter will be launched on the 20 March from 1.30 – 5.00 pm at the Florrie and Governing Body members were invited to attend.

- ✓ HLP Listening Event – Friday 27 March at St George's Hall to engage with a cross section of the public in relation to Healthy Liverpool Programme.

The HLP Communications Lead advised that this would be an intensive structured day to ensure maximum benefit from the insight given, which will be brought together in a report to inform future development of plans. This will also inform part of the pre consultation engagement for elements of HLP.

- ✓ LCCG Constitution – Changes have been formally approved by NHS England.
- ✓ Election for Governing Body Members – The Terms of Office for 6 GPs and the Nurse Representative end in June 2015. As such there will be an election, actioned by the LMC with appropriate support from the CCG. It is anticipated this will be undertaken during April.
- ✓ Primary Care Co-Commissioning – The application for delegated responsibility has been approved. NHSE has been formally approached for information which has now been received and work will be done to ensure we are clear regarding the risks to delegated arrangements going forward.
- ✓ Contracting for 2015/16 – Issues were highlighted at the last Governing Body meeting around national discussion in relation to the 2015/16 contracting round and rejection of the proposed tariff. An alternative tariff has now been proposed by NHSE.

The Chief Finance Officer gave an update on the tariff discussions locally. Providers were given an option to either accept the new offer or to default to last year's tariff. The majority within the local area elected to use the enhanced tariff option.

China Visit – the Chief Officer advised that she had been invited as part of Liverpool Health Partners (LHP) Board, sponsored by UK Trade and Industry, with colleagues from LHP to meet Health Leaders to discuss the opportunity for collaboration and learning going forward in Shanghai and Kunming.

Downtown Liverpool Award – the Chair advised that the Chief Officer had received an award for Outstanding Leadership and Management in Merseyside.

## **The NHS Liverpool CCG Governing Body:**

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

### **2.4 NHS England Sub-Regional Team – verbal update**

The NHS England Medical Director gave an update to the Governing Body on NHS England activity:

- The Kirkup Report investigating failings at University Hospitals of Morecambe Bay Foundation Trust – Main issues relate to missed opportunities in care, the importance in ensuring that lessons are learned and to challenge assurance.
- Congratulations were offered to the CCG for the Co-Commissioning delegation
- NHS Constitution – DH have highlighted concerns with winter and A & E pressures and it is clear we need to have robust arrangements in place, in particular over Easter.
- Dementia and improving access to IAPT – These are national priority areas as highlighted in the five year forward view. The CCG has achieved its planned trajectory for Dementia, however there was a slight drop in performance on IAPT related to transition to the new provider. Robust plans are in place to achieve the national targets in 2015/16.

## **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:

- Attendance at Hepatitis C and TB event in London – invitation was received due to the high levels of Hepatitis C .

There is a lot of political interest in this area at the present time and we are currently awaiting details of the National Framework. Once received consideration will be given to what this would mean in terms of work to be done and work will continue with the CCG and other partners including the third sector.

- Health Check Review in Public Health – this was requested through the CVD Network and discussion is required with CCG about how to share information within that.

Public Health England is modelling the impact of possible interventions that can have an impact on premature mortality which will help with the HLP 5 year plan.

- No Smoking Day – A lot of publicity and action to quit smoking has been done. New research has highlighted a link with smoking, depression and anxiety/
- Public Health Pre Procurement Business Case received this week and will go to the Local Authority All People Commissioning Group for approval and to Cabinet for final approval.

Following approval the CCG will be asked for support partly around governance issues and for involvement in the project groups as a lot of issues will impact upon primary care.

- Health Visitor Transfer Launch – contract discussions continue around this. NHSE will issue 6 month contracts (April – September) following which contracts will link to

Section 75. Work is being done with NHS England to take forward.

Stakeholder Events – currently attended by some CCG members to look at what health visitors are doing and to ensure individual services in the organisation are taken into account.

- Ovarian Cancer Campaign – whole programme of events is being run around health checks and to increase health checks in the BME community.
- Sugar Swap – Almost 3,000 have signed up for this.
- Smoke Harms Campaign – 557 people have signed up to this. It is hoped that as a result of No Smoking Day there will be increased uptake in stop smoking services.
- Insight: 3 key themes:
  - Smoking: will look at segmenting the smoking population to understand and offer support to smokers
  - Young People 11-19 – looking at how to approach holistic health for young people
  - Long Term Conditions – the insight work was entering the next phase

**The NHS Liverpool CCG Governing Body:**

- **Noted the verbal update on Public Health**

### 3.1 CCG Performance Report – Report no GB 19-15

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 and highlighted:

- Ambulance response times reported Green performance. However, overall at a North West Level NWAS continues to struggle to deliver the KPI target. On a local position across the city at the end of January, the CCG data achieved all 3 targets for Liverpool but is likely to fail the year end targets at a North West provider level.
- Referral to Treatment (18 weeks and 52 weeks) – All key 18 and 52 week targets were achieved for January with no further patients waiting over 52 weeks.

Alder Hey failed to achieve target due to 2 specialist patients however they were not Liverpool residents.

This has improved quite significantly partly due to national investment and additional attention.

- Cancer waits was Green - All cancer targets continued to be met up to the end December 2014.
- Diagnostics (% of patients waiting for more than six weeks for a diagnostic test) was Red – CCG failed to remain below the 1% threshold in January, achieving 2.18% equating to 135 patients. A significant number relates to MRI tests and work continues with Trusts to maximise time for scanners in terms of availability. Assurances to eliminate breaches by the end of this month have been given, particularly from RLBUHT.
- A & E waits (% of patients who spent 4 hours or less in A&E cumulative 95% threshold) – there continues to be a significant pressure on delivery of the 4 hour target with

the CCG failing to deliver for January overall at 92% which is an improvement against December 2014.

The Royal Liverpool at under 93.5% has shown an improvement and has achieved 3 out of the last 5 weeks

Aintree performance has reduced to the lowest rate in year to 84%. The CCG attended a meeting with Aintree, Monitor and NHSE (North) to confirm actions to be taken. A significant amount of work is ongoing with Aintree and an action plan has been produced particularly looking at the discharge process to improve patient flow working closely with the Local Authority.

- Stroke – % of patients spend at least 90% of their time on a stroke unit – target 80%. Performance at Red has deteriorated against the 80% target to 66%.

This continues to be a local pressure.

Discussion had taken place at the CCG Senior Management Team Meeting and work will be done to investigate further. A report will be brought to the Governing Body.

- Healthcare Acquired Infection - MRSA: was Red due to one case reported in January 2015 through St Helens & Knowsley hospitals relating to a Liverpool resident.
- C-Difficile – Amber with 14 new cases reported in January 2015 slightly above the monthly plan of 13. Year to date 136 cases have been reported against a plan of 132.
- Serious Incidents reporting within 48 hours – Incidents are being reported within the national timescale. Validation is required on some of the data due to some being provided from CSU and other accessed through the StEIS systems.

- Never Events – No events reported during January 2015. However, this remains as Red due to 11 events reported year to date against a zero plan.
- CQC Inspections.
  - Hospital Providers: A planned inspection took place at LWH on 18 February. The outcome of that is awaited and will be brought back to Governing Body.
  - GP Practices: To date 18 inspections have been completed. 14 practices have been rated good, one required improvement and one was adequate.

Two areas of outstanding practice were noted at Dingle Park (Dr Sutcliffe and Partners) and Poulter Road. (Dr Ghose and Partners)

Areas of good practice were recognised across multiple practices in the city and included:

- Safeguarding
- Effective patient care needs
- Caring- with patients being treated with kindness and respect
- Responsiveness to patient needs
- Well led staff working together

The areas for improvement which were common to many practices were highlighted including:

- recruitment
- appraisal and mandatory training for staff
- recording and responding to learning from audits/significant events
- review best practice in relation to medical emergency response

Concerns will be picked up by the Primary Care Team.

- CQC Hospital Monitoring – An update is expected in March/April and once available will be incorporated into the performance report.
- Financial Position remains unchanged at the end of January with a planned surplus of £14.9m.

The Chief Officer referred to the GP practice CQC inspections and highlighted that the two outstanding areas of practice were management of housebound patients, and compassion, dignity and respect. She queried whether this related to the over 75 work being done and whether learning could be shared. She also suggested that the practices' performance is recognised with a letter from the CCG Chair and the good practice is shared across other practices.

In response the Head of Primary Care Quality and Improvement advised that further details and understanding was required which would be looked at by the Primary Care Team. Further practice inspections will take place in April and support will be provided.

**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.**
- **Commended Dingle Park (Dr Sutcliffe and Partners) and Poulter Road (Dr Ghore and partners) on their outstanding practice recognition by the CQC.**

## **PART 4: STRATEGY & COMMISSIONING**

### **4.1 *Update on the Application for Liverpool Community Health to become a Foundation Trust – Report no GB 20-15***

A report was presented by the Chief Finance Officer to update the Governing Body on the status of the Liverpool Community Health Trust (LCH) application to become a Foundation Trust and the consequent process.

It was highlighted that as at February 2015 there were 150 Foundation Trusts compared to 93 NHS Trusts throughout the country, with Foundation Trusts being regulated by Monitor and NHS Trusts supported by the NHS Trust Development Authority.

It was highlighted that an application for Community Foundation trust was submitted by LCH in 2013, however, the process was paused in 2014 whilst the Trust sought to improve performance in a number of areas.

Following an inspection by the CCQ in 2014 a report was provided which rated services across the following 5 areas: safe, caring, effective, responsive and well led and it was noted that the CQC rated services as 'good' and the remaining 4 areas were rated as requiring improvement.

It was highlighted that many of the senior leadership team at LCH had been replaced by an interim team and a Trust Improvement Plan developed. However, it was recently determined that LCH was no longer sustainable in its current form and it was confirmed by the Trust Board at the LCH January Board meeting that LCH could no longer remain in the FT pipeline and a recommendation was made to the TDA to withdraw from the process and explore alternative options.

It was noted that the process for LCH to determine future options was via 4 gateways:

- Decision to explore alternative organisation models
- Conduct options appraisal
- Select preferred organisational model
- Decision to implement preferred options

Consequently the TDA Board has decided to support LCH in giving approval to Gateway 1. The TDA will remain responsible for sustainability and approval of transactions and a Sustainability Steering Group will lead the review of the process

It was highlighted that the purpose of the Sustainability Group was to ensure effective engagement of parties, a clear oversight of the review process, progress within the review in line with an agreed project plan, evaluation of potential commissioning and funding solutions and oversight of the TDA assurance and approvals process and co-ordination of this with the approval process of other parties.

The Chief Finance Officer highlighted the proposed membership of the Steering Group and confirmed that the first meeting had taken place in February 2015 to look at the Terms of Reference and to agree how to take this forward. The desire of the TDA was that the requirements of Gateway 2 should be met by June/July 2015 with Gateway 3 potentially taking up to 12 months.

It was noted that the services provided by LCH are a key element in the delivery of the aims of Healthy Liverpool and whilst there is an element of risk to the CCG within the process this also provides an opportunity to develop and test emerging community models.

It was agreed that any risks arising from the process would be identified in the appropriate risk register.

Information will continue to be fed back to Governing Body as it develops.

The deputy chair noted there would be LCCG representation on the Sustainability Steering Group and asked what commitment would be required i.e. would there need to be majority or unanimous approval to move to the next pathway, to what extent is the CCG committed to services being commissioned from the remodel and how services would be commissioned in the interim when not fit for purpose or change and whether there would be a contract for 2015/16

In response the Chief Finance Officer advised that 2015/16 contracts would be continued with this provider. As agreed previously, a Transition Fund has been established to ensure short term sustainability of services, overseen by the CCG.

The Chief Officer advised that there is an option to go out to procurement for these services, but there is a need to work through this process to make sense of what we want to achieve without procurement.

The GP member queried whether that would mean that for a particular service line that the contact would remain with LCH and that another provider could be brought in to support the delivery of the service to the level we need it to be.

The Chief Finance Officer advised that other organisations could work in partnership, if we could not secure a person centred model in line with the aims of Healthy Liverpool.

The GP member referred to representation on the Board and it was confirmed that that Dr Nadim Fazlani or his deputy would provide Clinical Representation on behalf of the CCG.

The Interim Director of Public Health noted concerns about how progress would be reviewed, and how Public Health input would be secured for services commissioned by the Local Authority.

In response the Chief Officer confirmed that commissioners from each Local Authority would be invited to have representation on the group.

The GP North Locality Chair advised that the LCH Collaborative Forum had not met recently due to ongoing updating of action plans. She confirmed that the forum now had increased membership with clinical representation from Sefton CCG, and Public Health.

She advised that following discussion at the last meeting it was felt that there was a need to understand where this fitted in to the Sustainability Steering Group, and requested copy of minutes from the Group or a short summary prior to the Forum. The Chief Officer agreed to discuss this separately with the GP North Locality Chair.

**The NHS Liverpool CCG Governing Body:**

- **Noted the current progress and the requirement for LCCG to play a full role in the Sustainability Steering Group (SSG)**
- **Agreed that risks arising from the process would be included in the CCG Risk register**
- **The Chief officer to meet with the GP North Locality Chair to review governance arrangements for the LCH Collaborative Forum and fit with Sustainability Steering Group.**

**4.2 Operational Resilience Funding 2015/16 – Report no GB 20-15**

The Chief Finance Officer presented a report to update the Governing body on the spend associated with various in year initiatives in 2014/15 to enhance the resilience of the local health system and to recommend an approach for 2015/16.

It was noted that NHS has experienced challenging increases in demand at certain times of the year, which has become known as 'winter pressures' and in recognition of this annual pressure, and to reflect the CCGs role to lead the Liverpool health economy, the CCG has set aside £6m in both 2013/14 and 2014/15 to address winter pressures.

It was noted that additional services had been funded totalling £15.1m with £8.762m funded nationally and £6.3m from the CCG.

It was proposed that £6.9m funding should be approved by the Governing Body to cover the continuation of resilience initiatives for the period April to September 2015 whilst they are reviewed.

A report will be brought back to the Governing Body no later than June 2015 to update on the use of confirmed resources and any proposals to take these schemes forward beyond September 2015.

**The NHS Liverpool CCG Governing Body:**

- **Noted the funding made available in 2014/15 for resilience**
- **Approved £6.9m of funding (if required) to cover the resilience initiatives and approvals route as set out in section 6 of the report and for the period April 2015 – September 2015.**

## **PART 5: GOVERNANCE**

### **5.1 Corporate Risk Register – Report No GB22-15**

The Head of Operations & Corporate Performance presented the Corporate Risk Register to the Governing Body and highlighted that as at the 28 February 26 risks had been recorded.

A breakdown and analysis of the risks was provided which indicated that 20 were static and 1 risk had reduced and 5 new risks had been included.

The following issues were highlighted:

**CO08 – Effective Governance arrangements for Dallas/Mi Programme:** - It was recommended that this risk should be removed from the Corporate Risk Register due to progress being made in reducing the likelihood of occurrence and lowering of the overall risk score.

**CO11 - Delivery of Commissioned Services to Patients:** This related to Aintree Hospital not meeting commissioned requirements and was reviewed by the Quality Safety and Outcomes Committee on the 17 February, particularly in relation to Mortality Indicator issues. Work continues with the Trust and this item will remain on the register and will continue to be monitored closely.

**CO12 - Delivery of Commissioned Services to Patients by LWH.** A further CQC inspection was held at LWH. The outcome will be brought to the Quality Safety and Outcomes Committee in April.

- C014 - Resolution of all outstanding continuing health care restitution, review and appeals cases:** The CCG is reviewing how best to approach resolution of outstanding cases going forward 2015/16.
- C015 - CCG use and reliance upon quality and timely performance data:** This will be covered in a new risk CO40.
- C018 - Deliver transformation of health and health and care service across the city through HLP:** A diagnostic review of the programme has been completed by PA Consulting. The outcome of the review and a Phase 3 plan will be reported to the Governing Body in April 2015.
- C023 - Information Governance:** Mandatory training for staff in the CCG has now been completed together with higher level training for senior managers with extended responsibility. Work continues with the MIAA to ensure ongoing compliance.
- CO24 - Delivery of commissioned services to patients by LCH:** Withdrawal from the FT process presents a further risk to the continuity and quality for delivery of community health services.
- CO26 - Delivery of commissioned services to patients by Alder Hey:** The Collaborative Commissioning Forum continues to have oversight of the Trust recovery and mitigation plans. Issues around theatres has been addressed. Some outstanding issues will be taken forward by the CPGQ and QSOC for review in March 2015.
- C029 - Delivery of 4 hour target to AED patients at RLBUHT:** An external audit review of activity has now concluded and the final report has highlighted a number of coding errors by the Trust and LCCG is currently in dispute with the Trust as to the outcome of the audit.

- C031 - Delivery of NHS Constitution waiting time targets for elective care:** This is covered in the Performance Report. The Trust is currently meeting all RTT targets and consideration will be given to remove this risk if RTT is sustained for 2 consecutive months.
  
- C035 - Delivery of 4 hour target to AED to patients at Aintree Hospital Trust:** Following a tri-partite meeting the Trust is seeking to deliver 95% performance in month by the end of March. This remains a high risk and is receiving a great deal of management attention.
  
- C038 - Delivery of commissioned services to patients by LWH to meet safeguarding standards:** The Trust has now recruited to the vacant Safeguarding post and has approved recruitment to further posts to meet compliance within the Trust. The Quarter 3 Report once reviewed by the Quality, Safety and Outcomes Committee will consider whether the risk rating can be reduced.

The Governing Body Practice Nurse member referred to the 4 hour target at Aintree hospital and queried whether this risk was shared with South Sefton CCG and whether they were supported by members of that team.

In response, it was noted that the managerial lead was involved on a day to day basis together with involvement of the clinical lead at a more strategic level, so they are well sited on the risks, reasons and actions.

The following new risks were highlighted:

**CO40 - Failure by CSU NW to secure a place on the National Framework Agreement:** This will have a potential effect on the service provided to LCCG during 2015/16. A rapid assessment of the services will be carried out to look at what we want to deliver in house, share with other CCGs and buy in from a third party.

The review is expected by the end of March 2015 which will be accompanied by a discussion with neighbouring CCGs overseen by NHS England. A Transition Board has been established, the Head of Procurement and Contracting represents Liverpool CCG on this.

Major areas affected will be business intelligence, continuing health care, individual health care and funding requests. Governing Body will be regularly updated.

**CO41 - NHS England Outsourcing of Primary Care Support Services:** This has been put out to the commercial market by NHSE for re-procurement against the national specification which does not include a number of areas that have been provided in the past. An urgent review has been carried out with the Primary Care Team and work will be done to assess gaps in service provision, impact and mitigating actions.

**CO42 - Primary Care Delegated Commissioning Authority –** Permission has been granted, however to date information and assurances have not been received. NHSE will share intelligence information to ensure due diligence can take place.

**CO43 - Security of Personal Confidential Data (PCD) of Patients:** All PCD held has been identified and an action plan has been put in place to review and manage the impact upon LCCG.

**C044 - Delivery of Signed Contracts by 31 March 2015:**

As reported earlier Declaration from Trusts was required by 6 March as to their preference to remain with the 2014/15 tariff (DTR) or for the enhanced tariff offer (ETO). The enhanced offer will have increased financial consequences for LCCG and the rollover option (DTR) will potentially have quality impacts as those providers will not be eligible for CQUIN payments.

It was highlighted that risks are reviewed on a monthly basis so any significant change will be brought to Governing Body by exception.

**The NHS Liverpool CCG Governing Body:**

- **Noted the new risks added as at 28 February 2015**
- **Reviewed updated actions and mitigation against all extreme and high risks**

**5.2 LCCG European Strategy Development – Report no GB23-15**

A report was presented by the Deputy Chair to inform the Governing Body of the current progress in the development of a European Strategy for Liverpool CCG and to present the outline strategic approach.

Different levels of activity within Europe have been explored arising from the Mi Programme, e health and commitment to address the social determinants of health.

A diagram was provided which highlighted the main issues of operation linking the 6 Healthy Liverpool Programme system drivers to the 5 key European policy areas and the Deputy Chair highlighted that the use of the strategy would benefit from shared good practice, secure funding and enhance the profile of the CCG.

A GP member noted that Liverpool CCG is a reference site for Europe through work done by the More Independent (Mi) Programme and a meeting was recently held with Phillips who is keen to build a partnership based on learning from Liverpool and making the most of the NHS Liverpool brand.

**The NHS Liverpool CCG Governing Body:**

- **Noted the current progress and the strategic approach**

**6. QUESTIONS FROM THE PUBLIC**

The following question was received from a member of the public:

**Background**

Recent articles such as <http://www.gponline.com/gp-continuity-care-extended-access-cut-use-a-e/article/1305170> have suggested that improving continuity of care, reduces A&E admissions.

**Question:**

What is Liverpool CCG doing to encourage GP practices to ensure patients have access to a “named/regular GP” when they wish to see a doctor. Please note that “named/regular GP” refers to a GP that is part of the practice or employed by the practice. It does not include GPs designated as “regular locums, long-term locums, permanent locums” or GPs on zero hour contracts.

**Response:**

As part of the Liverpool Quality Improvement Scheme (GP specification) - Improving Quality of access to general practice section there is a requirement of practices to demonstrate continuity of care in the GP / Patient relationship specifically:

- How patients can make appointments with the doctor of their choice
- What does the practice do to ensure continuity
- How often is continuity achieved

This was reviewed through practice development plans.

Practices were required to demonstrate how this was achieved in their Practice Development Plan which was reviewed regularly by the CCG. It was monitored by measuring achievement of the access Key Performance Indicators (rate of AE attendances and number of unplanned admissions), and also by patient feedback / complaints / etc.

If practices did not meet the Key Performance Indicators, and could not demonstrate how GP Specification investment had been used to support improvement, then resources could be reclaimed.

In addition, from April 2014, all patients aged over 75 now had a named GP. This would be extended to all patients from April 2015.

In response, the member of the public queried what was meant by named GP in relation to SSP practices?

The Head of Primary Care Quality and Improvement advised that practices do fulfil the requirement for named GPs for the over 75 population throughout the city.

## **7. ANY OTHER BUSINESS**

None.

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

Tuesday 14 April 2015 at 1pm, to be held in the Boardroom at Arthouse Square.