NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY
Minutes of meeting held on TUESDAY 14TH NOVEMBER 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 Gilburt	Interim Lay Member
Dr Monica Khuraijam	GP
Dr Janet Bliss	GP
Dr Donal O'Donoghue	Secondary Care Doctor
Moira Cain	Practice Nurse

NON VOTING MEMBERS:

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

IN ATTENDANCE:

Ian Davies	Chief Operating Officer

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
Sarah Thwaites	Healthwatch
Alistair McFarlane	Urgent Care Systems Manager
Joanne Davies	Corporate Services Manager (item 4.1 only)
Paula Jones	Committee Secretary/Minutes

APOLOGIES:

Tina Atkins	Practice Manager Member
Paul Brant	Cabinet Member for Health & Adult Social Care, Liverpool City Council
Derek Rothwell	Head of Contracting, Procurement & Business Intelligence
Susan Rogers	Assistant Director Adult Services Strategic Integration Adult Social Care and Health
Kerry Lloyd	Deputy Chief Nurse
Dyanne Aspinall	Interim Director of Adult Services & Health, Liverpool City Council
Lynn Collins	Chair of Healthwatch (Sarah Thwaites representing).

Public: 14

PART 1: INTRODUCTIONS & APOLOGIES

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

The Chair noted that this was the Interim Lay Member's last day with the CCG and thanked him for his invaluable work in Chairing the

Remuneration Committee and supporting the organisation through turbulent and difficult times with his experience and wise counsel.

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 10th October 2017 were confirmed as an accurate record of the discussions which had taken place subject to the following amendments:

- Item 3.2 Corporate Performance Report page 12 bullet re A&E Performance – it was noted that performance had dropped to 36% on one day last month.

- Item 3.2 Corporate Performance Report page 13 bullet relating to Cardiovascular disease – it was noted that the joint proposal being looked at by the Clinical Delivery Group for Cardiology was a joint proposal to enable all three trusts to see each other's images.

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

1.3.1 Terms of Reference for the Primary Care Commissioning Committee: the Chief Operating Officer explained that after the Primary Care Commissioning Committee Terms of Reference had been approved at the September 2017 Governing Body meeting, after submission to NHS England it had been pointed out that the role of the Vice Chair was incorrect, in the absence of the Committee Chair it would be chaired by the Lay Member with specific responsibility for Governance who would be the Vice Chair not the Chief Officer.

The Interim Chief Officer asked if the Primary Care Commissioning Committee should be accountable to the Governing Body as it had delegated responsibility from NHS England and was accountable to NHS England. The Chief

Operating Officer responded it was accountable to the Governing Body as it was included in the Constitution of the CCG and a change to its accountability would mean a variation to the Constitution. Until the Lay Members were in post it was not possible for this meeting to be quorate, however should a decision need to be taken it could always bypass the Primary Care Commissioning Committee and come to the Governing Body for approval.

This amendment was approved by the Governing Body.

1.3.2 Action Point One – a report on the Governing Body Remuneration Independent Review was on the agenda.

1.3.3 Action Point Two: the Chief Officer's report was in the format of a written report.

1.3.4 Action Points Three: it was confirmed that a response had been sent to Mr Sam Semoff to his question submitted in advance to the October 2017 meeting.

1.3.5 Action Point Four: it was noted that the Performance Report contained more detail on the Quality Premium.

PART 2: UPDATES

2.1 Feedback from Committees – Report No: GB 73-17

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

- Finance Procurement & Contracting Committee – 24th October 2017:
  - ✓ As per template.

- Remuneration Committee – 30th October 2017, – the Interim Lay Member/Remuneration Committee Chair fed back to the Governing Body:

- ✓ A sentence was missing from the template and the last bullet should read: “Discussions continue with HMRC about how best to resolve this complex issue which impacts on many CCGs”.

- ✓ In situations where members were conflicted the Terms of Reference for the Committee allowed the Chair to appoint an independent member to ensure the meeting was quorate. For this meeting two had been appointed with the approval of the Chair of the CCG.

- Finance Procurement & Contracting Committee 26th September 2017:

  - ✓ As per template.

- Quality Safety & Outcomes Committee – 7th November 2017:
  The Chief Nurse/Head of Quality/Committee Vice Chair updated the Governing Body:
  - ✓ As per template.

The NHS Liverpool CCG Governing Body:

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

2.2 Chief Officer’s Update - Report No: GB 74-17

The Interim Chief Officer updated the Governing Body:

- She thanked everyone for the warm welcome she had received at the CCG.

- Lay Member recruitment was progressing well.

- Once the Lay Members were in post the governance of the organisation needed to be considered around the strategic direction for the next year and beyond.

- Financial position – there was a detailed paper form the Acting Chief Finance Officer later on the agenda – the key focus for the organisation was maintaining financial health and progressing with the cost reduction programmes.

- Winter Planning – contingency plans were in place which had been agreed with the A&E Delivery Board. The Plan was contained in the detailed report later on the agenda.

The NHS Liverpool CCG Governing Body:

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

2.3 Feedback from the Joint Commissioning Group of the Health & Wellbeing Board 16th October 2017 – Report No: GB 75-17

The Healthy Liverpool Programme Director - Community Services & Digital Care updated the Governing Body by exception:

- ✓ Delayed Transfers of Care – the revised plans had been approved by NHS England so we finally had a fully approved Better Care Fund.

The NHS Liverpool CCG Governing Body:

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

2.4 Public Health Update - Verbal

The Director of Public Health updated the Governing Body:

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- ✓ Public Health Budget Reductions – further cuts had been announced to be made for 2019/20 of £2.4m. Public Health would work closely with the CCG on how to minimise the impact, it was hoped that the Autumn Statement would improve the financial settlement to local Governing and the NHS.

- ✓ "Drink Less Enjoy More" – this Liverpool initiative was to be rolled out across Cheshire & Merseyside and North Wales. West Midlands had also asked to adopt it. It had been mentioned at the Health Select Committee on Licensing as good practice around Section 41 (sale of alcohol to drunks). There would not be a 5th amendment to the Licensing Authority roles so Public Health were to support other responsible authorities with data provision.

- ✓ The Consultation on the Pharmacy Needs Assessment was to start next week. The Local Medical Committee would be contacted for GP practices to participate in a questionnaire.

The Chair endorsed the need for close working with public health given the difficult financial times.

The NHS Liverpool CCG Governing Body:

- ➢ **Noted the Verbal Update.**

2.5 Feedback from the Health & Wellbeing Board 9th November 2017 – Verbal

The Director of Public Health feedback to the Governing Body:

- It was good to see the focus at the meeting on Children's and Young Peoples' services – there was a presentation from the new Director of Children's Services. The Chair of the Governing Body agreed how encouraging it was to see the number of partner organisations wanting to get involved.

- The Local Medical Committee Secretary referred to the £2.4m of cuts to the Public Health Budget and asked where the service reductions might be made and the knock on effect on vulnerable people in the city. The Director Public Health responded that it was difficult to give any assurance but that everything possible would be done to protect the most vulnerable and minimise the impact on health inequalities.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 3: PERFORMANCE

3.1 Finance Update September 2017 – Month 6 2017/18 – Report No: GB 76-17

The Acting Chief Finance Officer presented an update of the CCG's financial performance for September 2017 (Month 6) to the Governing Body. This report had been discussed in detail at the Finance Procurement & Contracting Committee.

He highlighted:

- Month 6/September 2017 reporting forecasted that subject to mitigation of a number of financial risks, the CCG remained on track to deliver NHS England Business Rules at the end of the financial year, for clarity this was the equivalent of a 2% cumulative surplus equivalent to £16.4m with a small in year surplus position of £86k planned. An additional 0.5% was also held in reserve as per national direction in line with Business Rules. These issues were summarised on big pages 54-55.

- A summary of the financial performance indicators were included on big page 55 -56 reflecting the combination of business & planning guidance rules and effectiveness indicators with the majority self-assessed as 'Green'

- The CCG continued to experience performance pressures in respect of its year to date performance against plan with a deficit of £1.22m and as such was rated as 'amber'. These pressures existed as a result of operational issues as highlighted in the paper and with further mitigations required to the value of £1.26m (compared to £758k at month 5) in order to achieve the forecast outturn position as set out on big page 57.

- Detailed performance information was contained from pages 58 to 73 with regards to both the year to date and forecast outturn positions and provided further supporting information on the key drivers of the forecast outturn position as summarised on pages 62 -65 particularly regarding potential options for the delivery of the £1.26m of required mitigations.

- These highlighted the key variances in respect of financial pressures and savings compared to planned values as per the CCG financial planning assumptions at the start of the financial year.

- Big Page 73-76 provided information with regards to the CCG's Cash Releasing Efficiency Savings requirements as per the agreed financial plan assumptions. £26.2m of planned savings were assumed for the financial year with current assessment indicating forecast savings of £21.6m at the end of year resulting in a variance of £4.5m (which was £0.5m at month 5) which was included within the overall position as stated above which was a deterioration from the previous but had been taken into account within the overall position.

- Further information regarding potential risks was included within pages 76-77 and also regarding the CCG's Statement of Financial Position is included on Big Page 78 -79 in respect of positive performance regards month end cash position and better payment practice code performance, both being above respective required target levels.

The Governing Body commented as follows:

- A GP Member referred to the prescribing expenditure year to date variance of £92k compared with the forecast variance of £939k. The Acting Chief Finance Officer responded that this was partly due to the impact of 'No Cheaper Stock Obtainable (NCSO)' on applicable drugs prices that are attributable to the CCG. When asked what steps were being taken to mitigate for this, the Acting

Chief Finance Officer noted that this was a national issue affecting all CCG's and had been brought to NHS England's attention for discussion with the Department of Health.

- The Matchworks Locality GP representative/Prescribing Lead noted the fact that although some drugs had come off patent and were therefore cheaper, as mentioned before they were marked as export only which pushed the price up. The difficulty in now obtaining certain drugs was commented on and the fact that there was little we could do locally as this was a national issue.

- The Clinical Vice Chair referred to over-performance at St Helens and Spire and asked if this was due to increased levels of activity due to patient choice re better waiting times. The Acting Chief Finance Officer responded we did not have that level of detail, it was possibly a mixture of elective and non-elective cases and also some issues around HRG-4. The Finance Procurement & Contracting Committee and Financial Resilience & Oversight Group were looking at this in detail but it looked as if both price and volume had increased.

- The Clinical Vice Chair referred to the shortfall of £4m on the Cash Releasing Efficiency Savings ('CRES'). The Acting Chief Finance Officer responded that each area had a budget holder and an Senior Management Team Lead who updated regularly on progress and provided data, constantly reviewing for further mitigations. Due to the Acting As One contracts there were only two or three areas left where savings could be made on demand management in areas such as Continuing Healthcare. However there was only so far that this could go.

- In response to a query from the Clinical Vice Chair the Acting Chief Finance Officer commented that feedback from NHS England had been positive and that they were assured with the level of reporting.

- The Interim Lay Member asked if the table on 2017/18 Financial Year Planned Surplus position could be made clearer to show the underlying and recurring position in order to make clear what had been carried forward from previous years and what referred to the current year. The Acting Chief Finance Officer noted that this would feature in next year's planning but agreed to change the entry in the report. NHS England were moving from cumulative surplus position to in–year, this year we needed to focus on what happened to the £16m, for 2019/20 there might be a different approach which was a concern.

- The Secondary Care Clinician felt that financial performance was focussed on efficiency but that this should be balanced equally with quality. The Acting Chief Finance Officer commented that the drawing up of the 2017/18 savings plan had been a challenging process with the provision of the statutory surplus on one hand and the transformational programmes on the other (Right Care/Service Re-Design). A GP Member commented that Acting As One had overcome some of the organisational boundaries for the transformation programmes but voiced concern about what might happen if we changed back from Acting As One to the normal contract format.

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 November 2017 – Report No GB 77-17

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 November 2017. The data was at August/September 2017.

He highlighted:

- Diagnostics and six week waits – year to date performance was 9.88% of patients waiting 6 weeks or more, 11th out of 11 similar CCGs. The issues at the Royal Liverpool Hospital remained mainly in endoscopy with performance at 21.7%. This affected 2,500 patients. There was an endoscopy recovery plan looking at demand management, productivity and capacity (backlog). The Interim Chief Officer wanted to know what was happening with the recovery position and wanted to have sight of this plan. The Primary Care Programme Director noted that she and the Governing Body Clinical Lead for this area were meeting with NHS Improvement and NHS England to discuss the issues at the Royal Liverpool Hospital. There was a robust plan drawn up, the numbers were now decreasing but this needed to be monitored and it was important to make sure that the specified actions were undertaken, of which she was hopeful. Both she and the Clinical Lead were hopeful that the January 2018 report would show an improvement. The Primary Care Programme Director assured the Governing Body that the Royal Liverpool Board was sighted on this and this could be escalated at Chief Executive/Chief Officer level if required.

  The Local Medical Committee Secretary commented on the reference in the report to inappropriate referrals, he stated that GPs referred as per the guidelines. The Clinical Lead responded that a review of referrals was being undertaken to determine what was and was not appropriate. JL noted that the Royal Liverpool Hospital Clinical Quality & Performance Group would look at the mitigation in place and pursue. The Secondary Care Clinician felt that it would be good have more advice/guidance on referrals between the specialities at

the trust and GPs, perhaps in the form of a master class. The Clinical Lead noted that there had just been one held for Urology and for ENT and Gynaecology there had been sessions earlier in the year. There would be validation carried out with practices to see if there had been an impact.

- Referral to Treatment 18 weeks - there had been little change with the CCG still below the 92% standard. Some specialities at the Royal Liverpool Hospital were struggling as a result of the diagnostic waits.

- Cancer waiting times – six out of the nine targets were being met. The areas for improvement were percentage of patients receiving subsequent treatment for cancer within 31 days, percentage of patients receiving first definitive treatment within 62 days and percentage of patients receiving treatment for cancer within 62 days.

- Ambulance response times – no figures had been received.

- A&E Waits – performance was currently at 89% for the CCG against the 95% target. Aintree Hospital performance was challenging and work was ongoing to support improvement.

- Performance was good around Dementia diagnosis, early Intervention in Psychosis and Increased Access to Psychological Therapies ('IAPT'). IAPT access and recovery performance was improving.

- There had been no mixed sex accommodation beaches.

- There were no cases of MRSA in the month although performance for the year was marked Red.

- C Difficile – 9 cases reported in month, the trend on the paper was incorrect and should be showing an upward trajectory.

- E-Coli – 34 cases reported in month against a plan of 33.

- Quality Profile quarter 1 update was provided in the report, quarter 2 data would be received shortly.

- The Whole System Outcome Dashboard contained indicators agreed with the CCG Programme Managers, Finance and Public Health/Local Authority and was structured around the areas of Prevention, Children's/Maternity, Long Term Conditions, Cancer, Joint Commissioning, Mental Health, Learning Disabilities and Patient Experience.

- Prevention – there were indicators around MMR uptake, breast feeding prevalence at 6-8 weeks (upward trajectory) and physical activity.

- Long Term Conditions – Performance for the reduction of non elective stroke admissions was Red and also for percentage of stroke patients directed to a stroke unit within 4 hours (although this had improved since the last reporting period).

- Joint Commissioning – most of the indicators were green, however the indicator for Delayed Transfers of Care was on a downward trajectory, however Liverpool's performance in quarter 1 was better than the North West average.

- Care Quality Commission reports – there had been two reports published which were both on re-inspections where practices were rated as good in the areas of re-inspection.

The Governing Body commented as follows:

- The Secondary Care Clinician referred to the increase in activity at the trusts which suggested that the messages were not getting through to frontline staff.

- The Local Medical Committee Secretary referred to the lack of ambulance data and commented on the substantial delays for GP transfer calls with GPs needed to resort, after substantial waits, to emergency calls as the patients' conditions had deteriorated. The Chief Operating Officer referred to the new guidance to practices in the North West. There were longer waits but these were not uniformly experienced and trends were being investigated. The Winter Plan was underpinned by emergency response and GP Urgent calls. He hoped to have the Ambulance Response Profiles for the next performance report.

- The North Locality Chair asked about advice and guidance for GPs, the Primary Care Programme Director noted that this would be on the GP Bulletin later than week.

- The Healthy Liverpool Programme Director - Community Services & Digital Care referred to Delayed Transfers of Care and the fact that Liverpool CCG was working closely with Local Authority partners to integrate and get better value. In response to a query from the Secondary Care Clinician about assurance around carers he responded that the CCG had the social care indicators which were used for oversight for the Community Care Team.

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 that the levels of assurances given were adequate in terms of mitigating actions, particularly where risks to CCG strategic objectives were highlighted.**

PART 4: STRATEGY & COMMISSIONING

4.1 Complaints, Subject Access Requests, Freedom of Information Requests and MP Enquiries Report April to September 2017 – Report No: GB 78-17

The Corporate Services Manager presented a paper to the Governing Body to bring to its attention the breadth, scale and response to complaints, subject access requests, Freedom of Information Act requests and MP enquiries. She highlighted:

- There had been a slight reduction in MP enquiries compared to the same six month period last year – many were around Continuing Healthcare and packages of care.

- There had been seven Parliamentary Health Questions.

- Subject Access Requests had increased, mostly due to Continuing Healthcare and Previously Unassessed Periods of Care cases.

- Freedom of Information Requests – the numbers were down overall due to the completion of the Liverpool Community Health transaction process. Response times were 20 days and extensions were requested in the case of more complex requests. There were five breaches recorded but in these cases additional time had been requested due to the complexity. Two Freedom of Information requests had been from MPs but due to general election purdah it had not been possible to respond within the time period. Freedom of Information Themes – the biggest areas were finance, Continuing Healthcare and queries around commissioning policies/specifications/procurement.

- Complaints – the numbers had increased from the same period last year and were mostly around Continuing Healthcare (whilst the Previously Unassessed Period of Care were still be dealt with and challenged). Learning would be gleaned from these.

- There had only been one Parliamentary and Health Service Ombudsman request upheld regarding a Continuing Healthcare complaint where the original complaint had been managed by Liverpool City Council but involved a package of care. The CCG was required to make a return payment of £500.

- General Enquiries – these could be anything that was not a complaint about patient care at that stage and could usually be dealt with quickly.

The NHS Liverpool CCG Governing Body:

- **Received and noted the contents of this six monthly summary report.**

4.2 NHS Winter Planning 2017/18 – Report No: GB 79-17

The Chief Operating Officer introduced the Urgent Care Systems Manager who was to present the paper.

The Urgent Care Systems Manager highlighted the following areas:

- Although focus was on Winter the discussions around A&E processes were all year round issues and about doing the right things for patients.

- Appendix 2 to the paper contained the Winter Plan submitted to NHS England/NHS Improvement on 8th September 2017 which listed what CCGs needed to do.

- Appendix 3 of the paper contained the North Mersey and Southport A&E Delivery Board Winter Plan submitted to NHS England/NHS Improvement on 21st September 2017.

- The CCG needed to plan for winter along with our partners. The A&E Delivery Board was responsible for this and it involved not only health but also families, carers, social services etc.

- The plan was a live document and needed to be flexible.

- There would be a focus on performance.

- What if it did not work? Traditionally the first two weeks of January usually saw increased pressure across the system and we needed to plan what could be done to free up clinical and professional resources.

- The Chief Operating Officer commented that this year was this first time that NHS England were in control and between December and February would be monitoring and managing the system 7 days a week. Flow management for discharge was important to ensure that each new week started on a positive note. The plan was still work-in-progress.

The Chair noted the role of the Urgent Care Team at Liverpool CCG in co-ordinating and organising flow from the A&E Delivery Board Plan. There were many variables outside of our control which needed to be dealt with on the day to keep the system moving.

The Healthwatch representative commented that this linked with the Healthwatch visits to A&E departments with feedback from patients and lessons learnt. Most patients were in A&E on the advice of other NHS services rather than just turning up because they could not get an appointment with their GP practice. It appeared that Healthwatch recommendations had been picked up and addressed which was very reassuring. There were a lot of new initiatives which needed to be joined up and explained to patients.

The Clinical Director for Living Well referred to Friday afternoon discharges and the difficulties involved getting medications arranged and that this was an important area on which to focus. He advocated the use of telehealth with Secondary Care and ways of remote monitoring for patients which would facilitate discharge. The Urgent Care System Manager responded that this discharge should be planned from the moment the patient

was admitted rather than being left until later in the patient pathway. The Primary Care Programme Director referred to Primary Care access and that all 92 practices were open in the week between 8.00am and 6.30pm.

The Chief Nurse commented that the golden thread running through the plan should be patient safety and efficiency/clinical outcomes and that with regards to quality there should be a Joint management position on the membership of the A&E Delivery Board to feed back to the Clinical Quality & Performance Groups. The Urgent Care System Manager responded that access was part of the existing contract arrangements therefore should be covered in the existing Clinical Quality & Performance Group process, if we were doing something new then we would need to ensure that this connected with the Clinical Quality & Performance Groups.

The Practice Nurse Member commented that the detail of this was essentially of additional Primary Care capacity within the A&E Department. The Urgent Care System Manager agreed, noting that the CCG's historic investment in GP at Emergency Department schemes had provided a better starting position than others as there was already 'legacy' primary care resource at Alder Hey Hospital and Royal Liverpool Hospitals and the CCGs commissioned Out of Hours resource based at Aintree Hospital all of which can be utilised to meet Primary Care Streaming demand.

In order to ensure the full Primary Care Streaming service was delivered the Urgent Care System Manager advised that Acute Trusts, UC24 and local GP practice providers have been working together to develop a hybrid model, supported by appropriate governance processes that would see professionals from multiple organisations delivering Primary Care Streaming across 7 days. A GP Member queried if GP Streaming on-site was the most effective way of managing winter demand. The Urgent Care System Manager responded that the on-site model of Primary Care streaming was mandated by NHS England but that measures had been taken during the planning process to ensure that patients accessing the service are not able to use it as an alternative to accessing their own registered practice.

The Clinical Vice Chair commented in her role as the Urgent Care lead that this was much better than the previous year, there was no distraction around additional money as there was none available and the plan was far more integrated. There was a great deal of similarity between providers. The NHS England template was included and there was some generosity in the levels of assurance for some areas. The Aintree Hospital MADE event had highlighted that implementation of the Plan was not consistent across the board therefore the role of the A&E Delivery Board would be to continue to hold the trusts to account for delivery.

The Interim Chief Officer commented that "the proof of the pudding was in the eating" and if the winter plan was not delivered then NHS England and NHS Improvement would come down very hard on us. The CCG required assurance that the plan was in place for winter. As regards the workforce challenge it was not a simple question of saying more GPs and other staff were required as they simply were not available and this had been raised nationally the previous day.

The Chief Operating Officer commented that he had been more optimistic after the Aintree MADE event. However with regard to Primary Care Streaming he asked if patients would be triaged by a GP and then directed back to Primary Care? The Urgent Care System Manager confirmed that this was the case.

The North Locality Lead felt that the 111 service needed to be looked at as she felt there were too many outcomes where ambulances were called. The Chief Operating Officer responded that the evidence was that the level of ambulance calls from 111 was actually flat and was not out of kilter with the rest of the country. He agreed to bring further information back as part of the Performance Report at the next meeting.

In response to a question from the Interim Lay Member around non-scheduling of elective surgery in first couple of weeks of January 2018 which he could not see in the paper, the Urgent Care System Manager responded that this was simply part of everyday planning.

In conclusion the Chair observed that NHS England were assessing our plans, he was encouraged by the report.

The NHS Liverpool CCG Governing Body:

- **Noted the CCG Urgent & Emergency Care team's coordination role in managing delivery of North Mersey A&E Delivery plan.**

- **Noted the A&E Delivery Board plan for winter 2017/18 and assurance received to date in respect of this plan.**

PART 5: GOVERNANCE

5.1 Corporate Risk Register – Report No: GB 80-17

The Senior Operations and Governance Manager presented the updated Corporate Risk Register to the Governing Body with the recommendation to agree the removal of two risks C061 (delivery of access standards for Early Intervention in Psychosis Service) and C069 (Securing Interim Accountable Officer/Chief Finance Officer appointments). The Governing Body were also to note the new risk C070 (ensuring compliance with NHS England's Directions for the CCG).

Extreme Risks:

- C029 and C035 Failure of the Royal Liverpool Hospital and Aintree Hospital to meet the four hour wait A&E targets.

- C067 ensuring that the IMT infrastructure supported the work of the CCG and was secure and protected from risk/cyber-attack.

- C068 maintaining and securing public organisational and professional confidence in the CCG (linked to C069 above) – an Interim Chief Officer had been appointed and

the Deputy Chief Finance Officer had taken on the role of Acting Chief Finance Officer.

- C061 (delivery of access standards for Early Intervention in Psychosis Service) – this had been on the Risk Register for some time since the extension/inclusion of the over 35s. Performance had improved, there were still some patients waiting but not all of those eligible would present at the same time so the risk could be removed. The Chair of the Audit Risk & Scrutiny Committee and the Senior Governance & Operations Manager meet regularly to discuss the Risk Register.

The Clinical Vice Chair asked how a new risk would be added. The Senior Operations & Governance Manager responded that there was a well-established process using the Committee structure and the individual committee risk registers.

The Interim Lay Member asked what happened when risk were not moving according to the planned timescale i.e. C060 Frailty Service/Emergency Response Team handover of patients and was there an escalation process? The Senior Operations & Governance Manager responded that this risk had been reduced from 9 to 6, the meeting which had not taken place was the Frailty Review Meeting, there was a great deal of information which supported the Risk Register document which was reviewed on a weekly basis with the teams involved. The Primary Care Commissioning Committee had not been able to meet as it was not quorate and there would be another update from the Lead Officer in due course and this matter would be escalated if appropriate.

The NHS Liverpool CCG Governing Body:

- **Noted the two risks (CO61 and CO69) that have been recommended for removal from 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 Independent Review of Governing Body Remuneration – Report No: GB 81-17

The Chair reminded the Governing Body that matter had been approved at the Private Business Section of the October 2017 Governing Body meeting. The Interim Lay Member continued by summarising the history to date. The NHS England Deloittes report on Governing Body remuneration had recommended that an independent review of salaries for Governing Body members be undertaken and this had been written into the NHS England Directions. Korn Ferry had been commissioned via the Midlands and Lancashire Commissioning Support Unit to carry this out and the recommendations received at the Remuneration Committee. The Korn Ferry review had been "sense-checked" by NHS England and the report had been brought to the part 2 private business section of the October 2017 Governing Body meeting and approved. Today's paper was a summary of that report for noting in the public section of the Governing Body.

The Practice Nurse member expressed her disappointment on the lack of recognition in the Korn Ferry review and recommendations around the leadership role of the second Governing Body nurse position, relegating it to the level of a non-voting member in its treatment for salary. The Chair reinforced that this was a full Governing Body member role and agreed that the review did not reflect the leadership role which it should. The Interim Chief Officer referred to the Secondary Care Clinician and the Practice Manager non-voting member roles and the need to recognise the difference between non-executive and executive roles on the Governing Body. This was part of the Organisational Development work and also recognised the contribution of the Practice Nurse voting member role on the Governing Body. The Chair added that the Governing Body was set up with the Chief Nurse role and the Other Nurse role which is what had driven the Primary Care

Development work, he congratulated the Practice Nurse member on her contribution to the Governing Body.

The NHS Liverpool CCG Governing Body:

- **Noted the decision of the Governing Body Part II meeting held on the 10th October 2017 to accept and implement the findings of the remuneration review as amended subsequently with NHSE and as set out in this report.**

5.3 Information Governance Update – Report No: GB 82-17

The Acting Chief Finance Officer presented a report to the Governing body to provide it with an update on the CCG's requirements in relation to Information Governance, particularly in respect of required leadership roles given the recent changes to the CCG's senior team.

Big page 268 and 269 set out the CCG committee framework and required roles that were required to be in place with regards to Information Governance.

Given recent changes, Big Page 270 described Liverpool CCG's approach to the critical roles of Senior Information Risk Owner ('SIRO') and Caldicott Guardian based on the recent changes in senior appointments.

Acting Chief Finance Officer Mark Bakewell was to be the SIRO and Dr Maurice Smith the Caldicott Guardian

Information Governance requirements continued to develop at pace, not least the requirements of the General Data Protection Requirements from May 2018 and an additional role of Data Protection Officer as described on big page 270.

These matters were currently being considered by the Information Governance Steering Group and would make appropriate recommendations to the Governing Body in due course.

The NHS Liverpool CCG Governing Body:

- **Noted the amendments to the named individuals for the roles of Senior Information Risk Owner (SIRO) and Caldicott Guardian.**

- **Noted the update regarding the requirements for the new 'Data Protection Officer' role as part of the General Data Protection Regulation Requirements (GDPR).**

5.4 Scheme of Reservation & Delegation ('SORD') – Operational Limits Update 2017/18 – Report No: GB 83-17

The Acting Chief Finance Officer presented a paper to the Governing Body regarding proposed changes to the operational components of the CCG's scheme of reservation and delegation ('SORD').

Those approved amendments were currently being implemented and resulting operational issues being resolved, however a small number of additional minor amendments (to previous suggested limits) were required in order to complete the process and ensure practical operational arrangements existed.

There are 3 updates that require Governing Body as per Big Page 275

- Updates to the Ledger Hierarchy for recent named interim Chief Officer and Chief Financial Officer Appointments.

- A review of proposed arrangements / delegated signatory levels in respect of monthly contract payments had led to a required further amendment within operational limits for signed contract values in respect of the Royal Liverpool and Broadgreen University due to the relative contract size Teaching Hospital contract. The delegated limit for the "Approval of Monthly Healthcare Contract Payments" for the Accountable Officer, Chief Finance Officer to be extended to

the Head of Contracts, Procurement & Business Intelligence at £20m (was £7m which was enough for 2nd highest contract monthly contract value). This would only apply for the signed contract value which as per the existing scheme of delegation needed to be signed by the Accountable officer in any case.

- Additional category of Procurement to provide for delegated limits for the organisations Buyers to approve purchase order requests. Delegated limits of £20m for the Senior Buyer (due to single value restrictions in SBS) and £25k for the Buyer.

Once approved, these minor amendments would be revised in the operational limits and would need to be reflected in the CCG's operational systems particularly the finance ledger and procurement hierarchy.

In conclusion, the Governing Body were asked to approve the minor updates made to the Scheme of Reservation and Delegation.

The NHS Liverpool CCG Governing Body:

- **Approved the minor updates to the Scheme of Delegation at an operational level that are required to be actioned as described.**

6. QUESTIONS FROM THE PUBLIC

There were no questions from the Public. The Chair thanked the members of the public present for the much improved atmosphere from previous meetings which was very encouraging.

7. DATE AND TIME OF NEXT MEETING

Tuesday 12th December 2017 Boardroom, Liverpool CCG, 3rd Floor The Department.