

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 14TH JULY 2015 1pm
HALL 1 LACE

PRESENT:

VOTING MEMBERS:

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

NON VOTING MEMBERS:

Dr Rob Barnett	LMC Secretary
Dr Sandra Davies	Interim Director of Public Health
Tina Atkins	Practice Manager
Councillor Roz Gladden	Liverpool City Council
Dr Paula Finnerty	GP – North Locality Chair
Dr Tristan Elkin	GP – Liverpool Central Locality

IN ATTENDANCE:

Cheryl Mould	Head of Primary Care Quality & Improvement
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Tony Woods	Healthy Liverpool Programme Director – Community Services and Digital Care
Carole Hill	Healthy Liverpool Integrated Programme Director
Phil Wadeson	Director of Finance, NHS England Sub Regional Team
Ray Guy	Retired Practice Manager
Ian Davies	Healthy Liverpool Programme Director – Hospitals & Urgent Care
Stephen Hendry	Acting Head of Operations & Corporate Performance
Samih Kalakeche	Director of Adult Services & Health, Liverpool City Council
Kim McNaught	Deputy Chief Finance Officer
Alison Ormrod	Interim Head of Finance
Kirsty Pine	Operations Manager NIHR CLAHRC North West Coast
Paula Jones	Minutes

APOLOGIES:

Dr David Webster	GP – Matchworks Locality Chair
Dr Simon Bowers	GP/Clinical Vice Chair

Public: 8

PART 1: INTRODUCTIONS & APOLOGIES

Introductions were made for the benefit of the members of the public present. The Chair noted that Dr Glenn Russell from Liverpool Heart & Chest Hospital was observing the Governing Body meeting.

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 9th June 2015 were agreed as an accurate record of the discussions that had taken

place. However the Practice Nurse member requested that she be added to the congratulations for members who had been re-elected given in the Chief Officer's report.

1.3 MATTERS ARISING from 9th June 2015 not already on the agenda:

1.3.1 Action Point One – it was noted that the required changes to the minutes had been made.

1.3.2 Action Point Three – the Finance Director from NHS England Cheshire & Merseyside Sub-Regional Team updated the Governing Body that he had spoken to the Healthy Liverpool Programme Director for Hospitals & Urgent Care about emergency out of hours dental access and had met the NHS England Head of Primary Care and his team to understand the issues raised by Liverpool CCG. It would be discussed at the next System Resilience Group meeting and it was noted that matters had not been helped by the contact number given being a Manchester number which had now been sorted.

1.3.3 Action Point Four – the Chief Officer updated the Governing Body that a former HR Director at the PCT had been brought in on a six month contract to look at future workforce requirements/staff retention as part of the Healthy Liverpool Programme.

1.3.4 Action Point Five – The Chief Finance Officer updated the Governing Body that given the breadth of the Healthy Liverpool programmes the CCG would require consultancy support going forward and was looking initially at developing an overarching business case for the duration of the programme.

1.3.5 Action Point Eight – the Head of Strategy & Outcomes confirmed that he had spoken to the analysts about the Self-Harm data requested by the

Lay Member for Governance/Deputy Chair and would pass the data on to her.

- 1.3.6 Action Points Nine, Ten and Eleven – it was noted that these had been incorporated as changes to the Performance Report.
- 1.3.7 Action Point Twelve – it was noted that the Acting Head of Operations & Corporate Performance had spoken with the Lay Member for Patient Engagement about the issues raised by him on Serious Incident reporting turnround deadline changes.
- 1.3.8 Action Point Thirteen – it was noted that the Healthy Liverpool Strategic Direction Case would come to the September 2015 Governing Body meeting.
- 1.3.9 Action Point Fourteen – the Healthy Liverpool Integrated Programme Director confirmed that the colour palette would be changed for the next update report.
- 1.3.10 Action Point Sixteen – it was noted that the changes to the Scheme of Reservation and Delegation and Prime Financial Policies were scheduled to come to the Governing Body in August 2015.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 47-15:

- Healthy Liverpool Programme Board 24th June 2015 –the Chief Finance Officer fed back to the Governing Body:
 - ✓ This was the first meeting of the Healthy Liverpool Programme Board which replaced the Healthy Liverpool Programme Leads Board.

- ✓ Strategic Direction Case was due to come to the Governing Body in September 2015 although the name might change.
- ✓ Forward Planning discussed.
- ✓ Stakeholder Engagement to be standing agenda item.
- Finance Procurement & Contracting Committee – the Chief Finance Officer fed back to the Governing Body:
 - ✓ Advice on Prescription – procurement exercise to be initiated.
 - ✓ NHS Property Services leasing of void spaces – it was agreed to give notice on void spaces which were mainly administrative buildings.
 - ✓ Living Well Business Case - procurement route confirmed.
- Primary Care Commissioning Committee 16th June 2015 – the Lay Member for Patient Engagement/committee Chair fed back to the Governing Body:
 - ✓ Older People’s Framework – letter to be sent out to GPs.
 - ✓ Interim Provider Policy – evaluation panel set up but further work was required.
 - ✓ .

The NHS Liverpool CCG Governing Body:

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

2.2 Feedback from the Merseyside CCG Network 1st July 2015 – Report No GB 48-15

The Chief Finance Officer fed back to the Governing Body on the Network as the Chief Officer had not attended in July:

- ✓ This had taken the format of a workshop focussing on specialised commissioning.
- ✓ The Secondary Care Clinician asked if there were any agreements yet for CCGs to work together in Clusters. It was noted that Liverpool CCG would be commissioning on a population basis whereas Specialised Commissioning commissioned on a provider basis hence the challenge to make the system work. The architecture of NHS England being North West, Cheshire and Merseyside was not necessarily the correct footprint for us and the CCG was working closely with NHSE.

The NHS Liverpool CCG Governing Body:

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

2.3 Feedback from the Joint Commissioning Group – 14th May 2015 – Report No GB 49-15

The Head of Strategy & Outcomes fed back to the Governing Body:

- ✓ The meeting had been held in May 2015 when the new governance arrangements were being planned. Since then the Terms of Reference had been drawn up and submitted to the Health & Wellbeing Board in June 2015.
- ✓ A Joint Planning Session was to be held on 22nd July to take forward plans to enhance the joint commissioning portfolio for the CCG and the Local Authority.

The NHS Liverpool CCG Governing Body:

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

2.4 Chief Officer's Update

The Chief Officer updated the Governing Body:

- ✓ Regarding the comments by George Osborne of the devolution of health budgets there had been no discussions with Liverpool CCG. The Liverpool City Council non voting member added that as soon as the City Council had any information this would be discussed with the Governing Body
- ✓ Successful Primary Care Marketplace Events had been held, these were held every six months and practices were invited to attend for training and education opportunities. The Practice Manager non voting member added that over 360 practice members had attended this excellent event and feedback had been extremely positive on the quality of the topics and the interactive marketplace. There was a particular commendation for the Liverpool CCG's Finance Team presentation "Show Me the Money" and the sessions on COPD/Spirometry and Early Diagnosis of Cancer.
- ✓ Clinical Assembly Event had been held focussing on hospital programmes of Healthy Liverpool. It was noted that this event brought together senior clinicians and board members from the Trusts, CCG and Liverpool City Council to look at what hospital services should be rather than focus on buildings. This had been an extremely positive and well-attended event. Going forward there was a Five Year Plan but a longer term vision was required for hospital services and there had been a meeting of the Chairs and Chief Executives of the acute providers

where there was a similar discussion which had resulted in a strong clinical consensus on how to move forward to delivery of the model around a central university campus. Vertical integration had been mentioned a great deal and the interface between Primary Care and Secondary Care needed attention and it was noted that this would be discussed at the second Clinical Assembly.

- ✓ Healthy Liverpool key appointment – Carole Hill who had been on secondment from the Commissioning Support Unit had been appointed as Interim Programme Director for Healthy Liverpool.
- ✓ The Governing Body Practice Nurse member had been nominated and won the Merseyside Women of the Year Award for Healthcare Worker of the Year.
- ✓ Liverpool CCG had been named by the Health Services Journal as one of the top NHS places to work in the country and was the only Clinical Commissioning Group on that list in the North West.

The NHS Liverpool CCG Governing Body:

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

2.5 NHS England Sub-Regional Team Update

The NHS England Cheshire & Merseyside Sub-Regional Team Director of Finance updated the Governing Body:

- NHS England new Assurance Framework for CCGs 2015/16. Quarter Four assessments had just been completed for the previous year and the letters would be sent out 30th July 2015. The new process would be able to distinguish better between CCGs and ensure a much stronger focus on performance of the more challenged CCGs.

- A&E and Referral to Treatment times continued to be high on the national agenda.
- New Urgent Care Networks – clinical Chairs to be in place by the end of the months (Cheshire & Merseyside). This might exclude East Cheshire and Southport but this was not yet certain. The System Resilience Groups would remain in place.
- There was concern around the deterioration in cancer targets.
- Vanguard bids – deadline was 15th July 2015

The NHS Liverpool CCG Governing Body:

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

2.6 Public Health Update - Verbal

The Interim Director of Public Health updated the Governing Body:

- ✓ Public Health cuts – there were no further updates but they were expected to be significant (£2.95m and £5m in year). Therefore it was vital to focus on outcomes as much as possible in order to minimise impact
- ✓ Public Health campaigns still planned – COPD/Self Care, Bowel Cancer Screening.
- ✓ Change for Life/Physical Activity – need to get young people and children more active.
- ✓ Legal Highs – Public Health England were developing a system for reporting death from drugs and legal highs – the output of multi-agency intelligence sharing re Legal Highs would come to Governing Body when developed.

- ✓ Military Veterans – Joint Strategic Needs Assessment had been drafted to include this – would be shared on the Local Authority website.
- ✓ COPD Intelligence report to be finalised to complement the Asthma Intelligence report.
- ✓ Cancer Audit summary report (Cancer Research UK) to be discussed at the Cancer Programme Group soon.
- ✓ Alcohol Strategy – final consultation was ongoing.
- ✓ Health Visitor Transfer continued – dealing with cross border records issues.

The Governing Body members commented as follows:

- The Practice Manager Non Voting member referred to the Public Health cuts and noted that funding had been stopped for the Alcohol Outreach Nurse from 31st March 2015 which would have a significant impact on ACS Admissions/A&E attendances. She also mentioned the stopping of national funding for “Talk to Frank”. The Interim Director for Public Health responded that it was a question of ceasing some activity to then look at where to focus attention in a different light. She agreed to raise the matter about “Talk to Frank” with Public Health England”. The Liverpool City Council Non Voting Member referred once again to budget cuts and the need to look at many services in a new light and how the CCG could be involved.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

2.7 Update from Health & Wellbeing Board

The Head of Strategy & Outcomes had been in the audience at the Health & Wellbeing Board and updated the Governing Body:

- Learning Difficulties Programme Report given and a Joint Programme Update report.
- The CCG Clinical Lead for Long Term Conditions had presented the Diabetes, COPD and Cardiology.
- Terms of Reference received from the Joint Commissioning Group and a forward looking work programme.

The NHS Liverpool CCG Governing Body:

- **Noted the verbal update.**

PART 3: PERFORMANCE

3.1 CCG Performance Report – Report No GB 50-15

The Acting 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 2015/16. He highlighted:

- Ambulance Response Times – Green at CCG level.
- Referral to Treatment Green overall. At provider level Royal Liverpool Hospital, Liverpool Heart & Chest Hospital and Alder Hey all had data signposting that the targets would be met next month.
- Cancer Waiting Times: Green overall with exceptions for 62 day waits at provider level with Liverpool Heart & Chest Hospital performing at 73.7% for April but would achieve the target in June 2015.

- Diagnostics – Green at CCG level at 0.39%.
- A&E Waits – Green at CCG level (with Walk In Centre attendance factored in) but issues at provider level. The Healthy Liverpool Programme Director – Hospitals & Urgent Care noted that Aintree Hospital had demonstrated improvement over the last six to eight weeks but this had not yet been sustained. The CCG was continuing to work with Royal and Aintree to support them.
- TIA – this was Green, although there were areas for improvement. Performance was driven down by Aintree although this had been attributed to building work. The North Locality Chair noted that this would be discussed at the Clinical Quality & Performance Group.
- Mental Health measure – the CCG was Green for April and May 2015 – it was proposed to move this to quarterly reporting.
- Mixed Sex Accommodation – there were zero breaches at CCG level. Liverpool Heart & Chest Hospital had had one.
- Healthcare Acquired Infections – the Head of Quality/Chief Nurse reported at this point. C Difficile this was red therefore above planned rate but there were complex system issues behind this. The national target was 138 therefore divided into 12 for a monthly rate but incidences occurred in peaks and troughs. A workshop was being held the following week involving clinicians and senior managers on how to maintain the momentum of the last year. A new CCG whole time equivalent Lead had been appointed to post to look at Healthcare Acquired Infection and would be in post soon once their notice period was served. MRSA: below the zero tolerance level at 2 both at Alder Hey, the new case in May was at Aintree Hospital but community attributed. The two Alder Hey cases attributed to CCG patients were

out of area families. These would be discussed at the upcoming Clinical Quality & Performance Group meeting. These were indicative of the complex healthcare system in Liverpool.

- Serious Incidents – Never Events – CCG Green against zero tolerance. the national timescale for submission of investigation reports had been changed from 45 days to 60 days with effect from May. Overall reports were on time from trusts giving clear Root Cause Analysis and action points. Sharing of information and learning, a Patient Safety Collaborative across the Mersey footprint led by NHS England to share learning.
- CCG Quality Premium – scheduled for quarterly reporting.
- Care Quality Commission – there were no new reports for Liverpool providers. Three reports for Liverpool GP practices, Langbank, The Ash and Mere Lane, all reports were very positive with only one or two areas for improvement.
- Care Quality Commission Hospital Monitoring Intelligence Reports were included in the appendices to the paper. The Head of Quality/Chief Nurse referred to Whistleblowing alerts which were never removed from the Care Quality Commission's systems – the CCG had challenged on this.
- CCG Financial Position. The CCG had planned a year end surplus of £14m for 2015/16.

The Governing Body commented as follows:

- The Secondary Care Clinician referred to the Stroke data and asked if there were poorer outcomes for Stroke patients not spending the majority of their time in a dedicated stroke ward. The Healthy Liverpool Programme Director – Hospitals & Urgent Care

responded that the anecdotal information from Aintree was that wherever patients were in the hospital their care was monitored/linked to the correct team. It was noted by the Clinical Lead for Long Term Conditions that the new Early Supported Discharge services should improve the throughput of stroke patients back into the community.

- The Secondary Care Clinician referred to C Difficile and the need for a whole system approach – the Head of Quality/Chief Nurse responded that the Post Infection Reviews were well attended.
- The Lay Member for Patient Engagement referred to Serious Incidents and was concerned about the Mersey footprint being in line with other CCGs. The Head of Quality/Chief Nurse responded that they were already aware of the potential for variation in the system and that this had been raised.
- The Lay Member for Patient Engagement referred to the Corporate Performance Dashboard and asked for clarity from the Acting Head of Operations & Corporate Performance that the graphs were for 12 months.
- Re C Difficile two GP members commented on the need for the whole system approach and need for all concerned to be taking the same view point, with particular reference to antibiotic prescribing. The Head of Quality/Chief Nurse agreed to take this back to Quality Team.

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.**

PART 4: STRATEGY & COMMISSIONING

4.1 Healthy Liverpool Investments – Liverpool Active City - Physical Activity & Sport Business Case – Report no GB 51-15

The Clinical Lead for Physical Activity and Sport presented a paper to the Governing Body asking for approval of the investment of £2,890,000 over two years to support the implementation of the Liverpool Active City: Physical Activity and Sports Strategy.

The Secondary Care Clinician asked what the measures would be. The response was that Physical Activity needed to be part of the GP Specification Framework (this would need the support of the Governing Body). There was limited base data from Sport England hence the need for more GP involvement to get the most data possible. The Head of Primary Care Quality & Improvement confirmed that this would be discussed at the GP Specification Group meeting the following week.

It was noted that motivation for exercise in the more deprived areas of the city was an issue and how important it was to use resources such as the More Independent Community Champions.

The Lay Member for Governance/Deputy Chair supported the investment but wanted to see baseline data and outcomes more clearly defined with a focus on this during the first six months of the two year period to inform investment and disinvestment.

The NHS Liverpool CCG Governing Body:

- **Approved the investment of £2,890,000 over two years to support the implementation of the Liverpool Active City: Physical Activity and Sports Strategy.**

4.2 Enhancing Access to Primary Care 2014/15 – Report no GB 52-15

Due to lack of time for discussion, as the papers was for noting and members had had a chance to consider it prior to the meeting, it was not discussed and rather duly noted.

The NHS Liverpool CCG Governing Body:

- **Noted the content of the report**
- **Noted the impact of the scheme**
- **Noted that the Primary Care Commissioning Committee approved the continuation of the scheme until 31st March 2016 or until the new model for 7 day working in primary care is in place**

4.3 NIHR CLAHRC (National Institute for Applied Health Research Collaboration for Leadership in Applied Health Research and Care North West Coast) – Report no GB 53-15

Due to lack of time for discussion, this was deferred to the August 2015 meeting.

PART 5: GOVERNANCE

5.1 Corporate Risk Register– Report no GB 54-15

The Healthy Liverpool Programme Director – Hospitals & Urgent Care, presented the Corporate Risk Register to the Governing Body and highlighted:

- 9 risks reduced, 22 risks static.
- New Risk added on risk of delay to building work on new CCG Headquarters i.e. post least expiry of 21st September 2015.
- Updated risks highlighted in blue.

The Governing Body commented as follows:

- The Lay Member for Patient Engagement highlighted risk CO23 re Information Governance and asked why it had not been removed as it was consistently low. The response was that it was a national priority. The Head of Strategy & Outcomes added that to get the Information Governance standard it was necessary for the risk to remain on the Corporate Risk Register and therefore could never be removed.
- The More Independent Clinical Lead referred to the issues around Liverpool Community Health and the Commissioning Support Unit. The Healthy Liverpool Programme Director – Hospitals & Urgent Care noted that a further report would come back to the Governing Body in due course on C024 delivery of commissioned services by Liverpool Community Health. Prior to that there was close working between the CCG, its partners, NHS England and the National Trust Development Agency for a long term solution to the issues and challenges around including a Quality Review on 21st July 2015. Re the Commissioning Support Unit he noted that there was work ongoing with other CCGs to look at taking services from the Provider Framework and final specifications were being received which would lead to recommendations on how these services would be provided in the future. In particular the CCG Business Intelligence Team were already having more input into their area as the transition of the Commissioning Support Unit continued.

The NHS Liverpool CCG Governing Body:

- **Notes the new risk C048 (relating to the CCG Headquarters relocation)**
- **Notes the three risks (C004, C031, C044) recommended for removal from the Corporate Risk Register;**
- **Satisfies itself that current control measures and the progress of action plans provide reasonable/significant internal assurances of mitigation, and;**

- **Agrees that the risk scores accurately reflect the level of risk that the CCG is exposed to given current controls and assurances.**

6. QUESTIONS FROM THE PUBLIC

6.1 A question had been received from Mr S Semoff:

Agenda Item No: 15/16/127, entitled “Month 2 Finance Report”, page 5, of the papers presented at the meeting of the Board of Directors of the Liverpool Women’s Hospital Foundation Trust on 3 July 2015 noted that:

“Liverpool CCG agreed to support the Trust (Liverpool Women’s Hospital) in the form of a £7.8m cash advance which has now been received. This advance is scheduled for repayment to the CCG in Month 9.....”

Thus wish to ask the following:

- 1) Given the current financial parameters in which the NHS must operate, how is Liverpool CCG able to provide a cash advance as noted above to the Liverpool Women’s Hospital.
- 2) To which month, does “month 9” in the above refer.
- 3) Is the Liverpool Women’s Hospital being charged interest on the above cash advance.

The following answer was provided by the Chief Finance Officer:

- 1) Liverpool CCG draws down cash from its annual allocation on a monthly basis. The CCG has provided a cash advance relating to the annual contract value to LWH. The transaction is a **cash** advance only and does not provide additional income to the Trust for the year.

- 2) LWH will repay the cash advance to the CCG in month 9 of the 15/16 financial year – December 2015
- 3) No – there is no interest payable on the cash advance. Liverpool CCG does not earn interest on cash in its bank or held centrally awaiting drawdown. If LWH receive distress funding from Monitor they are required to pay interest on the amount borrowed. Thus, if the CCG provides a cash advance to the Trust then the cost to the overall Liverpool Health Economy is reduced.

6.2 Another member of the public took the opportunity to submit a question about Ambulance Services and the assessment of 999 call patients by paramedics and divert to other services if more appropriate and the qualifications/training for paramedics to carry this out safely. The Healthy Liverpool Programme Director – Hospitals & Urgent Care responded to the question stating that NWSAS 999 call paramedic staff were fully trained with the correct skills and knowledge and had access to the Control Room/Senior paramedics if required for back up/second opinion. In the future more paramedics would be degree qualified.

6.3 Another member of the public took the opportunity to question the delivery of the Physical Activity Strategy given the potential loss of green spaces in the city and in particular the closure of a private facility run by the Catholic Church in Knowsley of a heated swimming pool freely available to the public.

The Chief Officer responded that the Catholic Church was a private organisation and Knowsley was beyond the remit of Liverpool CCG so Liverpool CCG had no influence in this area.

The More Independent Clinical Lead noted that the Physical Activity Strategy was about getting people out and about, walking in their local area/streets, taking opportunity in daily life to increase activity and was not linked specifically

to gyms/services – there were many green spaces in Liverpool and this would always be so. The Liverpool City Council Non Voting member endorsed this. The member of the public expressed her dissatisfaction with the response.

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Tuesday 11th August 2015 at 1pm Boardroom Arthouse Square