

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 10TH OCTOBER 2017

2.30pm

BOARDROOM LIVERPOOL CCG, 3RD FLOOR THE DEPARTMENT

PRESENT:

VOTING MEMBERS:

Dr Simon Bowers	Chair
Jan Ledward	Interim Chief Officer
Dr Fiona Lemmens	Clinical Vice Chair
Jane Lunt	Head of Quality/Chief Nurse
Mark Bakewell	Acting Chief Finance Officer
Dr Nadim Fazlani	GP
Dr Fiona Ogden-Forde	GP
Dr Maurice Smith	GP
Dr Shamim Rose	GP
Dr Stephen Sutcliffe	GP
Sally Houghton	Lay Member for Audit/Financial Management
David Gilbert	Interim Lay Member
Dr Monica Khuraijam	GP
Dr Janet Bliss	GP

NON VOTING MEMBERS:

Dr Rob Barnett	LMC Secretary
Dr Paula Finnerty	GP – North Locality Chair
Sandra Davies	Director of Public Health

IN ATTENDANCE:

Tony Woods	Healthy Liverpool Programme Director - Community Services & Digital Care
Stephen Hendry	Senior Operations & Governance Manager

Carole Hill	Healthy Liverpool Integrated Programme Director
Cheryl Mould	Primary Care Programme Director
Derek Rothwell	Head of Contracting, Procurement & Business Intelligence
Susan Rogers	Assistant Director Adult Services Strategic Integration Adult Social Care and Health (representing Dyanne Aspinall)
Paula Jones	Committee Secretary/Minutes

APOLOGIES:

Dr Donal O'Donoghue	Secondary Care Doctor
Moira Cain	Practice Nurse
Tina Atkins	Practice Manager Member
Paul Brant	Cabinet Member for Health & Adult Social Care, Liverpool City Council
Dr Jamie Hampson	GP – Matchworks Locality Representative
Kerry Lloyd	Deputy Chief Nurse
Ian Davies	Chief Operating Officer
Dyanne Aspinall	Interim Director of Adult Services & Health, Liverpool City Council

Public: 24

PART 1: INTRODUCTIONS & APOLOGIES

The Chair welcomed everyone to the meeting and introductions were made around the table. The Chair announced that questions from the public (item 6) would be taken first before item 1.1 so that there was ample time for the large number of public present to be able to engage fully with the Governing Body rather than having to wait until the end of the agenda. He reminded the members of the public present that unless they addressed the Governing Body with the same politeness and respect with which the members of the

Governing Body always treated the public, then this could not be a meaningful dialogue. A member of the public agreed and stated that he wanted to hear a meaningful discussion which was prevented by the noise and verbal abuse from the floor. See item 6.

1.1 DECLARATIONS OF INTEREST

There were none made specific to the agenda.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 12th September 2017 were confirmed as an accurate record of the discussions which had taken place subject to the following amendments:

- A typographical error on page four was highlighted – 5th line should read “maintaining business as usual”.
- Item 3.2 Corporate Performance Report, pages 11 and 12 last paragraph around diagnostics in Liverpool Women’s Hospital, the Clinical lead asked for the last sentence to be changed to reflect that the aim was to improve the cases being seen in Primary Care rather than referred on.
- Item 4.1 Sponsorship Policy – a GP member ask for the third paragraph of page 13 to be clarified to show that practices already had agreements in place to work with pharmaceutical companies but the process needed to be standardised in order to maintain control.
- The Mental Health Clinical Lead referred to item 4.2 Update on Adult Mental Health Work Programme and noted that it was not that Mersey Care work-streams were fragmented, rather that some of their activity needed more work to ensure services were centred around patients. Also for the same item previous paragraph on Improving Access to Psychological Therapies it was noted that patients “could” self-refer.
- Item 5.5 Constitution/Revised Terms of Reference last paragraph before the recommendations – this should

refer to the two vice chairs rather than two clinical vice chairs.

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

1.3.1 Action Points One and Three: The Clinical Vice Chair advised that Aintree Hospital had not met the two week breast cancer referral target and that the data referred to April/May 2017 and this could possibly be attributed to unexpected staff absence and some patients not attending. Since then performance had improved as mitigating actions had been implemented.

1.3.2 Action Point Two: The Primary Care Programme Director advised that the reference in the Performance Report to discussions with commissioners about the de-commissioning of certain service lines was an error.

1.3.3 Action Point Four: Healthwatch were not at the meeting to give an update on feedback to the Governing Body on Talk Liverpool/Mersey Care Listening Events.

1.3.4 Action Points Five: The independent remuneration review was being discussed that day in the private business section of the Governing Body and would be brought to the November 2017 Governing Body meeting.

1.3.5 Action Point Six: it was advised that the report on the split of practices was an action for the December 2017 Governing Body meeting.

PART 2: UPDATES

2.1 Feedback from Committees – GB 68-17

Given the length of the agenda the Chair asked for reporting from the committees to be by exception only.

- Committees in Common – 15th September 2017 – the CCG Chair fed back to the Governing Body:
 - ✓ As per template.

- Remuneration Committee – 12th September, 20th September & 29th September 2017 – the Interim Lay Member/Remuneration Committee Chair fed back to the Governing Body:
 - ✓ The Korn Ferry Independent Governing Body Remuneration Report had been discussed which would come to the November 2017 Governing Body meeting.
- Finance Procurement & Contracting Committee 26th September 2017:
 - ✓ As per template.
- Healthy Liverpool Programme Board – 27th September 2017:
 - ✓ As per template.
- Audit Risk & Scrutiny Committee – 29th September 2017:

The Audit Risk & Scrutiny Committee Chair updated the Governing Body:

 - ✓ Audit Risk & Scrutiny Committee Workplan was discussed which was attached to the reporting template.
- Quality Safety & Outcomes Committee – 3rd October 2017:

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

 - ✓ The template had been omitted from the pack but this had now been rectified and the website update.
 - ✓ As per template (tabled).

The NHS Liverpool CCG Governing Body:

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

2.2 Chief Officer's Update

The Interim Chief Officer updated the Governing Body:

- This was the Interim Chief Officer's first week in post and she was meeting as many people as possible to introduce herself and establish contact.
- A challenge for the CCG was to deal with the A& E targets and the Interim Chief Officer had already been to a meeting in London to discuss the actions and the measures required to achieve the 95% target. This involved the support necessary in order to discharge medically fit patients by working closely with Liverpool City Council re Delayed Transfers of Care.
- Future Chief Officer's Update report would be in the form of a written paper.

The NHS Liverpool CCG Governing Body:

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

2.3 Feedback from the Liverpool Safeguarding Children Board 27th September 2017 – GB 69-17

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

- ✓ A Monitoring Visit to Liverpool City Council Local Authority Children's services (follow on visit from the Joint Targeted Inspection in June 2016). Their views were that the pace needed to accelerate in the areas of child protection plans and the critical challenge within Child Protection Conference processes.
- ✓ There was a lack of a standardised approach or tool for use in Liverpool to support a 'strengths based' approach to practice or identifying children at risk of neglect. Children/young people at risk of neglect were not identified quickly enough. The Safeguarding Children's Board was looking at options and to have a standardised tool. A

Business Case was to be developed to support the introduction and use of standardised tools and approaches and was to be presented to the next Liverpool Safeguarding Children Board meeting.

- ✓ Lack of appropriate placements in the North West for children and young people who presented with multiple and complex needs. Liverpool City Council commissioned Therapeutic Support Services to work with the Children's Social Care Intensive Outreach Team to explore how to commission collaboratively with health across Cheshire & Mersey.

The NHS Liverpool CCG Governing Body:

- **Noted 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 Public Health Annual Report had been published, it had been approved by the Health & Wellbeing Board in September 2017 and had been well received. Mortality was increasing in the five plus age group which was attributed/linked to poverty and austerity. There was also an increase in suicide rates and self-harm.
- ✓ Public Health England were to release a database on 16th October 2017 of indicators.
- ✓ The CCG was to be congratulated on its "Know Your Numbers" Campaign.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

2.5 Feedback from the Health & Wellbeing Board 21st September 2017 - Verbal

- The Proposal for the Royal Liverpool Hospital and Aintree merger was discussed.
- Mental Health – there was a paper from the CCG giving an update on the work of the CCG’s Mental Health Programme, including delivery of the Five Year Forward View for Mental Health.
- Domestic violence/White Paper – training for frontline staff with a three yearly progress report.
- Emergency Planning Update provided on Grenfell Towers and the Manchester Arena bombing.
- The Public Health Annual Report was approved.
- Integrated Care Partnership Group – terms of reference agreed for the shadow version, there would be three meetings and then a report back to the Health & Wellbeing Board for full roll out of the programme.

The Clinical Director, Living Well thanked Person Shaped Support (‘PSS’) and the Stroke Association for their involvement in the “Know Your Numbers” Campaign. The Chair also noted the role of Merseyside Fire & Rescue in the design of the community model.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 3: PERFORMANCE

3.1 Finance Update August 2017 – Month 5 2017/18 – Report No: GB 70-17

The Acting Chief Finance Officer gave an update of the CCG's financial performance for August 2017 (Month 5) to the Governing Body.

He highlighted:

- Month Five had already been discussed in detail at the Finance Procurement & Contracting Committee.
- To deliver the 2017/18 NHS England Business Rules an 'in year' surplus was required of £86k which would result in a cumulative surplus of £16.4m.
- Summary of financial performance self-assessment indicators were mostly green with the exception of the 2017/18 Year to Date surplus position which was amber as a result of combination of prior / current year pressures resulting in a year to date pressure of £1.075m. Current Forecast suggested that, subject to no material movement in its current forecast assumptions, the delivery of the existing CCGs savings plan assumptions and further required mitigations as outlined within the paper of £758k, the CCG remained on track to deliver these requirements and was confident of achieving the Business rules requirements
- With regards to the CCG savings requirements (known as Cash Releasing Efficiency Savings ('CRES')), £26.2m of CRES planned savings had been required, with current assumptions suggesting an adverse year end variance of £4.0m against the planned savings. This was included in the overall position as described within the paper, with the CCG contingency and other earmarked reserves offsetting the CRES shortfall and other operational

pressures, resulting in further mitigations required of £758k as stated

- Cash and Better Payment Practice Code targets were currently being met.

The Governing Body commented as follows:

- The Interim Lay Member thought that the report was comprehensive but wondered if there was a forum for Liverpool CCG to share our savings plans with other CCGs and also to learn from them. The Acting Chief Finance Officer responded that this was a good idea and would progress. Although Liverpool were in a better financial position to other local CCGs, it would still be good to learn lessons from others, in particular the capped expenditure economies, to help support the plans for the future.
- In response to a query from the Interim Chief Officer regarding phasing of savings assumptions, the Acting Chief Finance Officer commented that savings profiles were on a mixed basis with some being delivered during budget setting process and others being profiled at various points across the financial year. These profiles were reflected in the CRES paper and were agreed as part of the budget setting process with Senior Management / Budget holder Leads and were the basis for the in-year CRES tracking tools that were reviewed on a monthly basis. The Financial Recovery & Oversight Group ('FROG') also had a role in monitoring delivery against CRES plans and was conducting a series of 'deep dives' in the significant risk areas to review progress of CRES schemes
- The Clinical Director, Living Well commented that as part of the 'Right Care' diagnostic approach it was further developing a prioritisation tool which would help with future financial planning discussions.

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 September 2017 – Report No GB 71-17

The Senior Operations & Governance Manager 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 September 2017. The data was at July/August 2017

He highlighted:

- Diagnostic waits was at 12.24% of patients waiting six weeks or longer. This was due to performance in particular at the Royal Liverpool Hospital for endoscopy and MRI/CT imaging. The CCG was ranked lowest amongst its peers. There was an action plan in place to maximise slot efficiency, re-design pathways, triage referrals, manage clinical risk/quality and insource additional capacity. There was a Joint Advisory Group at the Royal for endoscopy and activity would be analysed by quarter 4 2017/18. The Chief Nurse/Head of Quality added that the trust had provided assurance on how they ensured patient safety during the wait period.
- Referral to Treatment – this performance was linked to diagnostic wait and A&E performance with a similar list of actions although the target was not as far away from being achieved. There were changes to NICE Guidance in 2017 in cardiology, this was the second year where

Referral to Treatment was on the radar for under-performance. NHS Improvement had set a trajectory with the Trust the previous year.

- Cancer Waits – performance was good on eight out of nine targets, issues involved tertiary providers and the time upon which they received referrals from other Trusts.
- Urgent & Emergency Care – no performance data was available for ambulance response times whilst the new Ambulance Response Performance times targets were embedded.
- A&E Performance - this target continued to be failed, at the Royal Liverpool Hospital performance was improved from the July 2017 position. Aintree performance however was continuing to deteriorate dropping to 36% one day last month. Recovery plans were requested from the Trust. Winter plans had been submitted to NHS England for the system. Activity needed to be at a minimum of 90% by December 2017 and would be monitored by the CCG Urgent Care Team and the A&E Delivery Board.
- There was good performance around Early Intervention in Psychosis and Improving Access to Psychological Therapies ('IAPT') waits. At the September 2017 Governing Body there had been an in-depth presentation on mental health and IAPT recovery. Performance was now at 39% against a 50% target so was improving steadily. The threshold for NHS England to cease scrutiny was 41%. Mersey Care were praised for the improvement achieved especially as they had inherited a significant waiting list issue.
- MRSA – there had been one case in August 2017 which was complex due to a contaminant involving a renal transplant patient with no obvious route for transmission identified.

- C Difficile – the CCG was above plan for the month and for the year to date. Bed occupancy rates and length of stay had a part to play and trusts were adhering to Infection Prevention procedures.
- Outpatient first attendances were down 3.9% against plan but follow up outpatient attendances were 4% over plan.
- Quality Premium – this would be discussed in more detail at the performance report at the November 2017 meeting.
- There were no new Care Quality Commission Inspection reports.

The Governing Body commented as follows:

- The Interim Chief Officer added that she had spoken to the Chief Executive at the Royal Liverpool Hospital and he had provided assurance that they could deliver the endoscopy recovery and that they would be in a better position.
- The Chair referred to the issues around General Surgery and cancellations. The Senior Operations & Governance Manager confirmed that this was new and he would investigate further.
- The Cardiovascular Disease Clinical Lead noted the change in NICE Guidance and that the CCG was actually only 30% and 40% compliant. The Clinical Delivery Group for Cardiology was looking at a joint proposal to enable all three trusts to see each other's images, this was an opportunity to streamline the process and add capacity.
- A GP Member referred to Acting As One and asked how this motivated trusts to change pathways without impacting on their income. The Clinical Vice Chair and another GP member felt that there had been improved engagement with trusts as a consequence of the Acting As One contracts. The Clinical Vice Chair had attended

the Royal Liverpool Hospital and Aintree Hospital Clinical Quality & Performance Groups, clinicians were prioritising the proposed merger of the Royal and Aintree but this was dependent ensuring performance was on target and the financial position stable. The Acting Chief Finance Officer added that Acting As One provided financial stability. The Head of Contracts, Procurement and Business Intelligence noted that the Royal Liverpool Hospital was actually £4.6m over budget but because of the Acting As One contract the CCG did not have to pay any additional monies.

- The Clinical Director, Living Well brought to the Governing Body's attention that over 5,000 patients had accessed telehealth which was better than the Vanguard areas. Also 85,000 patients had had their levels of physical activity recorded in general practice.
- The Healthy Liverpool Programme Director - Community Services & Digital Care referred to the IAPT targets and noted that a recovery plan had been put together with Mersey Care and the waiting list for first appointment was almost down to zero. This would be monitored closely but was extremely positive.
- The North Locality Chair noted that Liverpool CCG was not the Lead Commissioner for Aintree Hospital but the CCG was involved in the performance monitoring via the enhanced surveillance status and via the Clinical Quality & Surveillance Groups.
- With regard to Urgent Care the Chair advised that the Liverpool CCG Urgent Care Team were acting as the citywide single point of contact.
- The Assistant Director Adult Services Strategic Integration Adult Social Care and Health highlighted strengthening the role of the Local Authority with the A&E Delivery Board in order to agree recovery plans and identify patients ready for discharge which both trusts had undertaken.

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.**
- **Noted that the Senior Operations & Governance Manager was to look into why Aintree Hospital had not achieved the two week breast cancer referral target.**
- **Agreed to look at General Surgery Performance.**

PART 4: STRATEGY & COMMISSIONING

4.1 Safeguarding Annual Report 2016/17 – Report No: GB 72-17

The Chief Nurse/Head of Quality presented the Safeguarding Annual Report 2016/17 to the Governing Body for noting. The report provided assurance to the CCG that its statutory duties had been discharged around Safeguarding. This was the fourth annual report presented to the Governing Body and there had been changes to legislation and guidelines during the year. She highlighted:

- 2016/17 had shown a strong position and commitment to multi-agency working. Designated Professionals and Named GPs had been integral to performance and sharing learning among practitioners.
- Performance of our providers was variable and Safeguarding Service was supporting and challenging them, where necessary contractual levers were used to

ensure that performance improved. Regular updates were received via Safeguarding Assurance processes and were reviewed by the Designated Nurses following on from the Joint Targeted Inspection in June 2016.

- Knowsley and St Helen's CCGs had withdrawn from the Merseyside Safeguarding Service, the remaining CCGs were considering options for the future.
- Looking forward to 2017/18 a key objective was quality in care homes and the development of a comprehensive approach.

The Governing Body commented as follows:

- The Clinical Vice Chair noted that safeguarding was discussed at the Clinical Quality & Performance Groups and at the Quality Safety & Outcomes Committee.
- The North Locality Chair asked if any additional support was required in the Safeguarding Service. The Chief Nurse/Head of Quality noted that there was an on-going problem re the Designated Nurse for Looked After Children post which had been recruited to in year but there was still too much demand on the role.
- The Interim Chief Officer asked if there was a plan in place for the following year to improve provider trust safeguarding performance. The Chief Nurse/Head of Quality responded that there was a recovery plan in place and the target was for 100% compliance. The question was asked whether Level 1 and 2 training this could be considered as the same as mandatory training.

The NHS Liverpool CCG Governing Body:

- **Noted the Safeguarding Annual Report 2016/17 following its acceptance at the Quality Safety & Outcomes Committee in September 2017.**

PART 5: GOVERNANCE

No items

6. QUESTION FROM THE PUBLIC (ITEM TAKEN BEFORE ITEM 1.1)

6.1 Marie Harrison from the Save Liverpool Women's Hospital had submitted a question in advance of the meeting:

“I am very disturbed at the suggestion from Liverpool Women's Hospital Governors to only offer one option regarding the future of the Women's Hospital. This represents a total denial of any democratic consultation to the people of Liverpool and represents a serious deficit in the whole concept of democratic rights when important decisions are being taken about our services.”

The Clinical Vice Chair responded that the Pre-Consultation Business Case contained four options. All involved were passionate about having the best services for women and children in the city and the consultation process would be a genuine process. There was a complex governance structure in place around this consultation and the next step following the Pre-Consultation Business Case had been to submit this to NHS England for their approval. NHS England had requested an external clinical review and more work to be carried out on the financial case. The report of the Clinical Senate had been published on 26th September 2017, in the light of which the CCG felt that it needed to consider its position and what would be consulted on with the public. One consideration was to consult on the preferred option alone although this was not yet finally agreed. Clinicians in the CCG and Liverpool Women's Hospital were committed to the preferred option which was to move Liverpool Women's Hospital to a new site co-located with the new Royal Liverpool Hospital. This was not a closure of Liverpool Women's Hospital, but co-location.

The proposal to consult on the preferred option alone needed to be considered by the Committee(s) in Common (noting that Liverpool CCG was not the sole commissioner of services from Liverpool Women's Hospital). The Committee(s) In Common made up of Liverpool, South Sefton, Southport & Formby and Knowsley CCGs would make a clear recommendation to the CCGs on the consultation and the options to be included.

The Chair emphasised that the commissioners were being honest about what the preferred option was with the public, in order to get the best clinical services for women and children in the city. The clinical view was that the preferred option represented the safest option for the population and patients of Liverpool.

Julia Lyon-Taylor of Merseyside Pensioners Association expressed her dissatisfaction with the response given and referred to a perceived aim, that the Sustainability and Transformation Plan was to have all services on one site. She stated that the public of Liverpool were not stupid and felt there was no guarantee that the new Royal Liverpool Hospital would be finished, the site was traffic-ridden and it should not be funded by PFI. The Chair responded that he agreed that the public of Liverpool were not stupid, that the people of Liverpool would be consulted and their views would be listened to.

Lesley Mahmood of Save Liverpool Women's Hospital referred to the onslaught on NHS funding nationally and in Liverpool which would not continue past a change in government and that there was an alternative clinical view. The public wanted more than one option to choose from and four options needed to be on the table so that the people of Liverpool could have their say and be listened to.

- 6.2** Mr Sam Semoff had also submitted a question on the same subject as item 6.1:

“Liverpool CCG in response to a question about the consultation process for the Liverpool Women’s Hospital at the March meeting of the Governing Body stated that:

“There will be a preferred option, but all four options that are in the pre consultation Business Case will be put to the public.”

However on 26 September 2017 it was revealed that the CCG had decided to remove three options from the consultation, leaving their preferred option of closing the Liverpool Women’s Hospital and replacing it with a new facility on the site of the Royal Liverpool Hospital.

Therefore I would to ask if Liverpool CCG now accepts the following:

1) Removal of the three options from the “consultation” for services at the Liverpool Women’s Hospital means it is no longer a “consultation”?

2) The public should have the right to be consulted over the four options as stated in the minutes of the CCG meeting in the above?

3) The decision of the CCG to remove three options from the “consultation” should be reversed so that the process becomes a genuine “consultation”? “

This matter had already been discussed in detail under item 6.1, a written response was to be prepared for Mr Semoff.

7. DATE AND TIME OF NEXT MEETING

Tuesday 14th November 2017 Boardroom, Liverpool CCG, 3rd Floor The Department.