

# NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

## GOVERNING BODY

Minutes of meeting held on TUESDAY 8<sup>TH</sup> SEPTEMBER 2015

1pm

BOARDROOM ARTHOUSE SQUARE

### PRESENT:

#### VOTING MEMBERS:

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

#### NON VOTING MEMBERS:

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

#### IN ATTENDANCE:

Cheryl Mould	Head of Primary Care Quality & Improvement
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Tony Woods	Healthy Liverpool Programme Director - Community & Digital Care
Carole Hill	Healthy Liverpool Integrated Programme Director
Ian Davies	Healthy Liverpool Programme Director – Hospitals & Urgent Care
Ray Guy	Retired Practice Manager
Stephen Hendry	Acting Head of Operations & Corporate Performance
Samih Kalakeche	Director of Adult Services & Health, Liverpool City Council
Alison Ormrod	Interim Head of Finance
Lynn Collins	Chair of Healthwatch Liverpool
Sarah Thwaites	Healthwatch Liverpool
Paula Jones	Minutes

**APOLOGIES:**

Dr Janet Bliss	GP
Dr Rob Barnett	LMC Secretary
Councillor Roz Gladden	Liverpool City Council
Phil Wadeson	Director of Finance, NHS England Sub Regional Team

Public: 10

**PART 1: INTRODUCTIONS & APOLOGIES**

Introductions were made for the benefit of the members of the public present.

**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 11<sup>th</sup> August 2015 were agreed as an accurate record of the discussions that had taken place subject to the following amendments:

- Item 2.1 Feedback from Committees – Primary Care Commissioning Committee: it was noted by the Chief Officer that the SSP Contract had been extended until 2017 for 10 of the practices, not 2018.

## **1.3 MATTERS ARISING from 11<sup>th</sup> August 2015 not already on the agenda:**

1.3.1 Action Point One – it was noted that the amendments to the minutes from 14<sup>th</sup> July 2015 had been made.

1.3.2 Action Point Two – the Interim Director of Public Health updated the Governing Body on Legal Highs. A multi-agency meeting was being held on 23<sup>rd</sup> September 2015 which would result in a presentation being prepared for the Local Authority, probably to the Head Teachers' Association to be presented in schools. The Interim Director of Public Health agreed to share the presentation with the Governing Body in due course. In response to a query from the Governing Body Practice Nurse member she agreed to ask if the universities were included.

Action Point Five – it was noted that a letter had been sent out to practices to update them on the new provider for Increasing Access to Psychological Therapies.

1.3.3 Action Point Seven – it was noted that the Patient Survey results for General Practice had been posted on the Intranet/Internet.

- 1.3.4 Action Point Nine – it was noted that the further analysis to understand Liverpool CCGs current position re the Core Cities Comparison was ongoing.
- 1.3.5 Action Point Ten – the Head of Primary Care Quality & Improvement noted that the Neighbourhood Transformation Managers had been emailed re more information on the Neighbourhoods involved in the North West Coast CLAHRC.

## **PART 2: UPDATES**

### **2.1 Feedback from committees – Report No GB 60-15:**

- Quality Safety & Outcomes Committee 18<sup>th</sup> August 2015 – the Lay Member of Patient Engagement/committee chair fed back to the Governing Body:
  - ✓ New hospital discharge strategy.
  - ✓ Liverpool Community Health - Serious Incidents focus to change to thematic analysis therefore pressure ulcer incidents would be considered together rather than individually.
  - ✓ Liverpool Community Health Quality Review – trust to be reviewed in six months.
- Primary Care Commissioning Committee 21<sup>st</sup> August 2015 – the Lay Member for Patient Engagement/committee chair fed back to the Governing Body:
  - ✓ August 2015 formal meeting had been cancelled – however an extraordinary meeting had been held to discuss the development of the Liverpool GP Federation. The formal minutes would be available for the next Governing Body meeting. Investment to fund Senior Management support for twelve months accountable to the CCG had been approved.

- Finance Procurement & Contracting Committee 25<sup>th</sup> August 2015 – the Chief Finance Officer fed back to the Governing Body:
  - ✓ Implementation of the Healthy Lung Pilot – procurement route had been confirmed. This was an innovative route therefore evolution was to be built in with six monthly iterative contracts during the three years of the pilot.
  
- Committees in Common 2<sup>nd</sup> September 2015 – the Chief Officer fed back to the Governing Body and updated at the same time on the CCG Network (item 2.2) as these were followed one after the other in the same venue with similar themes (see item 2.2).
  - ✓ The Committees in Common meeting took the discussions of the CCG Network in terms of joint working across CCGs (see 2.2) a step further.
  - ✓ Key areas considered were Stroke, Cancer, Women’s Services, Urgent/Emergency care and Cardiology.
  - ✓ Reports to be prepared from each CCG on what they were doing and how to achieve joined up commissioning plans to present to providers.

**The NHS Liverpool CCG Governing Body:**

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

**2.2 Feedback from CCG Network 2<sup>nd</sup> September 2015 – Report No: GB 61-15**

The Chief Officer updated the Governing Body as per item 2.1:

- ✓ Growing recognition across the CCGs for the need to work more collaboratively re general hospital and specialist services.
- ✓ Discussion re devolution and how to move forward. Devolution involved seven CCGs (Wirral included as well as six Merseyside CCGs), the CCG Network was the six Merseyside CCGs only, the Committees in Common was Liverpool, South Sefton and Knowsley CCGs. The CCG Network, therefore needed to be strengthened with the possible inclusion of Wirral – the Chief Officer was to bring a paper on this to the next CCG Network.
- ✓ Presentation from musculo-skeletal lead. For Stroke a new standard across the Mersey footprint had been agreed with implementation on North Mersey and Mid Mersey footprint based on patient flow
- ✓ Strategic Clinical Networks – on a Cheshire & Merseyside footprint, there would be a meeting with the Strategic Clinical Network Lead to look at how to use the expertise of the Clinical Networks more effectively.

#### **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:

- ✓ Devolution – potential involvement of Health & Social Care (including Wirral) via Local Authorities and CCGs. submissions had been sent to the Government from the six Local Authorities. The Devolution Agreement focussed on twelve areas including: economic growth, business support, skills and employment, transport etc.

She highlighted the difference between devolution and better joint working and devolved budgets/ devolved powers. The Local Authorities would work up the 'Asks' by the middle of November 2015 and if accepted reflected in the Comprehensive Spending Review in December but powers would not be devolved until April 2017. There would need to be an elected mayor across all of the six Local Authorities and devolution could not happen until this was finalised.

With regard to health, the 'Asks' was to explore this further, with Specialised Services, Primary Care and Public Health England services highlighted in relation to devolved budgets.

The Director of Adult Services and Health for Liverpool City Council reinforced the difference between devolution and joint working noting that joint working was already happening in Liverpool.

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

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

## **2.4 NHS England Sub-Regional Team Update**

There was no one in attendance from NHS England to give an update to the Governing Body.

## **2.5 Public Health Update - Verbal**

The Interim Director of Public Health updated the Governing Body:

- ✓ Public Health had responded to the proposed cuts, rejecting in principle but choosing option C which was cuts across the board. Some cuts needed to be made in year which was cause for concern.

- ✓ NHS Staff Health & Physical Activity Strategy – workplace enabling charter.
- ✓ “Care to Know” film – would be on Bay TV in October.
- ✓ Winter Self Care.
- ✓ Healthy Foundation Pilot – a large number of practices had signed up.
- ✓ Examine Your Options.
- ✓ “Serving Drunks” campaign – in place for end of September 2015 with over 100 bars in Liverpool involved.
- ✓ Stoptober had been launched.
- ✓ Public Health England report on e-cigarettes – the report had given no guidance but e-cigarettes were to be treated as tobacco.
- ✓ Lifestyle Survey of Year 8s completed. Data would be available shortly and there were some key issues for us in relation to behaviour around alcohol. A Report could be presented at a later Governing Body.

The Head of Primary Care Quality & Improvement raised the issue of Healthy Foundation and asked for more information. The Interim Director of Public Health explained that this was about the segmentation of patients into different profiles/types and the analysis of personality types. The analysis would not be carried out by practices. The Secondary Care Clinician asked if patients should be informed of how they were segmented. The Interim Director of Public Health responded that this was a tool to be used to understand how people reacted/assessed information to then be used to enhance communication and understand their reactions. In response to a question from a GP member on how to formalise this into conducting interventions the Interim Director of Public Health agreed to include how to engage with people and personality

types in the next phase. The Governing Body Clinical Lead for Medicines Management referred to work carried out re medication adherence two to three years ago and stressed the need for health professionals to learn and not typecast patients.

**The NHS Liverpool CCG Governing Body:**

- **Noted the Verbal Update.**

## **2.6 Update from Health & Wellbeing Board**

There was no update from the Health & Wellbeing Board.

**The NHS Liverpool CCG Governing Body:**

- **Noted the verbal update.**

## **PART 3: PERFORMANCE**

### **3.1 CCG Performance Report – Report No GB 62-15**

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:

- A&E waits – the CCG was green on all types for both the Royal Liverpool and Aintree Hospitals, however type 1 performance had slipped.
- Ambulance Response Times – Green from the CCG and for Cheshire & Merseyside.
- Diagnostics – validated information for June 2015 – at provider level (not previously reported) was Green. Royal Liverpool hospital achieving 0.67%, Aintree Hospitals 0.41% and Alder Hey reduced to below 1%.

- Referral to Treatment - Liverpool CCG's performance for June 2015 was reported as 'Green' across all six RTT measures. Unfortunately, there was no updated CCG position for RTT due to NHS England aligning the publication dates of performance data. Liverpool Heart and Chest failed two of the three RTT targets at Catchment level for the third consecutive month. For June 2015 the Trust reported 79.5% for Admitted Patients and 87.86% for Non-Admitted. An agreement was in place with Monitor to fail the Quarter 1 Admitted target.
- Cancer – overall CCG was Green but two measure (maximum 62 day wait from urgent GP referral to first definitive treatment and maximum 62 day wait for first definitive treatment following a consultant's decision to upgrade priority) were amber. For Liverpool Heart & Chest Hospital and Liverpool Women's Hospital performance had increased but still below target.
- Stroke/TIA – Stroke continued Green.

The Head of Quality/Chief Nurse continued:

- Mixed Sex Accommodation – Liverpool Heart & Chest Hospital had six breaches for July 2015 and this had been raised at the Clinical Quality & Performance Group. There were a number of issues around the inability to transfer out of Critical Care, however, patient interests were always put before the target.
- Healthcare Acquired Infection: C Difficile performance was Green. MRSA had a zero tolerance so was therefore Red. Aintree had four cases which were classed as community acquired. Alder Hey had two cases, it was hoped that after the transfer to the new hospital this would settle down. This would be carefully monitored.
- Never Events – performance was Green with no new cases in month to report.

- Serious Incidents – some trusts had struggled with the 48 hour reporting timescale – support for trusts was being provided by the Quality Team. Liverpool Community Health was struggling with the timely submission of reports, this had been discussed at the Quality Safety & Outcomes Committee around pressure ulcers. As previously reported, work was on-going with Sefton CCG and NHS England to take a new framework for a thematic analysis of the Root Cause Analyses carried out rather than carrying out a Root Cause Analysis for each individual pressure ulcer case.

The Acting Head of Operations & Corporate Performance continued:

- Integrated Performance Outcomes Indicators – following the circulation of the report an update had become available which would be reported to the October 2015 Governing Body meeting.
- Care Quality Commission and Princes Park Health Centre Inspection results – overall the practice had been rated as inadequate and required improvements for the safe, effective treatment of patients, how caring and responsive it was and how well led it was. The Head of Primary Care Quality & Improvement noted that a Task & Finish Group had been set up and an Action Plan was due by 18<sup>th</sup> September 2015. There were meetings being held with the practice and provider with extensive support being given from the Primary Care Team. A regular report would be provided to the Primary Care Commissioning Committee.
- Care Quality Commission Hospital Monitoring Intelligence Reports –no new information available.
- Financial Position – the Interim Head of Finance updated the Governing Body – the CCG had met all its audit requirements. There were no significant risks to the achievement of the planned £14m surplus. The financial statements for the month ended 31<sup>st</sup> July 2015 showed an

under spend against budget of £6.4m due to timing of planned investments but this would catch up in due course and was not a risk. The Better Payment Practice Code was being achieved with 95% of invoices being paid within 30 days.

The Chief Officer made reference to the non achievement of the 62 day wait cancer targets on page 7 of the report and asked what was being done to improve performance. The Head of Quality/Chief Nurse responded that a great deal of work was ongoing with the Strategic Clinical Network reviewing the pathway along with further cancer quality review work looking at the challenges of the various pathways. The Chair added that the target failure was triggered by a small number of very complex patients.

**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 – Assistive Technology and Personal Health Records (‘PHR’) Investment Case – Report no GB 63-15**

The More Independent Clinical Lead thanked the Digital Care and Innovation Programme Manager for his hard work in producing the paper. The investment required was £15m over the next 3.5 years and followed the work undertaken by the More Independent Programme co-funded by Innovate UK and Liverpool CCG (previously Liverpool PCT).

It was better for the patient to have more control over their Personal Health Record therefore the More Independent Programme was building a common platform which would enable the following key digital features:

- ✓ Increase the ability to self care through access to a copy of the primary care record.
- ✓ Increasing health literacy and the use of apps would help to provide better self care.
- ✓ Improved clinical productivity via a referral mechanism for direct access to some services and for professionals to refer to a service or prescribe an app.
- ✓ Provision of a verified online identification approved by government for true online services
- ✓ Secure cloud based storage of information not reliant on individual app providers.

The funding requested was just under £3m for the next seven months, just under £4m for 2016, £4m for 2017 and £4m for 2018. The Clinical director for Digital Care and Innovation noted that the same model had already been approved by the Digital Programme Board and fitted seamlessly with the Strategic Direction Case for Healthy Liverpool to be revised later on in September 2015.

The Lay Member for Governance/Deputy Chair noted that it would also fit with the CCG's non clinical objectives. She commented that the level of evidence was extremely robust, however an equality impact and environmental assessment had not been carried out. The More Independent Clinical Lead responded that this would be done as part of the engagement plan.

The Practice Nurse Member commented that it was good to see workforce evaluated in the paper and asked if there was a plan to look at medical and nursing courses for staff. The response from the More Independent Clinical Lead was that this was being looked at. The Programme Manager for the Digital Care and Innovation Programme who was attending the meeting as a member of the public interjected that a 350,000 euro Erasmus grant was available.

**The NHS Liverpool CCG Governing Body:**

- **Approved the investment of £15,055,311 over the next 3.5 years to enable delivery of the Digital Health workstream of Healthy Liverpool.**
- **Noted that an Equality Impact Assessment was required**

## **PART 5: GOVERNANCE**

### **5.1 Corporate Risk Register– Report no GB 64-15**

The Acting Head of Operations & Corporate Performance presented the changes on the Corporate Risk Register to the Governing Body:

- Two new risks: C049 re Continuing Health Care service payments through change of provider and C050 stability of commissioning support unit services.
- C009 (risk to the CCG financial allocations from specialist commissioning allocations), C012 (delivery of commissioned services from Liverpool Women’s Hospital) and C037 (Standard Hospital Mortality Indicator at Aintree) were recommended for removal.

The Lay Member for Patient Engagement queried C024 (resolution of all outstanding Continuing Health Care restitution, review and appeal cases). The Head of Quality/Chief Nurse noted that staff would be transferred across via TUPE process and business continuity would be maintained. The Chief Officer felt the issue was around old and ongoing claims rather than future arrangements.

Concern was expressed by a GP Member over risks which were potentially “catastrophic” continuing without change or apparent steps taken set out in the narrative for a sustained period of time. The Chief Finance Officer suggested a possible exception reporting at the front of the Register for those rated 20 and above.

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

- **Noted the risks (C009, C012 and C037) recommended for removal from the Corporate Risk Register;**
- **Noted the new risks added to the Corporate Risk Register (C049 and C050);**
- **Agreed that more detail was required for catastrophic risks;**
- **For other risks satisfied itself that current control measures and the progress of action plans provided reasonable/significant internal assurances of mitigation, and;**
- **For other risks agreed that the risk scores accurately reflect the level of risk that the CCG is exposed to given current controls and assurances.**

### **5.2 NHS Liverpool CCG Complaints, Concerns and Compliments Policy (August 2015) – Report no GB 65-15**

The Acting Head of Operations & Corporate Performance presented the Governing Body with an overview of the revised NHS Liverpool CCG Complaints Policy (August 2015) which accompanied the report. The original 2013 Policy had been produced for authorisation and the revised version included patient experience/engagement and the role of the Quality Safety & Outcomes Committee.

He highlighted the changes:

- Patient to be placed at the centre of the Policy.
- Roles and responsibilities were set out in more detail with an individual and cumulative view.
- Move away from 35 working day timescale to a more risk determined basis and proportional response.
- Lessons learnt to be strengthened.
- Stronger links with Healthwatch
- Customer Relations Lead post recruited to, commencing October 2015

- This was in preparation for Primary Care complaints coming across to the CCG.

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

- **Noted the contents of the report and the accompanying policy;**
- **Approved the LCCG Complaints Policy August 2015 as a corporate policy for immediate implementation and dissemination/publication.**

### **5.3 NHS Liverpool Clinical Commissioning Group Quality Strategy (2015-2017) – Report no GB 66-15**

The Head of Quality/Chief Nurse presented the NHS Liverpool CCG Quality Strategy (2015-2017) to the Governing Body for noting and endorsement for wider circulation. The Strategy had been drawn up to describe how and why Liverpool CCG ensures it commissions high quality services for the Liverpool population and to give a better understanding of the quality assurance systems and processes such as Quality Surveillance Groups, Quality Safety & Outcomes Committee of Liverpool CCG etc.

The Lay Member for Governance/Deputy Chair noted how important it was to have quality explained and what was in place to monitor. She commented on the robustness of the Strategy but felt that more was required around third party assurance. She noted that the Strategy was to be reviewed in two years' time but requested an interim report in twelve months or by exception to demonstrate that it was fit for purpose.

The Lay Member for Patient Engagement noted that minor amendments would come to the Quality Safety & Outcomes Committee and that he would like to see more in the Strategy around patient engagement.

The Practice Nurse member commented that the CCG did not commission homeless hostel services. The Head of Primary Care Quality & Improvement noted that delivery of primary care

for this group of people would come under the remit of the Primary Care Commissioning Committee. The Head of Quality/Chief Nurse referred to MRSA and the need to align Primary Care and Quality, acknowledging the role of the Local Quality Improvement Scheme (GP Specification). She also suggested publication of the Strategy on the CCG website to inform the public of the work ongoing in Quality. The GP Clinical Lead for Prescribing noted that there was a section in the Medicines Optimisation meetings dedicated to this.

The Chair commended the Deputy Chief Nurse who had put together the Strategy on her excellent work.

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

- **Noted the content of the strategy**
- **Made recommendations as to additional content**
- **Endorsed the strategy and its wider circulation subject to any requested amendments.**

## **6. QUESTIONS FROM THE PUBLIC**

**6.1** No formal question had been received from Mr Semoff, however he asked if Health Impact Assessments were to be carried out for all the Healthy Liverpool Programmes, noting that this had already been partially answered under item 4.1.

The Chief Finance Officer confirmed that Health Impact Assessments would be carried out by the Healthy Liverpool Programme Office on all the investments and programmes as a whole.

## **7. ANY OTHER BUSINESS**

None.

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

Tuesday 29<sup>th</sup> September 2015 Extraordinary Meeting at 1pm  
LACE Hall 2  
Tuesday 13<sup>th</sup> October 2015 Blundell Suite Blue Coat School

The venue for these meetings had been changed from Arthouse Square due to relocation to new premises.