

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
GOVERNNG BODY**
**Minutes of meeting held on TUESDAY 13TH NOVEMBER 2018 at
2.30PM**
**BOARDROOM, LIVERPOOL CCG, 4TH FLOOR THE DEPARTMENT
2 RENSHAW STREET, LIVERPOOL L1 2SA**

PRESENT:

VOTING MEMBERS:

Dr Fiona Lemmens	Chair
Jan Ledward	Chief Officer
Mark Bakewell	Chief Finance & Contracting Officer
Helen Dearden	Lay Member for Governance/Non Clinical Vice Chair
Ken Perry	Lay Member for Patient & Public Involvement/Committee Chair
Gerry Gray	Lay Member for Financial Management
Sally Houghton	Lay Member for Audit
Jane Lunt	Director of Quality, Outcomes & Improvement
Dr Paula Finnerty	GP
Dr Ian Pawson	GP
Dr Stephen Sutcliffe	GP
Dr Fiona Ogden-Forde	GP
Dr Monica Khuraijam	GP

NON VOTING MEMBERS:

Dr Rob Barnett	Secretary of Local Medical Committee
Tina Atkins	Practice Manager
Paul Brant	Cabinet Member for Health & Adult Social Care, Liverpool City Council
Sandra Davies	Director of Public Health

IN ATTENDANCE

Sarah Thwaites	Chief Officer, Healthwatch
Ian Davies	Chief Operating Officer
Martin Farran	Director of Adult Services & Health, Liverpool City Council
Carole Hill	Programme Director
Stephen Hendry	Senior Operations & Governance Manager
Helen Duckworth	Principal Analyst, Business Intelligence (item 4.3 only)

Paula Jones

Committee Secretary

Apologies

Donal O'Donoghue

Secondary Care Clinician

Dr Shamim Rose

GP

Dr Maurice Smith

GP

Dr Janet Bliss

GP

Kerry Lloyd

Deputy Chief Nurse

Public: 19

PART 1: INTRODUCTIONS & APOLOGIES

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

1.1 DECLARATIONS OF INTEREST

It was noted that all Governing Body GPs and Lay Members had an interest in item 5.2 Clinical Leadership and Lay Member Remuneration Framework and were conflicted. For this reason at the appropriate point in the discussions, either Lay Members or GP Members would leave as required so as not to be present for the discussions/approval around their particular salaries. The Framework had already been recommended for approval to the Governing Body the Remuneration Committee on 13th September 2018. Appropriate conflict of interest was actively managed at this meeting.

It was noted that all those present had an interest and potential conflict in item 5.7 Travel Expenses Policy, however the Policy was recommended by the HR Committee to the Governing Body and was the only way in which it could be approved, recognising the conflict was unavoidable. It was noted that independent HR advice had been present at the HR Committee.

1.2 MINUTES AND ACTION POINTS FROM THE LAST MEETING

The minutes of the meeting which took place on 11th September 2018 were agreed as an accurate record of the discussions which had taken place subject to:

- Item 2.1 Chief Officer's Report page 5 – the Lay Member for Audit asked for a correction/clarification to be made around the requirement for interpreters for deaf and deaf carers re British Sign Language and had supplied Paula Jones with a form of words.
- The Chair asked an amendment in 1.4.6 of matters arising to note a response to be given to Merseyside Pensioners Association around air pollution, not noise pollution.
- Re Item 2.2 Chief Nurse's Report, the Chair requested the inclusion of the word "helpful" on page 7 4th paragraph to read "...it would be helpful to consider".
- Re item 4.2 Provider Fee Rates 2018/19 page 14, second bullet, this was to be reworded by the Chief Finance & Contracting Officer to clarify that it was indeed the recommendations made to the Finance Procurement & Contracting Committee that were recommended to the Governing Body for approval.

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

- 1.4.1** Action Point One - it was noted that the changes requested by the Chief Officer of Healthwatch had been made to the minutes of the meeting from July 2018.
- 1.4.2** Action Point Two – the Director of Quality Outcomes & Improvement updated the Governing Body on the Quality Strategy which had been scheduled to be presented to the Governing Body in November but was not on the agenda. The agenda for November contained a Look Back Paper on the findings of the Kirkup Report and we were trying to bring together information to inform the Operational Plan going forward. This and the Quality Strategy would come together in the New Year.
- 1.4.3** Action Point Three – it was noted that the outpatient referral increase/attendance and follow up decrease was flagged in the Performance Report later on the agenda.
- 1.4.4** Action Point Four – the Director of Quality, Outcomes & Improvement noted that the changes to the CCG's safeguarding arrangements were referred to in the Chief

Nurse's report on the agenda and the ambition was to bring them to the Governing Body for the January 2019 meeting.

- 1.4.5** Action Point Five – the Chief Officer explained that the issue of Primary Care Support Services had been flagged to the Governing Body in the past on the back of actions from the Primary Care Commissioning Committee and it was at the Primary Care Commissioning Committee that this would be discussed.
- 1.4.6** Action Point Six – it was noted that the email containing the update from the Director of Public Health to the September 2018 Governing Body meeting had been circulated to members by Paula Jones.
- 1.4.7** Action Point Seven – it was noted that a paper on Continuing Healthcare Retrospective Reviews had been included on the agenda for the November 2018 Governing Body but withdrawn as the Chair and the Chief Officer felt that it did not differ substantially from previous papers. It would be put on the agenda for the Senior Management Team to carry out further work before it was brought back to the Governing Body.
- 1.4.8** Action Point Eight – it was noted that the Performance Report containing information on the Liverpool Women's Hospital Care Quality Commission inspection was on the agenda.
- 1.4.9** Action Point Nine – it was noted that the Lay Member for Governance had met with the Chief Operating Officer to discuss her concerns over initial risk and current risk.
- 1.4.10** Action Point Ten - the Chief Finance & Contracting Officer updated the Governing Body that he had asked the providers in question how much money was owed to them by One to One Midwifery but that they had declined to respond. Wirral CCG as the commissioner had commissioned a report which was still awaited and hopefully would be available over the next two to three weeks.
- 1.4.11** Action Point Eleven – the Director of Public Health updated that with regard to the question raised by the public at the September 2018 meeting around patients turned away from Sexual Health Clinics and noted that this was indeed elsewhere in the country as there was no evidence of this happening in

Liverpool. Liverpool had protected its services, even for those people coming in from outside the area. The Cabinet Member for Health & Adult Social Care, Liverpool City Council added that Liverpool had indeed protected the budget in this area for the city, however we could not rule out any future funding pressures in the light of the Chancellor of the Exchequer's announcement on business rates which impacted on Local Authorities.

1.4.12 Action Point Twelve – the Chief Officer updated that she had contacted NHS England to ask about non-internet based participation in the consultation around Integrated Care Provider contracts but it was wholly based online with no hard copy information available.

The Lay Member for Patient & Public Involvement commented that it would be useful to have the actions sheet updated prior to the meeting and Paula Jones agreed to ensure this was done.

PART 2: UPDATES

2.1 Chief Officer's Report – Report No: GB 61-18

The Chief Officer updated the Governing Body:

- The new management structure implementation was progressing.
- Planning for 2018/20: the guidelines from NHS England were coming through and the new Ten Year Plan was to be published at the end of November/beginning of December which would then set the direction of travel. Operating guidance usually was released just before Christmas and upon which the draft Operational Plan would be based. The processes for this were being worked through already but we would not know the details for next year until nearer to Christmas, the plan was to be submitted in draft on 14th January 2019 and finalised at the end of March 2019. There would be opportunities to engage for the Governing Body between now and March.
- In response to a question from the public at the Annual General Meeting in September 2018 an email had been sent to the Chief Executive of the Cheshire & Merseyside Partnership

Board to ask the next Board in November 2018 if the minutes could be circulated with the Liverpool CCG Governing Body papers and therefore be in the public domain.

- The Remuneration Framework for Clinical Leadership and Lay members was included on the November 2018 Governing Body agenda.
- Review of Urgent Care: the engagement process was about to commence in order to learn from the public and to hear about their experiences of urgent care across the city to inform our plans.
- Liverpool CCG, Liverpool City Council and NHS supporting partners across North Mersey had formally launched the Healthy Weight Declaration that day.
- NHS App: Liverpool was one of a handful of CCGs in the country developing this.
- Spinal Surgery – we were working across Cheshire and Merseyside on the service currently provided. Once a business case was produced it would come back to a future Governing Body.

The NHS Liverpool CCG Governing Body

➤ **Noted the Chief Officer's Report.**

2.2 Chief Nurse's Report – Report No: GB 62-18

The Director of Quality, Outcomes & Improvement/Chief Nurse presented the Chief Nurse's Report to the Governing Body. She highlighted:

- Liverpool Women's Hospital and the Royal Liverpool & Broadgreen University Hospitals were under Enhanced Surveillance for their performance on Referral to Treatment times. Progress was being made and there were monthly meetings to monitor improvement.

- The CCG continued to work with system partners to address the findings from the Kirkup Review. Mersey Care were undertaking a look back exercise on Serious Incidents between 2010 and 2014 and processes going forward. The Quality Team in the CCG were joining these panels.
- Continuing Healthcare ('CHC') Quarter 2 – the CCG had failed to complete continuing healthcare appraisals within the 28 day timeframe and a remedial plan was in place. This was a specific failure on behalf of one partner that undertakes CHC assessments and a remedial plan is in place with oversight from the CCG to ensure that this target is not missed again.
- Care Quality Commission ('CQC') investigation into Besford House (part of the Transforming Care Programme and a step through service for patients with Learning Disabilities, which had been identified as a key challenge area for CCGs) had resulted in the CQC declining its registration. This had impacted upon the ability to discharge and the CCG was working closely with NHS England and Liverpool City Council to understand the issues. This was not unique to Liverpool and other areas of the country were experiencing similar issues therefore the CQC were looking at improving the registration process.
- Merseyside Safeguarding Adults Board: a development day had been held on 1st October 2018 to focus on the Board's priorities. Priority One was the Voice of the service user and frontline staff and there was a 12 month project commissioned with a designated worker for three days a week led by Sefton Healthwatch in collaboration with other Healthwatch partners. This was an important piece of work talking to service users to make appropriate changes.
- Liverpool Safeguarding Children Board: – in September 2018 the Board had received an update on the progress of multi-agency safeguarding arrangements. The CCG, Liverpool City Council and Merseyside Police were getting draft arrangements in place which needed to be tighter and then shared with stakeholders. A final draft would be submitted to the Liverpool Safeguarding Children's Board next month and then would be submitted to a future Liverpool CCG Governing Body meeting.

The Liverpool CCG Governing Body:

➤ **Noted the contents of the report**

2.3 Public Health Update – Verbal

The Director of Public Health updated the Governing Body:

- Thanks was given to the Chair of the CCG on her support for the Healthy Weight Declaration made that day and noted the impact it would have.
- The following week was HIV testing week which would be carried out in Primary Care and other venues with a focus on reducing the stigma.
- The 1st December 2018 was World AIDS Day, there was a great deal of activity and Liverpool City Council had signed up to the Paris Declaration on HIV and AIDS.
- A Partnership application had been submitted to Local Government & Design to look at infant mortality which was increasing, the Governing Body would be kept updated on progress.
- The Public Health website would be published next week, it would launch with maternity pages and then after Christmas other sections would be rolled out. It would link to Advice on Prescription and other key pieces of work across the city.
- Air Pollution campaign had launched and the Governing Body would be kept updated.

The Liverpool CCG Governing Body:

➤ **Noted the verbal update.**

PART 3: PERFORMANCE

3.1 Finance Update September 2018 – Month 06 18/19 – Report No: GB 63-18

The Chief Finance & Contracting Officer presented the CCG's financial performance for the month of September 2018 (Month 6) containing details regarding financial performance in respect of delivery of NHS England Business Planning Rules and an assessment of risk to the delivery of the forecast breakeven position for the year 2018/19 and mitigating actions required. He highlighted:

- The CCG remained on track to deliver an overall year-end forecast breakeven position with programme / running costs budgetary performance offsetting each other in the relative year to date and forecast outturn positions. There were however some variations against planned levels of expenditure as described within the report and based on current assumptions the CCG would require full use of its contingency reserves and delivery of its Cash Releasing Efficiency Savings ('CRES') targets.
- Financial Performance Indicators were all Green – we were fully compliant against NHS England Business Rules and the Internal Assurance Framework.
- There were no exceptional resource allocation issues with just one "pass through" allocation in September 2018 of £26k.
- With regards to earmarked reserves, all remain committed with the contingency reserve of £4.5m being required to offset adverse variances against planned performance.
- Current forecasts assumed that in respect of planned Cash Releasing Efficiency Savings ('CRES') the annual budget was £8.8m but were forecasting £9.1m (due to variances from original schemes and also some schemes were late delivering).
- Operational budgetary position and key forecast outturn variances were included within the report including a 'waterfall' graph showed adverse and favourable variances against plan
- The report included further action plans currently being implemented to reduce existing cost pressures and explore other areas of opportunity to reduce programme expenditure.

- Statement of Financial Position – cash position at the end of the reporting month was within the required levels and Better Payment Practice Code Targets were being met.

The Governing Body commented as follows:

- A Governing Body GP referred to section 6 of the Report and a reference to £6.2m of additional funding received by Liverpool CCG for the 2018/19 financial year. The Chief Finance & Contracting Officer responded that this was in fact our share of additional funding which had been allocated at the start of the year and had been apportioned on a 50/50 basis between acting as one providers in respect of increases in demand and 50% held by the CCG in reserves target to support the delivery of NHS England Planning Guidance including Mental Health, Cancer and Learning Disabilities and was already included in plans for this year.

The Liverpool CCG Governing Body:

- **Noted the current financial position and risks associated with delivery of the forecast outturn position.**

3.2 CCG Corporate Performance Report November 2018 – Report No: GB 64-18

The Senior Operations & Governance Manager presented a paper to the Governing Body to report on the areas of its delivery of key NHS Constitutional measures, quality standards, performance and outcomes targets for a combined period of August to September 2018.

He highlighted the NHS Constitution Performance measures:

- 52 weeks Referral to Treatment Pathways – there were some issues with providers breaching the standard, with nine LCCG patients waiting over 52 weeks for treatment; Liverpool Women's Hospital had reported 5 breaches (compared with zero breaches the previous year) – the provider had reported multiple breaches of the standard earlier in the year but was on track to recover their position of zero 52 week breaches by March 2019. The Royal Liverpool Hospital had two breaches although these patients had since been treated in October 2018.

- 18 Week Referral to Treatment Target – data for St Helens & Knowsley had not been submitted in time and played a small factor in the overall performance. Although performance at the Royal had deteriorated, the Trust remained on course to meet the agreed improvement trajectory with NHS Improvement but continued to be under Enhanced Surveillance arrangements at CCG level. The issues within specific specialties were confirmed as due to a lack of capacity.
- Diagnostics – the Royal Liverpool Hospital had improved performance, additional capacity had been brought in for endoscopy and this would be in place until March 2020. Liverpool Heart & Chest Hospital had workforce issues in MRI and imaging which continued to impact on performance.
- Cancer: two of the nine national cancer measures had not been met. Specific issue for 2 week referrals in prostate cancer diagnosis as clinical capacity is not meeting current demand. The Cancer Team were working on a collaborative approach on pathway redesign and the impact of diagnostics performance was noted as a contributing factor.
- A&E Waits continued to be challenging for the majority of providers. The Royal Liverpool Hospital has had a multi-disciplinary team “Flying Squad” in place at the front door from 12th November 2018 as one of a number of initiatives of the Emergency Care Intensive Support Team (ECIST) ‘Front Door Improvement Programme’.
- North West Ambulance Service (‘NWAS’) – performance was static, NWAS had been selected as a national pilot (November to April) for an alternative way of managing inter-facility transfers and Health Care Professional (‘HCP’) calls.
- E-Coli: we were above trajectory and slightly up from 2017/18 at 251 year to date, compared with 211. MRSA – performance had since this data was collated moved from red to amber.
- Improving Access to Psychological Therapies (‘IAPT’) - the access targets were still not being met but the recovery targets were being achieved.

- Care Quality Commission (“CQC”) – Liverpool Women’s Hospital had been rated overall as “Good”. Three GP practice inspection results had been received: Everton Road – Inadequate, Anfield Health – Required Improvement and Storrsdale Medical Centre – Good.

The Governing Body commented as follows:

- A Governing Body GP commented that the sections on the report for practice CQC results did not marry up when the link to the CQC website was followed.
- A Governing Body GP asked what was being done to improve the Aintree performance re the two week referral rule for Breast Clinic (87.9% against the 93% target). The Senior Operations & Governance Manager agreed to pick this up outside of the meeting. The Director of Quality, Outcomes & Improvement noted that this issue had been raised at the Clinical Quality & Performance Group.
- The Local Medical Committee Secretary expressed his disappointment on the 18 week referral to treatment target performance and noted the impact of this on practices. He also asked what the category “other” was in the list of specialities for the Royal Liverpool Hospital. The Senior Operations & Governance Manager responded that this was the narrative received from the Trust although it was later clarified that ‘other’ comprised of specialties such as Allergy and Dermatology and that the category could be broken down further in future reports if required. The Local Medical Committee Secretary also expressed his concerns around the improvement in Improving Access to Psychological Therapies recovery targets, noting that many patients preferred one to one sessions to group work and wondered how many had been put off entering the system. He also referred to NWS response to GP practice calls and the pilot in place. The Chief Operating Officer responded that the HCP pilot was a national pilot, there would be a different set of questions asked of the practices but the same time response would be given to practices as for a member of the public making an emergency call. Calls would be measured against Ambulance Response Programme structures. There would be a new regional number to dial and 20 additional call handlers employed to deal with HCP calls therefore providing a more consistent approach

- The Deputy Chair/Lay Member for Governance felt that that she was lost in the detail of the report. The Chief Finance & Contracting Officer responded that the Planning & Performance Group was now established which would triangulate the data and involve the programme leads to determine where there were blockages and what needed to be referred to the Senior Management Team. Two meetings had been held so far and it was already starting to feel different, this was the start of the process and in six months' time we should start to see a difference.
- The Chief Officer of Healthwatch referred to Improving Access to Psychological Therapies and noted that the Friends & Family results for Talk Liverpool were positive. Healthwatch would circulate questionnaires but asked if anyone was aware of patients turning down group sessions offered to them that they let Healthwatch know.

The Liverpool CCG Governing Body

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

PART 4: SRATEGY AND COMMISSIONING

4.1 Continuing Healthcare Retrospective Reviews – Report No: GB 65-18 – this item was withdrawn.

4.2 Assisted Conception and Criteria Based Clinical Treatments – Report No: GB 66-18

The GP Governing Body Lead for Planned Care presented a paper to the Governing Body to set out the Assisted Conception Policy Review undertaken to date, to agree the engagement approach and to decide whether to include a review of the number of in vitro fertilisation

('IVF') cycles offered and include a question regarding this in the forthcoming engagement. Currently Liverpool funded two cycles with an option for a third cycle via the Individual Funding Request route if exceptionality was evidenced. The National Institute for Health & Care Excellence ('NICE') Guidance recommended three cycles offered to women under the age of 40. St Helens CCG offered two (possible extension to three), Warrington, Southport & Formby, South Sefton and Halton CCGs all offered three cycles.

A Governing Body GP asked if the CCG could afford three cycles. The Clinical Lead referred to the costing section of the paper on page 10 which stated that there would be a cost saving of £177k reducing to one cycle and an increase of £99k to increase to three cycles, a cost pressure of just under £100k was something which she felt could be afforded. The Lay Member for Financial Management pointed out that £100k spent somewhere had to be saved from another area.

Another Governing Body GP asked if it would be possible to know how many patients in Liverpool had asked for three cycles and the Clinical Lead noted that as per the appendix this was 22 so the numbers were quite low. The Chief Officer emphasised that this was not an arbitrary decision given the recommendation of NICE, however more than three sessions did not stand up from a value for money perspective.

The Chief Officer of Healthwatch commented on the need to "weight" feedback in favour of those most affected by the issues.

The Chair summarised that agreement of the Governing Body was include the option of increasing to three cycles in the consultation with the public.

There would need to be a further discussion on the policy once we had the public engagement feedback.

The Liverpool CCG Governing Body:

- **Considered the information within the paper.**
- **Made a decision whether to review the number of IVF cycles to be provided in Liverpool for registered CCG patients and therefore include that issue within the planned public engagement, the option for three cycles was to be included.**
- **Agreed the overall engagement approach.**

4.3 2018/19 Operational Plan Month 6 Update – Report No: GB 67-18

The Programme Director presented a paper to the Governing Body to update on progress in the delivery of the 2018/19 One Liverpool Operational Plan, introducing a new performance management framework for operational plan schemes and providing a deeper focus on a small number of significant reviews and programmes. The paper also signalled the work underway to plan for 2019/20.

The Principal Analyst gave a presentation to the Governing Body on System Performance and highlighted:

- There were thirteen programme areas for 2018/19 (Prevention, CVD, Respiratory, Cancer, Mental Health, Planned Care, Urgent Care, Community Neighbourhood Delivery, Digital, Primary Care, Learning Disabilities, Children & Maternity and Prescribing. In arriving at these priorities we assessed variation in spend and outcomes, to identify high impact schemes and investment decisions.
- Monthly highlight reports are produced to inform managers, through the new CCG Planning and Delivery group , to track progress and changes in outcomes.
- Planned Care was below plan for outpatients, which represented the fact that, despite a number of planned care interventions, trusts are struggling to meet the 18 week RTT target.
- Non Elective Activity – A&E was over plan (3%) and also for zero length of stay. Some of this was due to coding but there was also real growth in activity, particularly at Aintree Hospital.
- Alcohol related admissions were down as well as stroke and Coronary Heart Disease related admissions, due to the effect of the diabetes and CVD programmes. However admissions in general were creeping up, including CVD admissions.
- Performance had been rag-rated according to:

- Self-assessment – amber or red if not achieving actions against timescales for delivery.
 - Confidence – amber or red if milestones were generally on track but confidence in delivery was affected due to issues.
 - Outcomes – red if there were two or more red indicators within the programme or amber if one red or three amber indicators, green if less than three amber indicators and all green.
 - Outcomes confidence – red or amber if either the evidence was weak or the programme required change to the current plan to deliver change in outcomes.
- There was a deep dive into Cardio-vascular disease ('CVD') – admissions increasing. The CVD programme is designed to address admissions and outcomes, but the provider system needed to come together to deliver the changes required. There was similar detail in the report around Respiratory and Planned Care.

The Governing Body commented as follows:

- The Lay Member for Governance referred to initial work piloted in certain Neighbourhoods and the challenge of implementing the models. It was noted by the Governing Body GP Clinical Lead for Care Homes that there was disengagement from some Care Homes. The CCG Senior Commissioning Manager for Care Homes had been working extensively to embed the Telehealth work but we had not got contractual levers to do so. The Cabinet Member for Health & Adult Social Care, Liverpool City Council commented that the Provider Alliance had fed-back frustrations over the response times for Telehealth advice and support. The Governing Body GP Clinical Lead noted that this issue had now been resolved.

The Chair asked the Governing Body if they had what they needed to be assured. The Lay Member for Patient & Public Involvement and the Lay Member for Governance/Deputy Chair felt that there was too much information and they did not know what was being asked of the Governing Body. The Chief Officer responded that this was a work in progress and we would now get a clearer process for reporting, including monitoring and the recovery plans. It was agreed that the

form of programme reporting required would be discussed at a Governing Body development session.

The Cabinet Member for Health & Adult Social Care, Liverpool City Council referred to the increase in non-elective admissions and asked if the increase was due to an increased number of over 65s and whether there was benchmarking with other Local Authorities. The Principal Analyst responded that for the Royal Liverpool Hospital and Aintree Hospital there were larger numbers of elderly patients and increasing medical complexity. The Chair noted that there was Liverpool City Council representation at the CCG Senior Management Team so the two organisations were working closely together.

The Liverpool CCG Governing Body:

- **Noted the progress, achievements, key issues and risks in the delivery of the 2018/19 One Liverpool Operational Plan.**

PART 5: GOVERNANCE

5.1 Governing Body Assurance Framework Progress Report: November 2018 – Report No: GB 68-18

The Senior Operations & Governance Manager presented the CCG's Governing Body Assurance Framework ('GBAF') for 2018/19 to highlight the key mitigations against risks to the delivery of the CCG's strategic objectives for the financial year 2018/19.

There had been some formatting changes made: each strategic risk had been updated since the September 2018 Governing Body meeting, with progress documented against any due actions. The GBAF had undergone a minor structural/formatting change since the initial presentation in September 2018. Firstly, 'Inherent Risk' replaced 'Initial Risk Score' as a column heading. This was to capture the 'untreated' risk score which was reflective of zero controls or mitigation in place. Secondly, 'Current Risk Score' was replaced by 'Residual Risk' with the aim of using a more consistent terminology for scoring risks after the most control measures and mitigating actions had been applied. Thirdly, amendments had been made to the action planning section to ensure a clearer 'read across' for

describing what actions were required, by whom and by when and details of current progress/completion.

The Senior Operations & Governance Manager emphasised that this was a work in progress and asked for any comments to be fed back to either himself or the Lay Member for Audit. The Chair commented on how beneficial the involvement of the Lay Member for Audit was in the preparation and presentation of the GBAF. The Lay Member for Governance felt that this was now progressing the right direction and was pleased with progress.

The Liverpool CCG Governing Body:

- **Agreed that the 2018/19 framework continued to align appropriate risks, key controls and assurances alongside each strategic objective;**
- **Satisfied itself that the document described the effectiveness of the internal systems of control in place to mitigate against risk;**
- **Was confident that the current controls, evidence of mitigation plans and actions taken provided assurances against the specific risk;**
- **Identified any further gaps in control/ principal risks which will impact on the delivery of the strategic objectives.**

5.2 Clinical Leadership and Lay Member Remuneration Framework – Report No: GB 69-18

As mentioned in section 1.1 Declarations of Interest, at this point in the meeting individual members would need to be excluded from the discussions around their own remuneration. The Lay Member for Governance took the Chair for the Section on Clinical Leadership Remuneration and Drs Lemmens, Finnerty, Pawson, Sutcliffe, Ogden-Forde and Khuraijam left the meeting. The Local Medical Committee Secretary remained as he was not employed by the CCG and therefore not conflicted.

Lay Member for Governance in the Chair, GPs excluded

The Chief Finance & Contracting explained that the framework included the following roles:

- Elected GP Members (including Chair)
- Lay Members
- Secondary Care Doctor

- Registered Nurse

And the following other CCG roles

- Clinical Leads
- Named Safeguarding GPs

Each role has been reviewed in respect of the following elements

- Remuneration Rate and relative inclusions / exclusions
- Anticipated Time Commitment
- Contractual Status (e.g. Office Holder, Contract 'of' / 'for' Service)
- Payment Mechanism (On / Off Payroll, Practice Relationship)
- Pension Implications (NHS Pension, Practitioner, GP SOLO)
- Annual Leave & Sickness
- Travel Expenses (including Home to Office Arrangements).

In order for the NHS England Directions over the CCG to be removed the CCG had been required to carry out an independent review and benchmarking exercise of Governing Body remuneration (undertaken by Mersey Internal Audit Agency and Korn Ferry). The findings from these had been used to develop the Framework also including recognised human resource best practice, associated employment law (supported by a Hill Dickinson review), findings from internal audit recommendations, pay & pension reviews (based on work with Ernst & Young) and HMRC guidance. The framework had been discussed at regular intervals with the Remuneration Committee over the last 12 months and sought advice / feedback on the development of the document.

Within the framework, roles were defined as 'office holder', contracted 'of' and contracted 'for' with pay and pension arrangement, annual leave, sickness and travel expenses clarified for all.

The framework had been approved by the Remuneration Committee at its last meeting in September 2018 and recommended to the Governing Body for final approval. The implementation of the process for GPs on the Governing Body and Clinical Leads would form the basis of the new Clinical Leadership structure when it was finalised. In the future the arrangements for Practice Managers and Practice Nurses would need to be added for which delegated authority to the Remuneration Committee was being requested.

The Governing Body commented as follows:

- The Lay Member for Governance/Non Clinical Vice Chair/Chair of Remuneration Committee commented that the Framework had been the subject to scrutiny and debate at Remuneration Committee meeting and members were satisfied that it complied with all regulatory standards and relevant Guidance.
- The Local Medical Committee Secretary referred to the matter of contracted “for” and “of” service and the impact upon a GP practice (partner or salaried) when determining the status. The CFO responded that one of the purposes of the document was to ensure that there was a transparent approach and to ensure that all engagements were treated fairly and equally, with all affected individuals able to make a choice based on information available about potential impact and differences between contractual status.

At this point the Governing Body Members present agreed the Remuneration Framework for Clinical Leads and the request to delegate authority to the Remuneration Committee for additions around Practice Nurse/Managers.

At this point the Lay Members for Governance, Financial Management, Audit and Patient & Public Involvement left the meeting and the GP Members returned. The Clinical Chair resumed the role of Chair of the meeting and the remuneration for Lay Members was discussed.

Clinical Chair in the Chair, Lay Members excluded

The Chief Finance and Procurement Officer noted that the Lay Member for Audit had pointed out there was lack of consistency when referring to Lay Member days / sessions within the document. The CFO agreed to amend as required within the document to ensure consistency of approach.

The Members presented approved the section referring to the remuneration of Lay Members. The Chair noted the exemplary work of the Chief Finance & Contracting Officer in developing the Framework which was the first of its kind and would no doubt be held up as an area of good practice for others to follow.

The Liverpool CCG Governing Body:

- **Approved the Clinical Leadership and Lay Member Remuneration Framework in respect of roles as described within the document.**
- **Approved the proposed approach for each of the agreed roles as defined, including the progression of issuing relevant agreements / contracts in line with organisational requirements.**
- **Delegated authority to the CCG Remuneration Committee to approve amendments to the framework where additional clinical leadership roles are required to be covered by the agreed approach.**

5.3 Corporate Risk Register Update (November 2018) – Report No: GB 70-18

The Chief Operating Officer presented the Corporate Risk Register for November 2018 to the Governing Body. He highlighted:

- Small changes had been made to the structure of the register to improve its application. More changes would be made in the new financial year and the Register would be re-formatted into its new final revised form.
- There were 18 risks currently on the Register. The covering paper contained an analysis of extreme and static risks.
- The Continuing Healthcare paper had been deferred and this was reflected in C077 – resolution of open Previously Unassessed Periods of Care cases.
- Updates were marked in blue on the Register to assist in their identification.
- There were four risks recommended for removal. Two were due to the expiry of the NHS England formal Directions (C088 public and C070 partner confidence in the CCG and compliance with NHS England Directions). Also re C073 achievement of diagnostics 1% target, improvements were being made by the Trusts but even though removed from the Corporate Risk Register this would continue to be monitored. C088 referred to

One to One Midwifery where Wirral CCG had the oversight on this.

The Lay Member for Audit noted that the Risk Management Assurance Strategy would pick up the detail of risk management. She queried what appeared to be a lack of a contingency plan re One to One Midwifery but was assured by the Director of Quality, Outcomes & Improvement that that Liverpool Women's Hospital did have a contingency plan and that this had been in place for a while. Also there was work ongoing with One to One Midwifery to ensure an understanding of the numbers and nature of the women they were looking after.

The Local Medical Committee Secretary referred to risk C071 around ADHD services and lack of progress made. The Chief Finance & Contracting Officer responded that additional funding had been set aside for this and it was on our radar, we were working with the provider on a sustainable improvement plan. It was agreed that he would ensure that an update was brought to the Governing Body.

The Liverpool CCG Governing Body:

- **Noted the risks (CO68, CO70, CO73 and CO80) that had been recommended for removal from the Corporate Risk Register;**
- **Satisfied itself that current control measures and the progress of action plans provide reasonable/significant internal assurances of mitigation, and;**
- **Agreed that the risk scores accurately reflected the level of risk that the CCG was exposed to given current controls and assurances.**
- **Noted that a progress report with regards to Adult ADHD services would be brought back to the Governing Body**

5.4 Liverpool Community Health Look Back Exercise– Report No: GB 71-18

The Chief Officer presented a paper to the Governing Body following the Kirkup report commissioned by NHS Improvement into failings at Liverpool Community Health which was published in February 2018. Whilst there were no direct recommendations relating to Liverpool CCG, the Governing Body were keen to learn from what took place and had dedicated two Governing Body development sessions to

discussing and reflecting on what happened and the findings detailed in the Kirkup report and what as commissioners we could learn from what happened.

The Development Sessions had raised the question of our own look back exercise and the CCG supported this approach.

The Lay Member for Financial Management felt that it was a good idea to get external support. The Lay Member for Financial Management asked to have sight of the Terms of Reference. The Chief Officer advised that the scale and scope of the look back exercise was included in the paper. Once we had discussed this with the external review team further details would be shared.

The Liverpool CCG Governing Body:

- **Noted the scope of the proposed look back exercise and recommended timescales**

5.5 Safeguarding Annual Report 2017/18 – Report No: GB 72-18

The Director of Quality, Outcomes & Improvement presented the Safeguarding Annual Report for 2017/18 to the Governing Body for noting and approval which had been discussed and approved at the Quality Safety & Outcomes Committee. She referred Governing Body members to the Executive summary on page 4 of the report and highlighted that during the year the Safeguarding Service had been brought into the CCG (previously a hosted service in Merseyside at one CCG) which was working extremely well. She also referred to practice reviews on page 18 and that learning was being fed back into the system.

The Liverpool CCG Governing Body:

- **Noted and approved the Annual Report.**

5.6 Risk Management and Assurance Strategy 2018/19 – Report No: GB 73-18

The Senior Operations & Governance Manager presented an overview/summary to the Governing Body regarding the refreshed Risk Management & Assurance Strategy 2018/19. This had been discussed at the Audit Risk & Scrutiny Committee in September 2018

and recommended changes incorporated. Obviously this would be a temporary document pending the revised CCG committee structure.

The Liverpool CCG Governing Body:

- **Noted the contents of the Risk Management & Assurance Strategy 2018/19;**
- **Formally approved the Risk Management & Assurance Strategy 2018/19 and endorses its publication as a 'live' policy document.**

5.7 Travel Expenses Policy – Report No: GB 74-18

The Lay member for Governance/Non Clinical Vice Chair/Chair of HR Committee presented the updated Travel Expenses Policy following discussion and approval at the HR Committee on 16th October 2018. It was noted that all those present had an interest in the policy and were potentially conflicted but that approval by the Governing Body was the only way forward and this could be managed.

For the benefit of the Governing Body she highlighted the requests of the HR Committee to amend the policy:

- Removal of references to tax as tax regulations changed constantly, it was not felt appropriate to incorporate tax advice in an expense policy and the tax implications of payments could vary greatly from individual to individual depending on their personal circumstances.
- Clarity to be added to show that it was the responsibility of the individual to find the most cost/time effective method of travel/hotel stay in-keeping with NHS agenda for change rates.

In response to a query from the Governing Body Chair it was confirmed that the policy was similar to other CCGs with the difference that some of the other CCGs still had tax advice in their policies.

The Liverpool CCG Governing Body:

- **Approved the Update Travel Expenses Policy.**

5.8 Feedback from Formal Committees – Report No: GB 75-18

Formal feedback via template had been received from the Governing Body on the following committees and additional comments were made by the Governing Body by exception:

- Remuneration Committee – 13th September 2018
- Finance Procurement & Contracting Committee - 25th September and 30th October 2018
- Audit Risk & Scrutiny Committee – 25th September – the Lay Member for Audit/Audit Risk & Scrutiny Committee Chair added that the committee wished to highlight the importance of dealing with conflicts of interest and ensuring that any interest were reported within the 28 day deadline.
- Quality Safety & Outcomes Committee – 2nd October & 6th November 2018
- Committees In Common – 12th October 2018
- Primary Care Commissioning Committee – 16th October 2018
- HR Committee – 16th October 2018
- North Mersey Joint Committee – 24th October 2018

There were no matters to be highlighted to the Governing Body other than those contained in the reporting.

The Liverpool CCG Governing Body:

- **Considered the report and recommendations from the committees.**

6. Questions from the public

6.1 Merseyside Pensioners Association had submitted a letter in advance of the meeting acknowledging the work of Mr Sam Semoff who had campaigned against the Royal Liverpool Hospital new build Private Finance Initiative ('PFI') and requesting a lasting memorial in the new Royal with a section, ward or department being named after him. Merseyside Pensioners Association felt that Mr Semoff had been proved correct in his campaigning against PFI.

The Chair responded that Liverpool CCG recognised the dedication and tenacity of Mr Semoff over the years at the Governing Body meetings, providing constructive challenge and fighting hard for the NHS and patients. However the request to

name a part of the new hospital after him was not within the CCG's power to grant.

- 6.2** Lesley Mahmoud from Save Liverpool Women's Hospital referred to the financing of the new build for Liverpool Women's Hospital and asked if the monies previously referenced as being available in November 2018 had been confirmed. She wished to know where the consultation process was up to and also asked for confirmation that the North Mersey Joint Committee would be held in public.

The Chief Officer responded that the monies referred to as being potentially available in November 2018 were part of a national bidding process and we did not yet know the outcome. A number of bids had been submitted by the Cheshire & Mersey Partnership. With regards to the consultation process we were still awaiting feedback from NHS England about when we could proceed. The North Mersey Joint Committee would be a meeting held in public.

- 6.3** Lesley Mahmoud from Save Liverpool Women's Hospital noted the reference to air pollution in the minutes of the previous meeting and asked if this had been taken into consideration at the planning process around re-locating Liverpool Women's Hospital.

The Chief Officer responded that we had no information on the site re air pollution. Should proposals for the re-location be taken forward, a full environmental assessment would be conducted at the planning stage of this process as for any new development. It would not be part of the consultation process. The Chair added that the public consultation process would be a proper consultation and we would not start a discussion around an option on which we had no intention of delivering.

- 6.4** Lesley Mahmoud from Save Liverpool Women's Hospital referred to the Urgent Care System review and the short window of time available between 15th November 2018 when the consultation began to the end.

The Chief Operating Officer confirmed that this was an engagement process starting on 15th November 2018, a first meeting with members of the public and patients would be held at the Quaker Meeting House on 4th December 2018 and the last

one on 17th December at Bridge Chapel Centre. Anyone was entitled to attend the meetings but there were other ways to have your say e.g. a questionnaire.

6.5 Teresa Williamson criticised Liverpool CCG for using single use plastic cups at the meeting. It was agreed by the Chair that the Chief Finance & Contracting Officer to look into this.

6.6 A member of the public referred to the closing of Liverpool Women's Hospital. The Chair responded that Liverpool CCG was not closing Liverpool Women's Hospital but we could not go to public consultation until we could show a reasonable funding solution. Teresa Williamson referred to issues around safety in maternity services across the country which were in co-located sites so it did not make sense to say that a co-located site was safer.

The Chair responded that these incidents demonstrated exactly why a co-located site was required in order to reduce death and harm.

6.7 A member of the public referred to air pollution not being incorporated into the planning process for the proposed new Liverpool Women's Hospital. The Programme Director stated in response that it would be part of the process should it get to the formal planning stage. Janet Bennett referred to the high level of air pollution in Liverpool and particularly around the site of the new Royal. The Programme Director noted that the Environment Agency had been contacted and there was no evidence collected specifically in relation to this site.

7. DATE AND TIME OF NEXT MEETING

Tuesday 8th January 2019 – Boardroom Liverpool CCG