

# NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

## GOVERNING BODY

Minutes of meeting held on TUESDAY 10<sup>TH</sup> JULY 2018 2.30pm  
BOARDROOM LIVERPOOL CCG, 4<sup>th</sup> FLOOR THE DEPARTMENT

### PRESENT:

#### VOTING MEMBERS:

Dr Fiona Lemmens	Chair
Jan Ledward	Chief Officer
Helen Dearden	Lay Member for Governance/Non Clinical vice Chair
Jane Lunt	Head of Quality/Chief Nurse
Mark Bakewell	Acting Chief Finance Officer
Dr Janet Bliss	GP
Dr Shamim Rose	GP
Dr Stephen Sutcliffe	GP
Dr Ian Pawson	GP
Dr Paula Finnerty	GP
Sally Houghton	Lay Member for Audit
Dr Monica Khuraijam	GP
Dr Donal O'Donoghue	Secondary Care Doctor
Ken Perry	Lay Member for Patient & Public Involvement

#### NON VOTING MEMBERS:

Sandra Davies	Director of Public Health
Tina Atkins	Practice Manager Member
Paul Brant	Cabinet Member for Health & Adult Social Care, Liverpool City Council

#### IN ATTENDANCE:

Ian Davies	Chief Operating Officer
Cheryl Mould	Primary Care Programme Director
Sarah Thwaites	Healthwatch (representing Lynn Collins)
Dyanne Aspinall	Interim Director of Adult Services & Health, Liverpool City Council

Tom Fairclough	Acting Programme Lead, Mental Health
Kirsty Pine	Operations Manager NIHR CLAHRC NWC
Mark Gabbay	Director NIHR CLAHRC North West Coast (item 4.1 only)
Paula Jones	Committee Secretary/Minutes

### **APOLOGIES:**

Dr Maurice Smith	GP
Dr Fiona Ogden-Forde	GP
Gerry Gray	Lay Member for Financial Management
Dr Rob Barnett	LMC Secretary
Kerry Lloyd	Deputy Chief Nurse
Derek Rothwell	Head of Contracting, Procurement & Business Intelligence
Dyanne Aspinall	Interim Director of Adult Services & Health, Liverpool City Council
Lynn Collins	Chair of Healthwatch
Carole Hill	Healthy Liverpool Integrated Programme Director

**Public: 11**

### **PART 1: INTRODUCTIONS & APOLOGIES**

The new Chair Dr Fiona Lemmens welcomed everyone to the meeting and expressed her warmest thanks and appreciation to Dr Simon Bowers the outgoing Chair for all his hard work and leaving the organisation in a much stronger position than when he took on the position, and noted that his leadership and enthusiasm was a loss to the city of Liverpool.

The Chair reminded the public that this was not a public meeting rather a meeting held in public, there was an opportunity for questions to be asked at the end of the meeting but that this section was meant for questions either submitted in advance or which arose out of the discussions on the day. She appreciated that this was not

always the expectation of the public present and reassured them that the CCG was looking at better ways to engage with them on a regular basis.

The Chair acknowledged that Dr Simon Bowers had made a promise to reduce the size of the agenda and supporting papers, given that there was a large section of minutes and policies for noting, the actual main body of the agenda was shorter and there were less papers.

## **1.1 DECLARATIONS OF INTEREST**

Both the Lay Member for Governance/Deputy Chair and the Lay Member for Patient & Public Involvement had declared an interest in item 4.3 of the agenda (Talk Liverpool Contract) due to their professional relationships with Mersey Care (contract holder). For this reason they would step out of the meeting during the discussions and decision around agenda item 4.3 around the extension of the contract.

## **1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING**

The minutes of the previous meeting on 8<sup>th</sup> May 2018 and the Extraordinary meeting on 25<sup>th</sup> May 2018 were confirmed as an accurate record of the discussions which had taken place subject to the following amendments:

8<sup>th</sup> May 2018:

- Page 11 of 31 item 3.1 Finance Update 2017/18 and 2018/19 – the Acting Chief Finance Officer asked for the word “deficiencies” to be corrected to “deficits”.
- Page 14 of 31 item 3.2 Corporate Performance Report – the Chief Nurse/Head of Quality asked for the reference to changes in the Serious Incident process to be amended to read “changes to the Referral to Treatment process”.

- Page 14 of 31 item 3.2 Corporate Performance Report – the Acting Chief Finance Officer asked for the figure for Plan B investment to be changed from £1.3m to £250k.
- Page 15 of 31 item 4.2 2018/19 Operational Plan – the Acting Chief Finance Officer asked for the reference in the second paragraph of financial investment of £1.3m to be corrected to £3.1m.

### **1.3 MATTERS ARISING FROM PREVIOUS MEETING NOT ALREADY ON THE AGENDA:**

From 8<sup>th</sup> May 2018:

- 1.3.1 Action Point One – it was noted that the changes to local safeguarding arrangements was on the agenda for today already it had originally been planned for the September 2018 meeting.
- 1.3.2 Action Point Two – it was noted that the North West Ambulance Recovery Action Plan was referenced in the Performance Report.
- 1.3.3 Action Point Three – it was noted that the Policy on Policy approval was coming to the September 2018 Governing Body meeting.
- 1.3.4 Action Points Four & Five – it was noted that a paper on Previously Unassessed Period of Care for Continuing Healthcare and the CCG decision would be coming to the September 2018 Governing Body. The legal advice had been circulated and matter placed on the Corporate Risk Register.
- 1.3.5 Action Point Six – it was noted that the Terms of Reference of the North Mersey Joint Committee had been updated to refer to Deputies not Deputy.

From 25<sup>th</sup> May 2018:

- 1.3.6 Action Point One: the amendments to the annual report and accounts had been made and the accounts and annual report signed and submitted to NHS England by the deadline of 29<sup>th</sup> May 2018.
- 1.3.7 Action Point Two: the Acting Chief Finance Officer confirmed that the figures for the cost for the Chair and Non-Executive Members from 2016/17 to 2017/18 had been checked and reported back outside of the meeting.

## **PART 2: UPDATES**

### **2.1 Chief Officer's Report - Report No: GB 39-18**

The Chief Officer updated the Governing Body:

- The Governing Body welcomed Dr Fiona Lemmens as Chair, and reflected upon the excellent legacy of Dr Simon Bowers, she also welcomed the returning re-elected GP members and the two new members Dr Paula Finnerty and Dr Ian Pawson. She noted the loss of a colleague, Donna Coleman, who recently died of cancer. She had worked in a joint post between Liverpool CCG and Liverpool City Council in learning disabilities, the CCG sent their condolences to her family.
- All patients from the Healthaction Alternative Provider of Medical Services ('APMS') practices had been assigned to other practices either in the same building or to practices close to their homes. The CCG would work closely with Local Medical Committee colleagues and GPs to manage any clinical risk.
- The Care Quality Commission had carried out a whole system review of services for older people and the action plan was on the Governing Body agenda. Feedback was

very positive commenting that the vision and aspiration was clear, the recommendation was to get on and deliver.

- Governing Body Development Sessions – following an afternoon discussing the Kirkup Report and how the CCG would review its approach to quality the Chief Nurse was to bring a Quality Strategy back to the Governing Body in November 2018. It was noted that some members of the Governing Body had agreed to meet with members of Mersey Care’s Board to listen to their review of services since taking over the Liverpool Community Health contract in April 2018.
- Assurance Framework – the outcome of the 2017/18 NHS England Assurance Framework was awaited.
- Joint Committee of North Mersey CCGs – the members for Liverpool CCG had been decided, the first meeting would need to be held in private prior to the meetings held in public. We were still waiting for NHS England approval to the Women’s and Neonatal Services consultation before the consultation process could commence and the Joint Committee would be ready for when that decision was forthcoming.
- NHS England and NHS Improvement had announced their plan to work more closely together, remaining as separate statutory bodies with separate Chief Executives but with joint directors and management team.

The Governing Body commented:

- The Healthwatch representative commented that the transfer of Healthaction APMS contract patients to other practices appeared to be progressing smoothly and commented on the good joint working and communication between the CCG and Healthwatch which had facilitated this.

**The NHS Liverpool CCG Governing Body:**

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

## **2.2 Feedback from Merseyside Safeguarding Adults Board 11<sup>th</sup> June 2018 ('MSAB') and Liverpool Safeguarding Children Board ('LSCB') 20<sup>th</sup> June 2018 - Report No: GB 40-18**

The Chief Nurse had nothing else to add other than what was on the reporting template which had been circulated in advance of the meeting other than to note:

- The Chief Nurse and representatives from South Sefton and Southport & Formby CCGs had presented to the Merseyside Safeguarding Adults Board to share learning from the Kirkup Report.

The Lay Member for Audit referred to the reviews with the title of patient pseudonyms and noted that this must demonstrate areas where the system had failed and asked what quality assurance regimes were in place. The Chief Nurse responded that there was a great deal of challenge nationally around the validity of the Serious Case Review process and how to improve learning. A Cheshire & Merseyside event was taking place the next day looking at how CCGs and NHS England could collate learning and recommendations from the last three years and analyse themes. This would start with health and then take the review to a wider multi-agency footing. The changes to safeguarding arrangements following the Children and Social Care Act 2017 were on the agenda later on.

### **The NHS Liverpool CCG Governing Body:**

- **Considered the reports and recommendations from the Merseyside Safeguarding Adults Board 11<sup>th</sup> June 2018 and the Liverpool Safeguarding Children Board 20<sup>th</sup> June 2018.**

## **2.3 Public Health Update - Verbal**

The Director of Public Health updated the Governing Body:

- ✓ Annual population survey results had been released on 3<sup>rd</sup> July 2018. Smoking prevalence in 2017 was 15.5% which was an all-time low. Smoking at time of delivery was down but was still higher than the national average. Business Planning work around smoking – The Cabinet member for Health & Adult Social Care had led an event last week on the Smoke Free Home. There were still pockets of the city where smoking prevalence was higher than 15.5%.
- ✓ Global Active City auditors were in Liverpool now. The Clinical Lead for Living Well had been instrumental in supporting this and we hoped to be the first to be granted the accreditation.
- ✓ The Public Health Dashboard was to launch to the public later in the week – Liverpool was measured against the chartered Management of Public Finance & Accountancy rather than Core Cities standards which meant benchmarking with areas of similar financial deprivation.

**The NHS Liverpool CCG Governing Body:**

- **Noted the Verbal Update.**

**PART 3: PERFORMANCE**

**3.1 Finance Update May 2018 – Month 02 18/19 – Report No: GB 41-18**

The Acting Chief Finance Officer presented a Finance Update for Month 2 of the 2018/19 Financial Year to the Governing Body.

He highlighted:

- The new style format finance report was a work in progress, further more detailed information was discussed at the monthly Finance Procurement & Contracting Committee.

- The main points from the report were as per the executive summary
- **Financial Position**
  - ✓ As at 31st May 2018 the CCG is showing a balanced year to date and forecast outturn position.
  - ✓ Programme expenditure is reporting an £86k overspend at Month 02 (Forecast Outturn overspend £471k).
  - ✓ This is offset by a Running Cost underspend of £86k to date (Forecast Outturn underspend £471k).
- **Revenue Resource Limit (Allocation)**
  - ✓ In-Year revenue resource limit allocations for 2018/19 total £886.3m.
  - ✓ This comprises: Programme £800.7m; Delegated Co-Commissioning £75.0m and Running Cost £10.5m.
  - ✓ No additional allocations have been received to date following the finalisation of the 2018/19 Financial Plan.
  - ✓ The CCG also has a brought forward allocation of £20.5m relating to cumulative prior year surpluses, which it is unable to utilise under NHS England rules.
- **Reserves**
  - ✓ The full year reserves at Month 02 total £15.7m, including a 0.5% Contingency Reserve of £4.5m.
  - ✓ The CCG is forecasting the full utilisation of the Contingency Reserve in 2018/19 to mitigate financial risks and support the delivery of an in-year break-even outturn position.
  - ✓ Reserves are reporting a £478k adverse position at Month 02 (FOT £788k) in anticipation of 2018/19 Co-commissioning cost pressures.
- **Cash Releasing Efficiency Savings (CRES)**
  - ✓ The CCG is forecasting the delivery of its £8.8m CRES target for the year.
  - ✓ Efficiencies of £3.5m have been secured through budget setting and baseline contracts at the outset of the year. The balance of £5.3m is subject to ongoing performance management.

➤ **Financial Risk**

- ✓ Delivery of the CCG's planned outturn position and achievement of Business Rules is subject to the appropriate proactive management of risks.
- ✓ Current risks are assessed as contained within the Contingency Reserve and other Earmarked Reserves.
- ✓ The CCG continues to forecast on the basis that NHS England will meet any additional Prescribing NCSO costs during the year, as per financial planning guidelines.

- All Financial Performance indicators were rated as 'Green', with the CCG was currently forecasting to be fully compliant with NHS England Business Rules and measures relating to the Internal Assurance Framework rating
- With regards to forecast outturn monitoring, prescribing and continuing healthcare expenditure (including personal health budgets) remained potential areas of financial pressure, significant contractual risk had been mitigated by the Acting As One arrangements.
- Statement of Financial Position – there were no exceptional issues to report with both cash management and better payment practice code performance remaining above target levels.

The Governing Body commented as follows:

- The Liverpool City Council Cabinet Member for Adult Health and Social Care asked if there had been any indication of when the Government's additional investment in health would be allocated and how it would be accessed. The Acting Chief Finance Officer responded that there had been no information released as yet and would expect it to be the autumn in line with 10 year planning discussions. An additional question was raised regarding recent announcements on Pay Awards (in relation to NHS Agenda for Change), the acting chief

finance office responded that there had been very little information received even though it was meant to be implemented by the end of July 2018. As soon as we received any information we would share.

- The Governing Body were pleased with the new format of the report which they found easier to navigate and therefore helpful from a governance perspective.

### **The NHS Liverpool CCG Governing Body:**

- **Noted the current financial position and risks associated with delivery of the forecast outturn position.**
- **Noted that the Month 02 financial position was presented to the Finance, Procurement & Contracts Committee on 26<sup>th</sup> June 2018.**

### **3.2 CCG Corporate Performance Report July 2018– Report No: GB 42-18**

The Chief Operating Officer presented the CCG Corporate Performance Report (in a new style to make it more accessible) and highlighted:

- Referral to Treatment 52 week target year to date 9 breaches were reported, 8 of the 9 were linked to the Liverpool Women's Hospital "aggregated" breaches (reported as serious incident). One had been driven by patient choice
- Referral to Treatment 18 week target – overall there was some slight improvement although the Royal Liverpool Hospital was still increasing, the trust was now subject to Enhanced Quality Surveillance.
- Diagnostic concerns – there had been some improvement at the Royal Liverpool Hospital but there remained issues around endoscopy, cardiac CT and MRI and they had

secured additional capacity in July on the Broadgreen site. A business case for additional investment was being progressed and they were looking at capacity in neighbouring trusts. For Liverpool Heart & Chest Hospital CT and MRI investment was being considered, they had added some mobile imaging capacity but demand was high.

- Cancer Waiting times – it was noted that performance was being impacted upon by the diagnostic delays.
- Healthcare Acquired Infections – E Coli – urinary tract infections remained the priority focus for remedial action.
- North West Ambulance Service ('NWAS') – Delivery of the nation Ambulance Response Programme standards remained challenged. It was noted that NWAS were Green against the national targets for emergency call for Category one. A Recovery Plan had been agreed and was being monitored.
- Early Stage Cancer Diagnosis was challenging and work was being done on increasing screening uptake.
- Eating Disorder Services for Children and Young People – Alder Hey had reported data issues, with demand increasing but small number of patients involved. Better ways of presenting the information were being considered.
- Improving Access to Psychological Therapies – some improvement in targets had been seen from local data but not for national target delivery.
- Mental Health Out of Area Placements – there had been no inappropriate placements since November 2017, however bed days had gone up, due to capacity rather than an increase in inappropriate referrals.
- Quality Premium – the maximum quality premium payment for a CCG was £5 per head of population

equating to approximately £2.5m for 2017-19. In Quarter 4 2017/18 the CCG had failed three out of four Constitution Indicators, it had achieved National Indicator 3 (Continuing Healthcare) Part A and B, National 5 (Antibiotic Prescribing) parts B and C, the Local Indicators, possibly the Financial Gateway and the Quality Gateway. The estimated maximum achievable quality premium award to Liverpool CCG for 2017/18 was £258k.

- Two Primary Care GP Practices had received their Care Quality Commission Inspection results: Greenbank Road – Good and The Village Medical Centre – Good.

The Governing Body commented as follows:

- A GP Member commented that outpatient referrals had gone up but other data showed that outpatient attendance and follow up had dropped. The Chief Operating Officer asked if he could discuss this with the GP outside of the meeting. The Chair asked for the output of this discussion to be flagged in the next iteration of the Performance Report at the September 2018 meeting. The Chair also asked for the Performance Report going forward to have more emphasis on quality rather than performance plus impact on patient outcomes and refer to patient experience/stories. The Chief Nurse welcomed this and referred to the forthcoming Quality Strategy which would take the CCG on a journey, considering how to treat the management/monitoring of Primary Care at the same level as that of other providers and have a consistent approach. Having patient stories was a good idea.
- A GP Member observed that hypertension prevalence had improved.

**The NHS Liverpool CCG Governing Body:**

- **Noted the performance of the CCG in the delivery of key national performance indicators for the period**

**and the recovery actions taken to improve performance;**

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

## **PART 4: STRATEGY & COMMISSIONING**

### **4.1 National Institute for Applied Health Research Collaboration for Leadership in Applied Health Research and Care North West Coast ('NIHR CLAHRC NWC') – Report No: GB 43-18**

The CCG Research and Development Manager/CLAHRC NWC Operations Manager and the Director for the CLAHRC NWC presented a proposal to the Governing Body providing a summary of the progress of the CLAHRC NWC and to outline the plans for the next round of Applied Research Collaborations ('ARCs') for which Liverpool CCG was asked to be the host NHS Organisation.

The CLAHRC had been the collaboration of university/research/health to reduce health inequalities in the North West Coast area, hosted by Liverpool CCG (the only CCG to host such a collaboration). Governing Body approval was now required for Liverpool CCG to be the host organisation for next round of research collaborations (ARCs) for a further 5 years which would build on the work of CLAHRC. The ARC would receive £9m from the National Institute for Applied Health Research and would need to find £9m of matched funding. As a host organisation the CCG would receive funding back in to the organisation (£250k per year) and a hosting fee of £30k per annum. Liverpool CCG was committed to being an active research organisation. We would involve patients and public in all we did therefore there was a shift from academics working in isolation without being aware of patient needs. The ARC scheme planned to address a number of key considerations including the need to increase applied health and care

research, increase research in public health and primary care, challenge an ageing society with an expected increase in health issues affecting older people and increasing demands on health. Partnership funding would cover the cost of implementation.

The Secondary Care Clinician asked if we would be asking the populations involved what they expected from social care. The Director for the CLAHRC NWC responded that this was up to the three Management Boards, the infrastructure was partner and public led. There were ten Neighbourhoods for Learning in deprived communities and members of these communities were part of the research.

The Chief Officer commented that if we wanted to change outcomes around inequalities this initiative supported it, and would be evidence based. It was something which we could not afford not to do, being the host organisation made it more relevant, supported the CCG in its requirement to encourage research and understand its impact.

The Acting Chief Finance Officer noted that financially the funding was already part of the CCG's plans so no additional savings would be required elsewhere for this to be taken forward.

The Lay Member for Patient and Public Involvement asked how this reflected the One Liverpool Plan and would local people be involved. The Chief Officer responded that local people were engaged. With regards to the One Liverpool Plan this did not reflect it directly as the Stakeholder Board represented the whole of the North West Region but there was synergy with One Liverpool and as host we could influence. 13,000 people had attended events last year, 150 members of the public had been actively involved and were supported by training programmes and their expenses paid.

### **The NHS Liverpool CCG Governing Body:**

- **Encouraged wide engagement with CLAHRC NWC from Commissioners and Primary Care**

- **Supported the implementation of the governance arrangements and ensure representation as the host trust at Steering Board meetings.**
- **Agreed that Liverpool CCG be the host organisation for the future Applied Research Collaborative for the North West Coast (ARC NWC).**

#### **4.2 Care Quality Commission ('CQC') Local System Review – Report No: GB 44-18**

The Chief Officer presented a paper to the Governing Body to update on the recent CQC Local System Review in Liverpool conducted during January to February 2018 which had been mentioned briefly in the Chief Officer's Report. The paper contained details of the methodology, themes, findings and the Action Plan. Further work was being carried out around the Action Plan, done in a workshop style but probably required more granular review. Interim Director of Adult Services & Health, Liverpool City Council commented that the review had been extremely positive about staff and relationships but had been concerned that progress over the last twelve months had not been as quick as it could have been.

The Governing Body commented as follows:

- A Governing Body GP felt that the role of GP practices in the care of older people had not been represented in the Action Plan. The Chief Officer responded that when the Action Plan was presented to the Provider Alliance the GP Federation had not been represented at the meeting but the Local Medical Committee had taken away the issues to work with General Practice and respond. The issue was about how to ensure more representation from General Practice via the Federation at the Provider Alliance.

#### **The NHS Liverpool CCG Governing Body:**

- **Noted the report on the Local System Review in Liverpool.**

- **Noted the published report looking at how well the health and social care system in Liverpool is working together to care for people aged 65 and older**
- **Noted the details of the action plan and the responsibilities for Liverpool CCG in delivery with partners in the Liverpool health and care system.**

### **4.3 Talk Liverpool Contract – Report No: GB 45-18**

**At this point in the meeting both the Lay Member for Governance/Deputy Chair and the Lay Member for Patient & Public Involvement left the meeting due to their conflict of interest in item 4.3 as declared in item 1.1 Declarations of Interest.**

The Acting Mental Health Programme Lead presented a paper to the Governing Body asking for agreement to the second one year extension to the contract to 31<sup>st</sup> March 2020 provisionally agreed at the Finance Procurement & Contracting Committee in May 2017.

The contracts with Mersey Care for Improvement Access to Psychological Therapies (Talk Liverpool) had commenced in April 2015 and had already been approved for a one year extension which was from 31<sup>st</sup> March 2018 to 31<sup>st</sup> March 2019. The second extension to 31<sup>st</sup> March 2019 had been provisionally agreed at the Finance Procurement & Contracting Committee in May 2017, subject to improvement in performance.

Talk Liverpool had demonstrated strong improvement, there had been significant improvement in two of the three areas of particular focus:

1. Waiting times had consistently improved and were within target.
2. **The** Recovery figure target of 50% had been met for the last four months.

The third key area, Access, remained a challenge, whilst over 10,000 people used the service each year, this was still below target and this is being increased to 25% of prevalence by 2020/21 (around 21,500 people per year)

Therefore the recommendation was being brought to the Governing Body to extend the contract as provisionally agreed for another twelve months with a procurement process to start early enough in time to be able to have a new contract in place from 1<sup>st</sup> April 2020. In the meantime we would not relax attention on the service.

The Acting Chief Finance Officer referred to the options appraisal which had been submitted to the Finance Procurement & Contracting Committee to come to this decision. The Chief Nurse added that changing provider did not guarantee and improvement in service, Mersey Care had improved the service and could still further improve delivery. The Healthwatch representative agreed, noting the difficult targets set around access led to a different form of delivery based on groups and courses. Many people being referred were initially expecting 1-2-1 therapy and could be wary of the group setting. A GP agreed that it took two to three years for any provider to demonstrate what they could do. Another GP wondered about having longer contract times with break clauses. Comment was also made that the graphs in the paper looked stable rather than showing improvement. The Chief Officer responded that we were seeing strong improvement as Mersey Care had had to deal with the backlog of referrals from the previous provider and since then the targets had been changed. There was an issue nationally about recruiting and retaining counselling staff and extending the contract for another year bought us some time. The Acting Mental Health Programme Lead noted that the recovery target was very important with an impact on encouraging people to access the service. Workforce planning had been discussed at the last Clinical Quality & Performance Group and was definitely a national issue.

### **The NHS Liverpool CCG Governing Body:**

- **Considered the contents of this report.**
- **Agreed the second 1 year extension to the contract to March 31<sup>st</sup> 2020 provisionally agreed at FPCC in May 2017.**

At this point the Lay Member for Governance/Deputy Chair and the Lay Member for Patient & Public Involvement re-joined the meeting.

#### **4.4 Change to CCG Safeguarding arrangements following the Children & Social Care Act 2017 – Report No: GB 46-18**

The Chief Nurse presented a paper to the Governing Body outlining the background and rationale for the changes required and actions to date to ensure that the CCG and the other statutory partners complied with the changes required from the Children and Social Care Act 2017 re safeguarding. These changes were specific to the Multi-Agency Safeguarding Arrangements ('MASA') to replace the Local Safeguarding Children Board ('LSCB') arrangements and the Child Death overview Panel ('CDOP') processes.

Local agencies needed to develop processes that promoted the commissioning of services in a co-ordinated way, co-operate and integrate universal services such as schools, GP practices, adult services, early years settings, youth services and colleges, voluntary and community and specialist support services. MASA was aligned to the One Liverpool Plan and the Provider Alliance. The Child Death Overview Panels involved two key partners (the CCG and Public Health/Local Authority). A paper had been jointly developed which would be taken to each of the Health and Wellbeing Boards on Merseyside.

More formal recommendations would come back to the Governing Body over the next few months. The Lay Member for Audit noted how good it was to see independent scrutiny in the arrangements.

#### **The NHS Liverpool CCG Governing Body:**

- **Noted the work to ensure the CCG undertakes appropriate changes to meet the new requirements**
- **Would receive regular updates regarding progress in meeting the required timescales.**

## **PART 5: GOVERNANCE**

### **5.1 Governing Body Assurance Framework Quarter 4 and Final Position 2017/18 – Report No: GB 47-18**

The Chief Operating Officer presented the Governing Body Assurance Framework Quarter 4 and Final Position 2017/18 and the delivery of the key mitigation of risks to the delivery of the CCG's strategic objectives for the year to 2017/18 to the Governing Body. The Governing Body Assurance Framework for 2018/19 would come to the September 2018 Governing Body. He highlighted:

- All risks reviewed in Quarter 4 by the Risk Owners and mapped to the relevant strategic objectives and NHS England Improvement and Assessment Framework ('IAF').
- Sources of external assurance for 2017/18 – Head of Internal Audit Opinion for the 2017/18 Annual Report and Accounts gave “substantial assurance” that the CCG had good internal systems and controls.
- All initial risks for 2017/18 met the target risk score for the year end with the exception of the risk of CCG non-compliance with the NHS England Improvement and Assessment Framework, reflecting that the outcome would not be known until Quarter 2 2018/19 at the earliest. It would be brought forward on to the GBAF for 2018/19.
- The GBAF contained details of the risk, key controls, action taken and assurances. Gaps in control were noted and changes from the previous quarter were highlighted in blue. There was a section for update on progress with additional commentary.

- The GBAF had been discussed at the Governing Body Strategic Development Session last month for 2018/19.

The Chair commented that the document was still in part difficult to read and that lessons could be learnt on the format from the Finance Team who had made the Finance Report more accessible.

### **The NHS Liverpool CCG Governing Body:**

- **Noted the Governing Body Assurance Framework presented ('GBAF');**
- **Satisfied itself that current control measures adequately mitigate the respective risk areas;**
- **Confirmed that evidence of mitigation plans and actions presented provide a limited/reasonable/significant assurance rating against the specific risk;**
- **Identified any further principal risks to delivery of the Strategic Objectives for inclusion within the GBAF.**

## **5.2 Corporate Risk Register – Report No: GB 48-18**

The Chief Operating Officer presented the Corporate Risk Register for noting/agreement by the Governing Body and highlighted the following:

- This was the next level of assurance down from the Governing Body Assurance Framework.
- There were 21 risks on the Corporate Risk Register: there were 3 risks which had reduced, 15 were static and there were 3 new risks.
- Extreme Risks:
  - Delivery of 4 hour target for A&E waits both at the Royal and Aintree (C029 and C035) had revised targets agreed with them by NHS Improvement

(Aintree was 90% at the year end, the Royal 92%) as opposed to the national target of 95%.

- C071 Delays in waiting times for Adult ADHD services – indicative investment had been identified in 2018/19, initial work on demand management and modelling taking place and remedial actions underway. A project team had been established to oversee implementation of the waiting list initiative and ongoing pathway transformation.
  - C072 Referral to Treatment for elective care at the Royal – the trust was now under Enhanced Surveillance. This performance was impacted on by the problems of long diagnostic waits.
  - C073 Diagnostic services at the Royal Liverpool Hospital – the trust was now under Enhanced Surveillance which would positively impact on scrutiny.
  - C074 Failure to provide emergency ambulance responses meeting the national Ambulance Response Time targets – it was expected that these standards would be met by the end of Quarter 2 2018/19.
- New Risks:
    - C079 Ensuring Clinical Systems operated correctly and supported safe clinical decision making – this issue concerned certain patient documents not be viewable on the EMIS system. This was not just a Liverpool problem, a software interim fix had been deployed by EMIS but a permanent solution was still being sought by NHS Digital. The Liverpool CCG Digital Team had presented a report on this to the Quality Safety & Outcomes Committee.
    - C077 Financial and Reputational Risk to the CCG due to Previously Unassessed Periods of Care

(‘PUPOC’) cases not being progressed in a timely manner. A paper would be brought to the Governing Body meeting in September 2018. There was no clear steer given nationally to CCGs with the responsibility passed back to individual CCGs, consequently different areas were taking different decisions. There was a financial risk to the CCG but the numbers of cases were small.

- C078 new risk around the CCG achieving NHS Business Rules and meeting its statutory duties. The risk was relatively low but remained on the Corporate Risk Register as the situation could change quickly and was of strategic importance.
- Risks for Removal:
  - C075 Better Care Fund, the Section 75 Agreement for 2018/19 had now been completed and was now part of normal business.
  - C062 Moving IT Systems from Bevan House to a new facility – the move had now taken place so the risk was no longer valid.
  - C041a Primary Care Support Services (‘PCS’) managed by Capita for NHS England – this was recommended for removal as NHS England were managing the contract with PCS, it was therefore not the CCG’s risk to manage and there was nothing the CCG could do. Following removal the risk would be delegated to the Primary Care Commissioning Committee for review. The Primary Care Programme Director noted that the Chief Officer had escalated the matter to Graham Urwin at NHS England.
  - C057 Achievement of NHS Business Rules and Statutory Financial Duties for 2017/18 – this had now been replaced by risk C078.

The Lay Member for Audit noted that she worked closely with the Senior Operations & Governance Manager and the Corporate Services Manager on the final wording and risk context.

### **The NHS Liverpool CCG Governing Body:**

- **Noted the risks (CO75, CO62, CO41a and CO57) that have been recommended for removal and agrees to their removal;**
- **Noted the new risks (CO77, CO78 and CO79) that have been added to Register;**
- **Satisfied itself that current control measures and the progress of action plans provide reasonable/significant internal assurances of mitigation, and;**
- **Agreed that the risk scores accurately reflect the level of risk that the CCG is exposed to given current controls and assurances.**

### **5.3 Feedback from Committees – Report No: GB 49-18**

The Chair asked for reporting from the committees to be by exception only where there were issues for the particular attention of the Governing Body as full information was contained in the paper.

- Finance Procurement & Contracting Committee – 22<sup>nd</sup> May and 26<sup>th</sup> June 2018:
  - ✓ As per template.
- Quality Safety & Outcomes Committee – 5<sup>th</sup> June and 3<sup>rd</sup> July 2018:
  - ✓ As per template.
- Committee(s) in Common – 8<sup>th</sup> June 2018 2018:
  - ✓ As per template.
- Primary Care Commissioning Committee – 19<sup>th</sup> June 2018:
  - ✓ As per template.

- HR Committee – 26<sup>th</sup> June 2018:
  - ✓ As per template, the Lay Member for Governance/Deputy Chair who chaired the HR Committee drew the Governing Body's attention to the suite of policies approved at the meeting which had been attached with the Governing Body papers for endorsement. She assured the Governing Body that the HR Committee had scrutinised the Policies before agreeing them for ratification by the Governing Body. The Travel Expenses Policy had been rejected pending further work to be carried out on it.
  - ✓ In relation to the Whistleblowing Policy, the Lay Member for Governance/Deputy Chair had been appointed as the Freedom to Speak Up Guardian and would be attending the relevant training course.
- Health & Wellbeing Board – 7<sup>th</sup> June 2018:
  - ✓ Verbal.

### **The NHS Liverpool CCG Governing Body:**

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

## **6. ANY OTHER BUSINESS**

There were no items for discussion.

## **7. QUESTIONS FROM THE PUBLIC**

- 7.1** Julie Lyon-Taylor from Merseyside Pensioners Association asked for an update about the consideration being given to the impact of air and noise pollution on any options re the Women's and Neonatal services consultation and the new Royal building. The Chair responded that it would form part of the consultation process when the formal consultation process took place. The Chair agreed to provide a formal response to the member of the public on this.

- 7.2** Julie Lyon-Taylor from Merseyside Pensioners' Association referred to the Care Quality Commission Local System Review and the recommendation in the review from the Care Quality Commission to support more people to access personal health budgets and direct payments. She noted that Merseyside Pensioners' Association did not support this and felt that this was a political idea leading to privatisation with no benefit to the people of Liverpool.
- 7.3** A Member of the Public asked if the CCG had agreed quality control for 2018/19 with General Practice and was it in the public domain. The Primary Care Programme Director responded that this was the GP Specification which was reviewed on an annual basis and was in the public domain in the papers on the CCG website for the Primary Care Commissioning Committee which was a meeting held in public.
- 7.4** A Member of the public commended the work being done by Public Health on reducing sugar intake in children but was very concerned that this needed to go even further given the alarming levels of obesity and potential for diabetes in our children and for parents to be educated more on this. The Director of Public Health applauded the question and agreed wholeheartedly.
- 7.5** A Member of the Public gave an example of a situation where a visiting relative from overseas of a PhD student had not been able to receive an injection prescribed by their own GP when they had presented at a Walk-In Centre. She was surprised at this as she thought that visitors were able to access a GP when not in their home town. The Chair responded that that people could register with a GP anywhere as temporary resident, with regard to the lady and the injection, it would only be a GP who could deal with this. Walk-in Centres were staffed by nurses who would first require a prescription signed by a local GP.

- 7.6** A Member of the Public felt that the work of the CCG was inter-dependent with the Royal with regards to patient flow and was therefore surprised that the problems with the new Royal building had not been mentioned today. The Chief Officer agreed and noted that this was very much part of the CCG's priorities and we worked closely with the Executive Team at the Royal.
- 7.7** A Member of the Public referred back to the discussion around air and noise pollution at the Royal new build site and possible link for this to diabetes. The Chief Officer responded that air pollution was on Public Health's radar and the CCG had a Public Health Consultant working with them.
- 7.8** A Member of the public was concerned about the first meeting of the North Mersey Joint Committee not being held in public. The Chief Officer responded that a date needed to be set for the first meeting, the CCGs were in the process of agreeing their three representatives and named deputies (Liverpool CCG had identified its members earlier that day). Once the CCGs had all met to discuss agenda setting and administration of the committee it would be in a position to meet formally in public.
- 8. DATE AND TIME OF NEXT MEETING**  
Tuesday 11th September 2018, 2.30pm, Hall 1 The Conference Centre at LACE, Croxteth Drive Sefton Park, Liverpool L17 1AA after the Annual General Meeting. The Chief Operating Officer advised that details of the Annual General Meeting would be posted on the CCG's website.