

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 14TH MARCH 2017
2.30pm

BOARDROOM, LIVERPOOL CCG, THE DEPARTMENT

PRESENT:

VOTING MEMBERS:

| | |
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| Dr Nadim Fazlani | Chair/GP |
| Katherine Sheerin | Chief Officer |
| Tom Jackson | Chief Finance Officer |
| Prof Maureen Williams | Lay Member – Governance/Deputy Chair |
| Dr Simon Bowers | GP/Clinical Vice Chair |
| Dave Antrobus | Lay Member – Patient Engagement |
| Dr Fiona Lemmens | GP |
| Dr Shamim Rose | GP |
| Jane Lunt | Head of Quality/Chief Nurse |
| Moira Cain | Practice Nurse |
| Dr Janet Bliss | GP |
| Dr Donal O'Donoghue | Secondary Care Doctor |
| Dr Rosie Kaur | GP |
| Dr Monica Khuraijam | GP |
| Dr Fiona Ogden-Forde | GP (In attendance by telephone for item agenda 4.2) |

NON VOTING MEMBERS:

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| Dr Paula Finnerty | GP – North Locality Chair |
| Dr Rob Barnett | LMC Secretary |
| Paul Brant | Cabinet Member for Health & Adult Social Care, Liverpool City Council |
| Dr Sandra Davies | Director of Public Health |
| Tina Atkins | Practice Manager Member |

IN ATTENDANCE:

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| Ian Davies | Chief Operating Officer |
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| Tony Woods | Healthy Liverpool Programme Director - Community Services & Digital Care |
| Carole Hill | Healthy Liverpool Integrated Programme Director |
| Stephen Hendy | Senior Operations & Governance Manager |
| Sarah Thwaites | Healthwatch (representing Lynn Collins |
| Ray Guy | Retired Practice Manager |
| Mark Bakewell | Deputy Chief Finance Officer |
| Samih Kalakeche | Director of Adult Services & Health, Liverpool City Council |
| Derek Rothwell | Head of Contracting & Procurement |
| Julie Byrne | PA/ Board Administrator Minutes |

APOLOGIES:

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| Dr Jamie Hampson | GP Matchworks Locality |
| Cheryl Mould | Primary Care Programme Director |
| Dr Maurice Smith | GP |
| Dyanne Aspinall | Programme Director Integrated Commissioning – Health & Social Care |

Public: 12

PART 1: INTRODUCTIONS & APOLOGIES

Introductions were made for the benefit of the members of the public present and the Governing Body members/attendees present introduced themselves. The Chair emphasised that this was a private meeting held in public with the opportunity for questions at the end of the agenda. Questions could be submitted by the public in advance of the meeting for a response to be prepared. There was an opportunity at the end of the agenda for succinct questions from the floor which would be answered as far as was possible in the time available.

The Chair announced that this meeting was being recorded for the purpose of the minutes. The meeting was not quorate but had a proxy vote from Dr Maurice Smith, Dr Rosie Kaur, Dr Fiona Ogden-Forde and Dr Janet Bliss.

The Chair also announced that this would be the last Governing Body meeting for Ray Guy who is stepping down from his role. The Chair thanked Ray for all his hard work and dedication from the beginning and wished him the very best of luck in the future.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest made specific to the agenda.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 14th February 2017 were agreed as an accurate record of the discussions that had taken place subject to the following amendments:

- Page 12 – replace the word “security” with “scrutiny”
- Page 13 – “15 years” was replaced with “few years”
- Page 17 - replace the word “aware” with “unaware”
- P17 - Change “Secondary Care clinicians needed to be aware of the challenges” to “Secondary Care clinicians were already aware of the challenges”

1.3 MATTERS ARISING

- 1.3.1 Action Point One – the minutes of the previous meeting had been updated accordingly.
- 1.3.2 Action Point Two – it was noted that the Liverpool Safeguarding Adults and Children’s Board Annual Reports for 2015/16 were on today’s agenda
- 1.3.3 Action Point Three – it was noted that no further guidance had been received regarding the addendum to the Operational Plan 2017/18 for the Better Care Fund. This would be brought to the April 2017 meeting.

- 1.3.4 Action Point Four – it was noted that the Liverpool, South Sefton and Southport & Formby CCGs' proposal was on today's agenda.
- 1.3.5 Action Point Five – Armed Forces Covenant, monitoring information to be brought back to the Governing Body meeting in August 2017.
- 1.3.6 Action Point Six – the Chief Officer answered the question from the public regarding patient choice straight after the February's 2017 meeting.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 17-17:

- Audit Risk & Scrutiny Committee 17th February 2017 – the Lay Member for Governance/Deputy Chair fed back to the Governing Body:
 - ✓ Better Care Fund Arrangements review for 2016-17 - no guidance received as yet for 2017-18 financial year. Continues to go forward positively without the guidance.
 - ✓ Safeguarding Update - Number of safeguarding challenges given the population. There is also an increase in numbers of 'Looked after Children'. Improvements were required in a number of areas. The Governance Structure is well established and monitoring requires improvements. The Audit Committee agreed to keep this item on the agenda.
- Finance Procurement & Contracting Committee 21st February 2017 – the Deputy Chief Finance Officer fed back to the Governing Body:
 - ✓ Finance Update as per month 10 reporting (January) with regards to delivery of NHS England Business Rules - a number of risks as identified within the papers, increased activity in contract expenditure, prescribing, CHC, delivery of financial

recovery plan measures. Mitigation actions identified to deliver Business Rules requirements. Continue to monitor forecast outturn assumptions until the end of the financial year in order to ensure delivery.

- ✓ Catheter and Stoma Supply Management Service – There are increasing costs for catheter and stoma appliances. The CCG would need to be mindful of potential procurement considerations once the preferred approach has been agreed. Early awareness of rising costs has ensured this is a prioritised programme of work. Various options are being considered by clinical / management lead in order to mitigate against cost pressures. Potential for risk share to be explored to further mitigate increasing costs.
- ✓ Auto Enrolment (Workplace pensions) – there has been a change in legislation. The CCG is required by law to ensure all eligible workers have alternative arrangements in place by 1st July 2017. A list of eligible (& non-eligible) staff will be identified. Alternative scheme provider identified (NEST). The Finance & HR working group will meet to ensure actions are completed as required.
- ✓ Finance, Contracting & Business Intelligence Risk Register – Risks are updated as per ongoing monitoring arrangements. Of particular note is the pause to community services transaction with potential financial impact. Continue to monitor risks within directorate teams and escalation of risks through appropriate governance routes.
- Healthy Liverpool Programme Board 22nd February 2017 the Lay Member for Patient Engagement fed back to the Governing Body:
 - ✓ Digital Programme Governance - Ensure the leadership and governance of the HLP Digital Programme transitions effectively to a North Mersey footprint. A new North Mersey digital governance arrangement has been approved and

communicated, with clear Terms of Reference. All parties are supportive.

- ✓ Single Service System Wide Clinical Service Reconfiguration - Ensure the rationale for a proposed single service change is clearly articulated to support a formal consultation. Single service narrative considered and endorsed by the HLP Programme Board. Narrative has been shared with the system partners.
- ✓ Single Service – the Orthopaedics and ENT proposal was discussed. The risks and issues have been identified regarding this proposed reconfiguration and are understood, accepted and mitigated. The risks have also been added to the Hospital Programme risk register. They have now been discussed and accepted by the North Mersey Leadership Group.
- Quality Safety & Outcomes Committee 7th March 2017 – the Lay Member for Patient Engagement fed back to the Governing Body:
 - ✓ The Bridgewater CQC report considered (published February 2017) – The overview of judgements and implications considered. NHS Improvement is due to make a decision today regarding the approval to proceed with their original decision to award them the Liverpool Community contract.
 - ✓ The internal audit report from MIAA reviewing Liverpool CQC's quality assurance processes around Liverpool Community Health for the period 2013 to present was received and reviewed.
 - ✓ Equality annual report and equality objectives for 2017/18 were approved. The risk is that Liverpool CCG fails to discharge effectively specific duties within the Equality Act 2010 and associated guidance. This is a legal responsibility of the CCG to comply with the current legislation. The CCG is currently on track to achieve compliance within the

next 12 months. The Governing Body will receive the report at a future meeting.

- ✓ The review of Personal Health Budgets undertaken by Mersey Internal Audit Agency ('MIAA') was considered. An action plan is now in place to implement recommendations within the designated timescales (joint work within finance colleagues and CSU).

The NHS Liverpool CCG Governing Body:

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

2.2 Chief Officer's Update

The Chief Officer updated the Governing Body:

- Brownlow Group Practice had received an 'Outstanding' Rating following its Care Quality Commission ('CQC') inspection. This is the first practice within the City that has been inspected and achieved outstanding within its first inspection. The report highlights the commitment and dedication of the practice staff and also highlights the outstanding work they do with the homeless, intermediate care, cancer support and development of staff. The Chief Officer congratulated all staff at Brownlow Group Practice.
- The Chief Officer confirmed the outcome of the recent procurement of a number of APMS contracts as follows:
 - 3 Practices awarded to Brownlow Group Practice
 - 6 Practices awarded to Primary Care Connect (Collaboration between Bridgewater and GP Federation)
 - 4 Practices awarded to Health Action
- Letters have been issued to all patients informing them of the change.

- At last month's Governing Body it was announced that NHS Improvement had put a pause on the process to transact the 'core' Liverpool community services to Bridgewater NHS Trust. The pause had been made due to a CQC report published by NHS Improvement; the outcome of this was expected today, but at this time, nothing had been received.
- Results of the National Staff Survey for 2016/17 had been received and again were really positive with the CCG outperforming peers in most areas. The Chief Officer highlighted to Governing Body Members that CCGs do not have to take part in the survey unlike all NHS Trusts and Providers, but since Liverpool CCG had formed they had always taken part. The Chief Officer reviewed the results, highlighting the good results and the areas that required improvement.

The NHS Liverpool CCG Governing Body:

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

2.3 Public Health Update – Verbal

The Director of Public Health updated the Governing Body:

- Public Health within the Local Authority have been asked to continue to support the International Olympic Committee around the development of the Global Active Cities Programme 2017/18. The first phase of development was very positive and showed good partnership working within Liverpool especially with the physical activity Programme.
- The Public Health Director attended the WHO Healthy Cities Technical Conference along with the Cabinet Member for Health & Adult Social Care, who presented the Rehabilitation, Education, Support & Treatment Centre (REST) Evaluation from 2015, and how it was used for input into the 2016 REST Centre. Feedback was very positive and requests for further information were received.
- The Child Health Profile for 2017 was published last week. The results were not good for Liverpool compared to the rest of England and Wales. The health and wellbeing of Liverpool children was generally worse, although the infant and child mortality rate was similar to the rest of England and Wales. The level of child poverty and obesity was worse than average, although Liverpool is doing well regarding low numbers of admissions into hospital for alcohol. The report has a lot of information and can be shared with Governing Body Members upon request.
- Work continues on the “Take-home Naloxone” Programme for drug overdose. An event is expected to take place in April 2017 working with Providers.
- No smoking day was the 8th March 2017, no figures were available regarding the attendance, but people continue to attend clinics and events. The Director of Public Health reiterated the importance for Primary Care and all clinical services to refer people and support them to be nicotine free including e cigarettes.
- An important announcement was made last week regarding future funding arrangements for Public Health at

the LGA Public Health Conference. The Government reiterates their commitment to removing the ring fence from the Public Health grant and moving to full business rate retention for funding and this will come into effect in April 2019. This gives the Local Authority two years to plan and understand what this means. No further information has been given, but an assurance process is currently being developed.

The NHS Liverpool CCG Governing Body:

- **Noted the update from Public Health.**

2.4 Feedback from the Liverpool Safeguarding Children's Board, 27th January 2017 and Liverpool Safeguarding Adults Board 28th February – Report no: GB18-17

The Chief Nurse / Head of Quality fed back to the Governing Body:

- Liverpool Safeguarding Children's Board ('LSCB') - Child Death Overview Panel (CDOP). The report has been shared with all Providers, with the Clinical Quality & Performance Groups ('CQPGs') used as vehicle for highlighting recommendations and lessons learned incorporated into training.
- LSCB Young Advisors report received. The report has been shared across the CCG and Public Health Commissioners. Commitment has been given by agencies to use young Advisors, a resource to be used for engagement regarding service improvement.
- Liverpool Safeguarding Adults' Board ('LSAB') – A Safeguarding Adult Review took place regarding adult A. This was reviewed and accepted by the Safeguarding Adults Board and has formally been signed off and has been published on the LSAB website.
- Liverpool City Council and Liverpool CCG continue to improve their working relationship regarding adult safeguarding quality. Specific areas of work determined to support improvement e.g. care homes, processers for reviews in Providers.

- The Chief Nurse reviewed the Safeguarding Children's and Safeguarding Adult's Board annual reports 2015/16 highlighting the following priorities:
- Safeguarding Children Board 2015/16 priorities:
 1. Neglect linked to domestic abuse, alcoholism and drug use and low level mental health issues
 2. Early Help and support to families
 3. Child Sexual Exploitation (CSE) linked to children missing from Care, from home, from education, and children subject to elective home education
 4. Child mental and emotional health, self-harm and attempted suicide
 5. Children affected by criminality
 6. 'Front Door'; including the Multi- Agency Safeguarding Hub (MASH) referral pathways, thresholds and assessments.
- Safeguarding Adults Board 2015/16 priorities:
 1. Strengthen quality assurance and performance management.
 2. Improve the effectiveness of agencies and partnership working in support of safeguarding adults at risk of abuse or neglect.
 3. To learn from Safeguarding Adults Reviews and Critical Incidents.
 4. Governance of Mental Capacity Act and Deprivation of Liberty Safeguards.

The Lay Member for Patient Engagement said the reports were very comprehensive. He added that there had been reports of issues identified regarding the Safeguarding services supplied by Careline and asked if these issues had been rectified. The Chief Nurse responded that there is a huge amount of work going on around notifications or referrals and the assessment of risks referred to as the "Front Door". The Multi Agency Safeguarding Hub (MASH) underpins this work, in order for this to work the referral process has to work for all agencies. The Safeguarding Children's and Safeguarding Adults Board and MASH specific workstream ensure all parties' needs are taken into account.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from Liverpool Safeguarding Adults Board and the Liverpool Safeguarding Children's Board.**

PART 3: PERFORMANCE

3.1 Finance Update January 2017 – Month 10 – Report No GB 19-17

The Chief Finance Officer presented the Month 10 (January 2017) Financial update to the Governing Body. This focused on financial performance in respect of delivery of NHS England Business Planning Rules and to provide an assessment of the risk to delivery of the forecast surplus position.

He highlighted:

- Month 10 reporting suggests that the CCG remains on track to deliver the required NHS England Business Planning.
- He reported that within the statutory duties, 5 out of 7 indicators were green and was hopeful that the better payment practice code would change from amber to green by the end of the financial year, this relates to payment of invoices within 30 days.
- Phase one of the finance recovery plan was initially anticipated to generate £6.5m of expenditure reductions within the financial year. The forecast position as of month 10 was delivery of £6.18m included within the outturn position.
- The target for the month of January 2017 was achieved with a cash balance of £16k at the end of the month within the 1.25% target.

The NHS Liverpool CCG Governing Body:

- **Noted the current financial position and risks associated with delivery of the forecast outturn position.**
- **Noted the current financial position and risks associated with delivery of the forecast outturn position**
- **Noted the stated assumptions regarding proposed recovery solutions to deliver the required business rules based on current forecast outturn assumptions.**

3.2 CCG Corporate Performance Report March 2017 – Report No GB 20-17

The Senior Operations & Governance Manager presented the Corporate Performance Report to the Governing Body to report the areas of the CCG's performance in terms of its delivery of key NHS Constitutional measures, quality standards/performance and financial targets for December 2016 and January 2017. The report was in two parts, firstly constitutional requirements and secondly the integrated performance report including public health indicators.

He highlighted:

- Diagnostic performance – this target remains red and relates to the endoscopy service at the Royal Liverpool Hospital. A lack of capacity remains the primary reason for endoscopy breaches. The Trust has a long term plan to develop a new endoscopy unit at the Broadgreen site, although the business case is awaiting approval. Short term plans, the Trust is exploring the option of in-sourcing the service, but at present, the Trust is considering its options due to market costs.
- Referral to Treatment Incomplete Pathways – this was red and the target was failed by both the Royal Liverpool Hospital and Aintree. The Royal Liverpool

has been awarded NHS England funding to commission private sector capacity to address RTT performance.

- Cancer Waiting Times – maintained all green targets
- Ambulance Response Time (“Red Response Rates) – the target still remains red, with an upward trend. Activity remains high; overall incident growth in the City has continued to slow with a fall of 3.6% in the number of incidents in January.
- A&E Waiting Times – the target remains red. “Type 1” activity for both Trusts continues to significantly fail the 4-hour performance standard and it is extremely unlikely that this target will be met for the financial year end.
- Better Care for Mental Health – this was green for dementia diagnosis and early intervention in psychosis.
- Improving Access to Psychological Therapies – the position has not changed; both targets (access and recovery) continue to be red. Although the Intensive Support Team commented that the service appeared to be in a much better position when compared to their first visit.
- Mixed Sex Accommodation – there was one reported breach in January 2017. The status was still red for the year to date.
- MRSA – there were three cases of MRSA reported by Liverpool Providers during January 2017.
- C.difficile – there were eleven new cases of C.difficile reported in January 2017 for Liverpool CCG. This clearly exceeds the trajectory target and this will have an impact on year end.
- CCG Quality Premium – no real update with some of these measures given reporting timescales. E-Referrals remains red, but good progress has been made regarding Antibiotic prescribing.

- CQC Inspections – Brownlow Group Practice received the overall rating “Outstanding”. Old Swan Health Centre received an overall rating “good” following a re-inspection. The Practice had made the improvements identified in the initial report.

In summary the Senior Operations and Governance Manager said that there were a number of areas where targets are not being achieved, but significant improvement on cancer waiting times.

The NHS Liverpool CCG Governing Body:

- **Noted the performance of the CCG in the delivery of key national performance indicators and the recovery actions taken to improve performance;**
- **Determined if there are acceptable levels of assurances given in terms of mitigating actions where risks to CCG strategic objectives are highlighted.**

PART 4: STRATEGY & COMMISSIONING

4.1 Strategic Financial Planning 2017/18 and 2018/19 Financial Years – Report No GB 21-17

The Chief Finance Officer undertook a formal presentation to set out the requirements and assumptions to deliver the financial position for 2017/18 and 2018/19 as per NHS England Business Rules.’

He described how low relative and actual growth, combined with increasing need and cost pressures was reducing the financial headroom available to the CCG. In addition, the application of NHSE business rules led to a requirement to create additional surpluses beyond statutory duties.

The CCG had begun detailed financial planning for 2017/18 and 2018/19 early in 2016/17 and had adopted a blended approach to budget setting reflecting the different characteristics of spend areas. This had classified spend

into 3 segments; ring fenced, demand driven or discretionary. Each segment is not necessarily reflection of importance.

Initial plans identified a funding shortfall of £25.5m in 2017/18 taking into account cost pressures, allocations and delivery of business rules. Cash Releasing Efficiency Savings (CRES) have been identified through 2 phases of work with oversight being provided by the FROG (Financial Recovery Oversight Group) leaving a residual gap of £8.1m.

The Chief Finance Officer sought confirmation for the Governing Body to review all discretionary spend as identified in segmentation approach to identify the balance of savings required for 2017/18.

The NHS Liverpool CCG Governing Body:

- **Considered the implications of the expectations of NHS England with regards to the delivery of 'Business Rules' in 2017/18 & 2018/19 financial years.**
- **Noted in each of the relevant scenarios, the resource limit and expenditure assumptions required in order to deliver Business Planning Rules (particularly regarding surplus, headroom and contingency).**
- **Noted the required savings in each of the respective financial years, noting the plans developed to date and unmitigated gap**
- **Approved the commencement of a review of all discretionary expenditure, working with existing providers in line with agreed CCG policies and national requirements.**

4.2 Joint Working across Liverpool, Southport and Formby and South Sefton CCGs – Report no GB 22-17

The Chief Officer presented a paper to the Governing Body which gave an overview of the joint working across Liverpool,

Southport and Formby and South Sefton CCGs and proposals for the future.

The paper sets out the work undertaken to date across the three CCG Governing Bodies, who had agreed to explore more formal joint working. Whilst there were good relationships in place already, it was acknowledged that more formal joint working is required. The reasons for this included:

- Strengthening commissioning capacity and leadership
- Commissioning in a changing provider landscape
- Responding to the Five Year Forward View
- An agenda for change

NHS Liverpool, NHS Southport & Formby and NHS South Sefton CCGs Governing Bodies reviewed five organisational options against a set of agreed criteria.

At a Tri Governing Body discussion on the 26th January 2017 the outcome of this was considered. The preferred approach was for all CCGs to come together in a full merger, with a joint committee established with a shared management team as steps towards this.

A proposed governance structure of the joint arrangements was set out in the paper but it was noted that this was illustrative and that further discussions around the structure were still to take place.

This paper is being presented at each CCG's Governing Body for approval. Terms of Reference for the joint committee would be established. It is proposed that a recruitment process will begin in May 2017 to appoint the Accountable Officer, Chief Finance Officer and Chief Nurse. Management teams across the three CCGs will then be brought together, with a new structure in place by October 2017. It was noted that NHS England's approval for sharing a managerial leadership team of an Accountable Officer, Chief Finance Officer and Chief Nurse was required. The first meeting of the joint Committee is anticipated in June 2017.

NHS England has issued guidance with regards to the merger process and timescales. If CCGs want to apply for merger then they must apply by the end of July in one year to merge in April the following year.

In considering the new arrangements by NHS England they will also take into account the following factors:

- Coterminosity with local authorities
- Clinically-led – including how members will participate in decision making
- Financial Management – proper stewardship of financial funds
- Arrangements with other CCGs – for example to lead commissioning arrangements
- Commissioning support – whether there are good arrangements for commissioning support
- Strategic purpose – to provide a logical footprint for sustainability and transformation
- Prior progress – that mergers are a ‘natural next step’ building on existing joint working
- Leadership support – of Governing Bodies and wider strategic support, or as part of an agreed turnaround plan
- Future-proofed – in terms of new arrangements eg MCPs, PACs, devolution, etc
- Ability to engage with local communities – the larger geography cannot be at the expense of GP / community engagement
- Optimising use of administrative resources – merger should show how 20% in running costs is released to support local system transformation

Any merger application would have to demonstrate to NHS England all the above by the 31st July 2017.

The Chief Officer also noted the importance of working jointly with the Local Authorities. Work is progressing across Liverpool, Sefton and Knowsley Local Authorities to bring together adult social care commissioning, with a tri-partite agreement in place setting out how this will work.

Public engagement and Practice engagement is also important. Although there are no requirements for a formal

public consultation, the Governing Bodies are keen that the changes are explained to the public. With regards to Practice members they will still need to approve the proposal to form a new CCG across Liverpool, Southport and Formby and South Sefton.

The Chief Officer highlighted the timeline of dates set out within the report and said the future challenges were enormous, and it was important to maintain the relationship that we have with the Local Authority.

The LMC Secretary added that he had reviewed the paper and agreed in principle regarding the concept of the joint Committee and joint working but had concerns regarding the timetable; he added that the rules around the timetable should be challenged. He also added that the process should be done in stages, by having a joint Committee and then review this before formal talks take place. He acknowledged that there was a lot of work to do in terms of bringing member practices on board who ultimately have to vote on this.

The Chair acknowledged that this would be a difficult process, but it was important to achieve support from all stakeholders. The Chief Officer said that the preferred option was to merge and that the Joint Committee was a stepping stone to get there. She also said that the date in April for practice approval being sought could be changed in order to give member practices further time, but the 31st July date could still be met.

A Governing Body Member said that although we were tied by NHS England's timetable, the alternative would be to wait and not apply until the following year. This would have a significant impact on the system and staff and on balance, felt that the proposed timeline was the best way forward despite the problems.

The NHS Liverpool CCG Governing Body:

- **Agreed to approve formal consultation with member practices to merger Liverpool, Southport and Formby and South Sefton CCGs (from April 2018)**

- **Noted the steps required for a formal CCG Merger**
- **Approve the establishment of a Joint Committee across Liverpool, Southport and Formby and South Sefton CCGs, to be responsible for strategy, performance, governance and oversee the merger process for the period to April 2018**
- **Agreed to work through the time scales set out by NHS England**

PART 5: GOVERNANCE

5.1 Corporate Risk Register – Report no GB 23-17

The Senior Operations & Governance Manager presented a paper to the Governing Body to update on the changes to the Corporate Risk Register for March 2017. He highlighted in particular:

- Risk (CO38) - delivery of commissioned services to patients by Liverpool Women's NHS Trust meets the required standard in terms of quality & safety in compliance with safeguarding standards - recommended for removal from the Corporate Risk Register
- The new risk (CO62) - to prevent loss of IT service for both clinical and commissioning services, that has been added to the Corporate Risk Register; and
- The six risks on the register that remain assessed as 'extreme'.

It was noted that the report also included feedback and recommendations from the meeting of the Audit, Risk and Scrutiny Committee held on the 17th February 2017

With regards to the new risk CO62 the Lay Member for Patient Engagement felt that the residual risk score of 12 was deemed low. The Chief Operating Officer reassured the meeting that business continuity plans including a backup server elsewhere was in place and the duplicate server

would be triggered in the event of any failure at the prime site, although inevitably there would be some disruption to services as services were switched over.

The Chief Officer requested that a review and refresh of the Corporate Risk Register was required as we enter the new financial year and in light of the planned introduction of a Board Assurance Framework. It was agreed that each Committee Chair should ensure that their Risk Register is reviewed and updated and that the narrative for each risk was also updated and this would then feed into the overall Corporate Register. This review would be of further benefit as we work more closely with the other CCGs, as our risk profile is updated and current.

The NHS Liverpool CCG Governing Body:

- **Noted the content of the report**
- **Approved the removal of risk (CO38) from the Corporate Risk Register**
- **Noted the new risk (CO62) that has been added to the Corporate Risk Register**
- **Satisfied itself that current control measures and the progress of action plans provide reasonable/significant internal assurances of mitigation, and;**
- **Agreed that the risk scores accurately reflect the level of risk that the CCG is exposed to given current controls and assurances.**

5.2 Safeguarding Children Board (SCB) and Safeguarding Adults Board (SAB) Annual Reports – Report no GB24-17

This was considered previously under section 2.4.

That Liverpool CCG Governing Body:

- **Noted the content of the Annual Reports for 15/16**

6. QUESTIONS FROM THE PUBLIC

6.1 A member of the public asked:

My question is given the massive support from the general public in particular from women for the options regarding Liverpool Women's Hospital that calls for onsite refurbishment. Can you give your assurance, when all options are narrowed down, that onsite refurbishment will be considered?

The following response was given:

There are four options (including refurbishment) and it was confirmed that no further narrowing of the four options will take place before we go to public consultation. There will be a preferred option, but all four options that are in the pre consultation Business Case will be put to the public.

6.2 A member of the public raised the role of their Group in the informal consultation with local stakeholders which had taken place regarding practices previously run by SSP. She asked that the Governing Body acknowledge this. The Chair thanked her for the contribution.

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Tuesday 11th April 2017 2.30pm in the Boardroom at Liverpool CCG, The Department, Renshaw Street, Liverpool L1 2SA