

# NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

## GOVERNING BODY

Minutes of meeting held on **TUESDAY 9<sup>TH</sup> SEPTEMBER 2014**

**1pm**

**Boardroom, Arthouse Square**

### **PRESENT:**

#### **VOTING MEMBERS:**

Dr Nadim Fazlani	Chair/GP
Prof Maureen Williams	Lay Member – Governance/Deputy Chair
Dave Antrobus	Lay Member – Patient Engagement
Dr Jude Mahadanaarachchi	GP/Liverpool Central Locality Chair
Dr Shamim Rose	GP
Katherine Sheerin	Chief Officer
Tom Jackson	Chief Finance Officer
Dr James Cuthbert	GP/Matchworks Locality Chair
Dr Maurice Smith	GP
Dr Donal O'Donoghue	Secondary Care Doctor
Dr Simon Bowers	GP/Clinical Vice Chair
Dr Rosie Kaur	GP
Jane Lunt	Head of Quality/Chief Nurse
Dr Fiona Lemmens	GP
Moira Cain	Practice Nurse
Dr Janet Bliss	GP

#### **CO-OPTED:**

Dr Tristan Elkin	GP – Liverpool Central Locality
Dr Paula Finnerty	GP – North Locality Chair
Dr Rob Barnett	LMC Secretary
Ray Guy	Practice Manager
Dr Sandra Davies	Interim Director of Public Health
Dr David Webster	GP – Matchworks Locality

## **IN ATTENDANCE:**

Cheryl Mould	Head of Primary Care Quality & Improvement
Ian Davies	Head of Operations & Corporate Performance
Derek Rothwell	Head of Contracts & Procurement
Carole Hill	Head of Communications
Kathy Hull	Executive Officer – Healthwatch Liverpool Scrutiny
Sarah Dewar	Third Sector & Environmental Sustainability Lead (item 3.2 a)
Paula Jones	Minutes

## **APOLOGIES:**

Clare Duggan	Director, NHS England Merseyside Area Team
Councillor Roz Gladden	Liverpool City Council
Tony Woods	Head of Strategy & Outcomes
Kim McNaught	Deputy Finance Director
Samih Kalakeche	Director of Adult Services & Health, Liverpool City Council

Public: 11

## **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 12<sup>th</sup> August 2014 were agreed as an accurate record of the discussions that had taken place.

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

- 1.3.1 Ratification of decision at non quorate August 2014 meeting re: Support to Vulnerable Patients Aged 75+ Years 2014/15: decision to approve investment proposal to be ratified at quorate GB in September 2014: the Governing Body formally ratified the decision taken to approve the investment proposal.
- 1.3.2 The Lay Member for Patient Engagement enquired about Baycliffe Family Health Centre and the 800 patients who had not yet registered with a new practice. The Head of Primary Care Quality & Improvement responded that there were now 500 patients still to register with a GP and NHS England were to send out a letter to the still unregistered patients.
- 1.3.3 Action Point One – it was noted that the Healthy Liverpool specific Risk Register would be discussed at the Healthy Liverpool Programme Leads Board taking place immediately after the Governing Body. The main Corporate Risk Register was to be discussed later on the agenda.
- 1.3.4 Action Point Two – it was noted that the action on the overarching policy for working with Pharmaceutical companies was for the October 2014 meeting.
- 1.3.5 Action Point Three – it was noted that the Healthy Liverpool Blueprint was to be discussed at the 24<sup>th</sup> September 2014 Governing Body Session.

- 1.3.6 Action Point Four – the Head of Primary Care Quality & Improvement noted that an update on co-commissioning had been sent to practices and that it had been discussed at the Local Medical Committee on 2<sup>nd</sup> September 2014.
- 1.3.7 Action Point Five – the Interim Director of Public Health noted that the sharing of public health campaigns for the year with Liverpool CCG was ongoing.
- 1.3.8 Action Point Six – support to vulnerable patients over 75 was on the agenda.
- 1.3.9 Action Point Seven – it was noted that clarity from NHS England on the 2013/14 CCG Quality Premiums would form part of the Performance Report at the October 2014 meeting.
- 1.3.10 Action Point Eight – The Head of Primary Care Quality and Improvement updated the Governing Body that the Third Sector & Environmental Sustainability Lead was to support Princes Park Practice in improving their Patient Participation Group.

## **PART 2: UPDATES**

### **2.1 Feedback from committees – Report No GB 63-14:**

- Healthy Liverpool Programme Leads Board 12<sup>th</sup> August 2014 – the Chief Finance Officer fed back to the Governing Body:
  - ✓ The investment proposals were on the Governing Body agenda for approval under agenda item 3.2.

- Approvals Panel 14<sup>th</sup> and 26<sup>th</sup> August 2014 – the Lay Member for Governance/Deputy Chair fed back to the Governing Body:
  - ✓ Planning for Older People and Additional Capacity in Primary Care in winter had been considered. A detailed report was to come back to the Approvals Panel in due course with a detailed evaluation.
  
- Quality Safety & Outcomes Committee 19<sup>th</sup> August 2014 - the Lay Member for Patient Engagement fed back to the Governing Body on the main issues discussed:
  - ✓ Liverpool Clinical Laboratories was discussed – this would also be picked up later on the Governing Body agenda for the September 2014 meeting.
  
  - ✓ Safer Staffing was discussed.
  
  - ✓ Safeguarding Team: the Head of Quality/Chief Nurse explained to the Governing Body that the service was commissioned by the Mersey CCGs and hosted at Halton CCG. This had worked well to date but now needed to be reconsidered along with the direction of services. The Chief Office of South Sefton/Southport & Ormskirk CCGs had agreed to lead this on behalf of all the Chairs/Chief Officers/Chief Nurses to agree the direction of travel and noted that there were issues nationally around safeguarding. The assurances given on Safeguarding to the CCG from provider trusts had been discussed and Liverpool CCG was working with its providers to support the development of the necessary systems and processes.

**The NHS Liverpool CCG Governing Body:**

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

## **2.2 Feedback from the Merseyside CCG Network 3<sup>rd</sup> September 2014 – Report No GB 64-14**

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

- Cheshire & Merseyside Maternity Services Review. There is a need to ensure coherence with the Healthy Liverpool Programme. The Liverpool CCG Head of Quality/Chief Nurse was to join the Steering Group.
- Commissioning Support arrangements: future collective arrangements are being assessed.

The Secretary of the Local Medical Committee asked about the commissioning of Primary Care Support Services and the impact on GPs and other contractor services, given that the CCG was a Member Organisation. The Chief Officer noted that it was unfortunate that there was no representative from NHS England at the Governing Body to provide more information but the information would be requested from them.

### **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:

- ✓ Better Care Fund – Liverpool CCG had been identified as an exemplar but had now declined to be an exemplar as the issues in Liverpool were different from those of the rest of the country – the paperwork for submission was on track to be completed by 19<sup>th</sup> September 2014.
- ✓ Healthy Liverpool Programme: a great deal of work was underway, a draft of the “Blueprint” document was to be sent to the October 2014 Governing Body. Public Engagement Events were to be held on 25<sup>th</sup>

September, 29<sup>th</sup> September and 2<sup>nd</sup> October 2014 and it was hoped that Governing Body members would be able to support these events as much as possible as well as the Practice Member Event on 8<sup>th</sup> October 2014. The Strategy document would be discussed at the Governing Body Session on 24<sup>th</sup> September 2014. Individual meetings were being held with all the Trusts' Chief Executives, Finance Directors and Medical Directors as well as Members of Parliament. There was a Mayoral Health Summit being held on 6<sup>th</sup> November 2014.

- ✓ Over-performance at Royal Liverpool Hospital in planned and unplanned care – this would be picked up in more detail in the Performance Report.
- ✓ NHS England proposed re-structuring – this was now in the consultation period, unfortunately there was no representative from NHS England present to give an update.

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

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

#### **2.4 NHS England Area Team**

The Director and Finance Director from NHS England Merseyside Area Team had sent apologies to the meeting so there was no update.

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

The Interim Director of Public Health updated the Governing Body:

- Work was ongoing with NHS England and the CCG re the transfer of Health Visiting services next year.

- NHS England/Public Health England working on the transfer of dental services for next year.
- Public Health allocations for 2015/16 had been published, Liverpool's amount was more or less the same as the previous year at a little over £41m. Public Health Premiums accounted for an additional £5m, for these there were local and national targets to choose from and it was important to choose areas where it was certain that the level of improvement achieved would obtain the additional money.

The Chief Officer enquired about the risk involved in the transfer of Health Visiting Services. The Interim Director for Public Health noted the risk there might not be sufficient staffing levels to deliver requirements which they were working to mitigate. The Clinical Vice Chair noted that this was an excellent opportunity to improve the service and promote the Healthy Child Programme.

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

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

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

#### **3.1 Analysis of the Impact of Investments Made in Schemes to Mitigate the Impact of Winter 2013/14 – Report No GB 65-14**

The Governing Body Executive Sponsor for Urgent Care presented a paper to the Governing Body to brief it on the use of 'winter pressures' funding in winter 2013/14, giving an overview of the schemes implemented for the period and a high level evaluation. She noted that the winter had been mild with low levels of 'flu' and Norovirus. Before winter up to £5.3m had been agreed as additional winter monies to assist in the delivery of the Four Hour Target. A possible £1.2m had been set aside for Primary Care Capacity which was the first time

there had been a major injection in Primary Care for winter planning. It had been noted that where there had been schemes implemented for winter emergency admissions from nursing homes were reduced as well as A&E in hours minor attendances.

The North West Ambulance Service/Urgent Care 24 acute visiting scheme had been extremely successful with 787 patients having been triaged with 84% diverted from A&E/hospital admission. 90% of over 85 year olds with an ambulance call out avoided A&E thus avoided the ambulance cost, A&E cost and length of stay cost.

Liverpool Community Health Increased Community Equipment Provision had been funded with an allocation of £279k and a significant improvement had been recorded re children in the time to deliver equipment.

It was difficult to assess the impact of the additional funding in the Aintree and the Royal Liverpool Hospitals. £90k had been allocated to the Aintree at Home Scheme. Aintree had received additional central funding but the Royal had funding only from the CCG, a detailed breakdown of exactly where the money had been spent had not been received so it was therefore difficult to see if improvements at the Royal were due to the CCG's investment or not.

Examine Your Options Winter Campaign had been very successful and would be discussed later on the agenda.

The Governing Body members raised the following:

- The Lay Member for Governance/Deputy Chair queried the low take up for Liverpool Community Health Emergency Response Team from the acute trusts and the re-directing of funds. The Head of Operations & Corporate Performance explained that pathway for referral needed to be strengthened.
- The issues remaining around discharge planning were raised and the difficulty in getting a collaborative

approach but the CCG had recently appointed a manager to focus on improving this area.

- The Head of Operations & Corporate Performance highlighted the problems with students not being registered with a GP and using A&E at the Royal Liverpool Hospital as a substitute. The Practice Nurse Member noted that a great deal of work was being carried out by practices close to the universities to encourage students to register with a GP.
- The Lay Member for Governance/Deputy Chair noted the need to be prompt in disinvesting when appropriate. The Chief Officer responded that this year there was a clear policy and process in place.
- The Lay Member for Governance/Deputy Chair stressed the need to bear in mind that so much of commissioning was multi-causal so it was difficult to have a robust structured analysis.
- The Integrated Care Executive Sponsor noted that discharge planning should be linked to the Integrated Care Team work and there had to be a systematic approach going forward.

In conclusion the Chair noted that this was the first time there had been investment across the system and the difficulties which lay in analysis and evaluation.

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

- **Noted the Content of the Report.**

### **3.2 Investment Proposals – Report No GB 66-14:**

The Chief Finance Officer introduced the investment proposals to the Governing Body noting the process for investments over £250k to come to the Governing Body for approval having first been approved by the Healthy Liverpool Programme Leads

Board. Should there be a potential conflict of interest then the proposal would need to be submitted to the Approvals Panel which had no GP representation. For any ensuing procurement approval it would need to be submitted to the Finance Procurement and Contracting Committee. The proposals submitted today to the Governing Body were the first of many more.

a. **Engagement and Equality and Diversity  
Planning, Delivery and Governance – Report no GB  
66a-14**

The Lay Member for Patient Engagement presented the proposed investment of £312,500 over two years to establish an engagement infrastructure to enable effective engagement for Healthy Liverpool Programme and ongoing public engagement. He commended the Third Sector & Environmental Sustainability Lead on her hard work. The Governing Body members commented as follows:

- The Matchworks Locality representative was keen to know how this compared with other CCGs. The Third Sector & Environmental Sustainability Lead noted that not all CCGs were at the same stage of development so it was difficult to tell.
- The Chair commented that the paper was excellent and very comprehensive.

**The NHS Liverpool CCG Governing Body:**

- **noted the Engagement Delivery Plan 2014 (ANNEXE 1) and particularly in the light of LCCG statutory engagement and equalities duties, endorse the process put forward to plan and assess service/policy changes set out in appendix 2 of the Delivery Plan.**
- **Supported the establishment of a corporate database for managing communications and engagement contacts (ANNEXE 2) and the recommendations therein**

- **supported the associated investment proposal for the engagement delivery plan of £312,500 over two years.**

**b. Examine Your Options Marketing Campaign  
2014/15 & 2015/16 – Report no GB 66b-14**

The Governing Body Executive Sponsor for Urgent Care presented the proposal to the Governing Body for investment in the Examine Your Options Campaign over the next two years. The investment to be approved was £458,699.50 in 2014/15 (pro rata) and the full amount in 2015/16. This was a social marketing campaign using Insight work for an all year round communications campaign focusing on supporting patients to make the right choices when seeking urgent and emergency care services. The objectives of the strategy were to:

- Improve knowledge and confidence of self-care of minor ailments and preventative measures that reduce the need for medical attention
- Raise awareness of core health services.
- Increase knowledge of the function and benefits offered by each service
- Increase knowledge of when services should be used
- Encourage more appropriate use of services – with the aim of increasing the number of comprehensive service users within the population.

A toolkit would be available for hospital staff to help them evaluate what should be treated in the acute trust or not.

The annual marketing plan would include:

- Student campaign.

- Winter campaign consisting of a mass-media campaign targeting the general public and a targeted campaign for the uninformed traditionalist segment.
- Visitor campaign.
- Asylum seeker and refugee campaign.
- Self-care campaign.
- Advertising to make sure the public are aware of changes to service opening times over bank holiday periods (built into the self-care campaign so that seasonal self-care messages are included).

The Governing Body members raised the following queries:

- The Secondary Care Clinician noted the need for the Toolkit to be embedded into working practices. The Head of Operations & Corporate Performance agreed that there was evidence of health professionals misdirecting patients.
- The Practice Nurse Member noted that the Homeless needed to be included.

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

- **Approved the investment of £458,699.50 in 2014/15 (pro rata) and the full amount in 2015/16.**

#### **c. Enhancing Access to Primary Care – Winter Pressure 2014 - Report no GB 66c-14**

The Primary Care Committee Vice Chair presented the proposal to the Governing Body for enhanced access to Primary Care during the winter period. To address the additional pressures the proposal was to increase patient access to GP/Nurse Practitioner/Telephone consultations from the current commissioned 70 per 1000 weighted population up

to 80 per 1000 weighted population. If every practice submitted a bid to provide the upper limit of 80 appointments per 1000 the resource required would be £2,362,080 to be reimbursed at a rate of £300 per session.

The Head of Primary Care Quality & Improvement stressed the need for the Governing Body members and Neighbourhood Leads to encourage practices to take up this approach and the process would be simpler than the bids for winter pressures monies from the previous year.

The Governing Body members commented as follows:

- There were workforce issues around actually having enough clinical staff to offer the additional appointments. The Primary Care Committee Vice Chair noted that it might be a case of working in a different manner and smarter way with the existing number of staff.
- The Lay Member for Governance/Deputy Chair highlighted the potential for inequality across the city. The Approvals Panel would approve the bids therefore eliminating conflict of interest.
- The Liverpool Central Locality Chair noted the need to move from being reactive to pro active, looking at using retired GPs to provide sessions or part time staff.

**The NHS Liverpool CCG Governing Body:**

- **Approved the proposal**
- **Approved the process set out for General practice to access resources to provide additional capacity in Primary Care during Winter**

## **PART 4: GOVERNANCE**

### **4.1 Update regarding Liverpool Clinical Laboratories ('LCL') Aintree Based Pathology System Issues – Report no GB 67-14**

The Head of Quality/Chief Nurse presented a paper to the Governing Body to provide an update on further action and progress since the previous update in July 2014 which outlined the issues concerning Liverpool Clinical Laboratories and the potential impact on Liverpool patients:

- Task and Finish Group set up to monitor each issue area.
- Issue 1 Macroprolactin/Prolactin results had been reported on the Strategic Executive Information System ('STEIS'). This had been followed through and assurance given of no further incidences. This was being led by the co-ordinating commissioner.
- Issue 2 Non-Receipt of Results relating to 9 Tests – this affected South Sefton CCG and GP practices in the North of Liverpool. This had been reported on STEIS. Mitigating actions had been put in place and the Primary Care Quality Team were the contacts for any queries.
- Issue 3 Unavailability of Results on the GP IT Systems – this had been caused by EMIS web rejection process causing the loss of data in the DTS mailbox. Measures taken by LCL working with Clinisys to resolve the issue were outlined in the report. The Clinical Vice Chair commented that it was better for this issue to be identified now and gaps in the software resolved rather than in the future when the fallout would be greater.
- NHS England had facilitated a meeting in July 2014 and had agreed to facilitate a further meeting in September 2014 where the Root Cause Analysis report would be scrutinised. The CCGs were looking at commissioning an external review as well.

In response to a query from the Local Medical Committee Secretary, the Clinical Vice Chair noted that assurance had been given that this would not be repeated in the future.

It was noted that page 5 of the paper was incorrect and the only laboratory work which had been moved to the Royal Liverpool Hospital from the Aintree Laboratories was domiciliary.

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

- **Noted the further action and continued progress to manage the issues and mitigate risk**
- **Noted the intention to review events to ensure learning is determined and disseminated**
- **Confirmed that this issue should continue to be monitored through LCCG's routine quality monitoring processes unless further significant issues emerge.**

#### **4.2 Corporate Risk Register – Report no GB 68-14**

The Head of Operations and Corporate Performance presented the Corporate Risk Register to the Governing Body. Changes to existing risks were marked in blue, unchanged risks were marked in orange, risks which had increased were marked in red and risks which had decreased were marked in green. He highlighted the following changes:

- C010 Major Service Failure leading to significant and prolonged disruption – this had been removed.
- C011B Patient Care and Service Delivery falling below acceptable and safe standards - re Aintree the risk had been reduced with regard to likelihood and the trust had moved to routine provider surveillance but the risk had been kept on the Register until there had been a full quarter of improvement.

- C013 re delivery of commissioned services to patients by St Helens and Knowsley Hospitals NHS Trust – this was to be removed and the provider had been stepped down to routine surveillance.
- C015 Poor Quality Data leading to inaccurate monitoring – review of the Commissioning Support Unit had put controls in place but Liverpool CCG staff still needed to intervene but were not involved in monitoring.
- C016 Recharges from Liverpool Community Health Partnership and NHS Property Services for unallocated costs exceeding provision - the recharges for 2014/15 had been agreed.
- C018 failure to deliver transformation of health and healthcare through the Healthy Liverpool Programme – infrastructure agreed and in place with controls and specific programme risk register which was presented routinely to the Healthy Liverpool Programme Leads Board.
- C020 and C022 Development of Two and Five Year Strategy and Delivery of Comprehensive Clinical Services for Cancer – the Two and Five Year Strategy requested by NHS England had been delivered. Clatterbridge had agreed the public consultation.
- C025 Delivery of Signed Contracts by 31<sup>st</sup> March 2014 – these had now all been completed.
- C030 a, b and c Delivery of Safe and Reliable Clinical Laboratory Service – with regard to Liverpool Clinical Laboratories specific actions had been taken to mitigate risk and reduce the threat.

## New Risks:

- C031 Delivery of NHS Constitution Waiting Times.
- C032 Managing Royal Liverpool Hospital Over-performance – a contract query had been issued to the provider. Liverpool CCG had requested a quality assurance exercise of the admissions data.
- C033 Agreement to secure information management services for Liverpool CCG from April 2015 – this is supplied through a Service Level Agreement but there maybe possible changes in 2015, we are therefore re-assessing our risks. An update would be brought to the Governing Body meeting in a few months' time.
- C034 Delivery of Referral to Treatment Waiting Times – (this did not include Alder Hey) waiting times plans were to be submitted early in the year to NHS England. Alder Hey plan around elective care had been assessed by the Intensive Support Team and deemed not acceptable, Monitor to visit and this was highlighted as a risk to the CCG.

## The Governing Body Members commented as follows:

- Only Royal Liverpool Hospital Four Hour A&E performance was on the Risk Register, not Aintree. The Head of Operations & Corporate Performance noted that Aintree's performance had deteriorated and would appear on the next publication of the Risk Register.
- The Chief Officer noted risk C024 Liverpool Community Health services to meet requirements was showing a residual risk of 20. The Head of Operations & Corporate Performance noted that following the Care Quality Commission Report significant work had been carried out with key commissioners with the trust. The Chief Nurse/Head of Quality had been involved with follow up Quality Surveillance Group meetings with the provider. This would be monitored via the Quality

Surveillance Groups. The Head of Quality/Chief Nurse added that there had been six months of turmoil for the provider, the recent Collaborative Commissioning Forum had gone very well with the commissioners providing support and challenge to the provider to make improvements but this would take time. The North Locality Chair noted that the Action Plan would be with the CCG on 24<sup>th</sup> September 2014, just before the date of the next Collaborative Commissioning Forum. It was noted that there was willingness to share and transparency from Liverpool Community Health.

- **Noted the revised and updated risk register and the actions underway to mitigate the risks identified**

## **PART 5: PERFORMANCE**

### **5.1 Performance Report – Report no GB 69-14**

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 2014/15.

He highlighted:

- Diagnostic Services – there had been historic poor performance from Liverpool Community Health which had improved substantially in July but still below the 1% threshold. July data had not been validated but was showing 18 patients waiting over 6 weeks compared with 325 in June. The CCG needed to continue to monitor this but this was encouraging.
- Stroke – CCG had improved on the 60% target for the percentage of patients with a high risk of stroke who experience a TIA being assessed and treated within 24 hours exceeded the target in July at 69.9%. Overall there

was a decline in performance of the 80% target for stroke patients spending 90% of their time on a Stroke Unit.

- Health Care Acquired Infections: There had been 24 cases of C-Diff in July (12 acute, 12 community) but this appeared to be purely seasonal variation and early data for August was showing a decrease to 8. The Royal Liverpool Hospital had reported 2 cases of MRSA (one acute, one community) and the normal post infection reviews were underway.
- Cancer Waits – overall all cumulative targets achieved. There were specific pressures but involved very small numbers of patients with rare cancers usually at the end of a long pathway.
- Referral to Treatment - 18 week targets achieved, there were 7 breaches of the 52 week target but the Royal Liverpool Hospital's July data had not been available and included.
- 4 Hour A&E Performance – Liverpool CCG was just below the 95% target at 94.3%. Some improvement was being seen at the Royal Liverpool Hospital, although performance at Aintree Hospital remains a serious concern, with their performance in Quarter 2 making achievement of the year end target very difficult.
- Mixed Sex Accommodation – 7 breaches at the Royal Liverpool due to environmental pressures re the location of the Renal High Dependency Unit and the Coronary Care Unit. As this was not immediately rectifiable there would no doubt continue to be breaches through September and October 2014.
- North West Ambulance Service Performance – Liverpool performance was on target but this was not the same for the rest of Merseyside.
- Care Quality Commission – reports received re Alder Hey and Liverpool Community Health.

- Patient Safety – a Never Event wrong site surgery had occurred at Liverpool Heart and Chest Hospital for a patient from Warrington.
- Financial Position – there was a small underspend as at 31<sup>st</sup> July 2014 but the CCG was on target to achieve the financial plan.

**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.**

**6. QUESTIONS FROM THE PUBLIC**

Mr Sam Semoff had a submitted the following questions in advance of the Governing Body meeting:

*“Background*

*Feedback from patients indicates that as of 1<sup>st</sup> September 2014, Princes Park Health Centre had three GPs. This included two part-time GPs doing three days a week and one GP doing one and half days a week. The remainder of cover when available is being provided by GPs on zero contracts, locums, permanent locums and long term locums.*

*Thus we would wish to ask how does Liverpool CCG plan to ensure continuity of care at Princes Park Health Centre?”*

In response the Head of Primary Care Quality and Improvement read out the following:

“Liverpool CCG is aware of the benefits of continuity of care in the GP-Patient relationship and as such continue to work closely with SSP/NHS England to ensure high quality care

is being delivered. The CCG will be attending future quality/contract meetings to oversee ongoing improvement.

SSP are currently in the process of recruiting GPs. Across Liverpool and Sefton 23.7 WTE GPs have been appointed. In Princess Park 2 GPs have given notice. As a consequence 65% of sessions are covered by SSP Health GPs. The remaining 35% is currently covered by locum agency GPs. However SSP have stated the same GPs are booked. SSP are continuing the recruitment process.”

## **7. ANY OTHER BUSINESS**

None.

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

Tuesday 14<sup>th</sup> October 2014 at 1pm, to be held in the Boardroom at Arthouse Square.