

# NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

## GOVERNING BODY

Minutes of meeting held on **TUESDAY 13 MAY 2014**

**1.00 PM - Boardroom, Arthouse Square**

### PRESENT:

#### VOTING MEMBERS:

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

#### CO-OPTED:

Dr David Webster	GP – Matchworks Locality
Dr Tristan Elkin	GP – Liverpool Central Locality
Dr Rob Barnett	LMC Secretary
Dr Sandra Davies	Interim Director of Public Health

#### IN ATTENDANCE:

Cheryl Mould	Head of Primary Care Quality & Improvement
Tony Woods	Head of Strategy & Outcomes
Ian Davies	Head of Operations & Corporate Performance
Kim McNaught	Deputy Chief Finance Officer
Samih Kalakeche	Director of Adult Services & Health, Liverpool City Council

Derek Rothwell	Head of Contracts and Procurement
Phil Wadeson	Director of Finance, NHS England Merseyside Area Team
Sarah Dewar	Third Sector and Sustainability Lead
Carol Hughes	PA/Minute taker

### **APOLOGIES:**

Dr Donal O'Donoghue Dr Shamim Rose	Secondary Care Doctor GP
Kathy Hull	Executive Officer – Healthwatch Liverpool Scrutiny
Clare Duggan	Director - NHS England Merseyside Area Team
Ray Guy Dr Paula Finnerty Councillor Roz Gladden Dr Maurice Smith	Practice Manager GP – North Locality Chair Liverpool City Council GP

Public: 9

### **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 PREVIOUS MEETINGS:**

1.2.1 Subject to the following amendment:

Item 4.2 Page 18: To amend 'Collaborative Commissioning Forum' to 'Collaborative Forum.'

The minutes of the meeting held on 13 May 2014 were agreed as an accurate record of the discussions that had taken place.

Action Points:

An update was given on the following items:

**Item 3 - SSP Action Plan:** CM advised that a final Action Plan had not been received. CM to discuss with NHSE.

**Item 5 - SEND Reforms:** discussion for detail/timescale of assessment process is still ongoing.

**Item 6 - Clarity on how General Practice CQC Reports will be considered by Governing Body:** This is now included in the Performance Report.

**Item 7 – Diagnostics Improvement Plan:** To be discussed at the Governing Body Strategic Planning Day on 22 May.

**Item 8 – Hydrotherapy Pool:** ID advised that further discussion had taken place with the Royal Hospital with confirmation given that the Hydrotherapy Pool has not been included in the new PFI; however they are continuing to explore this option on the Broadgreen site.

Discussion is also ongoing with the Local Authority. ID to feedback on the outcome at a future Governing Body meeting.

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

There were no further matters for discussion.

## **PART 2: UPDATES**

### **2.1 Feedback from Committees – Report No GB GB30-14**

Healthy Liverpool Programme (HLP) Leads Board -  
8 April 2014: The Chief Finance Officer fed back to the Governing Body:

- ✓ Phase 2 of the HLP current – September 2014 relates to developing where we are in the broad sense and governance arrangements particularly in relation to settings.

Governance for the in-hospital aspect of the programme has adjusted to align different interests across the provider and commissioner landscape. This will now be shared with other commissioners to seek agreement.

Audit Risk and Scrutiny Committee – 22 April 2014: The Deputy Chair fed back to the Governing Body on the main issues discussed:

- ✓ A Self-Assessment Exercise was conducted which identified a number of positive ways forward in the Development of Plans.
- ✓ In areas where limited assurance was identified, Chief Officers will be invited to attend and update the Committee on actions taken to address control weaknesses.
- ✓ Concern was raised about the frequency of meetings, currently held on a quarterly basis. Additional meetings have now been arranged so the Committee will meet bi-monthly.
- ✓ The Annual Report and Governance Statement were examined and the final draft will be submitted to Governing Body for sign off.

HR Committee – 29 April 2014: The Deputy Chair fed back to the Governing Body on the main issues discussed:

- ✓ Primary item discussed was the Organisational Development Plan which has now been approved.
- ✓ A Corporate Travel Scheme for Employees has been implemented which includes a Lease Car, bus/train tickets and cycle to work schemes. This is seen as part of the sustainability agenda and being a good employer.

Primary Care Committee – 29 April 2014: The PCC vice Chair fed back to the Governing Body on the main issues discussed:

- ✓ The Future of General Practice Event was well attended by most practice. For Practices who were unable to attend there are plans to engage them over the next couple of months.
- ✓ Vaccination and Immunisation Delivery: Historically, Liverpool has been an outlier compared to the rest of the Country in that this service is delivered by Liverpool Community Health, rather than general practice. In order for this to change resources will need to be redirected to General Practices with a good training programme.
- ✓ The implementation of a number of national changes in the GP Contract highlights the importance of LCCG in supporting members in trying to flex to the new demands.

**The NHS Liverpool CCG Governing Body:**

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

## **2.2 Feedback from CCG Network : Report No GB 31-14**

The Chief Finance Officer fed back to the Governing Body on the meeting of the CCG Network held on 7 May 2014:

- ✓ The main issue related the 5 Year Plan and Assurance Process as there are some operational issues in pulling together all the information required for the unit of planning.
- ✓ It was acknowledged that nationally there are some issues around timescales, and whilst the LCCG Strategy and 5 Year Plan will be available in June, some commissioning plans will not be available

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

- ✓ **Noted the activity undertaken by the CCG Network**

## **2.3 Feedback from the Joint Commissioning Group: Report 32-14**

The Chief Finance Officer fed back to the Governing Body on the meeting of the Joint Commissioning Group held on 29 May 2014

- ✓ A Planning Workshop was held to take stock of the past year to highlight what has gone well, improvements required, the completion of the Better Care Fund and how this would be implemented.
- ✓ There is now clarity regarding the priorities for joint working which have emerged from the Healthy Liverpool Programme and Local Authority priorities.
- ✓ 2 Areas identified to test the model in relation to areas working to commission integration are Healthy Ageing and Alcohol.

- ✓ Another area discussed was the development of a Performance Framework for the Health and Wellbeing Board addressing key priorities across the Health, Social Care and Public Health to provide a balanced framework across Liverpool. This will be taken to the next meeting of the Health and Wellbeing Board.

The Director of Adult Services and Health confirmed that this work was in progress.

**The NHS Liverpool CCG Governing Body:**

- ✓ **Noted the activity undertaken by the Joint Commissioning Group**

**2.4 Chief Officer Update:**

The Chief Officer updated the Governing Body:

- ✓ A presentation was given by the Chief Officer with the Academic Health Science Network (AHSN) which was attended by Simon Stevens, Chief Executive of NHS England. This highlighted the relationship between the AHSN and Liverpool CCG and described the Healthy Liverpool Programme and how the Mi Programme is delivering aspects of this.
- ✓ Two key messages from Simon Stevens were that CCGs are the foundation of commissioning and his wish to rebuild a population based approach to commissioning.
- ✓ It was announced that the expressions of interest for CGs to take more responsibility for commissioning Primary Care are required by 20 June.
- ✓ The results of the 360° Feedback have been received. LCCG results are very positive, along with all 6 Mersey CCGs. In particular, the CCG scored significantly above average for the question 'I have confidence in the CCG to commission high quality services for the population.'

- A summary report will be distributed which will be used to inform next steps.
  
- ✓ The following changes in leadership at Liverpool Community Health were confirmed:
  - Interim Chief Executive: Sue Paige
  - Interim Director of Nursing: Jill Byrne
  - Interim Director of Operations: Johanna Reilly
  
- ✓ The Governing Body Election process is currently underway.
  - Dr Maurice Smith and Dr Fiona Lemmens have been elected unopposed, in their posts for a further 3 years.
  
  - Dr Ed Gaynor did not stand for re-election but will continue to be involved with Cancer and Research.
  
- ✓ The Chief Officer, on behalf of the Governing Body, thanked Dr Gaynor for the work he had done during his term of office and a gift was presented.
  
- ✓ Dr Gaynor thanked the Chief Officer and commented that during his term of office he had seen first-hand the high level of work, commitment, investment and vision by the Governing Body and advised that it had been a pleasure to have been part of that work, particularly under the successful leadership it currently has.

**The NHS Liverpool CCG Governing Body:  
Noted the Chief Officer's update**

## 2.5 NHS England Area Team

The NHS England Merseyside Area Team Director of Finance updated the Governing Body:

- ✓ Aintree: Following the Risk Summit at Aintree leadership of the Trust has been strengthened with a new Director of Nursing, Chief Officer and Medical Director (Interim).
  - A follow up visit by the CQC has now reported positive progress. As a consequence of that the Trust can de-escalate from a Risk Summit and a follow up will be undertaken in 3 – 6 months' time.
- ✓ Royal: CQC inspection undertaken which highlighted some issues:
  - A & E remains an issue and despite systems working well and with agreed support from the Local Authority but is not consistently delivered. Consideration to be given to how to do differently.
- ✓ A Winter Wrap Up Session has been held to review what went well and what did not.
- ✓ The Specialised Commissioning Task and Finish Group continues with its work, details of this will be fed back in June.
- ✓ A Major Trauma Task and Finish Group has been convened with the inaugural meeting arranged for 27 May.
- ✓ Simon Stevens- from an NHSE perspective the potential to go beyond Co-Commissioning to a form of Integrated Commissioning of Primary Care is welcomed.
- ✓ Referral to Treatment Target (RTT): There is a growing focus on this target with CCGs being asked to confirm that they are commissioning enough capacity. It was noted that LCCG is commissioning adequate capacity.

- ✓ The Chair referred to the updated SSP Action Plan and asked for an update on this.
  - The NHSE Director of Finance advised that the Action Plan had been shared.
  - In response, the Head of Primary Care and Quality advised that an initial draft was provided November and a finalised plan is awaited.
  - NHSE Director of Finance to pick this up with the Head of Primary Care and Quality after the meeting so a response could be fed back to the next Governing Body meeting.

**The NHS Liverpool CCG Governing Body:  
Noted the update from NHS England Merseyside Area  
Team**

## **2.6 Public Health Update - Verbal**

The Interim Director of Public Health updated the Governing Body:

- ✓ Increased activity for Mobile Bowel Screening throughout Liverpool was highlighted and all who promoted this were thanked. Evaluation will show whether this has resulted in increased uptake with feedback being given at a future meeting.
- ✓ Initial feedback from 'Dry January' evaluation showed engagement with people who were drinking at higher risk and that there had been some behaviour changes as a result of people taking part in this project.
  - Six month follow up will be done to consider whether that activity will be sustained.

- Particular success was identified with this project in terms of the workplace. This will now be considered for future campaigns and to consider how to capitalise on that.
- ✓ A local implementation meeting regarding Flu Vaccinations will be held on 12 June to make sure local plans are in place and to attempt to build on uptake figures from last year.
  - A priority identified is to improve uptake in pregnant women from 43% last year and to increase those under 55 at clinical risk (57%).
  - The campaign has been extended to include 2 – 3 year olds and to increase to 4 year olds as the uptake is relatively low 33% aged 2 and 29% aged 3.
  - Nationally identified poor areas of uptake are:
    - Chronic Liver Disease
    - Neurological Disease
    - Learning Disability

This will be looked at locally

A GP Governing Body member referred to the flu vaccinations for pregnant women and asked if there had been initial thoughts for the reason for low uptake and where patients are falling through gaps.

The LMC Secretary noted that greater uptake would be seen if vaccinations could be given by Midwives at antenatal appointments.

In response the Practice Nurse Governing Body member noted that members should be mindful of the need for training for Midwives to give vaccinations. Agreed this issue would be taken up outside of the meeting.

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

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

### **PART 3: STRATEGY & COMMISSIONING**

#### **3.1 Social Value Strategy: Report No GB33-14**

The Social Value Strategy was presented by the Deputy Chair who noted that the Strategy sets out how LCCG could meet its requirements for Social Value and sustainable development.

It was noted that building Social Value would improve health outcomes by maximising the impact of clinical services, supporting non-clinical solutions and positively influencing the social determinants of health. This approach would also ensure that actions and investment by LCCG would achieve maximum benefit to the population and would offer a framework to maximise the value of investment and create a new model for financial sustainability through activity.

The report recommended that the Governing Body should:

- Approve the contents of the Strategy and Action Plan
- Support the establishment of a Task and Finish Group to review the necessary steps for implementation and governance and report back in 3 months' time.

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

- **Approved the contents of the Strategy and Action Plan**
- **Supported the establishment of a Task and Finish Group to review the necessary steps for implementation and governance.**
- **Agreed that an update would be given in 3 months' time.**

### **3.2 Voluntary, Community & Social Enterprise Strategy: Report No GB34-14**

The Voluntary, Community and Social Enterprise Strategy was presented by the Deputy Chair who noted that the Strategy sets out the aims, objectives and actions to guide how LCCG intends to work with the Sector.

The Deputy Chair noted that when using the term 'Third Sector' this would include a huge range of organisations from small community groups to large charities.

The importance of the scrutiny of social value was noted together with the importance of this being incorporated into procurement.

The value of the crucial role of volunteers was highlighted as was the importance of ensuring that they were not used in a non-voluntary capacity.

A GP member noted that both strategies were welcomed, with particular reference to the Social Value Strategy and the importance of addressing health and inequalities. He also stressed that the Social Value Strategy was not just about commissioning for the CCG but should also be reflected by member and provider organisations.

The Matchworks Locality Chair/GP commended both papers and noted that it was crucial that voluntary, community and social enterprise should be enhanced and values linked with the neighbourhoods and the work which is ongoing within the city.

The Chair noted that both papers were important which laid out what was set in the vision and is a vital part for commissioners, members and the city as a whole.

The Deputy Chair commended Sarah Dewar, Third Sector and Sustainability Lead and Derek Rothwell, Head of Contracts and his Team for the work done in the production of both the Social Value Strategy and the Community and Social Enterprise Strategy

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

- **Approved the contents of the Strategy and Action Plan**
- **Supported the establishment of a Task and Finish Group to review the necessary steps for implementation and governance.**
- **Agreed that an update would be given in 3 months' time.**

## **PART 4: GOVERNANCE**

### **4.1 Complaints, Subject Access Requests, Freedom of Information Requests and MP Enquiries: Report No GB35-14**

A report was presented by the the Head of Operations and Corporate Performance to bring to the attention of the Governing Body the breadth, scale and response to complaints, subject access requests, freedom of information act requests and MP enquiries received from 1 April 2013 to 31 March 2014.

The following areas were highlighted:

- **MP Enquiries:**
  - ✓ 3 inherited enquiries have now been dealt with and closed.
  - ✓ 40 MP enquiries have been received during the reported period. One is currently open and under investigation.
  - ✓ One third of MP enquiries received are from MPs without a Liverpool Constituency

- ✓ A major source of enquiry related to Continued Health Care eligibility and retrospective reviews.

- **Subject Access Requests:**

- ✓ None received for the period reported.

- **Freedom of Information(FOI) Act Requests:**

- ✓ A total of 259 requests have been dealt with accounting for over 1100 specific questions.
- ✓ A very small number of requests (20 in the year) exceeded the 20 day response deadline.
- ✓ 79 requests related to specific treatments or services.  
A new public facing website is being developed which will incorporate an enhanced information section aimed at addressing some of the basic and more common FOI requests e.g. contact or service information.

- **Complaints:**

- ✓ Eighteen outstanding, unresolved or closed complaints were inherited. Three of these were subsequently transferred to NHS England (Merseyside) as they related to areas of direct commissioning.
- ✓ A legacy complaint received from Cheshire and Merseyside Commissioning Support Unit (CMCSU) was received in September 2013 and work is ongoing with Aintree Hospital to provide a response.
- ✓ 115 direct complaints were received in the reporting period with 31 complaints being redirected to alternative commissioners/providers.

- **Themes and Lessons Learnt:**

- ✓ Analysis of complaints received does not show major trends themes or areas emerging.

The Deputy Chair requested that status of the complaint should be amended to identify when the complaint was closed, whether it was upheld or dismissed and if upheld what action was taken.

The Lay Member for Engagement noted that at the beginning of the year there were 12 potential ways that individuals could complain and noted concern that there was always a way that a large number of complaints could be happening that could not be responded to quickly enough however. However, from the information provided in the report this appears not to be the case.

The Head of Operations and Corporate Performance advised that the CPQC is the forum where intelligence could be reviewed. The CCG is minded to share information as part of data capturing and once shared will provide baseline of the position in the new NHS.

The Chief Officer advised that this is one of the areas which was to be supported by the CSU, however the decision was taken to bring this in house. This appears to be working very well as an in house service.

**The NHS Liverpool CCG Governing Body:**

- **Received and noted the contents of the Annual Summary Report.**

## **PART 5: PERFORMANCE**

### **5.1 Performance Report – Report no GB 36-14**

The Head of Operations & Corporate Performance presented a report on the key aspects of the CCG's performance in the delivery of quality, performance and financial targets for 2013/14.

The main issues were highlighted:

- **Health Care Acquired Infections (HCAI):**

- ✓ A further 10 incidences of C Diff were reported in March for Liverpool patients giving a year to date total of 159 against the 109 tolerance level.
- ✓ Three cases of MRSA were reported during March bringing the overall total to 17 against a zero tolerance level.
- ✓ New HCA targets introduced for 2014/15 will be incorporated into the next Performance Report.

- **Cancer:**

- ✓ The improved picture for cancer waiting times had been maintained and improved further.
- ✓ An ongoing challenge around colleagues at Liverpool Heart and Chest who see a small number of patients later on in their referral pathway, with performance of 76% against 79% year to date. However, if the 'Manchester Model of reallocating or sharing breaches' was applied the Trust performance to date would increase to 89-90% showing difficulties in the way statistics are recorded which can impact on specialist tertiary providers.

- **RTT:**

- ✓ Continued problems around delivery at Alder Hey with 20 patients waiting over 52 weeks for complex spinal surgery and 18 week referral to treatment for ENT and Orthopaedics.
- ✓ Work is being done with Planned Care and Urgent Care around Liverpool, with the first meeting being held this week to look at this position.

- **Stroke:**
  - ✓ Overall performance now stands at 95.8% against a target of 80%.
  - ✓ The ongoing problem at Aintree whereby Stroke beds have been occupied by surgery or other medical admissions in terms of pressures has resulted in a reduction in performance to 75.61%
  
- **4 Hour AED Performance:**
  - ✓ This target has been met with the cumulative performance up to the end of March at 95.7% against the 95% target.
  - ✓ Although the Royal Hospital performance stood at 93.83% in March, cumulatively their performance remained poor at 93.91%.
  
- **Diagnostic Waiting Times:**
  - ✓ Performance in March has showed a further significant improvement with a reduction in delays for diagnostic tests. At the end of the month 3.01% of patients (126) were waiting over 6 weeks for diagnostic tests against the 1% target, compared to an overall 6.08% (371 patients) in February.
  
- **Emergency Planning, Resilience and Response (EPRR)**
  - ✓ As part of the annual assurance process there is a requirement to look at EPRR of providers and a series of audits have been undertaken in conjunction with NHS England following self-assessment by Trusts.

- ✓ Assessments have revealed assurance in the key areas of major incident response, mass casualties, severe watch plans and CBRN response.
- ✓ Areas identified for further improvement include whole site evacuation planning, training/needs analysis and in part delivery against the new business continuity standards.
- ✓ Reports have been submitted to Trusts and work will be done to work through Action Plans with them.
  
- **CCG Quality Premiums:**
  - ✓ The Quality Premium for 2014/15 will reflect 2013/14 quality will be based on 4 national measures which will be measured by the national support centre, with locally agreed measures being carried out jointly by LCCG and the Local Area Team.
  
- **Care Quality Commission and Monitor Warning or Issue Notices:**
  - ✓ An update was provided on the progress of various inspections which have been undertaken.
  - ✓ Future reports will now routinely include details of any CQC Inspections of General Practice inspections.
  
- **Patient Safety:**
  - ✓ 31 new patient safety incidents were reported across providers for March all of which are subject to investigation and review the Quality and Safety Team.
  - ✓ One new 'never event' was reported at Alder Hey relating to surgical error.

- **CCG Financial Position:**

- ✓ Draft accounts for the year ended 31 March 2014 were submitted to NHS England and our Auditors in accordance with national guidance.
- ✓ A surplus of £14.334m was achieved in 2013/14 against the targeted surplus of £14.307m.

A GP member referred to CQC Reports asked whether the Governing Body should receive follow up in terms of whether action is needed and reassurance that plans have been put in place.

The Head of Primary Care and Quality Improvement advised that this will be presented to the Quality Safety and Outcomes Committee which in turn will be submitted to the Governing Body. Work is being done with the Head of Quality/Chief Nurse to look at how to put that structure in place.

**The NHS Liverpool CCG Governing Body:**

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

## **5.2 Corporate Risk Register: Report no GB 37-14**

The Head of Operations & Corporate Performance presented the bi-monthly Risk Register and Board Assurance Framework and highlighted the following areas:

- **C002 and C003:**

It was recommended that that risks C002 and C003 should be removed from the register. These risks specifically related to implementation of NHS 111 which is now live so can be removed.

- **CO10: Delivery of IMT Services to GP practices and LCH:**  
Improvement has been seen following major significant failure earlier in the year. Second back up services are now live and providing enhanced security and system stability
- **CO14: Resolution of outstanding continuing health care restitution cases**  
CSU has been commissioned to manage these cases and have been contracted for a further 12 months to March 2015, working closely with the LCCG Head of Operations and Corporate Performance and the Corporate Services Manager, Governance. Over 400 inherited cases remain outstanding.
- **CO15: Quality and Monitoring of Data by CSU:**  
Further robust and monitoring arrangements have been put in place for the significant review planned for quarter 1 in 2014/15. A further review will be undertaken to identify if further action is required
- **CO17: Accountability for quality of services delivered:**  
A review of the impact of winter funded schemes is underway to report by the end June 2014.
- **CO18: Healthy Liverpool Programme:**  
A review of Governance arrangements with Trust CEOs will be undertaken following the April programme Advisory Board.
- **CO19: Better Care Fund:**  
The final submission has been made to NHS England following agreement by the Health and Wellbeing Board and LCCG Governing Body. Work continues on the performance arrangements and development of the scheme. The risk has halved which is reflective of the significant progress and work undertaken.
- **CO20: 5 Year Commissioning Plans:**  
The final 2 Year Plan and draft 5 Year Strategic Commissioning Plan were submitted in March. Work is now being done on the final submission of the Strategy in June 2014.

- **C023: Effective Information Governance Process:**  
Compliance at Level 2 of all Information Governance Tool Kit requirements was declared by the 31 March deadline which was supported by MIAA Internal Audit.

Work continues to move forward Level 3 compliance by the end of March 2015.

An additional dedicated Informational Governance post will be recruited to in Quarter 1 2014/15.

- **C024: Delivery of Commissioned Services by LCH:**  
Under reporting on Pressure Ulcer issues and non-compliance with expected processes have been identified at Liverpool Community Health (LCH).

A review is being undertaken of Trust policies and procedures.

- **C026: Accountability of providers for quality of services Alder Hey:**  
Concerns were raised around a previously reported whistleblower and CQC inspection as to the safe and effective delivery of services.

This is under investigation by CQC and is a high level of risk whilst that process takes place.

The risk highlighted around delivery of the commissioned safeguarding services was also identified during a recent internal audit into hosted services by the MIAA. This is being monitored by the Chief Nurse and an update will be given at the next meeting. This risk has now been included in the Risk Register.

A GP member commented that currently more acute providers are not meeting the 4 hour AE target and queried whether this should be included in the risk register. It was agreed that this should now be included as a risk.

Aintree Review: A review will be carried out which will be reflected in the risk summit. This will be kept under constant review from clinical and Governing Body Leads and evidence from the risk summit or other similar quality meetings will be reflected in the review.

**The NHS Liverpool CCG Governing Body:**

- **Noted the revised and updated risk register and the actions underway to mitigate the risks identified.**
- **Agreed to add the delivery of the 4 hour target for the LCCG population to the Risk Register.**

## **6 QUESTIONS FROM THE PUBLIC**

**Q1:** A member of the public referred to the minutes of the Primary Care Committee Meeting held on 25 March 2014 where it was noted under identified risks that 'the CCG had not updated the action plan following the Quality Surveillance Group (QSG) to ensure alignment of practice development plans' and asked whether the CCG had now seen and updated the action plan, whether it was in the public domain, and how copy could be obtained?

- In response, the Chief Officer advised that the QSG had met in November and were looking to update the action plan following Practice visits.

The NHS England (Merseyside) Director of Finance noted that this related to 2 Action Plans and confirmed that the Action Plan which arose from the single item QSG was co-produced by NHSE and SSP and that he would need to take advice about whether this was in the public domain as this is still in the process of being carried through.

**Q2:** A member of the public referred to contradictions in figures regarding the staffing at Princess Park Health Centre and requested that a day to day breakdown over a given period should be provided to show the actual number of GPs in attendance, separate from the on call GP, the hours worked and the number of Locums.

- In response, The NHS England (Merseyside) Director of Finance advised that initial figures had been received from the practice in relation to GPs and appointments.

A formal query has been raised with SSP on the data provided as there were views about the accuracy of the data or whether it answered the question. A response is currently awaited from the practice.

A letter in response to this query had been sent to the member of public last week.

**Q3:** A member of the public referred to the proposed re-siting of the Royal Hospital Hydro-Therapy Pool to the Broadgreen site and queried whether this would be under NHS control as opposed to the Local Authority. He noted that the NHS provides specialised care which is required from specialised staff and that it would not be suitable for people needing specialised care and treatment to be using this facility in conjunction with the public. He also expressed concerns that if this became a Local Authority responsibility it may be subject to cuts.

- In response, the Head of Operations and Corporate Performance advised that the Royal Hospital is exploring the most effective and efficient way of delivering this service which would be funded by the NHS and provided by NHS staff.

The Chief Officer noted both the NHS and Local Authority priorities are the same in providing the best possible services for the City.

**7 Date and time of next meetings:**

**Single Item Public Board:**

Tuesday, 3 June 2014.

To receive the Annual Report and Accounts.

**Governing Body Meeting:**

Tuesday, 10 June 2014 at 1.00 pm, Boardroom – Arthouse Square