

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 11TH JULY 2017 3.30pm
HALL 1 LACE, SEFTON PARK

PRESENT:

VOTING MEMBERS:

Dr Nadim Fazlani	Chair/GP
Katherine Sheerin	Chief Officer
Dave Antrobus	Lay Member – Patient Engagement/Interim Deputy Chair
Dr Simon Bowers	GP/Clinical Vice Chair
Dr Fiona Ogden-Forde	GP
Tom Jackson	Chief Finance Officer
Sally Houghton	Lay Member for Audit/Financial Management
David Gilbert	Interim Lay Member
Dr Fiona Lemmens	GP
Dr Monica Khuraijam	GP
Dr Maurice Smith	GP
Dr Shamim Rose	GP
Jane Lunt	Head of Quality/Chief Nurse
Dr Janet Bliss	GP
Dr Donal O'Donoghue	Secondary Care Doctor
Moira Cain	Practice Nurse

NON VOTING MEMBERS:

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

IN ATTENDANCE:

Ian Davies	Chief Operating Officer
Tony Woods	Healthy Liverpool Programme Director - Community Services & Digital Care
Carole Hill	Healthy Liverpool Integrated Programme Director
Cheryl Mould	Primary Care Programme Director
Mark Bakewell	Deputy Chief Finance Officer
Dyanne Aspinall	Interim Director of Adult Services & Health, Liverpool City Council
Sarah Thwaites	Chief Executive, Healthwatch (representing Lynn Collins)
Alison Thompson	Healthcare Acquired Infection Programme Manager
Paula Jones	Committee Secretary/Minutes

APOLOGIES:

Stephen Hendry	Senior Operations & Governance Manager
Lynn Collins	Chair of Healthwatch
Stephen Sutcliffe	GP
Derek Rothwell	Head of Contracting, Procurement & Business Intelligence

Public: 5

PART 1: INTRODUCTIONS & APOLOGIES

The Chair welcomed everyone to the meeting and introductions were made around the table.

1.1 DECLARATIONS OF INTEREST

The Lay Member for Patient Engagement declared an interest in the Public Health update section regarding the Rehabilitation, Education, Support & Treatment ('REST') Centre item 2.4 as he was a Trustee of the Whitechapel Centre.

The new Interim Lay Member declared an interest as he was a Non-Executive Director of the Robert Jones and Agnes Hunt NHS Foundation Trust, Chair of its Audit Committee and also a member of the Audit Advisory Committee for Cheshire Police.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 13th June 2017 were confirmed as an accurate record of the discussions which had taken place subject to the following amendments:

- Page nine item 3.2 Corporate Performance Report. 6th bullet should read two weeks or less.
- Page 15 and 16 re item 5.1 Remuneration of Governing Body – the Chief Officer requested some minor amendments, page 15 next to last bullet should refer to the effort required in changing the Constitution. Page 16 should refer to changes in the Constitution requiring practice consultation rather than approval.

1.3 MATTERS ARISING from previous meeting not already on the agenda:

- 1.3.1 Action Points One and Three – it was noted that the outcome of the Royal Demand Management Comprehensive Review was to come to a future meeting. Also the focus on Healthcare Associated Infections with patient stories/themes/learning was on the agenda and Improving Access to Psychological Therapies ('IAPT') for a future iteration of the Performance Report.
- 1.3.2 Action Point Two – it was noted that the Governing Body Strategic Development Session on 21st June had discussed a review of the priority areas.
- 1.3.3 Action Point Four – it was noted that a response to the question from Mr William Shortall re the hydrotherapy pool at the Royal had been sent out to him.

PART 2: UPDATES

2.1 Feedback from Committees – GB 46-17

- Committees in Common – the Chief Officer fed back to the Governing Body:
 - ✓ Establishing a Joint Committee – there was a separate paper on this later on the agenda.
 - ✓ Orthopaedic/ENT Review to maximise patient services – public consultation had commenced.
 - ✓ North Mersey Stroke Review – need to ensure that Liverpool CCG was included in any work carried out.
- Primary Care Commissioning Committee 20th June 2017 – the Lay Member for Patient Engagement/Committee Chair fed back to the Governing Body:
 - ✓ Primary Care Support Services – The Local Medical Committee Secretary noted that from 17th July 2017 the changes to the process for transfer of medical records should bring some improvement but there were still problems in other areas and progress was extremely slow.
 - ✓ Direct Patient Ordering of Prescriptions – this would be piloted in a neighbourhood in the south of the city and would then be rolled out to all neighbourhoods once the lessons had been learnt. The Prescribing Clinical Lead added that this put patients back in control. Another Governing Body GP noted that this was already being carried out in their practice since November and there were no significant problems. It was also noted that this had been done successfully in South Sefton CCG.

- Finance Procurement & Contracting Committee 27th June 2017 – the Chief Finance Officer fed back to the Governing Body:
 - ✓ Cash Releasing Efficiency Savings – the Plan had been discussed and it was clear that this would be a challenging year.
 - ✓ Continuing Healthcare Previously Un-assessed Periods of Care – the decision was for Liverpool CCG to follow the national guidance and not undertake these reviews that fell outside of the national deadline for reviews to be requested.
 - ✓ Waiver proposal for the extension of Telemedicine into remainder of care homes was supported due to no other supplier being available.
 - ✓ Procurements for the Catheter and Stoma Appliance Management Services Pilot and Telehealth Technology Services were supported to progress through the normal channels.

- Healthy Liverpool Programme Board 28th June – the Lay member for Patient Engagement fed back to the Governing Body:
 - ✓ Risk Register needed to be reviewed on a monthly basis.
 - ✓ Roadmap for Healthy Liverpool Programme End/Transition and Performance Management were discussed.

- Quality Safety & Outcomes Committee 4th July 2017 – the Lay Member for Patient Engagement/Committee Chair fed back to the Governing Body:
 - ✓ Care Homes quality – there were challenges in the sector, 93 care homes were registered with the Care

Quality Commission of which 58 had been rated as Compliant/Good. Liverpool CCG was working with Liverpool City Council on an improvement strategy.

- ✓ “Getting Your Treatment Right” – there was a review being carried out of the Policies for the management of Procedures of Lower Clinical Priority.
- ✓ Serious Incidents – It was confirmed that although South Sefton community services had transferred to Mersey Care, Liverpool still had organisational oversight of all Mersey Care incidents.

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:

- NHS England Review of Governing Body Remuneration – the final report had been received and was included with the Governing Body papers for noting. The Governing Body papers were in the public domain on the CCG website.
- The recent iLinks Conference had been a great success – the Clinical Vice Chair/Digital Clinical Lead added that this had been the largest one ever with around 700 registered delegates and more turning up on the day. Matthew Swindells, NHS England's National Director for Operations and Information, had delivered a speech and there had been high attendance at senior trust level (Chief Executive/Medical Director).

The NHS Liverpool CCG Governing Body:

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

2.3 Feedback from the Liverpool Safeguarding Children Board – Report GB 47-17

The Head of Quality/Chief Nurse updated the Governing Body:

- ✓ Neglect – in Liverpool neglect was an issue but it was difficult to quantify due to its chronic nature. It had been agreed that a tool to support identification was required and a Task and Finish Group had been set up to discuss.
- ✓ Child Exploitation – this now included Child Sexual Exploitation, recognising that children and young people could be subject to a number of forms of exploitation.

The NHS Liverpool CCG Governing Body:

- Considered the reports and recommendations from the Liverpool Safeguarding Children Board.

2.4 Public Health Update - Verbal

The Director of Public Health updated the Governing Body:

- ✓ The first CVD Summit had been held.
- ✓ Pharmacy Needs Assessment – a report would be sent to the next Health & Wellbeing Board and formal consultation would begin in September 2017.
- ✓ Sugar Campaign had looked at the sugar in breakfast cereals this year. In the first three weeks there had been over 8,000 hits on the website, half had completed the sugar cubes questionnaire. There was a lot of interest nationally for the materials.
- ✓ Smoking Prevalence had dropped from 23% last year to 18.9% this year (compared with a 35% prevalence before the smoking ban). This meant in real terms there were 51,000 less smokers than at the beginning but the figures were still too high.

- ✓ Alcohol minimum unit price – the appeal for this in Scotland was progressing and Wales would probably follow. A North West working group was being considered to look at how to shape this here.
- ✓ Rehabilitation, Education, Support & Treatment (‘REST’) Centre – the first two weeks of data showed that it was being used more often during the week rather than weekends with multiple visits. The Lay Member for Patient Engagement declared his interest as a trustee of the Whitechapel Centre.
- ✓ “Drink Less Enjoy More” – this was now across Cheshire & Merseyside and would be evaluated.

The Governing Body Members commented as follows:

- The Local Medical Committee Secretary asked if people were being revisited to see if they had succeeded in giving up smoking and asked about the data around e-cigarettes. The Director of Public Health responded that there was no data around e-cigarettes and that people who signed up were not re-visited.
- The CVD Clinical Lead referred to mental health and its impact on Cardiovascular Disease (‘CVD’), improving mental health would reduce CVD.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

2.5 Feedback from the Health & Wellbeing Board 22nd June 2017 - Verbal

The Director of Public Health updated the Governing Body:

- ✓ The programme of work for the year was shared.

- ✓ Main focus of this board meeting was around mental health, with an overview of mental health and wellbeing. A more integrated approach to mental health services was required and it was agreed that a summit would be held.
- ✓ Accountable Care System paper was presented for discussion – the proposal was to be developed further.
- ✓ The Better Care Fund was signed off.
- ✓ There was an update/progress report on the Liverpool Families Programme and supporting families with complex multiple needs.

The Liverpool City Council Cabinet Member noted the need to have better ways of handling demand pressure in the system.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 3: PERFORMANCE

3.1 Finance Update May 2017 – Month 2 – Report No: GB 48-17

The Chief Finance Officer presented a verbal update of the CCG's financial performance for May 2017 (Month 2) to the Governing Body.

He highlighted:

- Cumulative surplus position was £16.4m.
- Non-recurrent headroom of 1% (£8m) was required under national planning rules, being 0.5% for local headroom (for transformation) and 0.5% national headroom. If the CCG delivered break even plus £4m this would equate to 2.5% cumulative surplus (£20m).

- Better Payment Practice Code – it was very important to deliver this as we had many small local suppliers.
- Financial performance to date was just within the target but the Cash Releasing Efficiency Savings and budgets would need to be delivered and this would be challenging. The Financial Resilience Oversight Group ('FROG') was to meet monthly from next month. Pressure areas were around prescribing and continuing healthcare.

The Governing Body Members commented as follows:

- The Clinical Lead for Physical Activity referred to the 2016 outturn cost pressures and 2017/18 demand led pressures which had been mitigated in the forecast outturn position through a call on the £4m contingency reserve. The Chief Finance Officer re-iterated how challenging this year would be.

The NHS Liverpool CCG Governing Body:

- **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 July 2017 – Report No GB 49-17

The Chief Operating Officer presented the Corporate Performance Report to the Governing Body on the areas of the CCG's performance in terms of its delivery of key NHS Constitutional measures, quality standards/performance and financial targets for April 2017 and May 2017.

He highlighted:

- Diagnostic Waits – performance had dropped further, partly due to the Royal Liverpool Hospital which was performing at 11% against a 1% target for patients waiting six weeks or more. It was noted that the Primary Care Programme Manager was leading a review of diagnostics waits alongside Referral to Treatment Waits and the action to be taken to mitigate delays. Colleagues at the Royal were looking at potentially outsourcing some diagnostics – it was not acceptable that a key provider was performing at 11%. This would be kept under close scrutiny.
- Referral To Treatment – performance had declined slightly, confirmation was needed from the Royal on the impact of their work carried out in order to examine this in more detail.
- Cancer – very positive performance. Area for improvement was in percentage of patients seen within two weeks for an urgent referral for breast symptoms and this was being monitored carefully.
- Urgent and Emergency Care – there was volatility in the ambulance response times and the A&E position was challenged, however there were positive indications of recovery at the Royal Liverpool Hospital. The A&E Delivery Board was looking at the concerns around Aintree Hospital A&E performance and the severe fluctuations. Significant attention was being paid to this area locally and nationally.
- Improved Access to Psychological Therapies ('IAPT') – there had been a dip in performance around the recovery situation so we would work with Mersey Care to understand better.
- Healthcare Associated Infections – there had been one case of MRSA in the year which was going to arbitration with NHS England as the Post Infection Review had

shown that it was not preventable. E-Coli and C Difficile targets had been missed and lessons were being learnt from the Root Cause Analyses.

- Care Quality Commission – there had been a number of “Good” ratings for practice inspections, however a further inspection of a practice which had previously been rated as “Requiring Improvement” had been rated as still “Requiring Improvement in the domain of “Safety”. It was noted that there had been significant changes in staffing at the practice with a number of key staff leaving and being replaced so the Primary Care Team were working closely with the new partners around the areas highlighted by the Care Quality Commission.

The Governing Body members commented as follows:

- The Healthy Liverpool Programme Director - Community Services & Digital Care referred to IAPT recovery rates which was closely related to waiting list management and agreed to keep the Governing Body informed.
- The Chief Officer referred to Outpatient Activity figures as outpatient follow-up attendances were at 5.1% above plan whilst we had significant waits for diagnostics. Did this suggest we should commission more diagnostic activity and less outpatient activity within the Acting As One contract? The Chief Operating Officer would work with the contracts team to understand this for future requirements.
- The Urgent Care Clinical Lead referred to A&E performance at Aintree Hospital and the extra work being carried out to turn this around with Sefton and Liverpool working together. Additional assurance was being sought from Aintree around the orthopaedic reconfiguration and the impact on A&E.
- The Urgent Care Clinical Lead noted that NHS Improvement had given providers a revised A&E

Performance trajectory to the 95% national target we were measuring them on. The Royal was currently performing against a target of 90% and Aintree 86% for the end of July.

- In response to a query from the North Locality Chair around E-Coli guidance for GPs it was noted that the paper later on the agenda item 3.3 would provide more information.

The NHS Liverpool CCG Governing Body:

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

3.3 Health Care Associated Infection Annual Report 2016/17 – Report No GB 50-17

The Healthcare Associated Infection Programme Manager presented an Annual Report for 2016/17 with regards to the management of Healthcare Associated Infections within Liverpool which was an area of significant challenge for the CCG.

She highlighted:

- This report had already been presented to the Quality Safety & Outcomes Committee. Her role was to facilitate provider trusts to work together with the CCG to ensure best practice and outcomes for patients.
- This was a national area of concern re patient safety.
- Liverpool CCG had annual targets for specific infections.

- E-Coli – From April 2017 the CCG Quality Premium set by NHS England indicated a new reduction target for this infection. A target reduction of 10% for the coming financial year 2017-2018 had been set which in further years was planned to increase to a 50% reduction of all gram negative organism bacteraemia by 2021. Liverpool CCG's count of 440 cases has been set as baseline figure based on last year's data. The 10% reduction target equated to a target count of 398 cases.
- MRSA – the Royal Liverpool Hospital had two cases 2016/17 but one had been arbitrated as due to a contaminant. For the current year to date there had been none which demonstrated the improvements being made in areas such as catheter care.
- Figures around C Difficile were challenging and the Root Cause Analyses provided valuable learning. Many originated in the community.
- MSSA – this was stable with no cases reported to date.
- Patient Stories were very powerful and were shared:

The Governing Body members commented as follows:

- It was felt that the 50% target reduction in E-Coli was extremely challenging as 75% of the cases began in primary care and practices would need a lot of support to achieve this. The Healthcare Associated Infection Programme Manager responded that the summaries of the Root Cause Analyses would be fed back to GPs to share the learning and any best practice.
- The Healthwatch Chief Executive welcomed the patient stories which gave the human face rather than just numbers.
- The Chief Finance Officer asked if the new Royal and single bed rooms would make a difference. The

Healthcare Associated Infection Programme Manager commented that this would make a difference but most infections were spread by staff so good monitoring of hygiene on wards needed to continue as well.

- The Primary Care Programme Manager referred to the Primary Care Quality Summit Action Plan which looked at this.
- The Healthcare Associated Infection Programme Manager noted that she was devising a Standard Operating Procedure.

The NHS Liverpool CCG Governing Body:

- **Noted the contents of the report**
- **Noted the performance for 2016-2017.**

PART 4: STRATEGY & COMMISSIONING

None

PART 5: GOVERNANCE

5.1 Corporate Risk Register Update (July 2017) – Report No GB 51-17

The Chief Operating Office presented the Corporate Risk Register to the Governing Body and highlighted:

- Extreme Risk C029 four hour A&E Waits at the Royal Liverpool Hospital and Extreme Risk C035 four hour A&E Waits at Aintree Hospital – a great deal of work was being undertaken to mitigate and improve in these areas.
- Extreme Risk C064 Smooth Transition of Services currently provided by Liverpool Community Health – these services were under the oversight of Alder Hey and NHS Improvement were moving forward on the next steps in the process.

- New Risk C065 Potential Gaps Identified by Alder Hey Children's Hospital in Liverpool Community Health employed Looked After Children working within the trust – there would be more information in the next report.
- New Risk C066 Quality Team having insufficient staffing to provide an adequate level of cover across the whole spectrum of its responsibilities – Senior Management Team had agreed recruitment to strengthen the Team, the team had reviewed capacity and prioritised resources to look at releasing staff to new posts. Recruitment was ongoing and there would be a further update in the next Corporate Risk Register.
- New Risk C067 around IMT Infrastructure being able to support the work of the CCG and being secure and protected from cyber-attack. This risk was entered at the recommendation of the Audit Risk & Scrutiny Committee. It was highlighted that following the recent cyber-attack, iMerseyside had done sterling work on ensuring the safety of our systems and an action plan was in place to look at the issues and lessons learnt.
- Updates to risks were highlighted in blue.

The Governing Body commented as follows:

- Re capacity levels within the Quality Team, the Lay Member for Patient Engagement took the opportunity to thank the Healthcare Associated Infections Programme Manager and the Clinical Quality & Safety Manager for all their hard work. He asked about the interview shortlisting process and how long it would take to have someone in post. The Chief Nurse updated that both posts had been advertised and two candidates had been shortlisted for the Healthcare Associated Infections Programme Manager post. Shortlisting of 8 candidates had been carried out for the Clinical Quality & Safety Manager role so appointment should be soon.

- The Clinical Lead for Physical Activity felt that, in light of the Annual General Meeting, stakeholder management needed to be highlighted as a risk. The Chief Officer agreed that there would be a debrief of the Annual General Meeting at the Governing Body Strategic Development Session on Friday 21st July 2017.

The NHS Liverpool CCG Governing Body:

- **Noted the new risks (CO65, CO66 and CO67) that have 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 Establishing a Joint Committee across Liverpool, South Sefton and Knowsley CCGs to Agree Options and Take Forward Decision Making On The Future Configuration of Hospital Services in North Mersey – Report No GB 52-17

The Chief Officer presented a paper to the Governing Body on the proposals to establish a Joint Committee across South Sefton, Southport and Formby, Knowsley and Liverpool CCGs in order to agree options and take forward decision making on the future configuration of Hospital Services in North Mersey. For the past three years there had been the Committees in Common but this could not take decisions; a joint committee would have delegated authority from the Governing Bodies.

The provider organisations within the scope of the North Mersey Hospital Transformation Programme were Aintree University Teaching Hospital Trust, Alder Hey, Royal Liverpool and Broadgreen University Hospitals Trust, Liverpool Women's Hospital, Clatterbridge Centre for Oncology, Walton Centre, Liverpool Heart and Chest Hospital and Southport and Ormskirk NHS Trust.

Draft Terms of Reference had been discussed at the last meeting of the Committees in Common and had been agreed by South Sefton CCG and Southport and Formby CCG, however Knowsley CCG raised a query about using the Liverpool CCG Standing Orders so it was necessary to check that these were the same for all the CCGs involved.

The Joint Committee would be a meeting held in public as were the Governing Body and Primary Care Commissioning Committee.

The Primary Care Programme Director asked about possible membership/attendance at the Joint Committee of a Local Medical Committee representative. The Chief Officer responded that she would need to take a view with other colleagues and to other Local Medical Committees first before this could be answered.

The Interim Lay Member asked if there would be safeguards built in should one CCG be in position to alter a decision which affected the other CCGs and not them given the need for a majority vote to take decisions forward and could the Joint Committee bind CCGs into financial investments. The Chief Officer responded that the Joint Committee would be confirming process, and any investment required would need individual Governing Body approval. Each Committee reported back to the Governing Body and if there were any specific issues a more detailed report would be required. A Governing Body GP raised the same issue but relating to patient flows and other CCGs having the right to make decisions around a particular hospital not in their catchment area but which affected another CCG's patient flow and asked how this risk would be mitigated. The Chief Officer acknowledge that this was very difficult given the equal partnership in the voting and would need to be reviewed.

The Lay Member for Patient Engagement/Interim Deputy Chair referred to item 2.2 in the Terms of Reference which referred to a Schedule 1 which was not contained in the paper. The Chief Officer agreed to check this.

The NHS Liverpool CCG Governing Body:

- **Supported the establishment of a Joint Committee across Liverpool, South Sefton, Southport and Formby and Knowsley CCGs.**
- **Approved the Terms of Reference subject to more discussion regarding voting rights / impact on CCGs.**
- **Agreed that the Committee(s) in Common was then dissolved.**

5.3 Healthwatch Liverpool Annual Report 2016/17 – Report No GB 53-17

The Chief Executive of Healthwatch presented the Liverpool Healthwatch Annual Report 2016/17 to the Governing Body which highlighted how the work of the organisation had helped to ensure that decisions taken regarding health and care services put the experience of people at the heart of the agenda. She highlighted:

- Healthwatch listened to the patient voice.
- There was more complexity in the system and Healthwatch were busier than ever.
- The public were appreciative of the hard work/dedication of front line clinical staff and were conscious of the pressures under which they were working.
- Healthwatch was involved at Freshers' Week at the universities providing information and education.
- Dental queries from patients were the most common issues raised.
- Care Homes were an issue raised frequently.

The Interim Director of Adult Services & Health, Liverpool City Council noted that there was a strategy to improve Care Homes which included respite provision for carers. This was an area of priority.

A Governing Body GP asked how Healthwatch linked in with PALS (Patient Advisory Liaison Service). The Healthwatch Chief Executive responded that Healthwatch worked closely with PALS and noted that there was a Healthwatch Patient Advocacy Service on a wider Healthwatch footprint.

The Chief Officer noted the difficult role Healthwatch had in engaging with the public, identifying issues and being constructive, being independent and not a campaign group. We were privileged to have them in Liverpool and as a partner in our work.

The NHS Liverpool CCG Governing Body:

- **Noted the Healthwatch Liverpool Annual Report 2016/17.**

6. ANY OTHER BUSINESS

No items

7. DATE AND TIME OF NEXT MEETING

Tuesday 8th August 2017 Boardroom, Liverpool CCG, 3rd Floor
The Department.