

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP  
QUALITY SAFETY & OUTCOMES COMMITTEE**  
Minutes of meeting held on Tuesday 5<sup>th</sup> December 2017 at 3pm  
Boardroom, The Department, Lewis's Building

**Present**

Jane Lunt (JL)	Head of Quality/Chief Nurse & Vice Chair (In the Chair)
Donal O'Donoghue (DOD)	Secondary Care Clinician
Stephen Sutcliffe (SS)	GP Governing Body Member

**In attendance**

Sarah Thwaites (ST)	Healthwatch
Mavis Morgan (MM)	Patient Representative
Jan Eccleston (JE)	Clinical Quality & Safety Manager
Jacquie Ruddick (JR)	Senior Quality Manager
Monica Khuraijam (MK)	Planned Care GP Lead/GP Governing Body Member
Cheryl Mould (CM)	Primary Care Programme Director
Mark Bakewell (MB)	Acting Chief Finance Officer
Sam Clements (SC)	Programme Manager, End of Life (Up until item 3.4)
Paula Jones	Committee Secretary

**Apologies**

Fiona Lemmens (FL)	GP Governing Body Member
Jan Ledward (JL)	Interim Chief Officer
Shamim Rose (SR)	GP Governing Body Member
Kerry Lloyd (KL)	Deputy Chief Nurse
Jacqui Waterhouse (JW)	Locality Manager

**Part 1: Introductions & Apologies**

**1.1 WELCOME & INTRODUCTIONS**

JL, Vice Chair, Chaired the meeting as the Lay Member for Patient Engagement/committee chair had now left the CCG. The CCG was in the process of recruiting new Lay Members to take it up to the complement of four and hopefully these would be in place over the next couple of months. It was noted that the meeting was not quorate

so no decisions could be made, however the papers on the agenda were for noting/discussion and did not require a decision.

## **1.2 DECLARATIONS OF INTEREST**

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

## **1.3 MINUTES AND ACTIONS FROM 7<sup>TH</sup> NOVEMBER 2017**

The minutes of the meeting which took place on 7<sup>th</sup> November 2017 were agreed as an accurate record of the discussions which had taken place, subject to the following amendment:

- Item 3.3 Aintree University Hospital NHS Foundation Trust Quality Deep Dive page 10 – ST asked for the patient feedback to Healthwatch to be amended slightly and agreed to supply a form of words.

## **1.4 MATTERS ARISING NOT ALREADY ON THE AGENDA:**

- 1.4.1** Action Point One – it was noted that the Individual Patient Assessment Policies would be going to the Governing Body following sign off by the Quality Safety & Outcomes Committee. Of the Dispute Resolution Policy which would be coming to the next meeting.
- 1.4.2** Action Point Two – JL updated the Quality Safety & Outcomes Committee that she was re-sending the Looked After Children correspondence to the new Director of Children's Services at Liverpool City Council and that he would then send the final response.
- 1.4.3** Action Point Three – JL agreed to supply ST with contact details for the Clinical Quality & Performance Groups.
- 1.4.4** Action Point Four – JL updated that the action around care home referrals and work from the Safeguarding Adults Board was ongoing and not yet concluded. It would come back to the Quality Safety & Outcomes when concluded.
- 1.4.5** Action Point Five – it was noted that the Continuing Care Policy was deferred to the next meeting.

- 1.4.6** Action Point Six – the End of Life Quality Report was on the agenda.
- 1.4.7** Action Point Seven – a verbal update on Safeguarding and Clatterbridge was on the agenda.
- 1.4.8** Action Point Eight – it was noted that the Liverpool CCG Action Plan regarding the Department of Health/CDE Special Educational Needs & Disability ('SEND') Audit Tool had been deferred until the next meeting.
- 1.4.9** Action Point Nine – it was noted that ST and LJ had spoken outside of the meeting about the role of Healthwatch in dispute resolution around the SEND Audit Tool.
- 1.4.10** Action Point Ten – JL updated the Quality Safety & Outcomes that the clarification requested in the roles of the CCG/Local Authority/Liverpool Community Health/Continuing Healthcare had been provided in the Standard Operating Procedure for Care Homes and would be sent out.
- 1.4.11** Action Point Eleven – JL drew the attention of the Quality Safety & Outcomes Committee to the report in the for noting section of the agenda which provided additional information to the Aintree Deep Dive paper from the November 2017 as requested. She commented on the good learning experience this had been for the process.
- 1.4.12** Action Point Twelve – JL noted that she had not yet checked if Right Care work provided the required evidence for Aintree Hospital.
- 1.4.13** Action Point Thirteen – it was noted that the Patient Engagement Strategy had been deferred until the next meeting so that the output of a workshop could be included.
- 1.4.14** Action Point Fourteen – it was noted that the Deep Dive on Pressure Ulcers requested during the discussion on Serious Incidents 2017/18 Quarter 2 was on the agenda.

- 1.4.15** Action Point Fifteen – JL updated the Quality Safety & Outcomes Committee that the submission of the E-Coli Improvement Plan after submission to NHS England was ongoing.
- 1.4.16** Action Point Sixteen – JE updated that the meeting which JW was to attend with Infection Control Lead at Liverpool Community Health had been cancelled and was to be re-scheduled.
- 1.4.17** Action Point Seventeen – it was noted that the issue of lack of reviewers and impact on future identification of themes re Learning Disabilities Mortality Review ('LeDeR') Programme had been placed on the Risk Register.
- 1.4.18** Action Point Eighteen – it was noted that a paper on prescribing practice by practice around Adult ADHD/Pan Mersey approach was deferred until the January/February 2018 meeting.
- 1.4.19** Action Point Nineteen – it was noted that there was a paper on the agenda on diagnostic performance targets at the Royal Liverpool Hospital.

## **Part 2: Updates**

There were no items.

## **Part 3: Strategy & Commissioning**

### **3.1 END OF LIFE CARE – REPORT NO: QSOC 67-17**

DOD introduced the paper on End of Life Care which had been produced by SC. There were currently 5,000 deaths per year locally. The service fell down around the planning and co-ordination of services and did not receive the appropriate priority, Liverpool had great services but they could be a lot better. There was an issue around the funding of hospice care which was not by the NHS, particularly in less affluent areas and telehealth could be used much more. Austerity had challenged the system and putting the “disorganisation” right would save money as “chaotic” and poorly aligned pathways were more expensive than integrated care pathways.

SC continued:

- A high number of people died in hospital who wanted to die elsewhere, people were living longer and had more complex needs which led to greater demand on resources. As of October 2017 2,058 people were on the End of Life Register which was short of the 1% expected at 0.4% which indicated a need to identify more patients who were actually end of life. Collaborative working was vital to ensure that provision of End of Life care was integrated.
- An End of Life Review was being carried out with the first workshop in December 2017, after this the outcomes would be brought back to the Quality Safety & Outcomes Committee.
- Marie Curie had 26 beds for South Liverpool, this had been reduced from 30 after a Care Quality Commission review of required provision, there was currently no waiting list but two consultants were about to go on maternity leave which made this uncertain going forward.
- Woodlands Hospice had 15 beds serving North Liverpool. The Jospice Care Home had been rated as inadequate by the Care Quality Commission so was closed to new admissions (7 Liverpool CCG patients currently there) which had an impact on Woodlands.
- Royal Liverpool Hospital and Aintree Hospital: in the last twelve months there were 2,083 palliative care deaths in hospital which constituted just approximately 50% of total deaths. Palliative care deaths in hospitals had increased to 37% from 26%. The Royal had a 12 bedded Academic Palliative Care Unit for patients who needed more intensive specialist palliative care input.
- Three workstreams had been identified:
  - Clear link between emergency floor and academic palliative care.
  - Improved communication between acute sector and Primary Care re discharge.
  - Development of a set of metrics.
- Work was ongoing with Care Homes to keep them safe, particularly around the seven patients still in Jospice.

- Liverpool Community Health had a nurse-led specialist palliative Care Team.
- Voluntary Sector – this sector made an important contribution, sadly some funding had been withdrawn in the last round of Cash Releasing Efficiency Savings which had a profound effect.
- Primary Care – GPs needed to sit down with patients and find out what their preferences were for End of Life provision and resuscitation.
- The Liverpool Care Pathway had been phased out in 2014 each provider had developed their own care plans. The Do Not Attempt Cardiopulmonary Resuscitation ('DNACPR') Policy had been launched in Liverpool in 2014.
- Aintree Hospital were developing an audit tool and follow up post discharge and the Royal Liverpool Hospital were looking at migrating the DNACPR to an electronic system and the Electronic Patient Record system.
- Electronic Palliative Care Coordination System ('EPaCCS') – progress in getting the system to work together was slow, particularly the interoperability between community and GP Practices. Ilinks were taking over this piece of work.
- Issues around capacity and resource, the new STARS Care Service contract was awarded in November 2016 but the new contract had then been held up finally approved mid-2017 and was now in mobilisation phase, fully operational January 2018.
- There was a North Mersey Lymphodema working group looking at a new model so another paper would come back to the Quality Safety & Outcomes Committee at a later date.
- Bereavement – this would come back to the Quality Safety & Outcomes Committee after the workshop, probably to the March 2018 meeting.

The Quality Safety & Outcomes Committee commented as follows:

- JE referred to the seven Liverpool CCG patients in Jospice and the process for keeping them safe. SC confirmed that they were

patients placed by the Commissioning Support Unit/Continuing Healthcare, the Commissioning Support Unit had carried out reviews and confirmed that they were safe. JL added that the Continuing Healthcare Team provided regular updates/review of care plans and that the CCG had no current issues on the quality of service or safety of patients placed.

- JE referred to the consultants at Marie Curie about to go on maternity leave and asked if they were employed by Marie Curie or allocated from the Royal Liverpool Hospital. SC was not sure and agreed to find out next week when she met with Marie Curie.
- JE referred to the definition of over 65 which she felt should be revised. DOD commented that it was difficult to set an age category definition alone.
- SS felt that it was important to get the simple things right first and that this should not be difficult, i.e. changes to communication with GP on discharge from hospital to improve the quality of transfer of care.
- MM noted that compassion and empathy were of vital importance and asked to join the Working Group.

#### **The Quality Safety & Outcomes Committee:**

- **Had an understanding of the current end of life service provision in Liverpool**
- **Noted areas of quality related issues and good practice highlighted, and where there were issues areas of mitigation/assurance and escalation of concerns**
- **Requested updates to come back to the Quality Safety & Outcomes Committee on completion of the end of life review probably for the March 2018 meeting.**

### **3.2 CLATTERBRIDGE QUALITY & SAFEGUARDING – VERBAL**

JL gave a verbal update to the Quality Safety & Outcomes Committee on quality and safeguarding at Clatterbridge. Liverpool CCG was the co-ordinating commissioner for a number of services from Clatterbridge as part of the transition to move services to Liverpool. Due to low team capacity the changes to quality assurance processes had not taken place but this should have

happened for 1<sup>st</sup> April 2018. Liverpool CCG was working with Wirral CCG around Safeguarding arrangements with Clatterbridge and a meeting was arranged for early January 2018 to look at how to transition safeguarding assurance, Wirral were to provide safeguarding arrangements until the end of March 2018.

### **The Quality Safety & Outcomes Committee:**

➤ **Noted the verbal update.**

### **3.3 PRESSURE ULCER DEEP DIVE – REPORT NO: QSOC 68-17**

JE presented a paper to the Quality Safety & Outcomes Committee which provided an update on pressure ulcer prevention and management across provider organisations in the city. She highlighted that pressure ulcer reporting had increased although these were often downgraded on StEIS (i.e. should not have been reported as they were unavoidable). Grade four pressure ulcers which were the more serious were reported in highest numbers by Liverpool Community Health. There was an element of under-reporting as we would have expected the Royal Liverpool Hospital to report some grade three pressure ulcer but over an 18 month period had only reported one.

Liverpool Community Health arranged for an independent review and identified areas to improve on, however there was still work to be done with other providers.

Assurance regarding pressure ulcer prevention and management took place at the Clinical Quality and Performance Group meetings and themes identified from scrutiny by the Serious Incident Panel were: patient assessment, documentation, communication and handover, escalation, grading, patient non-compliance with advice and mental capacity assessments/best interest meetings.

Pressure ulcers reported by Alder Hey were usually device related. JE and KL now sat on the Royal Liverpool Hospital Deterioration & Mortality meeting.

DOD asked about the appealing of the Grade four pressure ulcers and why this was done. JE reiterated that pressure ulcers were first reported and then following further investigation it would become clear that they were unavoidable, only avoidable should be reported



and Liverpool Community Health should only be reporting avoidable and community acquired pressure ulcers. However to remove them from StEIS evidence needed to be provided and suitable challenge was applied. JL also referred to the cultural issues in Liverpool Community Health which had arisen from the previous blame and bullying culture and previous non-concordance in the Root Cause Analyses.

SS commented that the learning dissemination needed to include GPs.

#### **The Quality Safety & Outcomes Committee:**

- **Noted the contents of the report.**
- **Noted the actions planned.**
- **Identified if further assurance was required.**

### **3.4 DIAGNOSTICS PERFORMANCE AND RECOVERY PLAN AT ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITAL NHS TRUST – REPORT NO: QSOC 69-17**

CM and MK presented a paper to the Quality Safety & Outcomes Committee giving an overview of the current diagnostics performance and recovery plan at the Royal Liverpool and Broadgreen University Hospitals NHS Trust ('RLBUHT').

MK gave the clinical viewpoint:

- Diagnostics performance at the Royal Liverpool Hospital had been deteriorating over the last few months with 22.8% of patients waiting over six weeks (the standard was 1%).
- Majority of issues were around endoscopy services. MRI failures were mostly cardiac imaging due to recent implementation of NICE guidance. The current reported wait for Cardiac MTR was 9 weeks.

DOD asked if the issue around endoscopy was capacity or referral volume. MK responded that it was both, referrals were increasing and additional clinical capacity was reducing. The Royal recognised this and were looking for more sustainable options which did not involve direct replacement of services. There was an Action Plan for recovery involving:

- ✓ Pathway re-design/demand management with GPs.
- ✓ Clinical audit – this had last been done around high referring gastroenterology practices where the findings were that most referrals were around IBS, Liver and Bowel. Two clinical demand management GPs had been identified to work with a consultant and look at referral date and how to improve quality of referral and identify themes.

CM continued with the non-clinical view:

- Management of clinical risk and quality – work was being done in conjunction with the quality team, the trust and at the Clinical Quality & Performance Group to provide assurance.
- In-sourcing – the Royal had prepared a Board Business Case and had now started in-sourcing.
- The waiting list had reduced by 320 patients so it was improving and this was monitored on a weekly basis.
- This issue was high on NHS England's agenda and there had been a joint meeting with the CCG, the Royal, NHS Improvement and a Recovery Action Plan drawn up. There would be a further meeting on 18<sup>th</sup> December 2017 re diagnostics and Referral to Treatment times.
- The CCG had been trying for a long time to have representation at the Performance Oversight Group at the Royal but so far had not been invited. It would be appreciated if the Quality Safety & Outcomes could escalate this with the Trust Board/Chief Executive.
- DOD asked if the issue was capacity or inappropriate referral. MK responded that the audit had revealed that referrals were appropriate. MK commented that the two clinical demand management GPs would hopefully tease out issues around capacity and follow-up in out-patients.
- SS asked about capacity at other providers, MK responded that Priory was at capacity, activity at Spire was rising due to the fact that waiting lists were low. Productivity was an issue as once a patient arrived for a diagnostic procedure they would not be turned away, hence the need to change the perspective of GP colleagues and Secondary Care colleagues.

- The question was asked about how assured were we that the performance could be turned around for March 2018 to hit the 1%. CM noted that there were weekly meetings to review performance, as the concern was around the Trust Board being sighted on this the matter of CCG attending the Programme Oversight Board.

JL asked for a further update to be brought to the Quality Safety & Outcomes at the February 2018 meeting.

### **The Quality Safety & Outcomes Committee:**

- **Noted the content of the report**
- **Requested further assurance where required**
- **Requested updates as deemed appropriate**

## **Part 4: Performance**

### **4.1 PROVIDER COST IMPROVEMENT PLANS ('CIPs') – REPORT NO: QSOC 70-17**

JR presented a paper to the Quality Safety & Outcomes Committee outlining the suggested process for the CCG approval of provider cost improvement plans and to provide an update on the assurance received 2017/18.

The current process was:

#### **Stage One**

Providers submitted a copy of the previous year CIP plans at the outset of the current financial year, together with proposed plans for forthcoming financial year with assurance of the appropriate governance and organisational sign off within the provider.

#### **Stage Two**

- (a) Initial evaluation by the Chief Nurse, with support from the Quality Team will, with the provider, review the CIP programme for the following financial year.

- (b) In line with the work plan for each Trust, the Provider would then be invited to present the CIP's to the CCG at the Clinical Quality and Performance Meeting. Any CIPs assessed by the CCG as high risk will undergo a 'deep-dive' to ensure no negative impact to quality of care and this will involve the necessary staff to help influence the discussions.

### **Stage Three**

The CCG would continue with the routine monitoring of performance against plan through the application of performance dashboards through the Clinical Quality and Performance Meetings and through reports such as the Early Warning Dashboard presented at the Quality Safety and Outcomes Committee.

The provider would share any internal reports about the impact of CIPs on Trust delivery of care through the demonstration of compliance through the Quality Schedule.

The Quality Team had added Cost Improvement Plans presentations to all of the Clinical Quality & performance Group workplans. However as Healthwatch did not attend the Clinical Quality & Performance Groups a new process was required. The Quality Account Checklist was contained in Appendix 1 which would provide more assurance for the CCG, more work was involved but it was a much more efficient way of sharing information with the CCG.

In response to a query from MK, JL commented that the format for the plans was as the individual trust wanted to present and was very much up to them, apart from the requirement to include an Equality Impact Assessment and have them signed off by the Director of Nursing and the Medical Director and then the Board with regular updates back to the individual trust board. MB asked for internal audit to be added to the Cost Improvement Plan Checklist.

Liverpool Community Health already had a plan around deliver financial in year performance so did in effect have a Cost Improvement Plan although the language used was slightly different.

ST asked if other CCGs had the same approach. JL responded that Liverpool CCG could ask commissioners to work with us on this process and it would be easy to implement.

### **The Quality Safety & Outcomes Committee:**

- **Noted the content of the report**
- **Discussed and agreed the process of validation and approval**

## **Part 5: Governance**

### **5.1 RISK REGISTER – VERBAL**

It was noted that the issue around Local Area Contact/Learning Disabilities Mortality Review programme ('LeDeR') had been placed on the Risk Register and that paper would be required for the next meeting. Diagnostics at the Royal Liverpool Hospital had also been put on the Risk Register.

#### **The Quality Safety & Outcomes Committee:**

- **Noted the verbal update.**

### **6. ANY OTHER BUSINESS**

None.

### **7. DATE AND TIME OF NEXT MEETING**

Tuesday 2<sup>nd</sup> January 2017 – 3pm to 5pm – it was proposed that the 2<sup>nd</sup> January 2018 be changed as there were many members on annual leave that date and the meeting would not be quorate. A change to this date would be considered.

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP**  
**QUALITY SAFETY & OUTCOMES COMMITTEE**  
**Minutes of meeting held on Tuesday 23<sup>rd</sup> January 2018 at 3pm**  
**Boardroom, The Department, Lewis's Building**

**Present**

Jane Lunt (JL)	Head of Quality/Chief Nurse & Vice Chair (In the Chair)
Stephen Sutcliffe (SS)	GP Governing Body Member
Fiona Lemmens (FL)	GP Governing Body Member
Jan Ledward (JL)	Interim Chief Officer
Shamim Rose (SR)	GP Governing Body Member

**In attendance**

Kerry Lloyd (KL)	Deputy Chief Nurse
Chris Clay (CC)	Acting Individual Patient Activity Head of Service, Liverpool for Midlands & Lancashire Commissioning Support Unit.
Jacqui Waterhouse (JW)	Locality Manager
Peter Johnstone (PJ)	Primary Care Development Manager
Sarah Thwaites (ST)	Healthwatch
Jan Eccleston (JE)	Clinical Quality & Safety Manager
Jacque Ruddick (JR)	Senior Quality Manager
Mark Bakewell (MB)	Acting Chief Finance Officer
Anne Cartwright (AW)	Clinical Quality & Performance Manager
Barbara Harding (BH)	Clinical Quality & Performance Manager
Paula Jones	Committee Secretary

**Apologies**

Donal O'Donoghue (DOD)	Secondary Care Clinician
Mavis Morgan (MM)	Patient Representative
Helen Smith (HS)	Head of Safeguarding, Safeguarding Service

**Part 1: Introductions & Apologies**

**1.1 WELCOME & INTRODUCTIONS**

JL, Vice Chair, Chaired the meeting as the new Lay Member for Patient and Public Involvement who was to Chair the Quality Safety & Outcomes Committee would not be in post until 1<sup>st</sup> February 2018.

## **1.2 DECLARATIONS OF INTEREST**

Dr Shamim Rose declared an interest in item 3.4 Individual Patient Activity Dispute Resolution Policy as she had two children who were in receipt of care packages. As the policy was about the process of resolving disputes between the commissioners and did not relate to patient care it was noted that she was not conflicted.

## **1.3 MINUTES AND ACTIONS FROM 5<sup>th</sup> December 2017**

The minutes of the meeting which took place on 5<sup>th</sup> December 2017 were agreed as an accurate record of the discussions which had taken place.

## **1.4 MATTERS ARISING NOT ALREADY ON THE AGENDA:**

- 1.4.1** Action Point One – it was noted that ST from Healthwatch had supplied a form of words to amend the November 2017 meeting minutes around patient responses to Healthwatch concerning Aintree Hospital.
- 1.4.2** Action Point Two – it was noted that the Individual Patient Activity Dispute Resolution Policy was on the agenda.
- 1.4.3** Action Point Three – JL updated the Quality Safety & Outcomes Committee that the Looked After Children correspondence had been sent to the new Director of Children's Services at Liverpool City Council and a response was awaited.
- 1.4.4** Action Point Four – ST confirmed that she had received contact details for the Clinical Quality & Performance Groups but would still need to confirm the names which was being done.
- 1.4.5** Action Point Five – it was noted that the action around the Safeguarding Adults Board Care Home Referrals work to come to the Quality Safety & Outcomes Committee when ready was ongoing as this was still work in progress.
- 1.4.6** Action Point Six – it was noted that the papers on the SEND Audit Tool Action Plan and Continuing Care had been deferred until the February 2018 meeting.

- 1.4.7** Action Point Seven – it was noted that the changes to the Care Homes Standard Operating Procedure requested by the Quality Safety & Outcomes Committee had been incorporated and the Policy would be formally circulated by June 2018.
- 1.4.8** Action Point Eight – JL updated the Quality Safety & Outcomes Committee that she had not yet met with anyone to discuss Right Care and to see if it provided the required evidence for Aintree. This action was in connection with Aintree mortality figures and was a requirement of the National Quality Board rather than Right Care. KL added that Right Care could be triangulated in the learning from mortality.
- 1.4.9** Action Point Nine – it was noted that the Patient Experience Strategy was on the agenda.
- 1.4.10** Action Point Ten – it was noted that the E-Coli Improvement Plan would be presented to the February 2018 meeting.
- 1.4.11** Action Point Eleven – JE updated the Quality Safety & Outcomes Committee that JW was attending the next Liverpool Community Health Infection Prevention Control meeting which had been rescheduled. This action could be closed.
- 1.4.12** Action Point Twelve – it was noted that End of Life was on the agenda again for the March 2018 meeting to incorporate the output from the Bereavement workshops and Lymphodema Working Groups.
- 1.4.13** Action Point Thirteen – with regard to the action to ascertain if the two Marie Curie consultants about to go on maternity leave were employed by Marie Curie or elsewhere, KL updated the committee that she had met with the Chief Executive Officer of Woodlands Hospice to discuss quality and quality assurance from the hospice basis. The maternity leave issue could be picked up in the March 2018 Quality Safety & Outcomes Committee meeting in wider work around EOL hospice collaborative working. It would be good to have a Standard Operating Procedure between the three hospices. JLe commented that the CCG needed assurance from the hospice system that they were able to manage quality in the light of staffing issues. SR suggested the possible use of GPs with a Special Interest in 'End of Life to plug the gap.



- 1.4.14** Action Point Fourteen – it was noted that MM had joined the End of Life Working Group.
- 1.4.15** Action Point Fifteen – KL agreed to check with the Primary Care Programme Director about CCG representation at the Royal Liverpool Hospital’s Performance & Oversight Group in the light of the committees concerns around diagnostic performance and quality.
- 1.4.16** It was noted that an update on the Diagnostics Recovery Plan at the Royal Liverpool Hospital was an action for the February 2018 meeting.
- 1.4.17** Action Point Seventeen – it was noted that Internal Audit were on the Cost Improvement Plan Checklist.
- 1.4.18** Action Point Eighteen – KL updated the Quality Safety & Outcomes Committee on the action around Learning Disabilities Mortality Review (‘LeDeR’) as requested at the December 2017 in the Risk Register discussion. There had been insufficient numbers of reviewers to carry out the reviews required and this issue had been escalated to NHS England, this was a national issue. NHS England had secured £90k of funding for the current year and following year which could be used to support the mental health providers of Learning Disabilities services to pay for reviewers to clear the backlog. We were awaiting feedback from the providers.
- 1.4.19** JLe commented on the actions log format asking that all actions had a specific date rather than to say “in due course” and that they needed to be able to be understood clearly as a standalone document.

## **Part 2: Updates**

### **2.1 QUALITY AND SAFETY ASSURANCE GROUP (‘QSAG’) BI-MONTHLY REPORT – DECEMBER 2017 – REPORT NO: QSOC 01-18.**

JW presented feedback to the Quality Safety & Outcomes Committee on the December 2017 Quality and Safety Assurance Group (‘QSAG’) meeting in December 2017 and highlighted four issues:

- Use of interpreters and lack of awareness of recommendations to use interpreters with some patients relying on the use of friends and family which was not best practice. Once launched the NHS England Community Language Standard would be publicised with practices. We could not mandate practices to use this but it could be promoted. We currently had multiple contracts for interpretation services but these were due for renewal in September so a health economy wide approach could be looked at.
- Use of NHS.net accounts – the Local Medical Committee had encouraged the use of secure NHS.net accounts for the communication of patient sensitive information rather than the livgp accounts. If safeguarding information was sent via the livgp accounts then the Safeguarding Team Administration would contact practices.
- Inappropriate prescribing of high dose opiate patches – an EPACT audit had been carried out and guidance would be circulated to all practices. There would be quarterly reporting to the Medicines Optimisation Committee and there would be a system wide audit on pain management.
- Learning Disabilities Physical Health Checks – the Learning Disabilities Register within individual practices was not as up to date as it could be.

MB referred to the Information Governance issue referenced within the agenda item re sharing of information and need to ensure an appropriate approach was being used. MB commented that perhaps the specifics needed to be raised / discussed at the Information Governance Steering Group and that the CCG continued to have the difficulty of Information Governance within practices being the responsibility of NHS England but the CCG did try to monitor the position via an audit of individual Information Governance Toolkit submissions. MB agreed to discuss this with JW / Dave Horsfield (IM&T Lead) outside of the meeting.

SS commented that the only time his practice sent data of this nature by email was special patient notes to UC24 where the default email in the computer system was livgp and SR suggested that maybe the livgp email accounts should be removed and practices always made to use NHS.net. Again MB agreed to raise these matter with DH as IM&T lead

## **The Quality Safety & Outcomes Committee:**

- **Noted the content of the report.**
- **Noted mitigation taken.**
- **Recommended further action if required.**

## **2.2 CCG SAFEGUARDING QUARTERLY REPORT QUARTER 2 – REPORT NO: QSOC 02-18.**

HS had been required to send apologies to the meeting at the last minute and therefore there was no one available to present the Safeguarding Quarter 2 report. She had however emailed JL with point to be highlighted and it was agreed that these should be presented by JL rather than defer the report to the next meeting as it was now quite late for Quarter 2 information.

- **Liverpool Community Health:**
  - Demonstrating “Reasonable Assurance” overall.
  - Significant for adults but reasonable for children with a static trajectory.
  - Limited assurance rating is applied for Looked After Children due to levels of concern and this has impacted on the children's rating.
- **RLBUHT:**
  - Significant assurance maintained.
- **Alder Hey:**
  - Negative trajectory for children with a decrease in training compliance for L1 and 2. Improvements noted in multi-agency working including early help.
- **Liverpool Heart & Chest Hospital:**
  - Reasonable assurance overall impacted by Prevent performance.
  - A quarterly recovery action plan had been developed which was monitored by the CCG Safeguarding) and NHS England.
  - Current status (January 2018 Q3) demonstrated Trust at 98.6% compliance with Prevent Basis Awareness Training and an increase from 19.6% (Q2) to 50.1%

(January 2018 Q3 ) for WRAP (Workshop to Raise Awareness of Prevent) training.

- Recovery plan indicates that full compliance (90%) would be achieved by Quarter 4 as per contractual compliance. The Safeguarding team would continue to monitor the recovery action plan.
  - NHS England had produced an e-learning training package for Workshop to Raise Awareness of Prevent ('WRAP') Training which the Trust were also using to support increase in compliance.
  - Significant assurance applied for children's safeguarding.
- LWH: significant assurance.
- Mersey Care:
    - Reasonable assurance with an upward trajectory- working to their contract performance notice action plan.
    - Commissioning Standards now showed compliance across all measures.
- Aintree:
    - No submission against the Key Performance Indicators ('KPIs') so a limited assurance applied.
    - The Trust did not feel that assured regarding the accuracy of the data they were submitting to KPIs due to data generation and data collection issues. A number of internal reviews had already highlighted limited assurance in relation to safeguarding and as a consequence Safeguarding was placed on the Trust risk register with an action plan to support.
    - A Hospital Safeguarding Board had been established to oversee the existing action plan and as a result of the Care Quality Commission ('CQC') Section 29a warning notice. The warning notice was specifically in respect of the Mental Capacity Act ('MCA') and the Trust are actively seeking to increase their MCA capacity. The CCG (Safeguarding) attends the hospital Safeguarding Board (held monthly) and also meets with the Head of Safeguarding on a monthly basis to review the action plan and provide supervision.
- Spire:
    - Reasonable assurance with marked improvement for training compliance

- Graded Care profile ('GCP') / signs of Safety:
  - Presentation made to health sub group.
  - Plans for a Train the Trainer cascade of training but trainers would have to be accredited
  - Aim to include Midwives, Health Visitors and School Nurses in GCP2 with a potential of having a screening tool for use by A&E etc.
- Working Together:
  - Consultation event held 18<sup>th</sup> January 2018 planned for further work to be carried out with CCG / Police/Local Authority to formulate clear proposal
  - Briefing paper contained in Appendix 1
- Care Homes: updates given and Standard Operating Procedure now in place.

The Quality Safety & Outcomes Committee commented as follows:

- SS asked what "missing in service" meant. In the absence of anyone from the Safeguarding Service present at the meeting it was agreed that this would be responded to at the next meeting.
- FL referred to Alder Hey and raised concern that as a specialist children's trust it should have a negative trajectory for children with a decrease in training compliance for Safeguarding for Levels 1 and 2 and wanted to know how assured the CCG could be that it was being addressed by the trust. JL responded that there was a good level of assurance, the trust had made improvements and there had been a temporary hiccup with taken over the management contract from Liverpool Community Health for community services non-core bundle services.
- JLe wanted to know what actions were being taken to improve performance and support the narrative, with future reports containing more information around triggers for actions for the committee to be able to see mitigations actions and have reasonable assurance.

- In response to a query from FL about Aintree Hospital KL noted that an internal Safeguarding Board had been set up, the last Aintree Clinical Quality & Performance Group had been cancelled so this needed to be picked up at the Collaborative Commissioning Forum and then come back to the CCG.

### **The Quality Safety & Outcomes Committee:**

- **Noted and approved the content of the report.**

## **Part 3: Strategy & Commissioning**

### **3.1 PRESCRIBING FOR ADHD (ADULTS)– REPORT NO: QSOC 03-18**

PJ presented a paper to the Quality Safety & Outcomes Committee on prescribing for ADHD (Adults) which was normally initiated by a specialist service on the Wirral, with the expectation that local GPs would continue to issue prescriptions, as the specialist service did not have the capacity to issue regular prescriptions. Prescribing for ADHD had been in decline since 2014, with a fall in use of the most commonly used drug, methylphenidate not being countered by corresponding increases in the other drugs. In order to support this, the Area Prescribing Committee developed a suite of shared care agreements and the current shared care agreements for the four drugs used in the management of ADHD were put in place in November 2016 [http://www.panmerseyapc.nhs.uk/shared\\_care.html](http://www.panmerseyapc.nhs.uk/shared_care.html), and ratified by the Medicines Optimisation Committee. However, a shared care agreement was only a tool to support prescribing and was unlikely to result in unwilling prescribers taking on the role. Prescribing for ADHD had historically been variable across the city, with some practices embracing prescribing and others unwilling to take on responsibility for what was seen as a specialist area.

SR confirmed that GPs felt that they did not understand this cohort of patients whose behaviour (in adults) could be extremely erratic. SS was happy to have a Shared Care Agreement provided it was truly shared care, support was vital for these patients to ensure that their needs were met. This was a massive problem and the service for adults was extremely fragmented and for patients transitioning from children's services to adults services providing the right level of support was very difficult.

JLe felt that this matter should be picked up under the community model being developed by Mersey Care. Currently some patients

were waiting 80 weeks to be have a referral into services which was not providing a service at all. ST added this affected not just patients transitioning from children's services but also those adults who had not yet had a diagnosis. SR explained that diagnosis was further complicated by whether the diagnosis was neurology or psychology based or both. ST suggested maybe a two week screening process at home first and commented that this would also work well with Asperger's although KL felt that Public Health had already stratified the population by need via a Health Needs Assessment. SS felt that rather than commission a permanent service it would be more beneficial to clear up misdiagnosis. FL commented that it was not acceptable to say that we were at an impasse and that there was nothing else that could be done, if patients had been prescribed a particular drug in the past and then transitioned to adult services the danger was that Primary Care would say that they would not prescribe it.

JL asked PJ to feedback to Mental Health colleagues. It was agreed that a paper needed to come back to the March 2018 Quality Safety & Outcomes Committee from the Mental Health Team in conjunction with the Prescribing Team.

#### **The Quality Safety & Outcomes Committee:**

- **Noted the content of the report.**
- **Requested a report to come back to the March 2018 Quality Safety & Outcomes Committee on Adult ADHD from the Mental Health Team.**

### **3.2 LIVERPOOL WOMEN'S HOSPITAL ('LWH') QUALITY PROFILE – REPORT NO: QSOC 04-18**

KL presented a report to the Quality Safety & Outcomes Committee summarising the key risks to quality at Liverpool Women's Hospital and the quality assurance mechanisms in place to mitigate those risks. She highlighted:

- There was a bi-monthly Clinical Quality & Performance Group held with the trust which was chaired by JL and a "Deep Dive" had been carried out two years ago.
- The three pillars of quality were "Safe", "Effective" and "Positive Experience":

- “Safe”: this was a standalone site with no co-location of other acute services which was a risk, consultation on women’s/neonatal services was delayed until after purdah so after June 2018. Remedial investment into the site was being done and we were looking at how the trust would tri-angulate the safety concerns around being a standalone site and this work was being built into the Clinical Quality & Performance Group workplans. Mortality was constantly being reviewed in light of the complex case mix and there had been a recent presentation at the Clinical Quality & Performance Group on their processes. Internal work had been carried out using Dr Foster to benchmark with similar trust on mortality but this was complicated by the lack of similar organisations. The CCG did not feel equipped to look at this and a more robust approach was required generally around mortality. The governance restructure strengthened the trust’s approach to Serious Incidents and we now needed to see how they disseminated learning through the organisation.
- “Effective”: the Trust had been engaged in system-wide working and had made improvements but had narrowly missed some of the diagnostics performance indicators.
- “Patient Experience: Friends and Family in-patient recommendation was lower than average but out-patient recommendation was above national figures.

The Quality Safety & Outcomes Committee commented as follows:

- With regards to Mortality SS suggested that might be a difference between secondary and tertiary referrals, JLe felt that mortality was a coding issue. JE responded that she had met with Dr Foster to see what reports could be developed and she was working as well with the Business Intelligence Team.
- With regards to Mortality KL commented that the CCG did not have resource to deal with this. JL added that we needed to be able to interpret the data which we did have available and JLe commented that we needed to define what indicators should be used to judge if the quality of service received was correct.



- SS referred to high risk babies receiving the BCG vaccination and the need to identify high risk populations. There was a need monitor non-attendance at appointments and follow up rather than “lose” patients in the system. JL commented that there was a great deal of work being carried out by Public Health England in this area.
- JLe was not sure what the recommendations in the paper actually meant and it was confirmed that the Quality Safety & Outcomes Committee was being asked to note the report.

### **The Quality Safety & Outcomes Committee:**

- **Noted the content of the report.**

### **3.3 PATIENT EXPERIENCE STRATEGY – REPORT NO: QSOC 05-18**

JR presented the Patient Experience Strategy to the Quality Safety & Outcomes Committee for approval. This was the first time that the CCG had developed a Patient Experience Strategy. A Patient Liaison Group had been held in September 2017 involving patient experience managers from local providers, Healthwatch, Primary Care, Commissioners, Patient Engagement Lay Person and patients and workshop was held to gain views on what the key aims of the Patient Experience Strategy should be. However the role of digital needed to be incorporated into these findings. A further Patient Liaison Group was held in December 2017 focussing on the role of digital.

Once approved by the Quality Safety & Outcomes the Strategy would be shared and work would start to embed and implement. Bi-annual updates would come back to the Quality Safety & Outcomes Committee on its implementation. Action Plans would be developed for each workstream.

The Quality Safety & Outcomes Committee commented as follows:

- ST updated the Quality Safety & Outcomes Committee that Healthwatch were taking over the patient advocacy services from April 2018.
- JLe commented that this was very difficult to do, there were real lessons to be learned from other providers on how to improve patient experience and what was required was a baseline from

which to measure ourselves against. This was a good start and we needed to ensure that we did not set ourselves up to fail.

- JL noted that the Patient Experience Strategy needed to be incorporated in the CCG's Strategic Plan being presented to the Governing Body meeting in March 2018.

### **The Quality Safety & Outcomes Committee:**

- **Approved the Patient Experience Strategy.**

## **3.4 INDIVIDUAL PATIENT ACTIVITY DISPUTE RESOLUTION POLICY – REPORT NO: QSOC 06-18**

CC presented the Individual Patient Activity ('IPA') Policy to the Quality Safety & Outcomes Committee for noting:

- NHS Liverpool Clinical Commissioning Group (LCCG) and Liverpool City Council were required to agree a Dispute Resolution Policy as directed within the National Framework for NHS Continuing Healthcare ('CH'C) and NHS-funded Nursing Care, November 2012 (revised). This policy would ensure a clear process that allowed disputes to be addressed in a professional and timely manner within clearly defined agreed responsibilities.
- LCCG and Liverpool City Council were committed to working together to provide continuing care in the interests of patients / service users; resolving difficulties at the earliest opportunity, using this policy only as a last resort ensuring that patients/service users were not involved in any dispute which might arise between the parties and that their needs were met in an appropriate environment throughout.
- The policy would apply to all NHS Continuing Healthcare eligibility funding decisions for LCCG and Liverpool City Council where disputes existed for eligibility funding decisions concerning children and adults. The reasons for the dispute had to be clearly stated by the professional or organisation raising the dispute, and if the multi-disciplinary recommendation was

challenged or disputed, this needed to be identified and supported by evidence when the dispute was raised. The policy did not apply to individual patients or their representatives who wished to appeal against a decision on eligibility. A separate appeal process existed to resolve these cases.

- An escalation process was detailed in the policy from Stage 1 to Stage 4 for dispute resolution;

Stage 1 Escalation to Operational Leads

(for review and decision within 20 days)

Stage 2 Escalation to Managers

(for review and decision within 5 days)

Stage 3 Escalation to Senior Manager (Director Level)

(for review and decision within 5 days)

Stage 4 Referral for Independent Disputes Panel

(outcome to have been reached within 8 weeks from the initial notification of the case at Stage 1 of the process)

- Funding of individual cases during the Dispute Resolution process was detailed within the policy, in addition to transfer of responsibility for funding and retrospective reimbursement of costs.

In response to a question from FL it was confirmed that this policy was in line with national standards. MB reminded the Quality Safety & Outcomes Committee that we were currently exploring different models of provision and sharing of cost.

#### **The Quality Safety & Outcomes Committee:**

- **Noted the content of the report.**

### **3.5 UPDATE ON LEARNING DISABILITIES DEATH RATE/Local Area Contact – VERBAL**

This update had already been given under matters arising from the previous meeting.

#### **The Quality Safety & Outcomes Committee:**

- **Noted that this had been covered under matters arising from the previous meeting.**

## **Part 4: Performance**

### **4.1 EARLY WARNING DASHBOARD – REPORT NO: QSOC 07-18**

JE presented the Early Warning Dashboard Quarter 3 update to the Quality Safety & Outcomes Committee for noting and highlighted:

- Summary Hospital-Level Mortality Indicator ('SHMI') – for April 2016 to March 2017 mortality figures for both the Royal and Aintree were “as expected”. The National Quality Board had requested that mortality featured as part of the Quality Schedules and Liverpool CCG attended both the Royal and Aintree’s Deterioration & Mortality meeting. The Aintree Medical Director had been asked at the Aintree Clinical Quality & Performance Group to adopt learning from best practice at the Royal Liverpool Hospital.
- Venous Thromboembolism – the Royal were presenting an improvement plan to the January 2018 Clinical Quality & Performance Group and this had been added to the Aintree Quality Risk Profile.
- Care Quality Commission the outcome of the Alder Hey Inspection had been discussed at the previous Quality Safety & Outcomes Committee in December 2017.
- MRSA – the Royal had had one breach in November 2017 attributed to the Trust as lapses of care had been identified. An Action Plan had been drawn up. Alder Hey had had two cases one in October 2017 and one in November 201y, one was a child from Yorkshire screened on admission and learning was in place, the other was a child from Halton but the infection attributed to Alder Hey. A Post Infection Review meeting was to be held. There was a further case reported by Alder Hey in October 2017 which related to a child from Bangor Hospital in Wales, there had been a lack of engagement from the Trust in Wales regarding the Post Infection Review, no lapses of care had been identified on Alder Hey’s part or learning so it was referred to NHS England who agreed with this, noted the efforts to engage with the Trust and had escalated appropriately.

- C Difficile – no cases had been sent to appeal from the Royal Liverpool Hospital since the last panel in September 2017. One Liverpool case at Aintree Hospital was presented at the October meeting and was upheld as there were no lapses of care identified.
- E-Coli and Other Gram Negative Blood Stream Infections ('GNBSI') – a report was being brought to the February 2018 Quality Safety & Outcomes Committee. An Infection Control Leads Network had been established by the CCG to start January 2018.
- Never Events – since the last meeting there had been one Never Event reported for Liverpool Women's Hospital which related to a wrong implant being used and had been discussed at the Clinical Quality & Performance Group.
- National Patient Safety Alerts - National Reporting and Learning System data was a good indicator of the reporting culture of an organisation
- A Sepsis workshop was planned for 21<sup>st</sup> February 2018 to be chaired by SR.
- Mixed Sex Accommodation – there had been no breaches since the last report.
- Safer Staffing – a report was to be brought to the March 2018 Quality Safety & Outcomes Committee.

The Quality Safety & Outcomes Committee commented as follows:

- SS referred to the mortality data which had an upward trend at the Royal and Aintree for deaths 30 days post discharge and wondered if this was due to patients not being discharged to die at home. JL agreed that a briefing should be supplied for next meeting under matters arising to answer questions on EOL Care and explain statistics on deaths 30 days post discharge with involvement from DOD and Sam Clements.
- FL asked if the Walton Centre needed to be flagged as a low report of incidents. JE responded that she was attending the Clinical Quality & Performance Group for the Trust the following week and would raise this issue.

- SS referred to 37 out of 49 Complaints year to date reported to the CCG in the year to date related to Liverpool CCG. KL explained that a high number of the CCG complaints referred to Continuing Healthcare outcomes on process which the Commissioning Support Unit delivered on our behalf. The Quality Safety & Outcomes Committee received a regular in-depth report from the Customer Relations Lead. No complaints had been received about the North West Ambulance Service.
- SS referred to the Friends & Family Test and the low numbers of staff not recommending their place of work as somewhere for their family/friends to be treated. JL responded that staff were probably feeling pressurised due to staffing issues and pressures. FL commented that the Friends & Family Test results needed to be triangulated with the Staff Survey.

### **The Quality Safety & Outcomes Committee:**

- **Noted the performance of the CCG in delivery of key national and local performance indicators and the recovery actions taken to improve performance.**

## **Part 5: Governance**

### **5.1 RISK REGISTER – REPORT NO: QSOC 08-18**

Julia Burrows presented the Risk Register to the Quality Safety & Outcomes Committee and highlighted new or updated risks:

- Aintree Hospital: re mortality the CCG was represented at the mortality workstreams meetings and the Clinical Quality & Performance Group had oversight. The latest data was with the “as expected range”.
- Cheshire & Wirral Partnership NHS Trust: a benchmarking exercise had been carried out across the Sustainability & Transformation Plan footprint and showed variation on demand, activity & investment levels.
- Liverpool CCG: three risks, two relating to capacity within the Quality Team pending recruitment of new staff could be discharged now that the post had been filled and employment

commenced. The third risk had been added to the Register in December 2017 and related to identified lack of resource to complete Learning Disability Mortality Rate ('LeDeR') reviews. This had been escalated to the NHSE Cheshire & Mersey Quality Team and there was an ongoing drive for reviewer recruitment and training. There was £90k non recurrent funding available from NHS England to aid the review of the backlog of cases. This had been discussed at the Transforming Care meeting and raised with Mersey Care Trust who could possibly host this and facilitate the reviews.

- Mersey Care: two risk:
  - 12 hour A&E waits – the risk score had been reduced as there had been no breaches in recent months.
  - Improving Access to Psychological Therapies ('IAPT') wait times – the waiting list had been inherited and a great deal of time had been invested by the Intensive Support Team and the inherited list had been cleared.
- New risk added: Royal Liverpool Hospital Diagnostic Waiting Times and in particular endoscopy. The CCG was meeting monthly with the Trust to review performance and also were working with NHS England and NHS Improvement to provide a whole system overview. KL noted that there was an update scheduled for the February 2018 Quality Safety & Outcomes Committee agenda.

JL referred to the Mersey Care 12 hour A&E breaches for which there had been no breaches for a numbers of months and raised the question of should the risk be removed and then re-added if the breaches should there be a reoccurrence. It was agreed that the risk should remain on for the time being with this to be reconsidered should the time period without breaches reach around nine months.

FL requested more information on the scoring of Mersey C2 (IAPT) and why Aintree 1 (mortality) had a risk scoring of 9.

#### **The Quality Safety & Outcomes Committee:**

- **Noted the content of the risk register**
- **Requested addition of any risks identified at the meeting.**

## **6. ANY OTHER BUSINESS**

None.

**7. DATE AND TIME OF NEXT MEETING**

Tuesday 6<sup>th</sup> February 2018 – 3pm to 5pm, Boardroom Liverpool CCG



**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP**  
**QUALITY SAFETY & OUTCOMES COMMITTEE**  
**Minutes of meeting held on Tuesday 6<sup>th</sup> February 2018 at 3pm**  
**Boardroom, The Department, Lewis's Building**

**Present**

Ken Perry (KP)	Lay Member for Patient & Public Involvement/Committee Chair
Jane Lunt (JL)	Head of Quality/Chief Nurse & Vice Chair
Stephen Sutcliffe (SS)	GP Governing Body Member
Fiona Lemmens (FL)	GP Governing Body Member
Donal O'Donoghue (DOD)	Secondary Care Clinician

**In attendance**

Kerry Lloyd (KL)	Deputy Chief Nurse
Jacqui Waterhouse (JW)	Locality Manager
Jan Eccleston (JE)	Clinical Quality & Safety Manager
Liz Johnson (LJ)	
Lynn Jones (LJo)	Primary Care Quality Manager
Monica Khuraijam (MK)	GP Governing Body Member, Planned Care Lead
Mark Bakewell (MB)	Acting Chief Finance Officer
Paula Jones	Committee Secretary

**Apologies**

Jan Ledward (JL)	Interim Chief Officer
Shamim Rose (SR)	GP Governing Body Member
Mavis Morgan (MM)	Patient Representative
Sarah Thwaites (ST)	Healthwatch

**Part 1: Introductions & Apologies**

**1.1 WELCOME & INTRODUCTIONS**

KP introduced himself as the newly appointed Lay Member for Patient and Public Involvement and Chair of the Quality Safety & Outcomes Committee. He suggested that there should be a meeting of the committee without a formal agenda to look at how business was conducted, how the committee functioned and what worked and did not work well.

JL informed the committee that the patient representative in attendance, Mavis Morgan, was unwell since just before Christmas and had recently returned home from hospital. It would be a little while until she returned and the Quality Safety & Outcomes Committee wished her well.

## **1.2 DECLARATIONS OF INTEREST**

SS declared that his wife worked for Mersey Care and KP declared that his company also did some work for Mersey Care – this was in respect of item 3.3 Implementation of National Guidelines for Care & Treatment Reviews and Care, Education & Treatment Reviews for learning Disability/Autism. FL declared that her practice was also mentioned in the Primary Care Paper and Care Quality Commission inspections agenda item 4.2. As these papers were for information and noting and did not affect services it was noted that there was no conflict.

## **1.3 MINUTES AND ACTIONS FROM 23<sup>rd</sup> JANUARY 2018**

The minutes of the meeting which took place on 23<sup>rd</sup> January 2018 were agreed as an accurate record of the discussions which had taken place subject to the following amendments:

- KL referred to page 3 item 1.4.13 and asked for the correction to be made to show that she had met with the Chief Executive Officer of Woodlands Hospice to discuss quality and quality assurance from the hospice basis.
- MB referred to item 2.1 Quality and Safety Assurance Group bi-monthly update page 5 and agreed to supply a form of wording to express more accurately the information governance issues around the use of NHS.net accounts which he did as follows: “MB referred to the Information Governance issue referenced within the agenda item re sharing of information and need to ensure an appropriate approach was being used. MB commented that perhaps the specifics needed to be raised / discussed at the Information Governance Steering Group and that the CCG continued to have the difficulty of Information Governance within practices being the responsibility of NHS England but the CCG did try to monitor the position via an audit of individual Information Governance Toolkit submissions. MB agreed to discuss this with JW / Dave Horsfield (IM&T Lead) outside of the meeting”

- FL referred to item 3.2 page 10 Prescribing for ADHD and requested a correction to a typographical error and the clarification that the Mental Health Team in conjunction with the Prescribing Primary Care Development Manager PJ were to bring a paper back to the March 2018 meeting.
- KL referred to item 3.2 page 10 Prescribing for ADHD and asked for the minutes to be amended to show that the population had been stratified by need via Public Health rather than screened.
- MK referred to item 4.1 Early Warning Dashboard page 16 and noted that the date of the Sepsis workshop was 21<sup>st</sup> February 2018 not 26<sup>th</sup> February 2018.

#### **1.4 MATTERS ARISING NOT ALREADY ON THE AGENDA:**

- 1.4.1** Action Point One – it was noted that E Coli Improvement Plan/Gram Negative Bloodstream Infections Plan was on the agenda .
- 1.4.2** Action Point Two – DOD updated the Quality Safety & Outcomes on End of Life/deaths 30 days post discharge as these had both risen at the Royal Liverpool Hospital and Aintree Hospital and were higher than the England % (although Core Cities would be a better comparator). The most recent data indicated that this had stabilised and the more detailed update scheduled for the March 2018 meeting would contain more information. We needed to consider capacity status, Delayed Transfers of Care, Delayed Discharge etc. Overall the system was strong which would help. The STARS service had been mentioned, the Royal Liverpool Hospital was working on educational support around patient flow. SS was concerned that the data around deaths in hospital rising and death 30 days post discharge decreasing indicated that something was happening in the system. DOD responded that the paper to the March 2018 would interpret data. KL added that Dr Paula Finnerty the North Locality Chair had looked at this issue with Aintree Hospital and an audit had been carried out so she should be included in any email correspondence with Secondary Care.
- 1.4.3** Action Point Three – it was noted that an update on Diagnostics at the Royal Liverpool Hospital was on the agenda. MK commented that the Primary Care Programme Director Cheryl

Mould had not yet heard back about CCG attendance at the Royal Liverpool Hospital's Performance & Oversight Group, however the minutes of that meeting would go to the Clinical Quality and Performance Group meeting.

- 1.4.4** Action Point Four – MB confirmed that he had already spoken to Jacqui Waterhouse and Dave Horsfield about the use of the Information Governance Toolkit and the use of email accounts outside of the NHS firewall to transmit sensitive information and what our response should be and the move to NHS.net 2. The step up needed to be carried out by the Summer.
- 1.4.5** Action Point Five – in the absence of the Safeguarding Team JL clarified that “missing to service” referred to children not being brought to appointments so classified as “Did Not Attend” or who had moved from one area to another although the provider concerned still had a policy to attempt to locate the child.
- 1.4.6** Action Point Six – it was noted that a jointly written paper by the Mental Health Team and Prescribing Team was to be brought to the March 2018 meeting. LJ noted that she was linked in to this to cover the transition period children to adults.
- 1.4.7** Action Point Seven – it was noted that the update on the Patient Experience Strategy was due to come to the July 2018 meeting.
- 1.4.8** Action Point Eight – it was noted that the baselines for the Patient Experience Strategy needed to be integrated with the Strategic Plan going to the March 2018 Governing Body meeting.
- 1.4.9** Action Point Nine – it was noted that the paper on Safer Staffing would be brought to the March 2018 meeting.
- 1.4.10** Action Point Ten – deaths 30 days post hospital discharge had already been discussed and the formal paper update was scheduled for the next meeting.
- 1.4.11** Action Point Eleven – it was noted that the Risk Register would be discussed first.
- 1.4.12** Action Point Twelve – it was noted the Risk Register and updates on the scoring of Mersey C2 (Improving Access to Psychological Therapies) and Aintree 1 (Mortality).

## **Part 2: Updates**

## **Part 3: Strategy & Commissioning**

### **3.1 ROYAL LIVERPOOL & BROADGREEN UNIVERSITY HOSPITAL TRUST ('RLB') QUALITY PROFILE – REPORT NO: QSOC 09-18**

KL presented a report to the Quality Safety & Outcomes summarising the key risks to quality at the Royal Liverpool & Broadgreen Hospital and the quality assurance mechanisms in place and highlighted:

- The new site was a standard agenda item for the bi-monthly Clinical Quality & Performance Group meetings, a new contractor was being sought to take over the building work.
- Mortality rates – the CCG attended the Trust's Deterioration and Mortality meeting on a monthly basis – The Summary Hospital –level Mortality Indicator was in the expected range.
- MRSA – two cases reported year to date. C Difficile cases were under the trajectory set. A whole-system piece of work was being undertaken to look at increasing of screening and working with Public Health.
- The Trust had moved to the upper quartile for incident reporting.
- The Trust had sustained levels of "Significant Assurance" re safeguarding functions compliance.
- The Trust had failed to achieve the target of 95% of all adult inpatients being risk assessed in relation to venous thromboembolism – the new departmental Medical Director was pressing improvement in this area.
- Two contract performance notices issued re six week diagnostic performance and Referral to Treatment time targets – these areas were standard agenda items on the Clinical Quality & Performance Group meetings.
- Two strategic service reviews for Dermatology and Allergy Services were underway. The Trust called a Multi-Agency

Discharge Event ('MADE') in January 2018 due to challenges around patient flow attended by the CCG, no major themes were identified and feedback on this would be brought to a later meeting.

- The Friends & Family Response Rate was higher than average – FL asked for this to be more explicit.

The Quality Safety & Outcomes Committee commented as follows:

- FL noted that this was a huge trust and wondered if bi-monthly Clinical Quality & Performance Group meetings were sufficient. JL responded that these were in the same cycle as the other meetings and that the meetings had improved with better in-depth reports being received with a real open and honest approach from the Trust.
- SS referred to the table of worst performing specialties on page 6 of the report and asked if the increase in activity/decrease in performance was due to the surge in demand. KL responded that there were service line action plans for each speciality but these were not included in the report.
- KP commented that what the Quality Safety & Outcomes Committee needed was reassurance that risk was being managed. JL referred to the unusual position of Liverpool CCG compared to other CCGs in that it was commissioning from such a large number of trusts, hence the fragmented feel. There were multiple touch points within the local system, all the Clinical Quality & Performance Groups had CCG representation. We needed to have a strategic approach to risk over longer periods of time. KL referred to the Quality Schedules, Compliance Schedules and working closely with the Care Quality Commission as sources of assurance.

**The Quality Safety & Outcomes Committee:**

- **Noted the content of the report.**

### 3.2 HEALTHCARE ASSOCIATED INFECTION QUARTER 3 2017/18 UPDATE REPORT – REPORT NO: QSOC 10-18

JE presented a report to the Quality Safety & Outcomes Committee to outline the progress with regards to the management of Healthcare Associated Infections ('HCAI') within Liverpool. She noted the move to a focus on Gram Negative Blood Stream Infections ('GNBSI') and the target of a 50% reduction to be achieved by 2021 set for CCGs with a 10% reduction this year against E-Coli. A North Mersey Economy GNBSI Reduction Steering Group had been established and an Improvement Plan developed. The Group would meet on a bi-monthly basis and received the reports from the separate workstreams of the Plan.

There had been five cases of MRSA bacteraemia reported within Liverpool Hospitals in Quarter 3 2017/18. Following review; three cases were attributed to a hospital trust and one case to a third party (Welsh hospital), the fifth case relating to the Walton Centre NHS Foundation Trust was currently unknown.

**Clostridium difficile Infection ('CDI')** - there had been 14 fewer cases reported at the end of Quarter 3, in comparison with the same time last year, this remained 12 over trajectory. Work continued across the whole health economy in Liverpool to address CDI. There had been 41 cases reported this quarter against a plan of 35. For all cases occurring within the provider hospitals, reviews/ root cause analyses (RCA) were carried out, in order to identify any lapses in care. The Royal Liverpool and Broadgreen University Hospital Trust reported 11 cases in Quarter 3 against a plan of 12. This gave a working total of 27 cases against a plan of 29 cases for the year to date (YTD). For Aintree University Hospital, the year to date total was 50 against the YTD plan of 31, Quarter 3's number of cases were equal to the plan of 12.

**E coli bacteraemia** - the drive continued to reduce the number of E.coli bacteraemia cases. The designated work streams within the North Mersey Health Economy GNBSI Reduction Steering Group would be focusing work on reducing E.coli bacteraemia that derived from urinary tract infections. 111 cases were reported during Quarter 3 and the YTD total for 2017/18 was 322, against a year-end acceptable plan of 396. The forecast to year end based upon current data was 429 (33 off plan). 440 cases of E.coli were recorded in Liverpool last year across primary and secondary care. Therefore, the Year to Date figures compared favourably with 2016/17.

## Individual Provider Updates:

Aintree Hospital – year to date one case of MRSA, 50 cases of CDI and 222 cases of E.Coli.

Royal Liverpool and Broadgreen University Hospitals – two cases of MRSA reported year to date, one due to a contaminant in the sample. E-Coli cases reported were 76 in quarter 3 compared with 80 in quarter 2.

**Liverpool Heart and Chest Hospital (LHCH)** - there had been no reported hospital acquired MRSA bacteraemia in Quarter 3, with the YTD total being 1 MRSA bacteraemia. The Trust reported no CDI in Quarter 3 with the total YTD being one CDI. The Trust reported two E.coli bacteraemia in Quarter 3 and no cases were reported in Quarter 2 (overall, six cases YTD).

**Alder Hey Children's Hospital (AHCH)** - There had been three reported hospital acquired MRSA bacteraemia cases in Quarter 3, which were the first cases reported in 2017/18. One case was assigned to third party (an out of area hospital). The common themes that emerged for the two cases assigned to AHCH for lessons to be learnt and shared were: Aseptic non-touch technique (ANTT), training, decolonisation procedures, compliance issues and poor documentation. There had been no CDI reports YTD. The Trust reported four E.coli bacteraemia in Quarter 3 compared with seven in Quarter 2 (overall T = 14 YTD).

**Liverpool Women's Hospital (LWH)** - there had been no reported hospital acquired MRSA bacteraemia year to date within LWH. There had been no CDI reported YTD. The Trust reported two E.coli bacteraemia in Quarter 3 compared with two cases in Quarter 2 (overall T = nine YTD).

**Liverpool Community Health (LCH)** - there had been no reported community acquired MRSA bacteraemia YTD within LCH. There have been no CDI reports YTD. E.coli bacteraemia cases were not routinely collected by the CCG Business Information Team for LCH.

SS asked if there was any learning to be shared between the Royal and Aintree. It was noted that the situation was reversed from a couple of years ago, it was felt that Aintree appealed more cases



than the Royal, it was important for trusts to have sustainable improvement and not lose focus.

JW commented that the Medicines Optimisation Sub-Committee were looking at the wealth of information from general practice. KL to link with South Sefton colleagues re antibiotic prescribing re CDiff re Aintree Hospital catchment area and bring back to next meeting.

### **The Quality Safety & Outcomes Committee:**

- **Noted the contents of the report**
- **Noted the performance at year to date 2017-2018**
- **Identified if further assurance was required.**

### **3.3 THE IMPLEMENTATION OF NATIONAL GUIDELINES FOR CARE & TREATMENT REVIEWS ('CTRs') AND CARE, EDUCATIO & TREATMENT REIVEWS (CETRs) FOR INDIVIDUALS WITH LEARNING DISABILITY AND/OR AUTISM – REPORT NO: QSOC 11-18**

LJ presented a paper to the Quality Safety & Outcomes Committee which reported on the impact of the implementation of national guidelines relating to Care & Treatment Reviews ('CTRs') and Care, Education & Treatment Reviews ('CETRs'). Transforming Care was the national response to Winterbourne and the programme had the three key aims of:

- Improving quality of care for people with learning disability and/or autism.
- Improving quality of life for people with a learning disability and/or autism and
- Enhancing community capacity, reducing inappropriate hospital admissions/length of stay.

CTRs and CETRs were helping to reduce hospital admissions and quality of care and the CCG had the role of chairing and co-ordinating he panels. We needed to be assured that we could meet the challenge.

JL wondered if this matter should be discussed at the Finance Procurement & Contracting Committee as well. MB responded that Joint Strategic Needs Assessment had this remit, the issue for the CCG was one of strategic planning approach rather than financial.

There was also a gap between children's and adult services which needed to be bridged.

- FL asked if the risk stratification was for one year or all. LJ responded that currently this was for all years, it was difficult to have significant control to carry out the risk stratification but this was something that NHS England were pressing for. It was agreed that capacity to deliver to be placed on Risk Register and the information governance issues re data sharing were to be picked up and brought back to the next meeting by JL and LJ.

#### **The Quality Safety & Outcomes Committee:**

- **Noted the (statutory) requirements within the national framework**
- **Noted the training requirements for the CCG**
- **Noted the impact on teams within the CCG in complying with implementation**
- **Noted the financial impact for the CCG for 17/18 and beyond**
- **Noted the risks associated with quality for the patient group.**

### **3.4 ROYAL DIAGNOSTICS UPDATE – VERBAL**

MK gave some background behind why this verbal update had been requested by the Quality Safety & Outcomes Committee for the benefit of KP. She highlighted:

- Trust was under an Acting As One Contract, there had been high activity/demand for diagnostics and the Trust had been unable to offer higher pay rates for staff for additional hours, there were no volunteers and so had gone out to agency staff. There was no back up in place and demand and activity continued to grow.
- Increase in demand was greatest for Endoscopy percentage wise but also affected CT Scans and MRIs – this was due to changes in NICE Guidance.
- The waiting list was still over 1,700, an improvement was beginning to be seen with data to the end of January 2018.

- The Chief Officer had written a letter to the Trust to ensure they were sighted on this at a senior level. The delay in the move into the new building was also causing problems re scheduling and capacity.
- The Trust had started to target the high numbers of patients not turning up for their appointments.
- Some Primary Care GPs were looking into referral management issues.

KP asked how we could ensure that this did not happen again. MK responded that we needed to ensure that there was engagement between CCG and Secondary Care colleagues. KP commented that it would be useful to see the process of learning from these issues.

MB commented that Acting As One Contracting would learn from this. It had been a difficult Summer for the CCG and when the data had started to emerge June/July/August 2017 there had been a lack of performance evaluation due to internal issues.

### **The Quality Safety & Outcomes Committee:**

➤ **Noted the verbal update.**

### **3.5 SEND AUDIT TOOL – REPORT NO: QSOC 12-18**

LJ presented a paper to the Quality Safety & Outcomes Committee which presented the SEND (Special Educational Needs) workplan following the outcome of the SEND Audit completed and presented to the Quality Safety & Outcomes Committee in August 2016 and November 2017.

KL noted that Continuing Care for Children was an opportunity for us to get in and define the specification, she and LJ would be working on this together. JL observed that the new Director of Children's Services at Liverpool City Council was very supportive of multi-agency development and the SEND partnership was being re-energised. MB added that Finance had a role to play in pooled/shared budgets management.

## **The Quality Safety & Outcomes Committee:**

- **Agreed the SEND DoH/CDC Audit Work Plan 2018/19.**
- **Following discussion and potential amendment, LCCG agreed the 2018/19 DoH/CDC SEND Audit Work Plan as the vehicle to measure progress against the requirements of the Children's and Families Act 2014, 0-25 SEND Code of Practice Feb 2016 and Ofsted/CQC Inspection Framework 2016. Progress to be reported on a 6 monthly basis to QSOC, SEND Partnership Board and annually to the Children and Families Trust Board.**

## **Part 4: Performance**

### **4.1 NORTH MERSEY HEALTH ECONOMY GRAM NEGATIVE BLOOD STREAM INFECTION ('GNBSI') REDUCTION STEERING GROUP UPDATE PAPER, FEBRUARY 2018 – REPORT NO: QSOC 13-18**

JE presented a paper to the Quality Safety & Outcomes Committee to update regarding progress made around the provision of operational oversight, monitoring and scrutiny of the Gram Negative Blood Stream Infection ('GNBSI') Improvement Plan. Reporting was to come to the Quality Safety & Outcomes Committee on a quarterly basis. A Task and Finish Group would meet bi-monthly between the steering group meetings.

## **The Quality Safety & Outcomes Committee:**

- **Noted the contents of the report.**

### **4.2 FINDINGS FROM THE CARE QUALITY COMMISSION INSPECTIONS IN LIVERPOOL FROM 2014 TO DATE – REPORT NO: QSOC 14-18**

LJo presented a paper to the Quality Safety & Outcomes Committee on the findings of the Care Quality Commission Inspections carried out in Liverpool GP practices and a summary of the ratings from 2014. In 2014 of the 94 practices 82 had been rated as good first time, one had been rated good but on re-inspection moved to outstanding. 7 required improvement, 3 were inadequate and 2 were not inspected.

In 2017 there were a number of re-inspections, 2 were ranked as outstanding (Vauxhall and Brownlow), 88 were ranked as good, 1 was ranked as required improvement (about to be re-inspected) and 1 was not inspected. There had been a great deal of work carried out in the practices who were generally terrified by the prospect of the inspections and who had received a great deal of support from LJo and the Primary Care Team as the Care Quality Commission were constantly changing their requirements. The Care Quality Commission were changing the format from April 2018 for practice inspections.

The Quality Safety & Outcomes Committee commented how good, interesting and useful it was to have the data and noted the excellent work of the Primary Care Team in supporting practices. DOD asked about publicising such positive results and LJo said that the results would be shared at the Patient Participation Groups.

#### **The Quality Safety & Outcomes Committee:**

- **Noted the content of report**
- **Noted the actions taken to support GP's and to share best practice/learning.**

### **4.3 SERIOUS INCIDENT OVERVIEW 2017/18 QUARTER 3 – REPORT NO: QSOC 15-18**

JE presented a report to the Quality Safety & Outcomes Committee which provided assurance of the robust system of monitoring, scrutiny, challenge and share learning undertaken in the management of Serious Incidents as report to Liverpool CCG as both Lead and Co-Ordinating Commissioner. She noted the high number of trusts which Liverpool CCG had in its patch which was substantially higher than other CCGs.

In quarter 3 63 incidents had been closed (less than in quarter 2). The Team were reviewing 12 incidents reports every three weeks. 89 Serious Incidents had been reported in Quarter 3 (compared with 87 in Quarter 2). 63% related to Liverpool CCG patients, most others were relating to Lancashire, Clatterbridge, Aintree, North West Ambulance Trust and One to One Midwifery and the Walton Centre.

By category pressure ulcers were the largest category and were mostly reported from community trusts. The second largest category

was self-inflicted harm and suicide. 48 hour reporting to StEIS was 79.7% (an increase of 10% on quarter 2). Submitting of reports by 60 days target was 81% so overall performance was not too bad.

The Serious Incident reporting format was due to be changed soon. FL commented that the data needed to be used to improve services for patients rather than simply have data itself. JL commented that six months was a good timescale to identify trends and JE agreed to use the quarter 4 report to identify learning.

### **The Quality Safety & Outcomes Committee:**

- **Noted the contents of the report**
- **Noted the performance in Q3 2017/18**
- **Identified if further assurance was required.**

## **Part 5: Governance**

### **5.1 RISK REGISTER – REPORT NO: QSOC 16-18**

KL presented the Risk Register to the Quality Safety & Outcomes Committee:

- There were 10 risks ongoing at different stages.
- Aintree A&E performance target – there had been a systemwide MADE event in November 2017 at Aintree and the actions from this would be discussed at the February 2018 A&E Delivery Board.
- Liverpool Community Health – Looked After Children Nurses in Alder Hey – there had been regular partnership meetings between Children’s Social Care, the CCG and Health providers. A letter had been sent to the new Director of Children’s Services at Liverpool City Council. The second risk related to Looked After Children Safeguarding compliance 2017/18 Quarter 2 data static response which had been brought to Mersey Care’s attention . There was a need to review the safeguarding framework and Looked After Children would be part of this. We would support the Trust to develop a Terms of Reference for the new process.
- There were two risks for Mersey Care: 12 hour A&E breaches and Improving Access to Psychological Therapies. The

Intensive Support Team continued to have oversight of the improvement work overseen locally by the Task & Finish Group.

- Royal Liverpool Hospital A&E performance – the Quality Team were still struggling to get the various commissioning teams to update the Risk Register.

KP asked how an issue became a risk on the Risk Register. The response was that risks were anticipated as well as dealt with. KP suggested that this should be something discussed at the proposed “development Sessions” for the Committee.

FL referred to the Aintree 1 risk (Mortality) and felt that this was too high. KL responded that she had spoken to Dr Paula Finnerty who had agreed that the likelihood of the risk could be reduced therefore giving a risk score of 6. It was agreed that the risk should be kept at 6 and remain on the Risk Register for the next three months.

SS asked about the lack of narrative for RLH2 re elective care and diagnostics. KL responded that the narrative should be there but this matter was also being discussed later on the agenda so would be agreed as a risk today.

FL referred to Mersey C2 Improving Access to Psychological Therapies and it was agreed that this would remain where it was.

#### **The Quality Safety & Outcomes Committee:**

- **Noted the content of the risk register**
- **Requested addition of any risks identified at the meeting..**

#### **6. ANY OTHER BUSINESS**

None.

#### **7. DATE AND TIME OF NEXT MEETING**

Tuesday 6<sup>th</sup> March 2018 – 3pm to 5pm, Boardroom Liverpool CCG

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP  
FINANCE PROCUREMENT AND CONTRACTING COMMITTEE  
MINUTES OF MEETING HELD ON TUESDAY 5<sup>TH</sup> DECEMBER 2017  
10AM TO 12PM  
ROOM 1, LIVERPOOL CCG, THE DEPARTMENT, LIVERPOOL, L1  
2SA**

**Present**

Sally Houghton (SH)	Lay Member for Audit (In the Chair)
Mark Bakewell (MB)	Acting Chief Finance Officer
Maurice Smith (MS)	GB Member – GP

**In Attendance**

Ian Davies (ID)	Chief Operating Officer
Jane Lunt (JL)	Head of Quality/Chief Nurse
Kellie Connor (KC)	Contract Manager
Alison Picton (AP)	Senior Contracts Manager
Tim Caine (TC)	Business Intelligence Manager
Peter Roome (PR)	Contracts Manager (observing)
Paula Jones	Committee Secretary (Minutes)

**Apologies**

Jan Ledward (JLe)	Interim Chief Officer
Nadim Fazlani (NF)	GB Member - GP
Tina Atkins (TA)	Governing Body Practice Manager Representative
Derek Rothwell (DR)	Head of Contracts, Procurement & BI
Simon Bowers (SB)	Chair of Governing Body – GP Member
Cheryl Mould (CM)	Primary Care Programme Director

**Part 1: Introductions and Apologies**

It was noted that as there was no Lay Member present (due to the post of Lay Member for Financial Management being recruited to) the meeting was not quorate and although no decisions were required of the committee, it was acknowledged that this was the case. It was understood that this was going to be a consistent issue for most of the CCG committees until the Lay Member recruitment process was completed.



## **1.1 Declarations of Interest**

There were no declarations of interest made specific to the agenda. However during item 3.3 Financial Planning Update 2018/19 MS noted that as a GP he had an interest to declare in the Primary Care Co-Commissioning allocations.

## **1.2 Minutes and action points from the meeting on 24<sup>th</sup> October 2017.**

The minutes of the meeting on 24th October 2017 were approved as an accurate record of the discussions which had taken place subject to the correction of the references to STAR Unit and STARS service which were two different things.

## **1.3 Matters Arising Not already on the Agenda**

- 1.3.1 Action Point One – MB updated the Finance Procurement & Contracting Committee that the Caldicott Guardian role appointment of Dr Maurice Smith had been approved at the Governing Body and that Dr Maurice Smith was due to complete his training. Information Governance was also on the agenda.
- 1.3.2 Action Point Two – MB noted that Royal Liverpool Hospital prior year contract dispute had been resolved.
- 1.3.3 Action Point Three – MB updated the Finance Procurement & Contracting Committee that the reduction in the level of expected expenditure was due to amendments in the level of accrual for anticipated expenditure.
- 1.3.4 Action Point Four – remained outstanding, AP to speak to DR when he was back from annual leave.
- 1.3.5 Action Point Five – it was noted that the date set for the December meeting of 19<sup>th</sup> December would not be quorate and the proposal was to not hold a formal meeting but perhaps send out papers for information when available.

## **Part 2: Updates**

No items

## **Part 3: Performance**

### **3.1 Finance Update October 2017 – Month 7 17/18 Report No: FPCC 65-17**

MB presented a paper to the Finance Procurement & Contracting Committee which summarised performance for October 2017 (Month 7) with details of financial performance regarding delivery of NHS England Business Rules and assessment of the risk to the delivery of the forecast outturn position.

The main points highlighted were as follows:

- The Finance Procurement & Contracting Committee were asked to note the current financial position and risks associated with delivery of the forecast outturn and the stated assumptions regarding proposed recovery solutions to deliver the required business rules based on current forecast outturn assumptions.
- The target was to deliver the in year position surplus of £86k, plus the prior year carry forward surplus of £16.38m, ensuring that the CCG had a 0.5% National Headroom reserve.
- Guidance updates had been received with regards to No Cheaper Stock Options ('NCSO') and Category M Savings, in particular as highlighted within the paper the risk adjusted NCSO position was in line with NHSE reporting guidance
- All key performance indicators were rated as green with the exception of the year to date position, which was currently showing a deficit of £1.552m as per the reasons outlined within the paper, and subject to mitigation of risks as outlined the CCG was forecasting delivery of business rules at the end of the financial year.
- SH asked what we needed to do differently to address the downward trend and MB agreed to address this as part of the Run Rate analysis.

- With regards to resource allocation, a number of “pass through” allocations had been received that would be transferred across to relevant organisations.
- The year to date variance figure had deteriorated from £1.2m month 6 to £1.5m month 7 with a continuation of previous trends as highlighted within the paper, in year pressures as a result of higher than anticipated contract expenditure with St Helens and Spire, increased ‘packages of care’ expenditure, prescribing expenditure increases including the impact of ‘No Cheaper Stock Obtainable’ issue as described within the paper.
- The year to date financial position was also affected by a range of prior year pressures such as the Royal Liverpool Hospital settlement figure and other prior year costs as was explained in the ‘run rate’ analysis within the report. Excluding the prior year impact the CCG was actually underspending against planned levels despite some of the pressures as described above, this trajectory helps with confidence in delivery of the in-year performance position.
- With regards to the forecast outturn position and based on current forecast outturn assumptions, the CCG was forecasting operational overspends of £8.6m as outlined within the paper.
- Cash Releasing Efficiency Savings (‘CRES’) – year to date target for savings was £16.5m however year to date actual savings were £13.6m which left a gap of £2.8m (was £2.7m as at month 6). Forecast CRES savings released gap had moved from last month from £5m last month to £4.4m.
- This was compounded by the impact of an additional £2.6m unidentified CRES but was offset by the release of the CCG contingency of £4.5m and ‘other earmarked’ reserves of £5.2m.
- This resulted in a genuine gap of £1.501m in order to achieve the required forecast outturn position and needed to be achieved from a combination of either
  - a reduction in operational Forecast Outturn pressures
  - a reduction of CRES non delivery,

- an increase in the amount of slippage against 'Other Earmarked' reserves
- MS commented that with regards the earlier points on NCSO (£2m) and Category M (£1m) that this could have further impact on the gap and mitigations that were required. MB agreed re additional risks from NCSO but that the Category M was already included in assumptions in line with guidance received.
- SH asked what other options could be available to close the gap. MB replied that work was continuing with budget holders and senior management leads were regularly appraised with an expectation of further review on potential additional mitigations to support shortfalls from the Cash Releasing Efficiency Savings Schemes ('CRES'). There were also early indications from Month 8 that there had been some signs of improvement.
- SH asked why Grant monies were showing a variance of £253k when voluntary sector funding had been cut. MB responded that this was a budget setting issue from the start of the year but was a one-off due to the non-recurrent nature of the grants scheme.

**The NHS Liverpool CCG Finance Procurement & Contracting Committee:**

- **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 Cash Releasing Efficiency Savings ('CRES') 2017/18 Report No: FPCC 66-17**

MB presented the progress with regards to the Cash Releasing Efficiency Savings position with the 2017/18 financial year and position based on month 7 reporting and highlighted:

- Year to date negative movement of £223k, the forecast outturn position movement position was a favourable movement of £126k.
- The paper contained more detail on the individual CRES plans, Mersey Internal Audit Agency were currently at the CCG and have given positive feedback on the CRES plans.
- The Financial Resilience & Oversight Group ('FROG') supported the CRES plans.

MS asked about NICE guidance in respect of Procedures of Lower Clinical Priority and there was a discussion around when and when not these applied. AP confirmed that the Planned Care Group were working through changes in services and considering NICE guidance updates, AP attended the Planned Care Group so there was a close link with the Contracts Team. MS felt that he would prefer to have a Governing Body level discussion on Procedures of Lower Clinical Priority and the focus of the Planned Care agenda. JL added that this was an area of the CCG with no clinical leadership or managerial capacity. ID commented that this would be picked up under policy setting for the Governing Body.

#### **The NHS Liverpool CCG Finance Procurement & Contracting Committee:**

- **Noted the updates to CRES assumptions for the 2017-18 financial year.**
- **Noted the current position and potential impact upon the delivery of NHS England Business Rules Delivery within the financial year.**

### **3.3 Financial Planning Update 2018/19 Financial Year Report No: FPCC 67-17**

MB presented a paper to the Finance Procurement & Contracting Committee on the relevant requirements and assumption in respect of delivering the required CCG Financial position for the 2018/19 financial year in line with NHS England business Planning Rules. This was an indicative paper and the final version would be taken to the Governing Body before the start of the new financial year, i.e. to the March 2018 Governing Body meeting.

He highlighted:

- Key requirements for Liverpool CCG in 2017/18 and 2018/18 were:
  - 2% cumulative underspend (c. £16.4m for 2018/19)).
  - 1% non-recurrent headroom (0.5% uncommitted and held as reserve for national direction and 0.5% immediately available for spend recurrently to support local transformation) (£7.9m for 2018/19).
  - 0.5% contingency to manage in-year pressures and risks (£4.4m for 2018/19).
  
- Recurrent Resources:
  - Between 2017/18 and 2018/19 there was Programme Baseline Allocation growth of £14.2m (1.59%), Primary Care Co-Commissioning growth of £2.49m (3.44%) and Running Cost Allowance reduction of £56k (0.53%). The formula for calculation of CCG allowances was a national formula. Using the existing funding formula and previous guidance Liverpool CCG's programme allocation was higher than its target allocation. Relative "Distance from Target" had an impact on levels of growth funding in the future, over target CCGs would receive minimal levels of allocation growth, under target CCGs would receive higher than average. Liverpool CCG for 2017/18 and 2018/19 was overall 5.5% over target.
  - Primary Care Co-Commissioning – delegated budgets were £72.5m for 2017/18, £75m for 2018/19, £77.1m indicative for 2019/20 and £79.9m indicative for 2020/21.
  - IM&T non-recurrent allocation for 2018/19 of £3m.
  - Adjustments to IR and HRG4+ to be made non-recurrently for 2017/18 and 2018/19 and then taken into account when recurrent allocations were revisited for 2019/20.
  - Non-recurrent Allocation Adjustment reduction of £2.98m to Liverpool CCG to be made in respect of Identification Rule Changes between Liverpool CCG and NHS England Specialist Services for 2018/19.

- Non-recurrent Allocation Adjustment of £1.4m to Liverpool CCG in respect of the modelled impact of the changes to prices in 2017/18 and 2018/19 National Tariff.
- GP Forward View £2.23m – additional funding from NHS England available to enable CCGs to commission and fund extra capacity to ensure access to services.

MS commented that Liverpool CCG did not agree with the formula for calculation of allocations. He also declared an interest as a GP in Primary Care Co-Commissioning.

- Expenditure Plan Assumptions:

- Ring-fenced expenditure – Business Rules delivery required an in-year break even position and after ring-fenced expenditure requirements of the 1% non-recurrent headroom (0.5% national and 0.5% local), contingency of 0.5%, allocations for IM&T, GP Access, IR/HRG4+ and running costs cap, a sum of £857m was available for programme budgets.
- An initial baseline established using 2017/18 forecast outturn expenditure as at September 2017 (Month 6) to provide the underlying recurrent expenditure figure.
- Adjustment made of £1.65m for current developments and £3.7m of non-recurrent allocation adjustments.
- The above assumptions resulted in a total assumed expenditure of £888.7m which exceeded total resources available by £4.6m therefore requiring an equivalent level of CRES savings in order to deliver budget rules.

SH asked if the same approach would be taken as last year about discretionary and non-discretionary spend.

MB responded that this categorisation was already being made and that Finance were working closely with the budget holders and Senior Management Team.

#### **The NHS Liverpool CCG Finance Procurement & Contracting Committee:**

- **Noted the resource limit and expenditure assumptions required in order to deliver Business Planning Rules in respect of surplus, headroom and contingency**
- **Noted the CCG expenditure assumptions in each of the respective programme areas**
- **Noted the required savings assumptions for the financial year.**
- **Supported the development of expenditure plans with budget holders during December 2017 & January 2018.**

#### **3.4 Financial Resilience & Oversight Group ('FROG') - Verbal**

MB updated the Finance Procurement & Contracting Committee on FROG meetings held / due to take place.

#### **The NHS Liverpool CCG Finance Procurement & Contracting Committee:**

- **Noted the verbal update.**

### **Part 4: Strategy & Commissioning**

#### **4.1 Better Care Fund Performance Report – Report No: FPCC 68-17**

MB presented a paper to the Finance Procurement & Contracting Committee to update on Quarter 2 17/18 performance on the national Key Performance Indicators associated with the Better Care Fund. Positive signs were starting to emerge, however challenges remained around the delivery of the Delayed Transfers of Care ('DTC') target.

SH asked about the DTC performance in the light of the move of Community Services to Alder Hey and how they were coping. ID responded that now that Mersey Care had taken over operational



management, there would be a need to review the DTOC position again in the near future.

MS referred to the performance for the proportion of people still at home 91 days after discharge from re-ablement where performance was 88% for quarter 2 against a plan of 76% for the year noting that care homes admissions had also declined which were both very positive and should be flagged. ID agreed that it would be good to have a graphic such as thumbs up or down symbol to show trajectory, similar to the graphics in the Performance Report which went to the Governing Body.

### **The NHS Liverpool CCG Finance Procurement & Contracting Committee:**

➤ **Noted the current performance against targets.**

#### **4.2 Contract Update November 2017 – Month 6 2017/18 – Report No: FPCC 69-17**

SH asked if the same level of rigour was applied to all providers, not just the ones listed in the report, in particular she was thinking about Continuing Healthcare provided by the Commissioning Support Unit. JL responded that the Continuing Healthcare Service from the Commissioning Support Unit was different as the CCG was delegating a function to a service which acted on its behalf. With regard to other providers, AP commented that the same monitoring was applied to contracts with the Commissioning Support Unit and iMerseyside. The paper was for noting/information on that ongoing work.

ID referred to the Urgent Care contract monitoring noting that there was an over-spend but activity was flat. AP explained that this was a consequence of HRG4+ and issues around the complexity of coding. Sepsis was coded differently this year, it should be cost neutral to CCGs but there was as yet no guidance as to how to ensure the change was neutral to all parties, this would impact on performance at St Helens & Knowsley for Liverpool CCG. TC added that the NHS England Team were working to devise a methodology.

MS asked if activity was flat at St Helens & Knowsley. ID responded activity at the Royal and Aintree was flat with raised

costs but up at St Helens & Knowsley so when Acting as One finished future contract plans would need to be set carefully.

AP explained further that HRG4+ had more depth in the coding and the issues relating to it were on the national agenda. SH advised caution and the need to monitor where activity and cost were not hand in hand. MB agreed that this could be drawn out periodically in the Contracts Update report.

### **The NHS Liverpool CCG Finance Procurement & Contracting Committee:**

- **Noted the month 6 reported forecast contractual position**
- **Supported the on-going investigation of contract issues by officers of the CCG.**

#### **4.3 Future Commissioning Intention for Continuing Healthcare (CHC) Services for Liverpool CCG – Report No: FPCC 70-17**

JL presented a paper to the Finance Procurement & Contracting Committee which provided an update on Progress made against the actions plans presented at the September 2017 meeting on the future commissioning intentions for Continuing Healthcare for Liverpool CCG. In July 2017 the Finance Procurement & Contracting Committee had approved an extension of the Midlands and Lancashire Commissioning Support Unit's contract for 12 months in order to explore future service models.

Cash Releasing Efficiency Savings ('CRES') had been required in this area and a process had begun to look at how to improve data and services from the Commissioning Support Unit and understand more about the packages of care.

KC continued that the time was being used to look at all discrepancies in the current model and address the issues whilst devising a future model which was fit for purpose. The Commissioning Support Unit was not the only provider of services, Liverpool Community Health and Mersey Care all carried out assessments. An action log had been put together to address issues over the next 6 to 12 months.

A Data Sharing Agreement was being put in place between Liverpool CCG, South Sefton CCG and Sefton Council and a meeting was to take place to discuss this the following week. The Commissioning Support Unit provided Liverpool CCG with a monthly performance report which was to be revised and improved.

The QIPP project came into effect on 1<sup>st</sup> April 2017 but the Commissioning Support Unit only formally commenced the project on 1<sup>st</sup> May 2017. This focused on one to one observations, high cost packages above £45k, Continuing Healthcare £30-£45k and fast track placements. The Commissioning Support Unit had been asked to carry out an options appraisal and there were monthly operational meetings. The Commissioning Support Unit's decision to move to the ADAM clinical management system had caused issues and improvement was slow.

SH was concerned about managing contract issues prior to the contract finishing in 31<sup>st</sup> March 2019. JL responded that there had been additional workload caused by retrospective claims for Previously Unassessed Periods of Care ('PUPoC'). What had emerged from this process was that the assessment process was accurate. This could be included in the next regular update.

ID referred to assessment/clinical reviews carried out by Liverpool Community Health and appropriate training. JL responded that there were plans with Mersey Care going forward to mitigate. Unfortunately we did not have an End to End service which was NHS England's preferred approach and some assessments were carried out by Mersey Care and Liverpool Community Health but we needed to ensure patient safety and workshops were being undertaken to assess our preferred option. ID asked if the meeting proposed for December 2017 to decide the list of patients to be reviewed and by whom had taken place. JL commented that it had and that the Clinical Quality and Performance Groups oversaw this as well and also there were the monthly meetings taking place with Liverpool Community Health and the Midlands and Lancashire Commissioning Support Unit.

MB referred to Personal Health Budgets and that these also needed to feature in the regular updates. JL reminded the Finance Procurement & Contracting Committee that Personal Health

Budgets did not involve only Continuing Healthcare and was an area which was expanding.

### **The NHS Liverpool CCG Finance Procurement & Contracting Committee:**

- **Noted the detail and information contained within this report and the mitigating actions and activity plans to support the improvements across the CHC system.**
- **Noted the progression of all milestones on the work plans as of end of November.**

#### **4.4 Bariatric Contract Award 2018-2020 – Report No: FPCC 71-17**

AP presented a paper to the Finance Procurement & Contracting Committee to ask for it to support the process outlined in the paper for the Bariatric Contract Award 2018-2021 following on from the paper in September 2017. The assumption was that all involved Cheshire & Merseyside CCGs were committed to the outcome.

The recommendation in September suggested that there was still no market interest based on the lack of response to the Official Journal of the European Union ('OJEU') notice published by NHS England in October 2016. This was potentially challengeable on the following grounds:

- The scope of what was advertised had now changed, as Greater Manchester was no longer included.
- The advertisement was made over 12 months ago, in which time the market might have changed
- The Tender return period to the original opportunity was only 26 days. Although the 'light touch regime' procurement regulation did not prescribe a minimum tender return period, it was prescribed they were proportionate to the contract on offer. It is therefore suggested the lack of response to the original notice was due to an inappropriately short tender return period for such a large and complex regional service.

It is recommended that to validate any assumption about the current market, a Prior Information Notice (PIN) should be published, calling for engagement. The PIN should be accompanied by the service specification and a Standard

Questionnaire (SQ) to enlist pre-requisite criteria to compete, including acceptance of national tariff.

Originally providers had been unable to deliver the service at tariff but the tariff had now changed. This paper had been written by Wirral CCG.

### **The NHS Liverpool CCG Finance Procurement & Contracting Committee:**

- **Supported the described process in this paper is followed assuming that all involved Cheshire and Merseyside CCG's commit to the outcome.**
- **Agreed to amend the decision made in September, and**
- **Supported the revised process.**

#### **4.5 Haemato-Oncology Service Transfer Update – Report No: FPCC 72-17**

MB presented a paper to the Finance Procurement & Contracting Committee to update on the current position with regards to the Haemato-Oncology Service Transfer. He highlighted:

- Previously agreed that following a full business case and regulatory approval Haemato-Oncology services would transfer from the Royal Liverpool Hospital to Clatterbridge Cancer Centre, supported by the location of the Clatterbridge's new "Liverpool" hospital next door to the new Royal.
- Regulatory approval was given, date of service transfer was delayed until 1<sup>st</sup> July 2017.
- As part of the Heads of Terms Agreement Liverpool CCG agreed to pay £3.5m to Clatterbridge (£1.7m in 2017/18 and £1.8m in 2018/19) subject to the conditions of complete transfer of all services from the Royal to Clatterbridge and the commencement of stage 4 of the construction project. These conditions had been met so payment was to be made.
- For audit trail purposes, although the decision had already been taken at the Governing Body, the matter had been

brought back to the Finance Procurement & Contracting Committee for approval, the original figure approved at the Governing Body was £12m but this had been negotiated to the lower amount of £3m.

TC commented the clinical case for change had been approved at the Governing Body, only the costings had changed. In response to a query from MS it was confirmed that the costings were already included in the CCG's budgets.

After some debate around whether or not approval was required for the lower amount the Finance Procurement & Contracting Committee agreed that its recommendation was for the Governing Body to approve this, making it clear that the original decision stood. MB would speak to the Governing Body Chair about this.

#### **The NHS Liverpool CCG Finance Procurement & Contracting Committee:**

- **Noted the progress made in relation to the haemato-oncology service transfer between Royal Liverpool University Hospital and Clatterbridge Cancer Centre.**
- **Recommended approval of the payment in respect of 2017/18 financial year CCG 'contribution' in line with the heads of terms agreement in support of service transfer to be made by the private session of the Governing Body.**

### **Part 5: Governance**

#### **4.6 Information Governance – Standing Item – Information Governance Steering Group – Verbal**

The notes of the Information Governance Steering Group on 14<sup>th</sup> November 2017 were attached for information.

#### **The NHS Liverpool CCG Finance Procurement & Contracting Committee:**

- **Noted the verbal update.**

## **5.1 Finance, Contracting & Business Intelligence Risk Register - Report No: FPCC 73-17**

The Finance Procurement & Contracting Committee noted the additions and removals outlined in the paper.

### **The NHS Liverpool CCG Finance Procurement & Contracting Committee:**

- **Noted the contents of this report and review of risks for the financial year within the 'directorate'.**
- **Considered current control measures and whether action plans provide sufficient assurance on mitigating actions.**
- **Agreed that the risk scores accurately reflect the level of risk that the CCG is exposed to given current controls and assurances.**

## **6. Any Other Business**

None

## **7. Date and time of next meeting**

Tuesday 19<sup>th</sup> December 2017 Room 2 10am The Department Lewis's Building L1 2SA – to be cancelled and papers circulated for information.

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP  
FINANCE PROCUREMENT AND CONTRACTING COMMITTEE  
MINUTES OF MEETING HELD ON TUESDAY 23<sup>rd</sup> JANUARY 2018  
10AM TO 12PM  
ROOM 2, LIVERPOOL CCG, THE DEPARTMENT, LIVERPOOL, L1  
2SA**

**Present**

Gerry Gray (GG)	Lay Member for Financial Management/Chair
Jan Ledward (JLe)	Interim Chief Officer
Mark Bakewell (MB)	Acting Chief Finance Officer

**In Attendance**

Derek Rothwell (DR)	Head of Contracts, Procurement & Business Intelligence
Ian Davies (ID)	Chief Operating Officer
Paula Jones	Committee Secretary (Minutes)

**Apologies**

Maurice Smith (MS)	GB Member – GP
Tina Atkins (TA)	Governing Body Practice Manager Representative

**Part 1: Introductions and Apologies**

The new Chair (GG) welcomed everyone to the meeting and noted that as the meeting was not quorate, any decisions that needed to be made would need to be deferred until the next meeting or ratified virtually. He noted that the new Vice Chair/Lay Member for Governance would be in post for the next meeting and suggested further consideration could be given to reducing the volume of papers on the agenda and for people who sent apologies to the meeting to submit their comments on the issues raised. JLe commented that the whole committee structure was open to debate and change, however this would require changes to the Constitution so all the changes need to be made at the same time.

GG made an observation that perhaps financial reporting could be simplified for the benefit of non-financial people at the meeting. MB agreed to work on improvements to the report but that the report was written to provide all the information which was required in line with recommended practice and for further assurance / evidence for audit reviews and NHS England Reporting. GG provided the example of the



Audit Committee at East Cheshire CCG where reports were kept to six pages in length (plus appendices) with the problems for consideration highlighted so they were immediately apparent.

### **1.1 Declarations of Interest**

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

### **1.2 Minutes and action points from the meeting on 5<sup>th</sup> December 2017.**

The minutes of the meeting on 5<sup>th</sup> December 2017 were approved as an accurate record of the discussions which had taken place.

### **1.3 Matters Arising Not already on the Agenda**

1.3.1 Action Point One – the RLBUHT contract dispute resolution had been included in the relevant finance reports.

1.3.2 Action Point Two – it was noted that the comparison between last year of pre-acting as one contracts with the first year of acting as one was part of the Contract Report on the agenda.

1.3.3 Action Point Three – it was noted that no papers had been circulated for the cancelled Finance Procurement & Contracting Committee scheduled for 19<sup>th</sup> December 2017.

1.3.4 Action Point Four – DR updated the Finance Procurement & Contracting Committee that the discussion around the adoption of NICE Guidance for Procedures of Low Clinical Priority was something to be considered by the Governing Body in March or May 2018. We needed to understand if compliance would save money or in fact increase spend, this was a clinical decision around whether adherence to NICE Guidance was correct and so more data was required. JLe commented that this would all be part of the Strategic Plan which was being presented to the Governing Body at the March 2018 meeting.

- 1.3.5 Action Point Five –. It was noted that a Financial Planning Update for 2018/19 Financial year was to be presented to the March 2018 Governing Body meeting.
- 1.3.6 Action Point Six – it was noted that the next Better Care Fund Update would include the appropriate thumbs up /down vectors.
- 1.3.7 Action Point Seven – it was noted that this was an ongoing action for the Contracts Update to feature periodically a link between activity and cost.
- 1.3.8 Action Point Eight – JLe asked for actions to have a specific time period allocated to them, DR noted that the action for the next update on Commissioning Intentions for Continuing Health Care to include the impact of Previously Unassessed Periods of Care ('PUPoC') and Personal Health Budgets was to be included in the Strategic Plan being presented to the March 2018 Governing Body meeting.
- 1.3.9 Action Point Nine – it was noted that Haemato-Oncology Service Transfer had been discussed at the December 2017 Governing Body meeting. JLe emphasised that the decision for the transfer of services had already been taken by the Governing Body, the purpose of the paper had been an update on the financial element of this.
- 1.3.10 Action Point Ten – it was noted that there had been no circulation of papers for the cancelled 19<sup>th</sup> December 2017 meeting.

The Chair then again noted that as the meeting was not quorate and that any decisions in the relevant sections of the agenda would require to be deferred. Upon review of the papers it was agreed that the papers could be noted by the committee and that the minutes would reflect the committee's decision to note.

## **Part 2: Updates**

No items

## **Part 3: Performance**

### **3.1 Finance Update December 2017 – Month 9 17/18 Report No: FPCC 01-18**

MB presented a paper to the Finance Procurement & Contracting Committee which summarised performance for December 2017 (Month 9) with details of financial performance regarding delivery of NHS England Business Rules and assessment of the risk to the delivery of the forecast outturn position.

The main points highlighted were as follows:

- The Finance Procurement & Contracting Committee were asked to note the current financial position and risks associated with delivery of the forecast outturn and the stated assumptions regarding proposed recovery solutions to deliver the required business rules based on current forecast outturn assumptions.
- The CCG target was to deliver the in-year position surplus of £86k, plus the prior year carry forward surplus of £16.38m, also ensuring that the CCG had 0.5% set aside to support National Headroom requirements.
- All key performance indicators were rated as green with the exception of the year to date position, which was currently showing a deficit of £1m as per the reasons outlined within the paper, and, subject to mitigation of risks as outlined, the CCG was forecasting delivery of business rules at the end of the financial year.
- With regards to additional resources, additional 'pass-through' allocations of £95k had been received in Month 9 (£91k GP winter access and £3k for NHS GP Wi-Fi).

With regards to GP winter access, the CCG was working with the Liverpool GP Federation and would be reported to the March 2018 Governing Body meeting.

- The year to date variance figure had improved to £1m at month 9 from £1.2m at Month 8, as a continuation of previous trends as highlighted within the paper. In-year operational budgetary pressures were as a result of higher than anticipated contract

expenditure on St Helens & Knowsley and Spire contracts, increased 'packages of care' expenditure, prescribing expenditure increases including the impact of 'No Cheaper Stock Obtainable' pricing changes as described within the paper

- The year to date financial position was also affected by a range of prior year pressures such as the Royal Liverpool Hospital settlement figure and other prior year costs as was explained in the 'run rate' analysis within the report. Excluding the prior year impact, the CCG was actually underspending against planned levels despite some of the pressures as described above, this trajectory supported confidence in delivery of the year-end forecast outturn position.
- With regard to the forecast outturn position and based on current forecast outturn assumptions, the CCG was forecasting operational overspend of £8.8m as outlined within the paper but was partly offset by its contingency and underspends against earmarked reserves.
- The combination of these factors resulted in £838k of further mitigations being required to achieve the forecast outturn position which needed to be achieved from a combination of either
  - a reduction in operational Forecast Outturn pressures
  - a reduction of CRES non delivery,
  - an increase in the amount of slippage against 'Other Earmarked' reserves
- Cash Releasing Efficiency Savings ('CRES') – year to date target for savings was £20.1m, however, year to date actual savings were £17m which left a gap of £3.1m (was £3m as at month 8). Forecast CRES savings released gap had reduced slightly from £4.2m last month to £4.1m but was included within the position.
- There were still additional risks to delivering the required financial position, particularly those areas that remained affected by activity changes. These were particularly contracts performance (St Helens & Knowsley and Spire) further volatility

on Continuing Health and Joint Funded Packages of Care. There were also risks around the HMRC investigation which was nearing completion, although this was provided for in the financial position and the issue around GP Remuneration / pension over payment to Governing Body GP members which were being reviewed by Ernst & Young and which was nearing conclusion.

- MB reported that as previously reported there were still issues with regards to the Midlands and Lancashire Commissioning Support Unit ('MLCSU') system (ADAM) database on which CCG was heavily dependent for its underlying data in respect of Continuing Healthcare, Funded Nursing Care and Joint Funded Packages of Care.
- GG asked about the impact with the contractor (Carillion) on the new build RLBUHT hospital. MB responded that the RLBUHT had established a separate company for the new build and there were some contingency arrangements in place to broker a new deal with a new contractor. It would however affect the RLBUHT on an operational basis and would no doubt have an impact on the trust's financial position and Cost Improvement Programme. Given delays over the last 12 months this had been partly expected so it was anticipated that the majority of the impact would probably be in next financial year. JLe added that there would no handover costs in the current year for the building therefore for this year the RLBUHT was in a better financial position, however the handover cost would be deferred until the next financial year.
- GG asked about the postponement of elective surgery. MB responded that (as a consequence of Acting As One contractual arrangements) the activity in North Mersey Contracts might vary but the cost to the CCG would not as there was a fixed value for 2017/18. The Acting As One approach would remain in place for the following year (2018 / 2019), and that Liverpool CCG did not have significant levels of elective activity outside of the Acting As One Contracts.
- In response to a query from GG about the RLBUHT contract dispute, MB commented that this related to disputed invoices submitted over a period of years (partly due to technical issues around coding and Payment by Results rates) for which a

settlement figure of had been agreed. MB further commented that the CCG had been working to resolve a number of prior year issues including NHS Property Services / Community Health Partnership residual issues.

- Statement of Financial Position – there were no exceptional issues, the cash position was within the £250k tolerance at the month end and the Better Payments Practice Code target was achieved.

GG asked MB what his main concerns were. MB replied that alongside those risks highlighted, the Acting As One contract had lots of positive aspects but had not necessarily delivered the required service transformation to support the required cost reductions for the system. Although it had definitely delivered financial stability for all parties, further emphasis was required in the remaining 12-14 months to progress plans beyond April 2019

It was also a concern that the RLBUHT position had further deteriorated in year and this would have a knock on impact on other areas such as the planned merger, potential reduction in costs, further exacerbated by the new hospital build issues as referenced earlier.

DR referred to the coding change HRG4+ had brought about last year which could have impacted the CCG by several millions of pounds. For Urgent Care there were less units of activity but the actual cost was £10m more.

JLe commented on the need to highlight in the reporting regional and national issues over which we had no control. There had always been issues around coding, HRG4+ was recognising underlying health problems which we should have been aware of and was therefore not a true reflection of the cost of care.

### **The NHS Liverpool CCG Finance Procurement & Contracting Committee:**

- **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 Cash Releasing Efficiency Savings ('CRES') 2017/18 Report No: FPCC 02-18**

MB presented the progress with regards to the Cash Releasing Efficiency Savings position with the 2017/18 financial year and position based on month 9 reporting and highlighted:

- Target Savings for the year were £26.2m with delivery as at the end of December 2017 forecast as £22m resulting in a shortfall of £4.2m. There was no real change in the overall assumptions and lessons had been learnt which would assist with setting next year's plan.
- Year to date negative movement of £118k, the forecast outturn position movement position was a favourable movement of £48k.
- The paper contained more detail on the individual CRES plans.
- The Financial Resilience & Oversight Group ('FROG') supported the CRES plans. DR referred to the Stoma procurement which had not delivered potential savings due to the challenge to the result of the tender for the pilot programme from the existing provider and the reluctance of the CCG to incur court costs for what would only be a pilot scheme to support a planned full Official Journal of European Union ('OJEU') procurement.

#### **The NHS Liverpool CCG Finance Procurement & Contracting Committee:**

- **Noted the updates to CRES assumptions for the 2017-18 financial year.**
- **Noted the current position and potential impact upon the delivery of NHS England Business Rules Delivery within the financial year.**

### **3.3 Financial Resilience & Oversight Group ('FROG') Verbal**

MB updated the Finance Procurement & Contracting Committee that the notes of the last meeting on 5<sup>th</sup> January 2018 were included with the papers of the January 2018 meeting for noting and that there had been a “deep dive” into Continuing Healthcare. There had been a discussion around how the FROG meeting should continue and whether it required Governing Body GP members at the meeting. It was felt that the FROG meeting did need to continue but that the format/membership needed to be reconsidered.

#### **The NHS Liverpool CCG Finance Procurement & Contracting Committee:**

- **Noted the verbal update.**

### **Part 4: Strategy & Commissioning**

#### **4.1 Contract Update January 2018 – Month 8 2017/18 – Report No: FPCC 03-18**

DR presented the Month 8 Bi-Monthly Contracts Update to the Finance Procurement & Contracting Committee and highlighted:

- All contracts were now signed for 2018/19 except for the Liverpool Community Health community services which would be signed by the end of February 2018.
- Month 8 forecasted an overall over-spend of £7.7m before applying the Acting As One adjustment.
- CQUIN performance was on target.
- Acting As One had agreed that contract penalties would be reinvested with providers.
- Month 8 over-performance had increased by £1.8m compared to Month 6.
- Aintree Bariatric Surgery had moved to Stoke.



- For the 9 main providers of acute care for Liverpool patients the over performance increased to £7.7m at month 8 based on activity, however the impact of the Acting as One ('AAO') agreement had reduced the actual over-performance to £2m. St Helens and Knowsley, Spire and Clatterbridge were outside of the Acting As One agreement and over-performance at these providers as at month 8 totalled £1.63m. This was a reduction on the month 6 position, mainly because the contract variation relating to the transfer of the Haemato-Oncology plan to Clatterbridge had now been signed. Acting As One providers had agreed block contracts with Liverpool CCG, however there might still be some over or under-performance due to high cost drugs and devices costs.
- Urgent care remained the main area of over performance accounting for £11.47m; this was an increase on month 6 and continued to be caused by a large variance at the Royal Liverpool & Broadgreen Hospital where non elective activity cost remained above plan by 15.6%. Aintree, St Helens & Knowsley and Clatterbridge were also significantly over plan for urgent care, this had been a consistent trend during the 2017 /2018 reporting period.
- The largest Acting As One providers under performed for planned care at month 8, with the exception of Alder Hey and Liverpool Heart and Chest who were both above plan. This was the same trend as seen in previous months. The forecasts included in this report did not include the expected January 2018 reduction in planned care activity at secondary acute providers due to the recommendation from NHS England to defer all non-urgent inpatient elective care.
- With regard to a previous FPCC action relating to whether the Acting as One contract approach was effective, DR commented that Planned Care spend was £90m (as at month 8 2016/17) and (as at month 8 2017/18) was £10m less. For Urgent Care this was reversed at £11m over-performance. High Cost and Specialist activity was excluded from Acting As One. Overall, when comparing both years at month 8, activity was down 2% for all Points

of Delivery but costs had increased by 1% due to the growth in Urgent Care, Sepsis coding and the impact of HRG4+.

- The Directors of Finance were all supportive of Acting As One but we needed to see the transformation aspect come through. Currently, RLBUHT were undertaking more follow up activity than planned, referrals from Primary Care to RLBUHT were decreasing. In order to sign contracts in December 2018 the background work needed to be carried out now and DR further highlighted that we needed to look at how to incentivise changes to the system. He noted that the relationships had improved with all providers in Liverpool.
- Royal Liverpool Hospital – overall over-performance but under-performance in Planned Care and over-performance in Urgent Care. High cost/specialist continued to fluctuate which was being looked at by the Primary Care team and there was a paper later on on the agenda on Biosimilars.
- Aintree – over-performance in Urgent Care, Unplanned Care and High Cost/specialist were 5% above plan.
- Liverpool Women’s Hospital – this year there was under-performance. The number of births was 3.6% below plan as at month 8. There had been a reduction in GP referrals. High cost and specialist activity had increased but was still below plan.
- Alder Hey – overall slight under-performance against plan but Planned Care remained above plan, Urgent Care was under-performing but High Cost/Specialist Activity had increased. There was over-performance in GP Open Access and the Emergency Decision Unit was still being discussed.
- St Helens & Knowsley – four years ago expenditure was £16m and for 17/18 a forecast of £22m, many Liverpool patients (via Patient Choice) were choosing the Trust or Spire to avoid longer waiting times at the Royal and Aintree which had a longer term adverse impact on funding for the Royal and Aintree.

- Spire – the over-performance was reducing, Trauma & Orthopaedic activity was increasing each year.
- Liverpool Heart & Chest Hospital – there had been an increase in demand for Sleep Diagnostics and Spirometry.
- Walton Centre – the Trust was under-performing in Planned Care and out-patient follow up.
- Mersey Care – Activity was below plan. Learning Disability inpatients unit (STAR Unit) remained below plan and was closed to new admissions due to the acuity of current in-patients. The Brain Injury Rehabilitation Unit waiting list had been cleared with only 2 patients awaiting admission. Liverpool CCG had increased its usage of the unit and had purchased additional capacity from the Trust. The Block Contract agreement would remain in place for the rest of the Acting As One Contract times however it was likely that the CCG would need to increase funding for this service in the longer term due to on-going over-performance. The Improving Access to Psychological Therapies service contract had been extended for two years. Access and recovery targets were improving but would be missed marginally this year.
- Liverpool Community Health – core services had been awarded to Mersey Care, non-core to the Royal Liverpool Hospital and Alder Hey. The contract with Mersey Care would be signed in February 2018.
- Anticoagulation at RLBUHT – activity was lower than anticipated since the start of the contract in April 2017, partly due to the use of new drugs.
- Clatterbridge Cancer Centre – the outturn variance above plan reflected the transfer of Haemato-Oncology from the Royal.
- North West Ambulance Service – total contract value was £22.2m made up of Paramedic Emergency Services

(£18.5m), Patient Transport Services (£2.4m) and NHS 111 (£1.3m).

- Activity at other smaller acute hospitals had reduced for some and increased for others.
- There was good performance on CQUINs.
- Contract Penalties – potentially RLBUHT could incur penalties but as a result of the Acting as One contract this would not be implemented.

The Finance Procurement & Contracting Committee commented as follows:

- GG was very impressed with the Glossary of Terms.
- JLe noted the need to start reporting on better outcomes. The data received at the Finance Procurement & Contracting Committee was good but what the committee needed to be informed on was where the risks in performance were, our appetite for risk and what was an acceptable risk. The CCG needed to be aware of the specialities under pressure from patient choice and could activity be refused at peripheral trusts. JLe referred to the 10% increase in referrals to diagnostics at the Royal but the decrease in Planned Care activity and asked if this was a true reduction or merely a movement of activity elsewhere.
- Re Diagnostics the impact of NICE Guidance on referral patterns was referenced although no higher conversion rates to surgery had been noted. The higher use of diagnostics needed to be factored in to our Plans.

#### **The NHS Liverpool CCG Finance Procurement & Contracting Committee:**

- **Noted the month 8 reported forecast contractual position**
- **Supported the on-going investigation of contract issues by officers of the CCG.**

## 4.2 Adult Mental Health Payment Systems – Report No: FPCC 04-18

DR presented a paper to the Finance Procurement & Contracting Committee on the implementation of new payment systems for mental health and Improving Access to Psychological Therapies ('IAPT') which was a national priority but it had not yet been possible to move to a full shadow testing of a payment by results type approach. This was primarily due to data quality issues and the delayed sharing of proposed tariffs with commissioners it was recommended / noted that the new payment system for the mental health services provided by Mersey Care remained in shadow form for 2018/19 and 2019/20. For IAPT, it was noted / recommended that the payment system was implemented in shadow form for the remainder of the current contract (to April 2020).

The initial guidance published by Department of Health stated that providers should have implemented mental health care clusters in full by March 2011, with local tariffs to be in place by April 2012, and a national tariff to be introduced a year later. The complexity of the system meant that timescales slipped and national guidance has since progressed, with the Five Year Forward View ('FYFV') recommending that national and local outcome measures should be used as part of a mental health payment system. The 2017 / 2018 and 2018 / 2019 National Tariff Payment System required mental health providers and commissioners to adopt transparent and robust payment approaches linked to outcomes. In addition, an outcomes-based payment approach for IAPT had been mandated for April 2018.

The preferred approach was to be agreed locally rather than set nationally. There was currently no intention to introduce a national tariff for adult mental health services so prices must also be agreed locally. In addition, NHS England and NHS Improvement suggested that 2-4% of the contract value should be linked to the achievement of locally-agreed quality and outcome measures.

Many of the tasks were on track but there had been some slippage:

- Agreement of the proportion of contract value to be linked to achievement of outcome measures.

- Joint development of draft tariff proposals for shadow monitoring in 2017/2019.
- Risk sharing Agreement
- Mersey Care were in the process of implementing a new clinical information system RiO which had been delayed.

The options were:

1. Implement the payment system in April 2019.
2. Delay implementation of the payment system to April 2020 – this was the preferred option.
3. Do nothing.

An update would be brought to the Finance Procurement & Contracting Committee when proposed tariffs were available from Mersey Care.

NHS England had published 10 quality and outcome measures that would form part of the payment system. Commissioners and providers were required to agree weightings for each outcome measure. Although the IAPT guidance did not indicate an appropriate proportion of the contract to be linked to outcomes, a subsequent NHS England email confirmed that a minimum of 5% should be applied. This was different from the guidance for the mental health payment system which recommended 2-4% of the contract value linked to outcomes. Clarification has been requested from NHS England and NHS Improvement regarding this disparity and Liverpool CCG had been advised that the two sets of guidance were to be brought into line. The IAPT payment guidance was due to be updated and reissued in January 2018 and it was expected to recommend that provision be made for providers to earn “bonus” payments above their contract value, however this would not be mandated.

With regard to the IAPT payment systems the options were:

1. Fully implement the payment system in April 2018
2. Implement payment system in April 2018 with a Risk Share Agreement.
3. Delay implementation until April 2020 – the preferred option.

The recommendation / noting to the Finance Procurement & Contracting Committee was for the new payment system for the mental health services provided by Mersey Care to remain in

shadow form for 2018/19 at least. For IAPT it was recommended / noted that the payment system was implemented in shadow form for the remainder of the current contract to April 2020. Work would continue on both payment systems.

The Finance Procurement & Contracting Committee commented as follows:

- JLe asked if a middle ground could be negotiated with Mersey Care in the short term. DR responded that Mersey Care acknowledged the data issues. MB added that every other CCG was in the same position, we needed to do what was right for Liverpool CCG and run the risk of clashing with NHS England guidance.
- GG commented that really no action had to be taken until 2020 so we could first tackle the data issue and then put a solution in place.
- JLe asked for the to be part of the Strategic Plan going to the Governing Body in March 2018 re next year's IAPT services.

#### **The NHS Liverpool CCG Finance Procurement & Contracting Committee:**

- **Was aware of national guidance in respect of adult mental health payment systems**
- **Noted the work that has been undertaken to date with Liverpool CCG's main mental health and IAPT provider**
- **Noted the benefits and risks of mental health payment system implementation**
- **Noted the approach to be taken with regards to implementing mental health and IAPT payment systems in Liverpool.**

#### **4.3 Contracting for Biosimilars – Report No: FPCC 05-18**

DR presented a paper to the Finance Procurement & Contracting Committee to review the biosimilar gain share arrangements in 2017/19 and the future of gain share arrangements with the recommendation / noting to maintain the current arrangements for the remainder of the 2017/19 contract and to approve / note the introduction of a cost-benefit analysis by the Finance Team to determine whether switching to biosimilars was likely to provide

financial savings. DR commented that High Costs Drugs were not covered by the Acting As One Contracts. The Royal Liverpool Hospital and Aintree Hospital had different Gain Share Agreements. The St Helens & Knowsley model was similar. Estimated forecast savings for Liverpool CCG compared to planned drugs expenditure for Liverpool CCG at the Royal were for 2018/19 in excess of £650k re Infliximab and Etanercept.

Options going forward were:

- (a) Percentage gain shares (currently 50%) for (currently) 18 months using either original biologic price (as at Aintree) or latest biologic price (as at RLBUHT).
- (b) Funding of implementation costs before sharing any residual gain (as at St Helens & Knowsley) working with providers to implement the most cost effective switching model.
- (c) Do not implement gain share or switching of biologics in the expectation that the price of original biologics would reduce due to market competition and to avoid implementation costs which had been shown in a recent study to vary from £152 to £496 per patient for Etanercept.
- (d) When new biosimilars became available Liverpool CCG Finance with support from relevant CCG teams to conduct a cost-benefit analysis to determine whether switching to biosimilars was likely to provide a net financial benefit to the health economy given what was known of the future pricing strategies of suppliers and the cost of implementation. This would determine which of the options (a) – (c) was preferred for each biosimilar.

Option (d) above was the preferred option.

GG asked about the “Grey” market to which MB replied that this issue was more about a direction of travel and that the Primary Care Development Manager was working on maximising the value of our prescribing spend. GG suggested that the CCG should continue with its current process.



## **The NHS Liverpool CCG Finance Procurement & Contracting Committee:**

- **Noted the maintenance of the current arrangements described in section 3.6 for the remainder of the 2017/19 contract for those biosimilars which are currently available.**
- **Noted the introduction of a cost-benefit analysis by LCCG Finance team with support from relevant LCCG teams to determine whether switching to biosimilars is likely to provide a net financial benefit to the health economy given what is known of the future pricing strategies of suppliers and the cost of implementation.**

### **Part 5: Governance**

#### **5.1 Information Governance – Standing Item – Information Governance Steering Group – Verbal**

There was no update as no meeting had been held

#### **5.2 Finance, Contracting & Business Intelligence Risk Register - Report No: FPCC 06-18**

The Finance Procurement & Contracting Committee noted that there were no changes to the Risk Register and confirmed that there was nothing to be added. JLe noted that part of the Governing Body development was to be assured on how risk was planned for and the role of the Governing Body Assurance Framework.

## **The NHS Liverpool CCG Finance Procurement & Contracting Committee:**

- **Noted the contents of this report and review of risks for the financial year within the ‘directorate’.**
- **Considered current control measures and whether action plans provide sufficient assurance on mitigating actions.**
- **Noted that the risk scores accurately reflected the level of risk that the CCG is exposed to given current controls and assurances.**

**6. Any Other Business**

None

**7. Date and time of next meeting**

Tuesday 27<sup>th</sup> February 2018 Room 2 10am The Department  
Lewis's Building L1 2SA

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP  
HR COMMITTEE**

**Minutes of meeting held on Tuesday 16<sup>th</sup> May 2017 at 1pm  
Meeting room 3, 3<sup>rd</sup> Floor, The Department, Lewis's Building**

**PRESENT:**

Professor Maureen Williams	Chair
Dave Antrobus	Lay Member – Patient Engagement
Moira Cain	Governing Body Member - Practice Nurse
Katherine Sheerin	Chief Officer
Dr Shamim Rose	Governing Body Member – GP
Dr Maurice Smith	Governing Body Member - GP

**IN ATTENDANCE:**

Ian Davies	Chief Operating Officer
Lisa Doran	HR / OD Lead
Paula Jones	Committee Secretary - Minutes

**APOLOGIES:**

None

**1.1 WELCOME & INTRODUCTIONS**

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

**1.2 DECLARATIONS OF INTEREST**

No declarations of interest were noted specific to items on the agenda although the acknowledgement was made that all employees of the CCG were affected by HR Policies.

**1.3 MINUTES OF PREVIOUS MEETING HELD ON TUESDAY 24<sup>th</sup> JANUARY 2017**

The minutes of the previous meeting held on 24<sup>th</sup> January 2017 were previously circulated and agreed as a correct record of the discussions which had taken place subject to the following amendment:

- The Lay member for Patient Engagement referred to section 2.3 Liverpool CCG Workforce Equality & Diversity Plan 2017-19 and the last paragraph on page five of the minutes which referred to the Lead Nurse, this should be changed to “Governing Body Member – Practice Nurse.

#### **1.4 MATTERS ARISING NOT ALREADY ON THE AGENDA**

1.4.1 The Lay Member for Patient Engagement asked about progress on the onsite Unison union representative. The HR/OD Lead updated the Committee that Sallyanne Hunter had finished her training but the CCG was waiting to hear back from Unison officially and agreed to follow this up.

1.4.2 With regard to item 2.1 Liverpool CCG’s Workforce Race Equality Standard, the Lay Member for Patient Engagement asked who would be presenting any issues/complaints at the Providers’ own Boards/HR Committees. The Chief Operating Officer responded that issues would first be aired at the Quality Safety & Outcomes Committee and then raised with the Trusts. The Chief Officer added that the Head of Quality/Chief Nurse had agreed to take the Lead for Equality and Diversity for the CCG.

1.4.3 Action Point One (actions from matters arising) – The HR/OD Lead had spoken with Sallyanne Hunter for an update on the advanced face to face conflict resolution training, as this had been recommended by NHS Protect as an addition for some staff to the existing online mandatory conflict resolution training. The HR/OD Lead explained that the CCG staff had been identified and training providers approached. Sallyanne had contacted the Royal Liverpool Hospital to see if, given the small numbers it affected in the CCG, CCG staff could access the training at the RLH. However the RLH had responded that they only now offer online learning to its staff for conflict resolution. The Chief Operating Officer disagreed and believed face to face training must be provided by the RLH to its staff. The Chief Officer suggested that we should speak to Mersey Care as well.

## **Section 2: Items for Decision**

### **2.1 HR POLICIES - HR 04-17**

The HR/OD Lead presented a paper which requested the rollover of the existing HR Policies for six months (the policies were listed in Appendix A). The HR Committee had requested previously that the review dates of all HR policies be consistent and set for April 2017, however given timing of the dates of the committee this had been extended to May 2017 via virtual approval. The HR Team had undertaken a review of the existing policies and Appendix A contained the policies which had been provided to and ratified by the HR Committee previously. If any policy required legislative or statutory procedure changes they would be automatically updated as agreed previously at the HR Committee without consultation and the changes communicated to staff. Given the uncertainty surrounding potential organisational change this year, the HR Committee was being asked to roll over the existing policies for six months when at that point we should be in a better position to review them operationally to meet organisational need.

It was agreed by the HR Committee to take this approach with the policies to rollover to November 2017 (statutory/legislative changes to be made as they happened) with the review to commence in September 2017.

#### **The Liverpool CCG HR Committee:**

- **Approved the rollover of the existing policies for six months until November 2017.**

## **Section 3: Items for Discussion**

### **3.1 ORGANISATIONAL DEVELOPMENT PLAN UPDATE – HR 05-17**

The OD/HR Lead presented a paper to the HR Committee with an update on the actions contained within the Organisational Development ('OD') Plan and a high level overview of the 2016 staff survey results. She highlighted:

- The Staff Listening Group had been split into the 5 local themes (Culture, Team, Engagement, Development and Governance) and was meeting regularly to work through the plan.
- Actions completed in the last six months include: the production of organisational charts, the production of a full policy list, SMT profiles, a review of the CCGs objective setting/appraisal process, a Terms of Reference overview of Committees and Management Groups, the inclusion of organisational values in the recruitment and selection process, the Workplace Wellbeing Charter submission and accreditation and a review of internal communication methods.
- Over the next 6 months we would continue to work through the actions outlined in the plan, according to priority and appropriateness at the time.
- Staff Survey results for 2016 were overall comparable to 2015. We made significant improvements in the number of staff having an appraisal/review (98%), in making adjustments to enable staff to carry out work (100%) and in taking positive action on health and wellbeing (72%). However, we had seen an increase in staff reporting MSK problems (13%), a reduction of staff believing the organisation encourages error reporting (67%) and a reduction of staff feeling the care of patients is the Organisation's top priority (73%).
- Comparing Liverpool CCG to the other 59 CCGs surveyed, overall we scored better than average, and significantly higher in many areas including recommending Liverpool CCG as a place to work, senior managers acting on feedback and having the ability to make improvements in areas of work.
- Staff sessions on the survey took place in April we shared the results and asked staff for views, comments and suggestions. We also did an exercise in April with the Staff Listening Group, focusing on our 5 low ranking scores, to again start to better understand the results.
- The output of the sessions and Staff Listening Group exercise will be a 'you said we did' document that outlined the areas of

improvement, reminding staff of the positive things we already do, as well as outlining what we would do over the next 12 months in response to the results.

The HR Committee raised the following queries:

- Dr Shamim Rose referred to the Appendix B of the paper Staff Survey results and noted that one of the bottom five ranking scores was the percentage of staff believing the organisation provided equal opportunity for career progression and promotion. The HR /OD Lead responded that this had been a low score also in the 2015 survey and work had been done to ascertain the reasons behind the score. The HR /OD Lead said this hadn't revealed unequal opportunity due to a protected characteristic as the score may suggest but rather a view that certain teams and departments had more opportunity than others to progress. The Chief Operating Officer confirmed the grading structure in some teams was very flat with little or no opportunity for progression internally whereas other teams, such as Finance, are a large department with a very structured hierarchy resulting in more internal opportunities for advancement.
- The Lay Member for Governance/committee chair noted that it would be good to see the 'you said we did' document once produced.
- The Chief Officer referred to the appraisal process where according to the survey improvement was required in the quality of the appraisal process now that staff were satisfied that appraisals were being carried out. The HR/OD Lead advised that feedback from staff had revealed that the "softer" aspects of the process could be improved upon and the SLG had asked Brownlow Practice to come in to the CCG to discuss their process as it had been commended in their CQC report. This had provided the CCG with some ideas of how to approach the 'softer' areas. The Lay Member for Governance/committee chair stressed the importance of training for Managers. The HR/OD Lead confirmed that this too had been identified as a way to address quality and was currently being organised.

- The Lay Member for Patient Engagement was referred to the score of 73% feeling that care of patients was the CCG's top priority which was a reduction on the previous year. The HR/OD Lead explained that we had found this score to be largely attributable to the financial position and the subsequent decisions that had had to be made about non recurrent spend. The Chief Officer stressed the importance of communicating strategic objectives with staff. In response to a query from a Governing Body GP the HR/OD Lead agreed to find out what the actual percentage was in 2015.
- Dr Maurice Smith noted the increase in staff reporting musculoskeletal problems had increased to 13% and commented that whilst this wasn't particularly high for an organisation, asked what was in place to deal with this given most employees had very sedentary roles. The Chief Operating Officer responded that the CCG had been proactive in its approach to workplace wellbeing notably in physical activity and that there is now a DSE policy to again assess this. Dr Smith advocated prompting staff to move away from their desks on a regular basis. The Chief Officer explained that we do encourage this.

The Chief Officer specifically requested that the discussions on the staff survey feedback should be included on the feedback template to the Governing Body as it was not a formal agenda item but an appendix to the Organisational Development Plan update. It was agreed that the HR/OD Lead would ensure that this was done.

#### **The Liverpool CCG HR Committee:**

- **Noted the actions to date.**
- **Noted the staff survey results.**
- **Noted the next steps.**



### 3.2 WORKFORCE PROFILE – HR 06-17

The HR/OD Lead presented a paper to the HR Committee about the employed workforce profile as at 31<sup>st</sup> March 2017. The notable changes since last year had been in employed headcount, sickness absence and turnover rates and the comparison was set out in Appendix A, and she highlighted:

- This year there were more part time workers.
- There had been a reduction in Bands 2 to 6 and an increase in Bands 7 to 8c.
- There were no employees under 20 but this was being addressed through apprenticeships.
- The figure for employees under 25 had reduced.
- Disability/religion/ethnicity/sexual orientation – no significant changes.
- Absence rate and turnover rates had increased. Stress and anxiety was the greatest cause of days lost (of the 11 cases only one was work related). The most common reason for sickness however was gastro-intestinal related.
- Staff turnover had increased, of the 23 employees who had left, 12 had been promoted elsewhere, 2 had retired, there had been one dismissal, two fixed term contract holders had obtained a permanent job elsewhere, 2 had left due to relocating and 4 employees had moved to specifically work in NHS providers.

Re turnover increase, the Chief Operating Officer noted that there had been an unusual amount of movement in 2017 in the Finance Department which would have contributed to this.

The Chief Officer enquired about the one dismissal and was concerned that this should be something she should be aware of. She was assured that this was a very junior position and due to the normal Scheme of Delegation she was not involved.

Dr Shamim Rose noted that transgender was not a category in the gender profile. The HR/OD Lead agreed to check this out but noted that as the categories were statutory ones from the national system it was unlikely this was a prerequisite or something we could change specifically without it being a manual change.

### **The Liverpool CCG HR Committee:**

- **Noted the workforce profile.**
- **Considered any other reporting areas.**
- **Considered the frequency of these reports.**

### **3.3 POLICY ON POLICIES APPROVAL - VERBAL**

The Lay Member for Governance/committee chair led a discussion on the approval process for policies in general, not just HR Policies and whether they could be approved at committee level or needed to be sent to the Governing Body for approval. The Lay Member for Governance/committee chair had a list of the various CCG policies and had started to review the HR ones with the HR/OD Lead. The Lay Member for Governance/committee chair shared the policy list with Committee and was proposing that all policies need to be approved first by the relevant committee (as appropriate) and then only sent to the Governing Body for approval if:

- a) It is a new policy;
- b) The policy change had contractual implications;
- c) The policy change was exceptional or controversial.

Other changes could be signed off at committee level.

A standalone policy on policies would be produced by the Lay Member for Governance/committee chair. The Chief Officer commented that this was wider than the HR Committee, it was not the role of the HR Committee to decide which corporate policies should go to which committee, this was a governance matter. She queried the health and safety policies in the list and asked to see if the Terms of Reference for the HR Committee were responsible for these.

The Lay Member for Governance/committee chair agreed to draft the policy on policies and to take it to the Governing Body as a standalone policy on governance.

The Committee Secretary agreed always to bring the Terms of Reference to the HR Committee.

**The Liverpool CCG HR Committee:**

- **Noted the verbal update and noted that a standalone policy would be sent to the Governing Body.**

**Section 4: Items for Information**

**NONE**

**5. DATE AND TIME OF NEXT MEETING**

Tuesday 18<sup>th</sup> July 2017 at 2pm to be held in meeting room 1.

**AUDIT, RISK AND SCRUTINY COMMITTEE (ARSC)  
FRIDAY 29<sup>TH</sup> SEPTEMBER 2017 1:30PM – 3:15PM  
BOARDROOM, 3<sup>RD</sup> LEVEL, LEWIS'S BUILDING  
FINAL MINUTES**

**Members**

Sally Houghton (SHo)	Audit Chair – Lay Member Audit and Financial Management – GB Member
Donal O'Donoghue(DOD)	Secondary Care Doctor – GB Member
Dave Antrobus (DA)	Interim Deputy Chair LCCG – Lay Member - Patient Engagement – GB Member
Stephen Sutcliffe (SS)	GP - GB Member (From item 2.4)

**In Attendance**

Mark Bakewell (MB)	Deputy Chief Finance Officer
Georgia Jones (GJ)	External Audit – Grant Thornton
Gary Baines (GB)	Internal Audit - MIAA
Maria McMahon-Joseph(MMJ)	Internal Audit - MIAA
Stephen Hendry (SH)	Senior Operations and Governance Manager
Joanne Davies (JD)	Corporate Services Manager
Lynne Hill (LH)	PA/Minute Taker

**Apologies**

Ian Davies (ID)	Chief Operating Officer
Mike Thomas (MT)	Grant Thornton

**Part 1: Introductions and Apologies**

The Chair (Sally Houghton (SHo)) welcomed all to the Audit, Risk and Scrutiny Committee and confirmed that a private meeting had taken place with SHO, DA and DOD and representatives from internal and

external audit and anti-fraud representative, namely GB, GJ, MMJ and MM. No issues of concern were required to be raised at the Audit, Risk and Scrutiny Committee.

## **1.1 DECLARATIONS OF INTEREST**

There were no declarations specific to the agenda items.

## **1.2 MINUTES AND ACTIONS FROM PREVIOUS AUDIT, RISK AND SCRUTINY COMMITTEE**

The minutes of the meeting which took place on 28<sup>th</sup> July 2017 were agreed as an accurate record of the discussions which had taken place subject to the following amendments;

Page 25: Item 3.9 (ARSC 41-17) to read; The External Audit Fees have been agreed under the new contract arrangements and the fee contained with the report is **£54,256 plus VAT** (not £71k).

### **1.2b ACTIONS FROM THE PREVIOUS MEETING HELD ON 28<sup>th</sup> JULY 2017**

1.2.1 Action Point One: Amendments to previous minutes completed.

1.2.2 Action Point Two: A suite of all revised Terms of Reference for Liverpool CCG Committees have been submitted and approved at the September 2017 Governing Body.

1.2.3 Action Point Three: Corporate Risk Register  
On today's agenda.

1.2.4 Action Point Four: Declaration of Interest Revised Guidance  
SH to follow up action of Declaration of Interest examples within the Guidance with Ian Davies.

GB agreed to share with SHo examples of “Inter-relationships with Other Organisations” and will forward via email.

1.2.5 Action Point Five: Sponsorship Policy Report

SH to follow up actions with Ian Davies.

1.2.6 Action Point Six: Draft Annual Audit Timetable/Workplan Report

Minor amendments to be made to the Timetable/Workplan and will be submitted to the Governing Body with the Audit, Risk and Scrutiny feedback sheet.

1.2.7 Action Point Seven: CCG Losses and Special Payments

MB to follow up the clinical recommendations with Jane Lunt (JL).

1.2.8 Action Point Eight: Scheme of Reservation and Delegation (SORDS) Operational Limits Update 2017/18

MB confirmed that PQ has reflected in the documentation the officers responsible for signing off severance payments and the process for Treasury Approval for Managing Public Money.

1.2.9 Action Point Nine: Progress Against Audit Recommendations

MB reported that action is being progressed to close down all outstanding actions by the December 2017 Audit Risk and Scrutiny Committee.

1.2.10 Action Point Ten: Annual Audit Letter/Remuneration Review

MB updated the Audit, Risk and Scrutiny Committee and confirmed that the final details are not yet available.

1.2.11 Action Point Eleven: Audit Progress Report

GJ reported that the Value for Money (VfM) guidance for 2017-18 has not yet been released, however there is a link in the progress report to last year's guidance.

1.2.12 Action Point Twelve: Safeguarding Updates

The Adult and Children's Safeguarding Reports will be presented to the December 2017 Audit, Risk and Scrutiny Committee.

### **1.3 MATTERS ARISING NOT ON THE AGENDA**

There were no matters arising not already on the agenda.

## **Part 2: Updates**

### **2.1 AUDIT COMMITTEE TERMS OF REFERENCE (REVISED REPORT NO ARSC 46-17)**

SHo queried if the Terms of Reference (TOR) had been reviewed externally. MB confirmed that they have been reviewed by Hill Dickinson Solicitors. SH stated that the TOR has been agreed by the Governing Body and the Audit, Risk and Scrutiny Committee are to formally adopt the revised Terms of Reference.

SHo queried the representation from NHS Protect. Michelle Moss (MM) reported that she covers the representation for NHS Protect and has a structured plan in place to ensure all areas are covered.

#### **The Audit, Risk and Scrutiny Committee:**

- ✓ Agreed to formally adopt the revised Terms of Reference as recommended by the Governing Body.

### **2.2 REMUNERATION REVIEW UPDATE (VERBAL UPDATE)**

SHo reported that the Ian Davies (ID) has a comprehensive plan in place to cover the areas in relation to the NHS England Directions and Remuneration Review for Liverpool CCG.

MB reported that a Remuneration Committee had taken place today and an update will be reported to the private section of the October 2017 Governing Body and appropriate steps will be taken.

### **2.3 ANNUAL AUDIT TIMETABLE / WORK PLAN UPDATE REPORT ARSC 47-17**

Michelle Moss (MM) reported that NHS Protect will be transferring in to NHS Counter Fraud Authority and its official launch is due in Autumn 2017. Updates on the NHS Protect/NHS Counter Fraud Authority will be reported in the progress reports and annual reports and will ensure Security is covered in respect of Liverpool CCG. MM confirmed that she attends Audit, Risk and Scrutiny Committee on 3 occasions through the audit year namely: September for 2<sup>nd</sup> progress report, February for the 3<sup>rd</sup> progress report update and April which will include the Annual Report and include the SRT submissions against the NHS Standards, plus an Anti-Fraud plan for the following year.

SHo also highlighted that the Audit, Risk and Scrutiny Committee is to undertake a full review of the Corporate Risk Register bi-annually and this should be added to the Annual Work Plan.

MB stated for clarity that the security arrangements are mainly for NHS Trusts, however this will be discussed with Ian Davies and Mark Bakewell and will pick this up after the meeting.

Georgia Jones (GJ) highlighted that external audit progress report would be presented in April and Audit Findings Report in May, plus the Annual Audit Letter would be presented in July.

SHo proposed that she would take the Annual Workplan to the Governing Body via the feedback sheet via an attachment.

- **Action: LH to update the Work Plan as per discussions and add to the feedback sheet for the Governing Body Meeting for SHo to present.**
- **Action: MB to discuss security arrangements with Ian Davies.**

#### **The Audit, Risk and Scrutiny Committee**

- ✓ Agreed the revised Workplan and this would be submitted to the next Governing Body.



**Stephen Sutcliffe (SS) arrived for the meeting at 1:45pm**

## **2.4 SCHEDULED WORK PLAN UPDATES REPORT ARSC48-17**

### **a) Review Risks and Controls Around Financial Management 2017/18**

Mark Bakewell (MB) presented the review risks and controls around financial management 2017/18 report and highlighted the following

- Risks and Controls
  - Expenditure Controls as per the CCG Constitution
  - Roles of the Accountable Officer and Chief Finance Officer
- Prime Financial Policies
  - Planning
  - Monitoring
  - Reporting
- Further Controls
  - Scheme of Delegation
  - General Ledger Hierarchy
  - Business Case Approvals for New investment
  - Virements
  - Variance Analysis and investigation
- Assurance
  - Internal Audit
  - External Audit
  - Specific Audits as per Audit Cycle

MB explained the internal reporting mechanisms and the internal and external processes and the strict reporting arrangements via NHS England reporting on ISFE and Non-ISFE.

MB explained that the current position is that the CCG has a wide range of control measures that are working effectively and acknowledged that some improvements are required and this is a work in progress. Good progress being made on Cash Releasing Efficiency Savings (CRES) and work on a number of key reporting aspects have been undertaken with

Senior Management Leads during 2017 to increase robustness of stated values in respect of;

- 2017/18 Forecast outturn position as at August 2017
- 2017/18 CRES delivery
- 2018/19 Planning Assumptions

SHo queried if Contract Management is in place in relation to outsourcing for example, Merseyside and Lancashire Commissioning Support Unit (MLCSU). MB commented that the following is place for outsourced services and if these arrangements should be included in the control review;

- Payroll is a contract with St Helens and Knowsley NHS Trust and follows all the required systems and processes.
- SBS Ledger this is also subject to external review and scrutiny and the CCG receive external 3<sup>rd</sup> party assurance on this.
- MLCSU. Some of the areas have been brought back internally some of the service provisions where risks where identified. Continuing Healthcare (CHC) and Personal Health Budgets are covered and picked up in the internal reporting process.

DA queried assurances in relation to the co-commissioned services from other providers and how this fits in with the audit process. MB gave an explanation on the co-commissioned services and how these are managed and reported back to the host / lead organisation. Reciprocal arrangements are relied upon with neighbouring CCGs to manage directly the contract arrangements with those other providers. Financial Management aspect is arranged via the contract monitoring and contract levers that are in place are utilised and provide information for the organisation acting on our behalf in those meetings. For example St Helens and Knowsley have a Finance Activity Review Group(FARG) and issues can be raised at this meeting on behalf of Liverpool CCG. This reciprocal arrangement works well across the system.

## **b) Management of Risk Management System**

Stephen Hendry (SH) gave a presentation on the controls and processes in place and highlighted the following:

- Risk Management & Assurance Strategy 2016-2018
- Corporate Risk Register
- Governing Body Assurance Framework (GBBAF (in draft form))
- Departmental / Committee Risk Registers
- Committee Reporting Template
- Incident Reporting (Datix)

### **Five stage process**

- Identify
- Analyse
- Evaluate
- Treat
- Monitor and review

### **Governance Structures**

- Detailing seven (7) Committees of the Governing Body.

SHo highlighted that the Risk Management and Assurance Strategy (v3.0 October 2016) that accompanied the presentation that requires the Terms of Reference (TOR) and the role of the Lay Members need to be revised in the Strategy. SHo commended the Risk Management and Assurance Strategy and highlighted the strategic objectives (page 67).

DOD commented on standardising the practice of receiving and reviewing the Risk Register at meetings and having enough time to discuss the details within those meetings. SH supported this and recognised that at some meetings it is not practical due to the amount of other agenda items. However, it is acknowledged that sufficient time should be built in to fully understand the risks.

SHo queried if some of the issues around risks and risk management will be addressed via the training identified in the action plan. SH stated that this is being addressed via online training and should not become too onerous.

Stephen Sutcliffe (SS) queried the CCG Governance Structures from a Practice Membership view, as it does not appear to be happening in practice from a risks aspect or any assurance perspective and commented that some of the issues are around how the CCG address those relationships with the Practices. SH explained that at practice level the CCG have tried to approach this in various ways, such as presenting at locality meetings, however identifying what the practices would need to report into the Risk Register is often difficult.

MB stated that Risk Management is a Governing Body objective and the Committees are utilised for discharging those duties and responsibilities in relation to the risk management.

- **Action: Stephen Sutcliffe (SS) and Stephen Hendry (SH) to discuss the role of the Corporate Risk Register and the GP Practice Membership relationship.**
- **Action: Stephen Sutcliffe (SS) and Mark Bakewell (MB) to identify practice risks, plot some of those risks and assess how it is covered in the Risk Register.**
- **Action: SHo suggested to consider if it is valuable to hold a Risk Training session.**
- **Action: SH to update the Risk Management and Assurance Strategy (V3) October 2016.**

**The Audit Risk and Scrutiny Committee:**

- ✓ **Noted the two updates namely;**
  - a) Review Risks and Controls Around Financial Management.**
  - b) Management of Risk Management System.**

## **Part 3: Performance**

### **3.1 LIVERPOOL CCG LOSSES AND SPECIAL PAYMENTS (VERBAL)**

MB stated that there were no Losses and Special Payments to note.

MB agreed to take up the Ombudsman clinical recommendations with Jane Lunt and Stephen Hendry outside of the meeting.

- **Action: MB/JL/SH to meet to follow up on the Ombudsman's clinical recommendations and process.**

#### **The Audit Risk and Scrutiny Committee:**

- ✓ **Noted the update.**

### **3.2 PROGRESS AGAINST AUDIT RECOMMENDATIONS REPORT 50-17**

MB updated the Audit, Risk and Scrutiny Committee on the Audit Tracking Tool and the additions of the reports to the tracker. It was acknowledged that this is a work in progress.

It is envisaged that over the next few months we will reconcile, resolve and close down the outstanding audit issues. In general, some are long standing recommendations and have been superseded. During Quarter 3 it is envisaged that we will close off many of the recommendations and undertake some housekeeping in relation to audit recommendations.

The CCG have been in regular dialogue with Internal Audit colleagues and progress has taken place. A significant number of the financial recommendations have been implemented. Some are not finance only and are pan-organisation recommendations and currently working with CCG colleagues to close down the recommendations and will robustly monitor and record the information in relation to the 3<sup>rd</sup> party organisations. Therefore the report highlights:

- Reconciliation of the outstanding issues.
- Honest reflection of implementation of recommendations to date.
- Aspiration to close down a number of issues that are in our control.
- Reflection on what has taken place to date.

SHo acknowledged that the report itself is a work in progress and once reconciled, suggested going forward any high risks (red) that have gone passed their implementation date need to be identified, assessed what action and mitigations have taken place, and who has agreed the deferment.

MB stated that from a wider perspective, for example, Healthy Liverpool is at different stages i.e. Grants, PMO, and therefore have to bear in mind the wider systems ongoing and the need to have a further discussion on the risks as we go on to give a true position.

Maria McMahon-Joseph (MMJ) confirmed that she had met with Vicky Beenham and Peter Quayle and some of the issues have been discussed. A number of the recommendations will be removed from the report for example Financial Systems reporting, Personal Health Budgets and aware a new appointee is responsible for centralising information which should assist in the reconciliation. The MIAA report highlights those recommendations that have not been addressed and those that have been addressed.

**The Audit Risk and Scrutiny Committee:**

- ✓ **noted the Progress Against Audit Recommendations update report.**

**3.3 INTERNAL AUDIT PROGRESS REPORT REPORT ARSC51-17**

Maria McMahon-Joseph (MMJ) presented the Internal Audit Progress Report and highlighted the work in progress;

- Grant Schemes Payments. Social Value Policy – draft Report
- Continuing Healthcare (CHC) – Fieldwork in progress

- Conflicts of Interest – Fieldwork in progress.

MMJ requested Audit Plan changes for the following two items from quarter 2 to quarter 4 period:

- Disinvestment review
- STPs/LDS/Joint Working/Transitions Arrangements

SHO highlighted her concern with regard to pushing both of these reviews to quarter 4 as it would not give an opportunity to identify and resolve any high risks before the end of the audit period.

MB explained the reasons behind the suggestion to push back the two audits and this is for genuine reasons and the CCG would not benefit from the review at this early stage.

SHO asked if the Audit, Risk and Scrutiny Committee would prefer to have the full reports in final format as and when issued. This was agreed and these will be included in the Audit, Risk and Scrutiny paper pack.

- **Action: MMJ/LH to circulate final audit review reports to the Audit, Risk and Security Committee members when available and in addition to include in the packs for the next Committee meeting.**

#### **The Audit Risk and Scrutiny Committee:**

- ✓ **Agreed the deferral of the two reviews from quarter 2 to quarter 4;**
  - Disinvestment review
  - STPs/LDS/Joint Working/Transitions Arrangements
- ✓ **Agreed the final audit review reports to be sent out to Committee members when available and to include in the next meeting pack papers.**

### **3.5 MIAA INSIGHT – AUDIT COMMITTEE UPDATE REPORT ARSC 52-17**

MMJ reported that the MIAA Insight is for information only.

SHo confirmed she had attended the Audit Committee Chair's event in September and circulated the briefing paper. Additional slides will be circulated to the Committee members following today's meeting.

SHo stated that the ***EU-General Data Protection Regulation*** update should be included in next month's Audit, Risk and Scrutiny Committee to give assurance to the Committee that we are compliant with those responsibilities.

MB reported that the Information Governance (IG) Steering Group is picking this item up and Peter Case-Upton has provided a briefing paper and we are on target for the implementation date of May 2018. This will be tabled at the December 2017 Audit, Risk and Scrutiny Committee.

- **Action: SHo to circulate the slides from the Audit Committee Chairs Event.**
- **Action: MB re EU – General Data Protection Regulation Briefing paper to be an agenda item for December 2017 committee.**
- **Action: MB IG Governance Toolkit briefing update to be presented to the December 2017 Committee.**

#### **The Audit Risk and Scrutiny Committee:**

- ✓ **Noted the MIAA insight – Audit Committee update.**

**Stephen Sutcliffe (SS) left the meeting**



### **3.5 EXTERNAL AUDIT PROGRESS REPORT REPORT ARSC53-17**

Georgia Jones (GJ) drew the Audit, Risk and Scrutiny Committee's attention to two deadline dates of 24 April 2018 for the draft Annual Report and Financial Accounts and the 29 May 2018 deadline for Final Annual Report and Financial Accounts.

#### **The Audit Risk and Scrutiny Committee:**

- ✓ **Noted the External Audit Progress Report**

### **3.6 ANTI-FRAUD PROGRESS REPORT UPDATE REPORT ARSC54-17**

Michelle Moss (MM) presented the Anti-fraud progress report update and highlighted the following:

- Number of referrals brought forward from 2016/17 - nil
- National Fraud Initiative 2016/17 – Fraud cross check and mitigate the risks all matches have to be cleared by December 2017.
- Currently half way through the initiative and no risk of fraud identified from the matches that have taken place so far.
- Changes to NHS Protect / NHS Counter Fraud Authority – postponed until Autumn 2017. However still awaiting the final details of implementation.
- Anti-Fraud Alerts circulated including awareness of cyber-attacks.
- One external Anti-Fraud referral which is ongoing. An update will be provided in due course.
- Amber rating overall. However, this is out of our jurisdiction and as there is an investigation this may change to green rating.

#### **The Audit Risk and Scrutiny Committee:**

- ✓ **Noted the Anti-Fraud Progress Report.**

### **3.7 ANTI-FRAUD SERVICES STAFF SURVEY REPORT REPORT ARSC 55-17**

MM reported that the Anti-Fraud Services Staff Survey report is for information purposes only.

SHo queried how does this CCG compared with other organisations, MM reported that LCCG has a good response rate of over 50% and is a good benchmark.

### **3.8 CORPORATE RISK REGISTER                      REPORT ARSC56-17**

Jo Davies (JD) presented the report and highlighted the following:

- Three new risks (CO68, CO69 and CO70) that have been added to the Corporate Risk Register;
  - CO68 Maintain and secure public organisational and professional confidence in the CCG.
  - CO69 Secure Interim Accountable Officer / Chief Finance Officer appointments, pending permanent replacements.
  - CO70 Inability to comply with NHS England directions within timescale.
- No risks have increased in severity since the last report.
- Four risks have been downgraded;
  - Quality Team Staff Appointments
  - Quality Of Care
  - IT risk – Server in Bevan House
  - Delayed Transfers of Care.

Dave Antrobus (DA) highlighted his concerns on the following:

- CO51a Looked After Children and expressed his concern in relation to the action to date. Liverpool CCG wrote to Liverpool Council but they did not provide a reasonable answer with datelines. This is being monitored by Quality Safety and Outcomes Committee.
- CO55 Care Homes and Care Hubs – issue is in relation to the fact there are no more placements available and a general shortage of placements nationally.

SHo highlighted the issue discussed at Remuneration Committee re HMRC Audit and GP Contracts. MB confirmed that this will be fed through the usual mechanisms and will appear on the Corporate Risk Register.

**Donal O'Donaghue left the meeting and Stephen Sutcliffe returned to the Committee. The Audit, Risk and Scrutiny Committee remained quorate.**

Stephen Hendry(SH) gave an update on the NHS Constitution of Standards which has been sent to NHS England (NHSE) and Stephen Hendry has had discussions with Colin McKelwin (NHSE) to progress to ensure we meet with NHS England Directions deadlines.

- **Action: SS and SH agreed to meet to discuss and understand the Corporate Risk Register.**

**The Audit Risk and Scrutiny Committee:**

- ✓ **Noted the Corporate Risk Register Report.**

**Mark Bakewell left the meeting.**

**Part 4: Strategy and Commissioning**

**4.1 No items to discuss**

**Part 5: Governance**

### **5.1 GOVERNING BODY ASSURANCE FRAMEWORK (VERBAL)**

SH gave a verbal update and stated that discussions took place in relation to the allocation of risk leads. This stalled due to the changes in Chief Officer and is hoping to go through this with the new Chief Officer

on appointment and will be on the Governing Body agenda in January 2018 and objectives for 2018/19 need to be considered.

**The Audit Risk and Scrutiny Committee:**

- ✓ **Noted the Governing Body Assurance Framework update.**

**Joanne Davies left the meeting.**

**5.2 CONFLICTS OF INTERESTS REVISED GUIDANCE REPORT ARSC57-17**

SH provided an update on the Conflicts of Interests Revised Guidance which was approved by the September 2017 Governing Body. The main changes are around financial limits on gifts and hospitality. The Policy has been amended and now in line with the strategic guidance and is on the Liverpool CCG Website. Two Conflicts of Interest training sessions have taken place for Governing Body members.

SH stated that the challenge of the extended requirements of the new Statutory Guidance is for the Practice Members to complete declarations and this process is being explored.

**The Audit Risk and Scrutiny Committee:**

- ✓ **Noted the Conflicts of Interests Revised Guidance.**

**5.3 REGISTER OF INTEREST UPDATES REPORT ARSC58-17**

The Committee were made aware of the updated Register of Interest and those that have changed since the last Audit, Risk and Scrutiny Committee. SH reported that a revised Fair Process policy is also on the LCCG website.

**The Audit Risk and Scrutiny Committee:**

- ✓ **Noted the Register of Interests updates.**

**5.4 GIFTS AND HOSPITALITY REGISTER REPORT ARSC 59-17**

**The Audit Risk and Scrutiny Committee:**

- ✓ **Noted the Gifts and Hospitality Register updates.**

## **5.5 NHS PROTECT CIRCULARS REPORT ARSC60-17**

### **The Audit Risk and Scrutiny Committee:**

- ✓ **Noted the NHS Protect Circulars.**

### **Future Suggested Dates for 2018 confirmed as:**

- Tuesday 27 February 2018 2pm – 4pm
- Friday 20 April 2018 3pm – 5pm
- Friday 25 May 2018 10am – 12 noon (Final AR/Accounts)
- Tuesday 24 July 2018 2pm – 4pm
- #Tuesday 25 September 2018 1:30pm – 4pm (#including private meeting at 1:00pm)
- Tuesday 4 December 2018 10am – 12 noon

### **Dates for next meeting**

Tuesday 5 December 2017 12:30pm - 2:30pm

# HEALTHY LIVERPOOL PROGRAMME

## HOSPITAL BASED SERVICES

### COMMITTEE(S) IN COMMON

#### KNOWSLEY, LIVERPOOL, SOUTH SEFTON CCGS AND SOUTHPORT & FORMBY CCGS

#### MEETING ROOM 1 LIVERPOOL CCG

FRIDAY 17<sup>TH</sup> NOVEMBER 2017

#### PRESENT:

Simon Bowers (SB)	Chair (in the Chair)	NHS Liverpool CCG
Jan Ledward (JLe)	Interim Chief Officer	NHS Liverpool CCG
Mark Bakewell (MB)	Acting Chief Finance Officer	NHS Liverpool CCG
Fiona Lemmens (FL)	Clinical Vice Chair	NHS Liverpool CCG
Chris Grant (CG)	Hospital Services Programme Director	NHS Liverpool CCG
Carole Hill (CH)	Healthy Liverpool Integrated Programme Director	NHS Liverpool CCG
Graham Morris (GM)	Deputy Chair	NHS South Sefton CCG
Iain Stoddart (IS)	Chief Finance Officer	NHS Knowsley CCG
Andrew Bibby (AB)	Assistant Regional Director of Specialist Commissioning	NHS England
Paula Jones	Committee Secretary/minute taker	NHS Liverpool CCG

#### APOLOGIES:

Fiona Taylor (FT)	Chief Officer	NHS South Sefton CCG/ NHS Southport & Formby CCG
Ian Moncur	Councillor/Health & Wellbeing Board Chair	Sefton Council
Dyanne Aspinall (DAsp)	Interim Director of Adult Health & Social Care	Liverpool City Council
Rob Caudwell (RC)	Chair	NHS Southport & Formby CCG
Dianne Johnson (DJ)	Chief Officer	NHS Knowsley CCG
Donal O'Donoghue (DOD)	Secondary Care Clinician	NHS Liverpool CCG

<p><b>1.0</b></p> <p><b>1.1</b></p>	<p><b>Welcome, Introductions and apologies:</b></p> <p>Chair welcomed all to the meeting and introductions were made. The meeting was not quorate as there was no representative from Southport &amp; Formby CCG. The plan was to go to consultation next year from the Joint Committee and we knew that the process would be challenged – we needed to ensure that the governance/decision making behind the consultations was correctly done with the right people involved from all CCGs concerned.</p>
<p><b>2.0</b></p> <p><b>2.1</b></p>	<p><b>Declaration of Interest:</b></p> <p>There were no declarations of interest made specific to the agenda.</p>
<p><b>3.0</b></p> <p><b>3.1</b></p> <p><b>3.2</b></p>	<p><b>Minutes &amp; Actions of the previous meeting: 15<sup>TH</sup> SEPTEMBER 2017</b></p> <p>The minutes of the 15<sup>th</sup> September 2017 meeting were agreed as an accurate record of the meeting subject to the following amendments:</p> <ul style="list-style-type: none"> <li>✓ There needed to be a correction to the spelling of Iain Stoddart's first name.</li> </ul> <p>There were no outstanding actions from the Committees in Common meeting of the 15<sup>th</sup> September 2017.</p>
<p><b>4.0</b></p> <p><b>4.1</b></p>	<p><b>Establishing a North Mersey Joint Committee – Draft Terms of Reference – Report No: CIC 05-17 – Jan Ledward</b></p> <ul style="list-style-type: none"> <li>• DJ had reviewed the Terms of Reference which had in turn been reviewed by the Chief Officers of all the CCGs. A workshop was to be held to look at what the joint Committee was and was not, it would have delegated authority from the Governing Bodies to make decisions. LWH consultation process in full to be looked at and role of Joint Committee at workshop in December before potentially being on the agenda for a public meeting of the Joint Committee in January 2018.</li> <li>• The Terms of Reference needed to be taken to all Governing Bodies for approval. IS confirmed that Knowsley CCG Governing Body met on 7<sup>th</sup> December 2017 and then later in the month there was a clinical membership meeting. Indications were that the Governing Body was supportive and had no major issues. For South Sefton CCG GM noted that the issue was around Sefton Metropolitan Council which saw it's role as scrutinising rather than</li> </ul>

proposing. The Committee discussed whether West Lancashire CCG would be an associate member (not included in the TOR).

- Individual CCG Governing Body membership on the Joint Committee to be decided by each CCG – however FT could not represent both South Sefton and Southport & Formby CCGs.
- JLe noted that this needed to reflect the STP footprint which could see West Lancs as a full member. . The Workplan for the Joint Committee needed to be attached to the Terms of Reference, CH had a first draft which she agreed to circulate . JLe agreed to write to Mike Maguire, Chief Officer at West Lancashire CCG, for his opinion.
- Re NHS England representation AB reminded the CIC that NHS England specialist commissioning was in the unusual position of being able to make commissioning decisions with groups of CCGs but could not make the same decision with each CCG. For this reason NHS England needed to be “in attendance” and would then need to convene their own internal committee to take the decision.
- FL referred to 6.1.1 of the draft terms of reference– it was agreed to remove the reference to each CFO either being a member or in attendance. JLe noted that if finance expertise was required a CFO could be co-opted.
- FL referred to the 6 month notice to withdraw clause section 13 – it was agreed to delete this reference as should anyone withdraw then the Joint Committee would no longer be valid.

**Action Points:**

- **Workshop on Joint Committee to be arranged in December 2017.**
- **CH to circulate the draft Workplan,**
- **JLe to contact West Lancashire CCG**
- **Remove reference to CFO of each CCG being a member**
- **Remove section 13 around withdrawal from Joint Committee.**
- **PJ to correct the numbering in the document.**

**The Committees in Common:**

- **Noted the amendments proposed to the Terms of Reference and proposed workshop to be held.**

**5.0 Orthopaedics Reconfiguration – post consultation update – Presentation – Chris Grant/Carole Hill**



## 5.1

- Recap on proposal: Unplanned/trauma surgery to be dealt with at Aintree Hospital , For ENT, all day case & elective activity would move from Broadgreen to Aintree, all planned surgery to be carried out at Broadgreen. High risk planned surgery to be done at Aintree.
- Proposed changes were clinically driven. An Oversight Board had been set up and a feasibility study had been developed which had resulted in a clear proposal, based on appraising a number of options. There was a preferred option and the consultation had set out all options considered.
- Format of consultation had been a mixture of face to face, Website and social media, Booklet, VCSE Engagement Partners, Public Events/ HealthWatch, Clinics and engagement with the workforce. The reach was 10,030 consultation booklets distributed, Aintree's volunteer team had given out 2160 surveys and directly supported 306 people to complete the survey. Volunteers at the Royal gave out 907 surveys and directly supported 58 people to complete the survey. Online - 3,870 visits to the website, Facebook - 57,860 reach, Twitter - 94,204 impressions, Community Partner Engagement – approx. 600, 20 community meetings, 32 sessions with BME communities, 22 community clinics and 2 Healthwatch events.
- Consultation Findings:
  - ✓ Overall, there were 2000 responses to the consultation ; 1757 received through a completed survey and 243 individuals involved in 19 focus groups.
  - ✓ Do you think that the doctors have come up with the best plan (for orthopaedics)? 1,023 said yes, 207 said no and 489 did not know.
  - ✓ Do you think that the doctors have come up with the best plan (for ENT)? 990 said yes, 162 said no and 559 did not know. There was more perception of impact on South Sefton & Knowsley patients re travel and access, less so in Liverpool.
  - ✓ How might the changes affect you? 40% would have to travel further, 5% would have a shorter distance to travel, 48% would not be affected and 7% would be affected in another way.
  - ✓ What would be the impact of travelling further to use services? The challenge was to mitigate any issues regarding access for surgery for people with disabilities, patients with Learning Disabilities and low income patients. Work was being done with Mersey Travel to triangulate travel between Aintree, Broadgreen and the Royal.

Next Steps:

- Approval by trust boards of the final feasibility study, incorporating consultation findings – November 2017.
- Outcome of capital bids from both trusts awaited.
- Further assurance on capacity and resilience of Aintree to manage all unplanned T&O.
- Decision to be taken by Liverpool, South Sefton and Knowsley Public Governing Bodies – December 2017/January 2018. (Knowsley CCG 7<sup>th</sup> December, Liverpool CCG 12<sup>th</sup> December, South Sefton CCG 11<sup>th</sup> January 2018).
- Joint OSC to consider consultation findings and mitigations – January 2018.

IS requested the dates of the trust boards the consultation results were going to. It was noted that the timescales were extremely tight.

**Action Points:**

- **CH to send IS dates of trust boards consultation results were going to for approval.**

**The Committees in Common:**

- **Noted the presentation.**

**6.0 Review of Liverpool Women’s Services update on the path to consultation - Presentation – Chris Grant/Carole Hill**

**6.1** CG made a presentation to the Committees in Common:

- To re-cap ; January 2017, a draft Pre-Consultation Business Case (PCBC) was published, setting out 4 potential solutions:
  1. Relocate women’s and neonatal services to a new hospital building on the same site as the new Royal Liverpool Hospital (*the preferred option*)
  2. Relocate women’s and neonatal services to a new hospital building on the same site as Alder Hey Children’s Hospital
  3. Make major improvements to Liverpool Women’s Hospital on the current Crown Street site
  4. Make smaller improvements to the current Crown Street site
- Pause then required to have peer review carried out via the North East Clinical Senate. This led to clear recommendation from the Clinical Senate that the future was co-location

**Next Steps:**

- Additional assurance evidence submitted to NHSE and NHSI. NHSE assurance response expected on 22<sup>nd</sup> November following

	<p>review by NHSE North RMT.</p> <ul style="list-style-type: none"> <li>• Clinical view is that there is now only one viable option to consult on: services to be delivered from a new hospital on the Royal Liverpool Hospital campus</li> <li>• It is lawful to consult on implementing that single option. However, we will need to clearly explain the rationale and to enable people to suggest alternative options, which will be given genuine consideration.</li> <li>• North Mersey OSCs ( Liverpool, Knowsley and Sefton) have agreed that the proposal presented represents a substantial variation</li> <li>• Planning for a comprehensive and authentic consultation, with opportunities for meaningful dialogue between individuals or groups, based on a genuine exchange of views, with the objective of influencing the final decision.</li> <li>• To be discussed at the Workshop in early December 2017 in respect of the role and responsibilities of a Joint Committee.</li> </ul> <p>FL updated that LWH had concerns about the consultation process being split by purdah. This would mean starting the consultation in June 2018 for 12 weeks therefore finishing in September 2018 with a decision announced in November 2018.</p> <p><b>The Committees in Common:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the presentation and timescales.</b></li> </ul>
7.0	<p><b>Any Other Business</b></p> <p>None</p>
8.0	<p><b>Date of next meeting</b></p> <p>Friday 8<sup>th</sup> December 2017, 12pm to 2pm Boardroom, Liverpool CCG – it was agreed that this meeting would be used for the purposes of the Workshop mentioned to discuss the function of the Joint Committee and LWH subject to confirmation of required full attendance.</p> <p><b>Action Point:</b></p> <ul style="list-style-type: none"> <li>• <b>PJ to email out to ensure that senior representation was available for the workshop date o 8<sup>th</sup> December 2018.</b></li> </ul>

**Minutes of the Healthy Liverpool Programme Board  
Wednesday 27 September 2017**

**Present**

Dave Antrobus (Chair)	Lay Member/Patient Engagement/Vice Chair
Paul Fitzpatrick	Estates Lead
Sue Lavell	Integrated Programme Manager
Dr Fiona Lemmens	GP/Governing Body Deputy Chair /Clinical Director, Hospitals and Urgent Care
Gina Perigo	Programme Manager, Living Well
Dr Maurice Smith	GP/Governing Body Member/Clinical Director, Living Well
Tony Woods	Programme Director, Community and Digital Care

**In Attendance**

Jackie Dobbins	PMO Project Support Officer/Minutes
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**Apologies**

Dr Janet Bliss	GP/Governing Body Member/Clinical Director, Community Programme
Dr Simon Bowers	GP/Governing Body Chair /Clinical Director, Digital Care
Dr Sandra Davies	Director of Public Health / Programme Director, Living well
Dr Chris Grant	Programme Director, Hospitals
Carole Hill	Integrated Programme Director
Dave Horsfield	Programme Manager, Digital
Jane Lunt	Chief Nurse Chief Nurse/Head of Quality/Governing Body Member
Helen Shaw	Engagement Lead

1.0	<b>Welcome and Introductions</b>
1.1	The Chair welcomed everyone to the meeting.
2.0	<b>Minutes of the Last Meeting</b>
2.1	The minutes of the last meeting held on 26 July 2017 were agreed as an accurate record.
3.0	<b>Matters Arising</b>
3.1	<p><b>Actions Outstanding from Previous Meeting</b></p> <p><b>Sue Lavell to seek advice from Stephen Hendry regarding the removal of political risks and the addition of a target risk to the Healthy Liverpool Programme Risk Register</b> - Stephen Hendry has advised that the political risk should remain. Target risks will be rolled out across the organisation during December.</p> <p>All other actions are complete or covered in today's agenda.</p>
4.0	<b>Governance</b>
4.1	<b>Conflict of Interest Declarations</b>

4.1.1	There were no conflicts of interest declared.
4.2	<b>Revised Terms of Reference</b>
4.2.1	Revised Terms of Reference were submitted for formal noting and ratification of the Healthy Liverpool Programme Board.
4.2.2	The Chair asked members to note attendance requirements, detailed in item 4 of the Terms of Reference:  <i>It is expected that all members attend the Programme Board meeting. Members can, in exceptional circumstances, send a nominated representative to the meeting. These individuals must be fully briefed and able to operate with full authority over any issue arising at the meeting.</i>
4.2.3	The Healthy Liverpool Programme Board noted the revised Terms of Reference with reservations; there is no Programme SRO in place and the Interim Chief Officer is not yet in post.
5	<b>Performance</b>
5.1	<b>Programme Highlight Reports</b>
5.1.1	<b>Living Well</b> – Dr Smith presented the September highlight report circulated with meeting papers.
5.1.2	Liverpool City Council were not successful in their bid to host the Commonwealth Games in 2022.
5.1.3	A service review is underway at Liverpool City Council. The structure of a reduced core Sports and Recreation Team will be known in November 2017.
5.1.4	GP data shows that 19.5% of the population have been asked questions about physical activity.
5.1.5	Resource has been identified to run the Exercise for Health Scheme. Liverpool John Moore's University will run a behaviour change model starting in January. The trial will consist of 60 delegates in Wavertree with a control of 20 at Garston.
5.1.6	The 4Ever Active model achieved good results and a resource is to be identified to evaluate the programme.
5.1.7	<b>Digital</b> – Tony Woods presented the September highlight report circulated with meeting papers.
5.1.8	The 5 thousandth patient has received telehealth. Work is ongoing with Communications and LCH to publicise this considerable achievement.
5.1.9	Bids have been submitted for cohort 2 ETTF funding, the outcome will be known in October 2017.

5.1.10	<b>Community</b> – Tony Woods presented the September highlight report circulated with meeting papers.
5.1.11	Rightcare submissions have been provided for Respiratory, Circulation and Neurology. This extensive piece of work has given a deep understanding of those programmes and identified gaps and opportunities.
5.1.12	An improved Care Homes strategy has been developed with Liverpool City Council which should have a significant impact. The strategy was well received at a recent Health and Wellbeing Board and will be presented to a future Governing Body meeting at Liverpool CCG.
5.1.13	End of Life care is seen as a significant priority for the whole system. A wider case for change for EoL is now in the process of being developed.
5.1.14	<b>Hospitals</b> – Dr Fiona Lemmens presented the August highlight report circulated with meeting papers.
5.1.15	The North Mersey LDS Hospitals Board held a preliminary meeting on 21 September 2017 to agree work plans.
5.1.16	The Clinical Senate Report detailing the review of women's and neonatal services in Liverpool were published on 27 September 2017. Plans continue for public consultation.
5.1.17	Tony Woods asked Board members to note the high level of skill and expertise the Engagement Team have gained from recent consultation and engagement work.
6.0	<b>Strategy and Commissioning</b>
6.1	<b>Implementation of the Road Map for Programme End and Transition</b>
6.1.1	The majority (80%) of staff working on the Healthy Liverpool Programme are employed on fixed term contracts until March 2018 when the programme ends.
6.1.2	Delays in decisions around programme transition and staffing presents a risk of losing highly skilled staff seeking secure employment.
6.1.3	Discussions have taken place at Senior Management Team meetings regarding the urgent need for decisions around programme transition and staffing. An example quoted was hospitals transformation which will continue after March 2018.
6.1.4	An Interim Chief Officer comes in to post on 2 October 2017 and has 1:1 meetings arranged with SMT members where this issue will be discussed further.
6.1.5	It was agreed that the staffing risk will be added to the Healthy Liverpool Programme Risk Register and escalated to the Corporate Risk Register.  <b>Action: Sue Lavell to add a risk regarding staffing to the Healthy Liverpool Programme Risk Register and request for the risk to be escalated to the</b>

	<b>Corporate Risk Register.</b>
6.2	<b>Estates Review</b>
6.2.1	Paul Fitzpatrick gave a presentation detailing the estates review.
6.3	<b>Digital No Wrong Door</b>
	This item was deferred to the next meeting.
7.0	<b>Any Other Business</b>
	There was no other business
8.0	<b>Communications/Messages from this Meeting</b>
	<ul style="list-style-type: none"> <li>• RoadMap</li> <li>• LWH</li> <li>• Telehealth</li> </ul>
9.0	<b>Date and Time of Next Meeting</b>
	<p>Meetings scheduled for 25 October, 29 November and 20 December 2017 were cancelled due the number of apologies received.</p> <p>The next meeting will be held on Wednesday 31 January 2018 from 3pm to 5pm in the Board Room at Liverpool CCG.</p>