

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 13TH JANUARY 2015 1pm
Boardroom, Arthouse Square

PRESENT:

VOTING MEMBERS:

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

CO-OPTED:

Dr Rob Barnett	LMC Secretary
Tina Atkins	Practice Manager
Dr David Webster	GP – Matchworks Locality
Dr Tristan Elkin	GP – Liverpool Central Locality
Dr Paula Finnerty	GP – North Locality Chair
Councillor Roz Gladden	Liverpool City Council

IN ATTENDANCE:

Ian Davies	Head of Operations & Corporate Performance
Tony Woods	Head of Strategy & Outcomes
Cheryl Mould	Head of Primary Care Quality & Improvement
Kim McNaught	Deputy Finance Director
Carole Hill	Head of Communications
Phil Wadson	Director of Finance, NHS England Merseyside Area Team
Samih Kalakeche	Director of Adult Services & Health, Liverpool City Council
Martin Smith	Public Health (representing Sandra Davies)
Ray Guy	Retired Practice Manager
Paula Jones	Minutes

APOLOGIES:

Derek Rothwell	Head of Contracts & Procurement
Dr Sandra Davies	Interim Director of Public Health (Martin Smith representing)

Public: 7

PART 1: INTRODUCTIONS & APOLOGIES

Introductions were made for the benefit of the members of the public present. The Chair welcomed the new Practice Manager Co-opted member to the meeting. It was noted that Ray Guy would still be attending in an advisory capacity and the Chair congratulated him on his MBE in the New Year's Honours list.

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 December 2014 were agreed as an accurate record of the discussions that had taken place subject to the following amendments:

- It was noted that clarification was needed in the section 2.1 feedback from the Approvals Panel on the number of additional appointments per week funded from winter monies as the numbers in the minutes did not add up. The Head of Primary Care Quality & Improvement agreed to ensure this was updated.
- It was noted that in section 3.3 Procedures of Low Clinical Priority review, the review of the commissioning of circumcision would be carried out during the 12 month period not after 12 months.

Addendum to minutes – the section on Procedures of Low Clinical Priority was not fully accurate and should be as follows (changes to previously agreed minutes are in italics):

“The Governing Body Clinical Lead for Planned Care presented the paper to the Governing Body setting out a revised Procedures of Low Clinical Priority for review and approval. The Service Implementation Manager was present for the discussion and took the Governing Body through some of the changes to the previous PCT Policy; and services where the CCG was proposing a different commissioning approach to other local CCGs/National Institute for Clinical Excellence (‘NICE’) Guidance.

- A 90 day public consultation period had been undertaken across the 12 Cheshire & Merseyside CCGs. Two provider events had been held and an Equality Impact Assessment completed.
- The Policy had been updated with a view to updated NICE Guidelines, with NHS England commissioned services removed.

- Circumcision: Liverpool would continue to commission circumcision for *social, religious or cultural* reasons and *will* review during the next 12 months.
- Varicose Veins: NICE Guidance *recommends* that all symptomatic *varicose veins should be treated* but the policy maintained treatment would *only* be commissioned *in the event of specific criteria being met. This was no change from the current position.*
- Lycra Suits: these would be *funded via the Continuing Health Care budget, not IFR.*
- Continuous Glucose Monitoring Systems: NICE did not support this but there were cases when it was beneficial and so would continue under the Individual Funding Request route.
- Gender Dysphoria: majority of complex surgery was carried out via specialist commissioning but the additional non core items would continue *to be considered for funding via* the Individual Funding Request route *with care taken* to meet our Equality Duties for protected characteristics.
- Complementary Therapies: NICE Guidance *recommends Alexander Technique for Parkinson's disease, ginger and acupressure for reducing morning sickness and acupuncture and manual therapy for persistent low back pain.* Liverpool CCG commissions *Homoeopathy, acupuncture and remedial massage* which was different to other CCGs. Patient feedback was positive. As such this would be retained.
- IVF: NICE Guidance recommended 3 cycles for women under 40, however Liverpool Women's Hospital had a higher than normal success rate so the recommendation was 2 cycles with a third cycle *via Individual Funding Request raised by a Fertility Consultant.*
- Collagenase Treatment: *A successful pilot had recently been carried out by local providers for Collagenase injections for Dupuytren's Contracture. The pilot had positive outcomes and patient feedback. It is expected that NICE Guidance will approve this treatment. The pilot yielded a cost saving of £136k. It was recommended that this treatment be commissioned."*

1.3 MATTERS ARISING Not already on the agenda:

- 1.3.1 Action Point Three – it was noted that the Business Case for the Physical Activity Strategy would be brought to the March 2015 Governing Body meeting.
- 1.3.2 Action Point Four Joint Strategic Needs Assessment – the Governing Body was updated that this was not ready yet, however the Public Health representative noted that the information was available in PDF format on the website and the Joint Strategic Needs Assessment was being refreshed and would be available very soon.
- 1.3.3 Action Six – it was noted that practices had been written to following the discussion to inform of the recommended way forward from the Governing Body on Primary Care Co-Commissioning.
- 1.3.4 Action Point Eight – the Chief Officer noted that an NHS Trust had been identified to continue the service of the iVan, the CCG would continue to fund but the service would need to be reviewed to ensure that the maximum benefit was derived. This would also be influenced by how to work with other CCGs if they wished to participate.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 01-15:

- Healthy Liverpool Programme Leads Board 9th December 2014 –the Chief Finance Officer fed back to the Governing Body:
 - ✓ Phase Two had closed and Phase Three had begun.

- ✓ The next meeting would pick up on feedback from PA Consulting on the diagnostic process.
 - ✓ Integrated Community Diabetes Service first phase approved – the investment proposal was on the agenda for the January 2015 Governing Body meeting.
 - ✓ Transformation of Dementia services and approval of a Dementia Clinical Network – this was for information.
- Finance Procurement & Contracting Committee 16th December 2014 – the Chief Finance Officer fed back to the Governing Body:
 - ✓ Point of Prescribing Software - procurement challenge around social value due to small number of suppliers.
 - ✓ Procurement of BME Community Mental Health service – procurement process took around nine to twelve months to complete therefore the process needed to start very soon.
 - ✓ Community Diabetes Service – this was on the Governing Body agenda for January 2015.
 - Quality Safety & Outcomes Committee 16th December 2014 – the Lay Member for Patient Engagement fed back to the Governing Body:
 - ✓ Publication of Mental Health Homicide Reviews and associated publicity was discussed .
 - ✓ Safeguarding Strategy – A common strategy across the Mersey CCGs was proposed but St Helens had decided to make its own arrangements.

- ✓ Pressure Ulcers/Liverpool Community Health – issue of nursing homes and LCH only being called in when pressure ulcers were problematic. The Head of Quality/Chief Nurse added LCH were now reporting pressure ulcers not directly attributable to them so it was now possible to see how many were in the system as a whole. There was close working with Local Authority colleagues via the Healthy Ageing Programme to assess the quality of care in care homes.
- Audit Risk & Scrutiny Committee – the Lay Member for Governance/Deputy Chair fed back to the Governing Body:
 - ✓ Meeting had been straightforward with no significant issues to report.
 - ✓ Main issue was the sign off of the Annual Report and Accounts in May 2015 at the extraordinary Governing Body meeting. Amendments had been made to the Constitution, which had been submitted to NHS England for approval, to allow proxy voting/participation via teleconference in order to facilitate a quorum, also to resolve conflict of interest issues. The constitutional changes had been discussed with the membership for their approval.
- Approvals Panel 23rd December 2014 – the Lay Member for Governance/Deputy Chair fed back to the Governing Body:
 - ✓ One item discussed. In submitting applications for approval for the over 75 £5 per head funding for winter pressures, some practices had been cautious and could do more. One practice had come back asking for additional approval. It was expected that there would be other practices following suit. If they were performing well and there were funds available then the extensions would be approved.

The NHS Liverpool CCG Governing Body:

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

2.2 Feedback from the Merseyside CCG Network 7th January 2015 – Report No GB 02-15

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

- This had been a joint Merseyside and Cheshire meeting. The NHS England Sub Regional Team had attended.
- There had been a presentation from AQUA. This was a good service and more use could be made of it therefore there would be a meeting with the Senior Management Team to look at the programme and how best to utilise it.
- Safeguarding Service – St Helens CCG had decided not to support the proposed Adult Safeguarding arrangements and to do something in house. Liverpool CCG was committed to making it work and revising as necessary.

The NHS Liverpool CCG Governing Body:

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

2.3 Feedback from Joint Commissioning Group 15th December 2014 – Report No GB 03-15

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

- This had been a workshop looking at key priorities for joint commissioning and had been extremely productive.

- Six areas identified for in depth focus: Mental Health, Children, Learning Disability, Substance Misuse, Healthy Ageing and Living Well.
- A further meeting had taken place on 12th January 2015 with further discussion around Learning Disability and Children.
- The Director of Adult Service & Health for Liverpool City Council noted that delayed discharges had been discussed and how to free up beds in the system. Also the impact of physical activity on mental health and older people had been discussed.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from Joint Commissioning Group**

2.4 Chief Officer's Update

The Chief Officer updated the Governing Body:

- ✓ Improving Access to Psychological Therapies contract procurement had been completed and awarded to Mersey Care. Lots of lessons had been learnt in the process and from the previous contract. The procurement process had been legally robust and the provider offering was excellent.
- ✓ Liverpool had been announced as a Dying Well Community Pathfinder.
- ✓ Liverpool Women's Hospital had been announced as one of the 11 sites that would be leading on delivering the '100,000 Genomes Project' in a partnership led by Liverpool Women's Hospital alongside Liverpool Health Partnership and involving several other NHS Trusts from the region and the University of Liverpool.

National competition for the site had been strong and this was an excellent result. The Head of Strategy & Outcomes added that he was to meet with the Liverpool Women's Hospital scientific director and that the project would transform health outcomes for the Liverpool population.

- ✓ Liverpool CCG Governing Body members had met with South Sefton CCG's Governing Body members in a very useful session where a lot of commonality had been identified. Work areas had been identified and the meetings would continue on a quarterly basis. A similar meeting had taken place with the Board of Aintree Hospital to discuss mortality which had been very helpful. The North Locality Chair was leading on this for Liverpool CCG and the other Merseyside CCGs and noted that the new Action Plan had taken on board all the suggestions made by the CCGs and was a work in progress.
- ✓ Planning Guidance had been received immediately before Christmas and there was a paper on this later on in the agenda.
- ✓ Submission to NHS England for delegated responsibility for Primary Care Co-Commissioning – further engagement would be needed with practices and there were still some risk re staffing and resources and it would be important to work closely with NHS England to manage this. The application result from the NHS England Board was expected very soon, by the end of the month.

The NHS Liverpool CCG Governing Body:

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

2.5 NHS England Sub-Regional Team

The NHS England Merseyside Sub-Regional Team Director of Finance gave an update to the Governing Body on NHS England activity:

- The restructuring of the Sub Regional Team for Cheshire & Merseyside was completed with effect from 5th January 2015. This would be a challenging time with increased number of CCGs to cover, three bases and reduced staffing. For this reason they would need to look carefully at the level of support required by the different CCGs and tailor appropriately.
- Secondary Care System pressures – this varied across the patch but the Royal Liverpool Hospital and Southport Hospital were struggling. A New Cabinet Office meeting was taking place every Monday morning attended by the NHS England Regional Director. A national tripartite meeting was to take place with Aintree Hospital and Liverpool CCG would be given all the relevant information as soon as possible.
- Primary Care Co-Commissioning – the challenge was to make it work between the CCG and NHS England re staffing issues. 24 of the 66 CCGs in the North of England had made submissions for Delegated Responsibility Primary Care Co-Commissioning and the assumption was that approval would be granted unless there were very strong reasons not to.
- Deadline imminent for first submission to NHS England of next year's planning template.
- Preparations were being made for further industrial action scheduled for 29th January and 25th February 2015.
- Bariatric and Renal Services changes – it was supposed that these were on track for 1st April 2015 but no news had been received. The NHS England Sub-Regional Team Director of Finance agreed to obtain clarity on this.

The NHS Liverpool CCG Governing Body:

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

2.6 Update from Health & Wellbeing Board - Verbal

There was no update as the Health & Wellbeing Board had not met since the last Governing Body meeting.

2.7 Public Health Update - Verbal

The representative for the Interim Director of Public Health updated the Governing Body:

- 'Flu' Update – number of cases was increasing (outbreaks in care homes and school on the Wirral) so vaccination was extremely important. NICE Guidance had been issued on the use of anti-virals.
- Cancer Audit Work: awareness and early detection – half of practices had signed up.
- Neighbourhood Profiles – first collection from November 2014 were being refreshed with the Liverpool CCG Business Intelligence Team and Liverpool Community Health.
- Public Health Premium to incentivise local areas – one was national and one more local linked to the Public Health Outcomes Framework possibly the proportion of eligible population receiving NHS Health Checks. The Interim Director of Public Health would discuss these with the CCG to identify the second indicator and would pick this up.
- Behavioural Change Campaign brief had been prepared and an electronic version would be sent out to the Governing Body

The Governing Body Members commented:

- The Chief Officer referred to the support given to practices re 'Flu' vaccination and asked if there was any increase in uptake.
- The Chief Finance Officer asked if the Cancer Audit was linked to the NHS England Interface. The Head of Strategy & Outcomes responded that this was a Royal College of General Practitioners audit and there would be a strong push for audits to be returned.

The NHS Liverpool CCG Governing Body:

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

PART 3: STRATEGY & COMMISSIONING

3.1 Healthy Liverpool Investments: Integrated Diabetes Service – Report No GB 04-15

The Long Term Conditions Programme Governing Body lead presented a paper to the Governing Body on the strategic context around diabetes and the subsequent requirement for a Pilot Integrated Diabetes Service requiring additional funding in 2014/15 and 2015/16.

She highlighted:

- Diabetes represented 10% of the NHS budget and was the fastest increasing long term condition with prevalence expected to increase from 4.6% to 8.3% by 2030.
- Services in Liverpool were fragmented between Primary Care and two acute trusts.
- New model of Care – specialist care could be provided in the community with multi-disciplinary clinical teams, closer to home for patients.
- Support would need to be given to Primary Care to maintain consistent quality, Specialist Diabetes Nurses would work with the Practice Nurses to up skill them.

- Multi-disciplinary approach – full implementation by April 2015.
- Outcomes based contract.
- Phase One December 2014 to April 2016 would enable monitoring and evaluation of activity. Additional investment required of £242k for the year to 2014/15 and additional investment of £912k for 2015/16.

The Governing body members commented:

- There were recruitment issues around staff needing to be recruited but not being offered permanent posts as only two phases were envisaged so far.
- Would there be access for patients to their records? The Governing Body Lead noted that there was patient education required and taster sessions would be offered to patients which might lead to longer courses. The Clinical Vice Chair commented that facilitating patient access to records was part of the iLinks Strategy. The More Independent Governing Body Lead noted that More Independent was working with NHS England re a platform for patient held records with patients initially being able to pull up their own information and eventually EMIS and More Independent interacting.
- Acute foot care was not included in the service. The response from the Governing Body Lead was that it was seen as being part of Secondary and not appropriate for the multi-disciplinary Team community clinic. There would be a specialist hotline set up with access to a consultant in 24 hours.
- Who would decide on the up skilling of Practice Nurses. The Governing Body Lead responded that this would be offered to all practices, and also targeted where necessary.

- Referral to the service would be via a form which was being designed.
- It was good to educate the population to look after themselves better, not just for diabetes. The importance of the Physical Activity Strategy was stressed.
- With regard to the funding to be approved to April 2016 the Lay Member for Governance/Deputy Chair felt that there would be an expectation from providers that this would be recurrent.

That Liverpool CCG Governing Body:

- **Approved the additional investment of £242k for the year 14/15**
- **Approved additional investment of £912k for 15/16**
- **Noted that the contracting route has been approved by the Finance, Procurement and Contracting Committee.**
- **Noted that the Business Case has been initially approved by the Healthy Liverpool Programme Leads Board.**

3.2 The Forward View Into Action :Planning for 2015/16 – Report No GB 05-15

The Head of Strategy & Outcomes presented a paper to the Governing Body to inform on the key elements of the NHS Planning Guidance for 2015/16 and the requirements for delivery for the CCG.

The Guidance had been received on 23rd December 2014 from NHS England and there was strong synergy between the Guidance and the CCG Plans/Priorities. The Healthy Liverpool Phase Three Delivery Plan fitted with the timescale for delivery of the outcomes in the Forward View.

There would be a new relationship with patients and communities and Neighbourhood sustainability depended on a radical upgrade in prevention and public health. Patients would be empowered by the offer and delivery of personal

health budgets, with a focus on expansion of personal health budgets for Learning Disabilities and Children with complex needs. Patients to have a choice of providers, to include mental health and maternity services. Also carers needed to be identified and supported.

New Models of Care were to be created, four types were identified:

- Multi-speciality community providers.
- Integrated primary and acute care systems.
- Additional approaches to creating viable smaller hospitals.
- Models of enhanced health in care homes.

NHS England were looking for vanguard sites. Even if the Governing Body did not want to be a national vanguard site Liverpool CCG was already working on this via the Healthy Liverpool Programme.

Improving Quality and Outcomes – in last year's planning the CCG was required to set out five-year ambition metrics for seven indicators, this was now needed to be refreshed.

Achieving parity for Mental Health – Mental Health Transformation Board had met before Christmas and had the same priorities as the "Forward View".

Harnessing the Information Revolution and Transparency – this was via the iLinks Strategy and significant progress had already been made in this area.

There had been a 1.9% uplift in allocation for the CCG in 2015/16 equating to £14m. However the CCG remained 6.5% over target allocation.

In summary the Head of Strategy & Outcomes noted that the "Forward View" was challenging but contained no surprises and fitted with the Healthy Liverpool Programme so Liverpool CCG was well equipped to develop this.

The Governing Body Members commented as follows:

- The Governing Body Diabetes Lead noted the Diabetes Prevention Programme in Liverpool and the issue of raised practice activity and the Local Quality Improvement Scheme to support practices to identify patients at risk of diabetes. It would make sense for Liverpool to express an interest in this area.
- The Governing Body More Independent Lead noted the impact of the DALLAS and More Independent Programme Board on Liverpool being a vanguard site.
- The Lay Member for Governance/Deputy Chair congratulated the Head of Strategy & Outcomes on the paper. She stressed the importance of the social determinants of health and that it would be good to be ahead of the game as a vanguard site in theory but in practice we needed to be aware of the “small print” and might need to decline. The Chief Officer noted that this level of detail on the Care Models would be out later on that week. This would be discussed at the Strategic Development Session on 28th January 2015.
- The Director of Adult Services & Health, Liverpool City Council, noted that Section 75 existed already for joint working.

The NHS Liverpool CCG Governing Body:

- **Noted the key components of the planning guidance**
- **Notes the requirements for the CCG in delivery of the guidance**
- **Noted the proposed approach to refresh of the CCG Operational Plan for 2015/16**
- **Discussed potential expression of interest in becoming an initial cohort site to co-design models of care**
- **Discussed potential expression of interest in the CCG co-designing the national Diabetes prevention programme.**

PART 4: GOVERNANCE

4.1 Corporate Risk Register– Report no GB 06-15

The Head of Operations & Corporate Performance presented the Corporate Risk Register to the Governing Body. He noted that the Senior Corporate Services Manager had included a breakdown and analysis of the risks: 17 were static, 1 had increased and 1 had reduced, 2 new risks had been added. All changes were highlighted in blue:

- C024 delivery of services by Liverpool Community Health – CPQG to do deep dives into areas of concern and have oversight of remedial action plan from investigations.
- C029/C032 delivery of four hour A&E targets at Royal Liverpool Hospital – external audit of emergency activity concluded and final report to be expected early January 2015 to be actioned by the Urgent Care Team and brought back to the Governing Body in due course.
- C035 delivery of four hour A&E targets at Aintree Hospital – the CCG Urgent Care Manager had been working on the ground at the Trust during December 2014 which had helped enormously. She had been proactive in working with the Chief Operating Officer and the Trust would take forward actions in the New Year.
- C036 Winter pressures on providers – System Resilience Group (chaired by the Liverpool CCG Governing Body Urgent Care Lead) had brought together all stakeholders and would inform decision making going forward. NHS England had distributed winter monies in April which had allowed forward planning.

New Risks:

- These had arisen from the December 2014 meeting of the Quality Safety & Outcomes Committee around Safeguarding at Liverpool Women's Hospital and Alder Hey Hospital (C038 and C039). The Head of Quality/Chief Nurse updated the Governing Body that for the Key Performance Indicator for the trusts around having a framework and strategy for Safeguarding had been red and a great deal of work had already been carried out with the trusts to mitigate. For Liverpool Women's Hospital there were staffing issues which had been identified which had now been addressed. A recent Section 11 Panel just before Christmas (Liverpool Safeguarding Children's Board Audit process) had shown that the trust was making improvements. Alder Hey were making improvements at a slower pace as this was more around the wider governance process within the trust.

The Lay Member for Governance/Deputy Chair asked for a statement to be added to the Register that where a risk was recommended for removal that there should be an additional sentence to provide assurance to the GB that all evidence has been obtained and considered.

The NHS Liverpool CCG Governing Body:

- **Noted the two new risks added as at 11th Dec 2014 (CO38 & CO39)**
- **Reviewed updated actions and mitigation against all extreme and high risks**

4.2 Revisions to CCG Constitution– Report no GB 07-15

The Head of Operations & Corporate Performance presented a paper to the Governing Body on the submission made to NHS England to make a series of revisions to the CCG Constitution.

There was an opportunity twice a year for the CCG to submit changes to NHS England and the current window closed on 6th January 2015. Following communication with practices the following changes had been submitted for approval:

- reflect the delegation of the discharge of specific statutory duties to the Governing Body;
- revisions to the Committee structure;
- the inclusion of provision for delegated commissioning arrangements for primary care services;
- the inclusion of provision for joint commissioning arrangements with other CCGs/NHS England;
- numerous minor amendments to clarify ambiguity and to correct grammatical/punctuation errors;
- and the inclusion of proxy voting and/or tele or video conference participation in Governing Body meetings.

The only committees specifically mentioned in the revised version of the Constitution were the statutory ones of Audit and Remuneration and the new Primary Care Commissioning Committee (existing Primary Care Committee would become Primary Care Quality Sub-Committee and would be a sub-committee of the Primary Care Commissioning Committee, it was therefore not defined in the Constitution document). Section 6.4.1 needed to be amended to reflect this. This would facilitate changes to the committee structure to be made without having to consult with all members and submit a proposed change to the Constitution to NHS England in the bi-annual window. Some minor typographical/grammatical errors had also been amended and the list of practice names updated/revised (page 8). A section had been added on joint commissioning arrangements with NHS England/other CCGs (Section 6.5) and the Primary Care Committee changed to Primary Care Commissioning Committee to take on the delegated responsibility for co-commissioning to meet NHS England requirements.

Section 8.2 had been updated to strengthen the wording around conflict of interest arrangements and a policy would be brought to the Finance Procurement & Contracting Committee and Governing Body for approval next month.

Section 3.7 on decision making had been updated to allow proxy voting and participation via technology at the discretion of the Chair should the Governing Body not be quorate due to exceptional circumstances.

Terms of Reference for Primary Care Commissioning Committee (page 90) (b) i), ii) and iii) were to be deleted which appeared in the draft amended Constitution.

NHS England feedback on the changes was expected by the end of the week.

A Governing Body GP member asked about the timeframes for eligibility for reappointment. The Chief Officer noted that this needed to be considered.

The Lay Member for Governance/Deputy raised the issue of additional principles to be added to the Nolan principles for conduct (as promoted by the Scottish Executive and Good Governance Institute):

- No 8 - Public Service: Holders of public office have a duty to act in the interests of the public body of which they are a Board member and to act in accordance of the core tasks of the body, and;
- No 9 - Respect: Holders of public office must respect fellow members of the public body and employees of the body and the role they play, treating them with courtesy at all times.

The NHS Liverpool CCG Governing Body:

- **Noted the revisions made and submission of the revised Constitution to NHS England for approval.**

Part 5: Performance

5.1 CCG Performance Report – Report no GB 08-15

The Head of Operations & Corporate Performance presented the Performance Report to the Governing Body to report on the CCG's performance in the delivery of quality, performance and financial targets for the year 2014/15. He highlighted:

- Most of the data in the report was as at November 2014, a lot of December 2014 data had not been available at time of publication therefore the report to the February 2015 Governing Body would see a jump in figures.
- Diagnostic waiting times had improved.
- Ambulance response times – at CCG level North West Ambulance Service had met the two key response targets (75% response within 8 minutes) for Red 1 and 2 calls locally, although Red 19 minutes target had been narrowly missed. However there was a very high volume of Red calls through November and December. The service had seen a 7.6% growth in Red activity above the contract baseline and an overall incident growth of 3.1%. As a result of this growth they had struggled with performance overall with the three Red targets not achieved at North West level in November 2014. Additional voluntary and private sector activity had been commissioned to alleviate the problem but the pressures remained.
- Cancer – the CCG had achieved all cancer targets year to date but there were on-going difficulties at the Royal Liverpool Hospital re the two referral target and the 31 day diagnosis to treatment target. Aintree Hospital failed the target for GP referral to first definitive treatment for both year to date and October 2014.
- Referral to Treatment – the CCG had overall achieved all 18 week and 52 week targets in November 2014. At provider level Alder Hey failed targets for both admitted

and non-admitted pathways, Liverpool Heart & Chest Hospital did not achieve the 18 weeks admitted pathway, mainly due to cardiothoracic surgery not commissioned by Liverpool CCG. The CCG was working with Alder Hey to review pathways and address issues.

- A&E four hour waits – winter was proving to extremely challenging for A&E performance and the 95% target. Full December data was not available, for November data Liverpool CCG had marginally failed the target. Aintree Hospital continued to underperform significantly. The System Resilience Group continued to work with both the Royal and Aintree. A Partnership meeting with the Local Authority was set up to look at discharge and patient flow as an issue.
- Stroke /number of patients spending at least 90% of their time on a Stroke Unit was just below the 80% target at 79% due to bed pressures in the system.
- MRSA – no new cases in November but for the year the zero tolerance target was breached.
- C-Difficile – 16 new cases in November (11 for Royal Liverpool Hospital) There were appeals panels proposed to demonstrate that all that had possible measures had been taken to avoid so as to count negatively against the trust.
- There were new indicators for assurance to the Governing Body of the management of Serious Incidents.
- Two Never Events occurred in November 2014 both wrong site surgery at the Royal Liverpool (Ophthalmic) and Liverpool Community Health (dentistry) – these would be reviewed by the Quality Safety & Outcomes Committee.
- North West Ambulance Services ('NWAS') had been selected by the Care Quality Commission as the first ambulance trust to be inspected

- Care Quality Commission report on General Practice inspections to February Governing Body
- Hospital Intelligence Reports were to be released for community providers – an update to be brought to the Governing Body when these are available.
- ‘Flu’ vaccination – Liverpool practices had performed well vaccinating 75% of all over 65s and approximately 50% of pregnant women and those at risk under age 65.
- Financial Position – this was showing as green with an underspend of £525k as at 30th November 2014.

The Governing Body Members made the following comments:

- The Secondary Care Clinician asked for more detail about work on-going re C-Difficile. The Head of Quality/Chief Nurse responded that there was a Post Infection Review carried out after each incidence bringing together all providers involved in the patient’s care including care homes and GP colleagues. The negative impact of last year was being felt even though the current year’s performance was improved.
- The Governing Body Prescribing Lead referred to the Association of the British Pharmaceutical Industry Standing Committee and the effect on the prescribing key performance indicator of practices making informed prescribing decisions and deferring of decisions to patients where patient’s judgment could be utilised.
- The Head of Operations & Corporate Performance noted the extensive work being done with Public Health and Liverpool Women’s Hospital re smoking prevalence in patients at the trust which was a reflection of the overall population smoking prevalence. The Head of Strategy & Outcomes added maternity smoking prevalence had been highlighted at the Joint Commissioning Group as

Manchester had a similar population to Liverpool and had made improvements.

- The Chief Officer referred to Aintree Hospital's performance re the target for treating stroke patients on a dedicated stroke ward and what they could learn from the Royal. The Head of Operations & Corporate Performance noted the different pressure that Aintree were working under re the discharge process. It was confirmed that this was discussed every month at the Clinical Performance & Quality Group.
- It was noted that Aintree was performing better than the Royal according to the Friends and Family Test. The Head of Operations & Corporate Performance noted that this was not the only method of obtaining patient feedback and that the Head of Communications was working on this. The Head of Communications added that an investment case had been developed for a system wide approach to adopt patient opinion. The Chair noted that the Friends & Family Test was nationally mandated.

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.**

6. QUESTIONS FROM THE PUBLIC

- 6.1** A question had been submitted by Mr Sam Semoff which was read out by the Chair:

“Background

An article in the British Medical Journal published 10 December 2014 analyzed data supplied by CCGs, showed that between April 2013 and August 2014, 3,494 contracts were awarded. 1,149 (33%) were awarded to private sector providers, 335 (10%) to voluntary and social enterprise private sector providers, and 100 (3%) to other types of providers, such as joint ventures or local authorities.

Thus I would wish to ask the following:

1. The number of contracts awarded by Liverpool CCG between April 2013 and August 2014?
2. The number awarded to private sector contractors?
3. The number awarded to voluntary and social enterprise private sector providers?
4. The number awarded to other types of providers, such as joint ventures or local authorities?"

The Chief Officer responded to the question:

1. The number of contracts awarded by Liverpool CCG between April 2013 and August 2014?

- Of the CCGs 41 clinical contracts only 3 have been awarded since the establishment of the CCG.

2. The number awarded to private sector contractors?

3. The number awarded to voluntary and social enterprise private sector providers?

- Of the 41 7 are with private providers (2 via Any Qualified Provider, 4 where Liverpool was a co-commissioner and 1 where Liverpool CCG was the coordinating commissioner).
- Of the 3 new contracts, 2 were NHS and one was a Social Enterprise.

4. The number awarded to other types of providers, such as joint ventures or local authorities?

- No NHS contracts were awarded to the Local Authority – there were grants to the Local Authority of £21k and Section 75 was in place for joint arrangements between Liverpool City Council and Liverpool CCG.

6.2 An update on the iVan was requested. The Chief Officer referred to her earlier statement and noted that a NHS provider had been found who was willing to take on the services and discussions needed to be held with neighbouring CCGs to see if they wanted to be involved and how they wished to develop the service.

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Tuesday 10th February 2015 at 1pm, to be held in the Boardroom at Arthouse Square.